



Sexual Behavior, Risk Perception and Motivations for Sexual Risk Taking among Foreign Gay Tourists in Thailand

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Abstract: This study investigates sexual behavior, risk perceptions, and motivations for sexual risk-taking of foreign gay tourists while traveling in Thailand on their vacation. A questionnaire survey technique was used. The data were collected via gay smartphone mobile applications and at the establishments such as gay pubs or clubs, gay saunas, and massage spas. A total number of 197 foreign gay tourists participated in the survey. Descriptive statistics such as mean score and standard deviation were used to identify the degree of perceived risks associated with various specific sexual activities and the degree of motivations for sexual risk-taking. Independent sample *t*-tests were conducted to test the different perceptions between the gay tourists with and without experience with particular actual sexual activities. The study results provided empirical evidence for understanding risks in tourism among foreign gay tourists in Thailand. Out of the total 24 sex-related activities, no activities were perceived as the highest risk. Ten activities were perceived as high risk, with the mean scores between 3.41 to 4.20. The respondents referred to having anal sex with an unsteady/casual partner without a condom as the riskiest (mean score = 3.93, *SD* = 1.260). For the motivation results, the motivational capacity of the Fun and Less Inhibition dimension is higher than the Anonymous Experimentation factor and Safe Thrills and Empowerment dimensions.

Keywords: Sexual behavior, risk, gay, tourist

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I. INTRODUCTION

In recent years, tourism has become one of the most important industries in Thailand. In 2017, it was reported that that country had more than 32 million international visitors making a direct contribution of 2.53 trillion THB to the national economy. The Tourism Authority of Thailand or TAT has been actively promoting Thailand as a gay paradise over the past few years. In 2013, TAT launched the campaign “Go Thai, Be Free” to target foreign gay and lesbian travelers. Early 2018, it introduced a new marketing campaign “Open to the New Shades”, which partly emphasized the country image as a friendly platform targeting the LGBT community. Undoubtedly,

these marketing efforts reflect the fact that LGBT has become one of the important travel segments for Thailand. However, the growth of gay and also lesbian tourism is not without controversy.

The increased visibility and acceptance of gay men in tourism has led to a growing number of academic works into gay travelers. Sexual behavior and risk-taking among gay men have long received much attention from the scholars. However, in tourism, the study of sexual behavior of gay men when traveling away from home is still limited. As a result, this research aims to investigate sexual behavior, risk perception and motivations among foreign tourist while on vacation in Thailand. Based on

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previous literature suggesting the association between sexual activity and risk of HIV, this study further investigates the awareness of the availability of HIV counseling and the awareness of PrEP and PEP which are forms of HIV prevention.

II. LITERATURE REVIEW

The literature relating to the issues of this research are discussed briefly as follows.

A. Sexual Behavior

In the area of health and medical literature, research on sexual behavior has long been one of the major concerns. The outbreak of HIV and AIDS has led to a growing body of research on sexual behavior and its association with risk of HIV and AIDS. However, in tourism, there is a limited number of scholars interested in the study of sexual behavior as applied to the tourism context. [1] evaluated the sexual risk factors of travelers to Peru. The results showed that of 442 respondents, 12.2% had new sex partners during their stay which included sex with a local partner, sex with other travelers, and sex with sex workers. US travelers tended to have a greater frequency of sexual activity than travelers from other countries. [2] examined correlates of sexual risk behavior among gay travelers. The findings revealed that 47% of respondents were sexually active during their vacation. Many travelers reported the behaviors that may put their health at risk, including substance use and unprotected sexual activity.

B. Sexual Risk-Taking

[3] adopted that phenomenological approach to explore the links between young women's perceptual of risk-taking in tourism and its consequences. The results from the 15 in-depth interviews revealed that women's sexual risk-taking in tourism is complex involving physical, sexual health, social, emotional, mental/self-perceptual, cultural and legal aspects. In the subsequent work, [4] used the tripartite model of context, likelihood, and consequences to empirically explain risk in tourism among young women engaging in sexual risk-taking. The respondents were asked to indicate the extent of risks of a variety of sexual activities. The results revealed that unprotected penetrative sex was consistently evaluated as involving the highest degree of risk [5].

C. Motivation

[6] investigated the destination and holiday motivations of gay men resident in southern England. Three dimensions of gay tourist motivation were identified namely

'gay social life and sex', 'culture and sights' and 'comfort and relaxation'. The results showed that the nature of the destination is highly associated with a certain type of motivation. [4] investigated the motivations for and rewarded sought from sexual risk-taking in tourism. In their study, they developed a scale classifying motivation into three dimensions: 'anonymous experimentation', "safe thrills and empowerment", and 'fun and less inhibition'.

D. HIV in Thailand and PrEP/PEP

Thailand is one of the countries in Asia and the Pacific with the highest HIV prevalence. In 2016, its HIV prevalence accounted for 9% of the region's total population of people living with HIV. Of its approximate population of 70 million, it was estimated that 450,000 people were living with HIV in Thailand. There were 6,400 new HIV infections in Thailand in 2016. Most will have occurred through unprotected sex, which is estimated to account for 90% of all new HIV infections. Around 44% of all new infections occurred among men who had sex with men. Thailand's 2017-2030 National AIDS Strategy aims to decrease the number of new infections to less than 1,000 by supporting prevention programs. The introduction of PrEP and PEP is one among them [7]. PrEP or pre-exposure prophylaxis is a way for people who do not have HIV but who are a substantial risk of getting it to prevent HIV infection by taking a pill every day. When a person is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV in persons who are at high risk by 92%.

PEP or post-exposure prophylaxis means taking antiretroviral medicines after being potentially exposed to HIV to prevent becoming infected. PEP could be used in emergency situations and must be started within 72 hours after recent possible exposure to HIV. If you think you've recently been exposed to HIV during sex or through sharing needles and works to prepare drugs or if you've been sexually assaulted, talk to your health care provider or an emergency room doctor about PEP right away.

E. Research Objectives

The objectives of this research are:

1. To investigate the risk perceptions of gay foreign tourists in Thailand with respect to specific sexual activities.
2. To compare the perceptions of risk between foreign gay tourists who had and did not have actual experience with each particular sexual activity while on vacation in Thailand.

3. To investigate the motivations of foreign gay tourists for sexual activities while on vacation in Thailand.

4. To investigate the awareness of places in Thailand that provide HIV counseling, HIV test and the awareness of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

III. RESEARCH METHODOLOGY

An appropriate way to determine the motivations and sexual behavior are by asking people to state them. To achieve the objectives of the study, the methods used are as follows.

A. Questionnaire Design

The questionnaire survey research method was used to conduct the research. The questionnaire was divided into four parts.

Part One consists of questions regarding the characteristics of the respondents which include age, nationality, occupation, personal income, religion, length of stay in Thailand, sex position/role and whether the respondent was traveling with a partner. Part Two of the questionnaire was about the risk perceptions of and experience in sexual behavior. A set of sexual behavior items were adopted from the research by [4] and were adapted for the target respondents who were gay. Three HIV counselors at the Thai Red Cross Anonymous Clinic were asked to revise the sexual behavior items. Some items were amended to improve the readability, and a few items were added to improve the content validity. After the revisions, a total of 24 final items were used in the questionnaire. The respondents were asked to rate each item on the 5-point Likert scale to indicate the extent of risk taking (5 = 'highest risk taking' and 1 = 'lowest risk-taking') and to indicate whether they had that particular experience while on vacation in Thailand.

Part Three of the questionnaire asked the respondents to indicate the extent of motivations for sexual risk-taking in tourism. The measurement used in this part was adopted from the scale developed by [4]. The scale consisted of 19 items under three dimensions namely Anonymous Experimentation (5 items), Safe Thrills and Empowerment (11 items), and Fun and Less Inhibition (3 items). The respondents were asked to rate on a 5-point Likert scale to what extent they agreed with each statement (5 = "strongly agree" and 1 = 'strongly disagree').

Part Four was to investigate the awareness of the places in Thailand where the respondents could have HIV counseling and HIV tested, the awareness of Red Cross

Anonymous Clinic and the awareness of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

An online pilot test was conducted with 30 foreign gay men. The questions finally were fine-tuned to improve readability. Cronbach's alpha was used to assess the reliability coefficient of each dimension of the motivation construct. The results showed that the values of the three dimensions were higher than the cutoff value of 0.7 [8].

B. Data collection and Sampling

The target respondents of this study were foreign gay men who came to Thailand on their vacation. The data were collected using a convenience sampling method during November to December 2017. At the beginning, the questionnaires were randomly distributed to foreign gay tourists at gay establishments in Bangkok such as pubs, clubs, bars and saunas. The online survey distributed through gay mobile applications such as Hornet, Grindr and Jack'D was subsequently to gain wider coverage and more respondents. After eliminating substantially incomplete response, a total of 197 usable questionnaires were finally collected.

C. Data Analysis

The collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). A number of descriptive statistics were mainly used in this research. Frequency and percentage distributions were used to portray the characteristics of the gay respondents, the numbers of respondents with and without actual experience in each sexual activity, and the awareness of PrEP and PEP, places that they could have HIV tested or counseling when on vacation in Thailand. Means and standard deviations were employed to identify the perceived risks of sexual behaviour, and motivations for sexual risk-taking while on vacation in Thailand among the respondents. The independent sample *t*-tests were employed to test the difference of perceived risks between gay tourists who had and who had no actual experience with such sexual activities.

IV. RESULTS

The 197 completed questionnaires were coded and analyzed. The results of the analysis are as follows.

A. Respondents' Characteristics

As indicated in Table 1, professional respondents (60.6%) outnumbered the student (32.1%) and retired (7.3%) counterparts.

TABLE 1
DEMOGRAPHIC AND SEXUAL CHARACTERISTICS OF THE SAMPLE

Demographic and sexual characteristics	Frequency (n)	Percent (%)
Occupation		
Student	62	32.1
Retired	14	7.3
Professionals	117	60.6
Region of residence		
Southeast Asia	48	24.9
East Asia	71	36.8
Europe	49	25.4
America	8	4.1
Middle East	3	1.6
Australia	14	7.3
Educational level		
Secondary/High school or lower	14	7.3
Bachelor	88	45.8
Higher than Bachelor	90	46.9
Religion		
Christianity	91	46.9
Buddhism	47	24.2
Islam	5	2.6
Other	51	26.3
Sex position		
Top	73	37.4
Bottom	57	29.2
Versatile	64	32.8
Age		
Average: 32.74 years old		
Maximum : 70 years old		
Minimum: 18 years old		
Income		
Average: 23,994 Thai Baht		
Maximum: 100,000 Thai Baht		
Minimum: 100 Thai Baht		

Regarding the region of residence, the respondents from East Asian countries comprised 36.8% of the sample, followed by the groups of respondents from Europe (25.4%) and Southeast Asia (24.9%). The majority of the respondents had completed an undergraduate degree (45.38%) or higher (46.9%). In terms of religion, the largest group of respondents (46.6) were Christians. With respect to the sex role or position of the respondents, 37.4% were top, 32.8% were bottom, and 29.2% were versatile. The age of the respondents ranged from 18 to 70 years old, with an average of 32.74 years old. The average monthly income of the respondents was 23,994 Thai Baht.

B. Perceived Risk and Actual Experience in Sexual Risk-Taking while on Vacation

The respondents were asked to rate the degree of risk associated with a set of variable set of sexual activities on a 5-point Likert scale (5 = highest risk and 1 = lowest risk), the perceived risk mean score of each sexual activity are showed in Table 2.

From the perceived risk mean scores, out of the 24 sexual activities, no activities perceived as 'very high' in risk (mean score ≥ 4.2), 10 sexual activities were perceived as 'high' in risk ($3.41 \leq$ mean score of ≤ 4.20), 4 sexual activities were perceived as 'neutral' in risk, ($2.61 \leq$ mean score ≤ 3.40), 10 sexual activities were perceived

as 'low' in risk ($1.81 \leq \text{mean score} \leq 2.60$), and no sexual activities were perceived as 'very low' in risks mean score of ≤ 1.80 .

Among the 10 sexual activities perceived as high risk, the respondents referred to 'having anal sex with an unsteady/causal partner without condom' (mean score = 3.93); 'having a steady partner who is HIV positive' (mean score = 3.71); performing oral sex on an unsteady partner without a condom (mean score = 3.70); 'having a steady partner who enjoys having sex with multiple partners' (mean score = 3.67); 'having sex under the influence of drugs' (mean score = 3.62); 'receiving oral sex from an unsteady partner without a condom' (mean score = 3.59); 'having sex with multiple partners' (mean score = 3.55); 'going to gay saunas' (mean score = 3.48); 'having sex with a sex worker' (mean score = 3.47) and 'going to gay spa' (mean score = 3.41).

In terms of sexual activities, the activities that more than half of the respondents reported that they did while on vacation in Thailand are: 'making out with/kissing an unsteady partner' (144 respondents); 'being more flirtatious' (130 respondents); having sex with an unsteady partner with a condom (126 respondents); 'having sex in unfamiliar surroundings' (126 respondents); 'fondling with an unsteady partner' (121 respondents); 'having sex under the influence of alcohol' (111 respondents); and 'performing oral sex on an unsteady partner with a condom' (99 respondents).

The independent sample *t*-tests were performed to compare the perceptions of risk between the respondents who had and did not have experience with each sexual activity.

From Table 3, among the sexual activities perceived as 'high' risk, only 'having anal sex with an unsteady/causal partner without a condom', 'performing oral sex on an unsteady partner without a condom', 'receiving oral sex from an unsteady partner without condom' and 'having sex with a sex worker' were perceived significantly less risky by respondents who actually had experienced them.

The significantly lower risk also perceived by the respondents who actually had the experience in 'attending in a swinger club' and 'having sex in unfamiliar surroundings' in the group of activities perceived as a neutral risk. For those sexual activities perceived as low risk, the respondents who had experience with fondling with an unsteady partner and 'being more flirtatious' had a significantly lower perceived risk than those respondents who had not.

Perceived risks were measured on a 5-point Likert scale where 5 = 'highest risk' and 1 = 'lowest risk'.

The perceived risk mean scores are interpreted as follows: very high risk if mean score ≥ 4.2 ; high risk if $3.41 \leq \text{mean score} \leq 4.20$; neutral risk if $2.61 \leq \text{mean score} \leq 3.40$; low risk if $1.81 \leq \text{mean score} \leq 2.60$; and very low risk if mean score ≤ 1.80 .

TABLE 2
PERCEIVED RISK AND EXPERIENCE IN SEXUAL RISK-TAKING WHILE ON VACATION

Sexual activities	Perceived Risk		Experience with sexual activity during Thailand vacation				Independent sample <i>t</i> -test Sig				
	N	M	SD	Yes		No					
				N	M	SD		N	M	SD	
Having anal sex with an unsteady/casual partner without a condom	195	3.93	1.260	56	3.00	1.388	139	4.31	0.984	-6.436	0.000*
Having a steady partner who is HIV positive	195	3.71	1.359	26	3.31	1.350	168	3.76	1.355	-1.592	0.113
Performing oral sex on an unsteady partner without a condom	195	3.70	1.160	77	3.35	1.133	117	3.92	1.131	-3.447	0.001*
Having a steady partner who enjoys having sex with multiple partners	195	3.67	1.282	47	3.49	1.283	148	3.73	1.281	-1.120	0.264
Having sex under the influence of drugs	195	3.62	1.260	44	3.41	1.168	151	3.68	1.283	-1.267	0.207
Receiving oral sex from an unsteady partner without a condom	195	3.59	1.242	80	3.01	1.238	115	3.99	1.080	-5.719	0.000*
Having sex with multiple partners	195	3.55	1.232	79	3.35	1.129	115	3.69	1.180	-1.855	0.065
Going to gay saunas	195	3.48	1.329	77	3.27	1.253	118	3.61	1.365	-1.742	0.083
Having sex with a sex worker	195	3.47	1.321	53	3.19	1.128	142	3.58	1.375	-2.013	0.047*
Going to gay spa	195	3.46	1.367	72	3.33	1.289	123	3.53	1.410	-0.962	0.337
Having sex under the influence of alcohol	195	3.15	1.165	111	3.03	1.013	84	3.32	1.328	-1.693	0.093
Attending a swinger club	195	3.06	1.336	74	2.59	1.134	121	3.34	1.376	-4.096	0.000*
Having sex in semi-public spaces e.g. in a public restroom or an elevator	195	3.03	1.190	47	2.98	1.132	148	3.04	1.212	-0.309	0.757
Having sex in unfamiliar surroundings	194	2.66	1.245	126	2.37	1.129	68	3.21	1.276	-4.680	0.000*
Having anal sex with an unsteady partner with a condom	194	2.58	1.294	126	2.35	1.195	68	3.00	1.371	-3.434	0.001*
Going to live sex shows	195	2.50	1.194	87	2.55	1.009	108	2.46	1.329	0.530	0.597
Using sexual enhancers with your steady partner	192	2.46	1.197	63	2.68	1.202	128	2.34	1.179	1.898	0.059
Making out with/kissing an unsteady partner	193	2.41	1.276	144	2.31	1.264	49	2.73	1.271	-2.050	0.042
Fondling with and unsteady partner	195	2.38	1.297	121	2.14	1.220	74	2.78	1.327	-3.455	0.001*
Trying sexual experimentation with your steady partner	193	2.38	1.220	93	2.43	1.228	100	2.34	1.216	0.512	0.609
Going to strip club	195	2.36	1.187	95	2.51	1.071	100	2.23	1.278	1.633	0.104
Performing oral sex on an unsteady partner with a condom	195	2.29	1.172	99	2.21	1.127	96	2.38	1.216	-0.970	0.333
Receiving oral sex from an unsteady partner with a condom	195	2.28	1.192	92	2.20	1.131	103	2.36	1.243	-0.962	0.337
Being more flirtatious	195	2.17	1.226	130	1.98	1.114	65	2.54	1.359	-2.843	0.005*

Note: *p* < 0101

C. Motivations for a Sexual Risk-Taking while on Vacation

The motivations for a sexual risk-taking while on vacation in Thailand were measured by the scale developed by [4]. The scale consists 19 statement items which could be divided into three dimensions including Anonymous Experimentation (5 items), Safe Thrills and Empowerment (11 items), and Fun and Less Inhibition (3 items).

The respondents were asked to rate each item on a 5-point Likert scale (5 = strongly agree and 1 = strongly disagree). The mean scores of individual items and dimensions are shown in Table 3.

Among three dimensions, Fun and Less Inhibition has the highest mean score (mean = 3.58) as compared to Anonymous Experimentation (mean = 3.21) and Safe, Thrills and Empowerment (mean = 2.85)

TABLE 3
DEMOGRAPHIC AND SEXUAL CHARACTERISTICS OF THE SAMPLE

Motivations for sexual risk-taking while on vacation	Construct mean	Item mean	SD
Anonymous experimentation	3.21		
Tourism offer anonymity		3.35	1.143
Nobody will judge me		3.30	1.253
I can enact sexual fantasies not available at home		3.29	1.189
The risk is motivation itself		2.94	1.254
I feel detached from everyday social norms		3.17	1.209
Safe thrills and empowerment	2.85		
Tourism is a scene for sexual conquest		2.82	1.352
Casual sex on vacation has no consequences		2.70	1.326
Taking sexual risks on vacation is empowering		2.64	1.286
Vacation mentality is about taking sexual risks		2.74	1.303
Taking sexual risks on vacation is thrilling		2.90	1.250
It is cool to brag about sexual risks taken on vacation		2.42	1.283
Sex is a way to get to know the local people		3.06	1.337
Sex is a must on vacation		2.75	1.219
Sexual is the time for sexual exploration		2.87	1.249
Availability of my type of sexual partner on vacation		3.30	1.119
What happens on vacation stays on vacation		3.14	1.149
Fun and less inhibition	3.58		
Vacation is the time to have fun		3.66	1.166
I have fewer inhibitions on vacation		3.13	1.182
Sex feels good		3.96	1.062

D. Awareness of the Availability of HIV Tests/Counseling Services and PrEP/PEP

The respondents were asked to indicate whether they knew any places in Thailand where they could have HIV counseling services or HIV tested. The awareness of the Thai Red Cross Anonymous Clinic which is the largest clinic providing services relating to HIV and other sexually transmitted diseases and the awareness of PrEP and PEP were also investigated. The awareness results are shown in Table 4.

From Table 4, less than half of the respondents were aware of the places that they could have HIV counseling or HIV tested in Thailand (40.2%). Undoubtedly, the number of respondents who were aware of the Thai Red Cross Anonymous Clinic is even smaller (34.2%). Approximately half of the respondents were aware of PrEP (53.3%) while the proportion of the respondents who were aware of PEP is lower (42.1%). The proportion of the respondents who stated that they could identify the difference between PrEP and PEP is far less (35.6%).

TABLE 4
DEMOGRAPHIC AND SEXUAL CHARACTERISTICS OF THE SAMPLE

Awareness	Frequency (N)	Percent (%)
Awareness of places in Thailand where tourists can have HIV counseling or HIV tested		
Yes	78	40.2
No	116	59.8
The awareness of the Thai Red Cross Anonymous Clinic		
Yes	66	34.2
No	127	65.8
Awareness of PrEP		
Yes	104	53.3
No	91	46.7
Awareness of PEP		
Yes	82	42.1
No	113	57.9
Differences between PrEP and PEP		
Yes	69	35.6
No	125	64.4

V. DISCUSSION AND CONCLUSION

A. Perceived Risk

When comparing the risk perceived by the respondents in this research with the results of the research previously conducted by [4], some differences could be noticed. In the research by [4], the perceived risk mean scores vary from 2.46 to 4.70 while the perceived risk mean scores of this study vary from 2.17 to 3.90. The comparisons of similar items shared by the two studies show that all similar items in this study are significantly lower. For instance, 'being more flirtatious', while being at the bottom of the lists of the two studies, has a mean score of 2.17 in this study and a mean score of 2.46 in another study. One of the reasons might be the difference in gender between the two studies. The samples of this study were a foreign gay tourist while the samples of the research by [4] were female university students. The effects of gender on perceived risks can be found in a number of academic works. [9] suggests that men and women may perceive risk differently because men imposed some risks on women such as the risk of sexual violence.

B. Sexual Activities

From the research findings, there are 7 activities with which more than half of the respondents reported that they had experienced while in Thailand. There are some

issues concerning those activities worth discussing here. First, while some of those activities such as 'having sex with an unsteady partner with a condom', 'fondling with unsteady partners' or 'performing oral sex on an unsteady partner with a condom' imply a degree of safe sex or a safe sex practice, they also imply that finding and having relations with unsteady partners might be a usual part of tourism experience for those respondents when traveling in Thailand. Second, 'having sex under the influence of alcohol' activity might indicate a popular practice relating to both alcohol and sex.

Although having sex under the influence of alcohol was perceived by the respondents as neutral in risk (mean score = 3.15), many studies found that alcohol could cause risks. For example, an observational study by [10] on the consumption of alcohol by Swiss travelers reveals that excessive alcohol consumption affected a large number of travelers which expose them to health problems during a trip. With sexual behavior in particular, [11] reported that sexual risk behavior such as failure to regularly use a condom was more frequent among persons had excessive consumption of alcohol, and there was an association between excessive alcohol consumption and sexual behavior involving greater risk of HIV transmission or infection.

Alcohol intoxication is considered one of the factors in the failure to use condoms. Therefore, the actual risk of having sex together with an excessive alcohol consumption might be higher than that perceived by the

respondents.

C. Motivations for Sexual Risk-Taking while on Vacation

In the study, the motivation dimension that has the highest mean score is the ‘fun and less inhibition’ which including fun, inhibition, and sex. This finding is partially consistent with the findings found in other previous research works. For instance, in the empirical research on destination choices and holiday motivations among gay men carried out by [6], it was found that motivations varied across destination. Gay tourists who had visited southern European gay resorts, such as Ibiza and Gran Canaria, had significantly higher scores on ‘gay social life and sex’ dimension whereas gay tourists who had visited European cities such as Paris and Amsterdam had higher scores on the ‘culture and sights’ dimension. In this sense, it can be said that Thailand might have a particular attribute that attracts gay tourists who are seeking for fun and less inhibition.

D. Awareness of the Availability of HIV Test/Counseling Services and PrEP/PEP

Less than half of the respondents were not aware of places in Thailand where they can have HIV counseling. This might not be a case if the tourists have a short period of stay where they can go back and have counseling services available in their homeland. For those who stay longer and have an emergency need for HIV counseling services or need for PEP after having unsafe sex, the awareness of the places should be helpful. From the research findings, not only the awareness of the places for counseling service is low, the awareness of PEP and PREP is even lower. Regarding the fact that the main motivation to come to Thailand was ‘fun and inhibition’, as discussed earlier, and the low rates of awareness, good communication strategies targeting at gay tourists coming to Thailand become more necessary.

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