“What happens in Banff, stays in Banff”: Contextual and Interpersonal Factors Contributing to Sexual-Risk Taking among Tourism Workers

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Abstract

Tourism destinations are contexts which are often characterized by unique norms for social and sexual behaviors which have implications for health and wellbeing. The purpose of this qualitative study was twofold: 1) to describe the sexual risk behaviors of young tourism workers (TWs), and 2) to explore socio-contextual factors pertaining to safer sex among TWs. Banff, Canada was the study site. Twenty-nine TWs were recruited and interviewed in community settings over a two-week period. Five themes reflecting situational, interpersonal, and psychological factors that affected TWs sexual behavior and risk-taking were identified: *Party State of Mind and Sexual Behaviors*; *Transient Population and Relationship Context*; *Isolation/Insular Environment*; *Alcohol Use*; and *Norms about Condom Use*. These findings suggest the transient population, insular environment, and like-minded perception of Banff as a “party place” contributed to a culture among TWs that put them at risk for sexually transmitted infection and other sexual health concerns. Opportunities for education and intervention with this population are discussed.

*Keywords*: tourism, sexual risk-taking, condom use, alcohol

“What happens in Banff, stays in Banff”: Contextual and Interpersonal Factors Contributing to Sexual-Risk Taking among Tourism Workers

 The social rights, social obligations, and behavioral norms of a given social context shape an individual’s behavior and interpersonal choices. When these social constraints and expectations are reduced or altered, a shift in behavior is often evident. Researchers have used concepts such as situational disinhibition and liminality to explain these changes in behavior (Eiser & Ford, 1995; Ford & Eiser, 1996, Turner, 1974; 1977). Situational disinhibition explains behaviors outside of the norm that occur as a product of decreased inhibitions while immersed in an alternative social context (Maticka-Tyndale, Herold, & Oppermann, 2003). Liminality is described as inhabiting a space where social rights and obligations appear temporarily suspended, causing a lack of constraints on personal behavior (Ford & Eiser, 1996, Turner, 1974; 1977).

 Tourism destinations are one such example of an altered social context. Research indicates that tourist destinations are unique, hedonistic environments in which individuals often “let loose” in the absence of their ordinary social constraints and behavioral inhibitions (Berdychevsky, 2016; Berdychevsky, Gibson, & Poria, 2013; Carr, 2016; Kelly, Hughes, & Bellis, 2014; Patrick & Lee, 2012; Rogstad, 2019; Thomas, 2005; Trauer & Ryan, 2005). Berdychevsy (2017) has referred to tourism destinations as “hedonistic zones of exception” and “contranormative settings offering cathartic breaks from ordinary social rules” (p. 1173). Tourist destinations comprise a social context in which individuals are able to transcend the everyday version of themselves —feeling a sense of anonymity, freedom, and spontaneity and behaving accordingly (Berdychevsky & Gibson, 2015; Berdychevsky et al., 2013; Kelly et al., 2014; Lett, 1983; Trauer & Ryan, 2005; Wang, 1999). Indeed, in a recent review of risk-tourism, risk-taking, and subjective well-being, Holm, Lugosi, Croes, and Torres (2017) indicated that two of the primary reasons individuals travel are to escape their day-to-day lives and to experience additional freedoms. Further, tourism destinations are often marketed with messages incorporating sexuality, risk, and excitement (Pritchard & Morgan, 2006; as cited in Berdychevsky, 2017).

Research indicates that many individuals visiting tourist destinations engage in higher rates of alcohol consumption, drug use, and sexual risk behaviors, such as multiple sexual partners and inconsistent condom use (Berdychevsky, 2016; Berdychevsky et al., 2013; Carr, 2016; Hawkes, Hart, Bletsoe, Shergold, & Johnson, 1995; Padilla, Guilamo-Ramos, & Godbele, 2012; Patrick, 2013; Patrick & Lee, 2012; Rogstad, 2019; Tveit, Nyfors, & Nilsen, 1994; Whelan, Belderok, van den Hoek, &, Sonder, 2013). Indeed, Berdychevsky (2017) recently stated that nightlife and sexual risk-taking and tourism are “cozy bedfellows,” (p. 1172) further exacerbated by tendencies in young adulthood towards experimentation and thrill-seeking. High alcohol consumption has been viewed as a catalyst for increased likelihood of casual sexual activity and decreased condom use (Kelly et al., 2014; Padilla, et al., 2012; Simkhada, Sharma, van Teijlingen, & Beanland, 2016; Tveit et al., 1994). Much of the research in this area has focused on tourists visiting holiday destinations on a short-term basis (Berdychevsky et al., 2013; Carr, 2016; Ford & Eiser, 1996; Patrick, 2013; Sönmez, Apostolopoulos, Theocharous, & Massengale, 2013; Whelan et al., 2013). Some studies have also reported high sexual and alcohol or drug risk behaviors during specific holiday periods such as Mardi Gras (Milhausen, Reece, & Perera, 2006; Redmon, 2003) and Spring Break (Maticka-Tyndale, Herold, & Oppermann, 2003; Patrick, 2013; Patrick & Lee, 2012). Most studies set in tourism destinations have sampled tourists, however, and fewer have investigated risk behaviors among tourism workers (TWs; Rogstad, 2019).

 TWs are a unique population of individuals who move to tourist destinations for an extended period of time, working within the tourism industry (Fownes, 2006). These employment roles can include—but are not limited to—working at resorts, restaurants, bars, entertainment clubs, hotels, and outdoor recreation centres. TWs are typically young, single, and transient, and may engage in the party scene where alcohol and drug use (AIDS Bow Valley, 2004) and sexual activity (Bloor et al., 1998) are common. Kelly et al. (2014) described TWs as “instrumental mediators in both creating a social arena of risk and influencing the behaviors of tourists” (p. 1052). The experiences of TWs in these distinct environments have been documented in several countries, for example, in the Dominican Republic (Padilla et al., 2012) and Spain (Kelly et al., 2014), with a particular focus on the opportunity for sexual risk. Research has indicated that the longer a TW remains in a tourism destination, the higher the likelihood of their participation in sexual risk behavior (Carter et al.,1997).

 High levels of alcohol consumption among TWs have been reported in several studies (Egan, 2001; Kelly et al., 2014; Padilla et al., 2012). In a study on the experiences of British TWs in Ibiza, Spain, participants reported an increase in alcohol and drug use after their arrival (Kelly et al., 2014). Over 90% of participants had used alcohol and the majority had used drugs, with nearly half reporting having used a drug they had not used in the U.K. (Kelly et al., 2014). Unprotected sex was reported by half of the sample, most often while under the influence of alcohol. Few of these individuals sought sexual health checks after these experiences. TWs working in the Dominican Republic described alcohol consumption as nearly an implicit requirement of involvement in tourism work, illustrating that employment within the tourism industry fosters alcohol use (Padilla et al., 2012).

 High levels of casual sexual behavior such as hookups and one-night stands among TWs have also been reported (Berdychevsky & Gibson, 2015; Kelly et al., 2014; Padilla et al., 2012; Simkhada et al., 2016; Whelan et al., 2013). Casual sexual behavior among TWs, between TWs and locals, and between TWs and visiting short-term tourists have all been documented (Berdychevsky & Gibson, 2015; Kelly et al., 2014; Simkhada et al., 2016).

 Researchers have recommended that future research in this area should focus on the environmental factors that contribute to the behavior of TWs (Kelly et al., 2014). Also, most previous research has focused on sexual behavior of TWs in countries outside of North America. In a systematic review of sexual behavior between TWs and tourists, none of the nine studies identified focused on TWs in North America (Simkhada et al., 2016). When considering established tourist destinations within Canada, Banff, Alberta stands out as one of the most popular tourism destinations, with up to 4 million annual tourists from around the world. This creates a distinct demand for TWs throughout the tourism industry in and around Banff (Banff & Lake Louise Tourism, 2012; Fownes, 2006). Approximately 3,500 TWs between the ages of 18 and 35 travel to Banff each year (CFCN, 2005; Orlando, 2008). The community in Banff has been described as a potent combination of young people living in close quarters away from home, with easy access to alcohol, drugs, and sexual opportunities (Canadian Broadcasting Corporation, 2005; Fownes, 2006).

 Research focused on TWs’ experience in Banff has demonstrated that much like any tourism destination, the setting offers increased opportunities for sexual encounters as compared with one’s home environment. For example, in a small qualitative study, TWs in Banff reported frequent casual sexual encounters and unprotected sex (Fownes, 2006). Better understanding of the behavior of TWs in Banff is of public health importance. Banff has a reputation for being a risky environment (Canadian Broadcasting Corporation, 2005; Fownes, 2006). Indeed, in the late 1990’s Rolling Stone Magazine (1999) labeled Banff as the sexually transmitted infection (STI) capital of Canada, a reputation that has been maintained. Between 2010 and 2015, Chlamydia rates increased by 16.7% in Alberta, and rates were highest among women and young adults (Choudri, Miller, Sandhu, Leon, & Aho, 2018a). Alberta was also one of three provinces in Canada with sharp recent increases in gonorrhea rates, with men, adolescents, and young adults representing the majority of cases (Choudri, Miller, Sandhu, Leon, & Aho, 2018b). STI rates in Banff have consistently been higher than the provincial rates for the top three STIs (Alberta Health, 2013).

 While previous studies have highlighted sexual risk behaviors in tourism destinations (for example, see Berdychevsky, 2016), less research to date has focused on TWs themselves. Further, little qualitative research has been carried out, particularly, as noted above, among TWs in North American settings (one similar study, Fownes (2006) is an unpublished Master’s thesis). Qualitative research is needed to elucidate the situational, interpersonal, and psychological factors that increase the likelihood of sexual risk behavior among this population. The goal of the current study was to increase our understanding of these factors by exploring the experiences of TWs, using individual, face-to-face interviews with 29 TWs in the tourist community of Banff, Alberta, Canada.

**Method**

**Participants**

To be eligible to participate, individuals had to meet the following criteria: single (not married); 18-29 years old; original home a place other than Banff; currently working at least 10 hours per week in Banff in a job directly connected to the tourism industry (for example, in restaurants, bars, hotels, or in outdoor recreation); and have had penile-vaginal or penile-anal sex since being a TW in Banff. We included the criterion regarding penile-vaginal and penile-anal sex because these behaviors are associated with the highest rates of HIV/STI transmission and pregnancy (in the case of penile-vaginal sex; CATIE, n.d.). Nonetheless, participants were asked to report on a range of sexual activities, including oral sex.

**Measures**

**Eligibility screening questionnaire**. The screening questionnaire included questions on the five eligibility criteria listed above: 1) Are you single (not married)?; 2) Are you 18 to 29 years old?; 3) Is your original home a place other than Banff?; 4) Do you work at least 10 hours a week in Banff in a job directly connected to the tourism industry (restaurants, bars, entertainment clubs, hotels, resorts, outdoor recreation, etc.)?, and 5) Have you had penile-vaginal or penile-anal sex since becoming a tourism worker in Banff?

**Semi-structured interview**.The data from the current study was primarily derived from a semi-structured interview. The interview began with questions about reasons for coming to work in Banff, what kind of work participants were engaged in, as well as where they were living (for example, in staff housing, or an apartment). Following this, participants were asked about the type of social and recreational activities typically engaged in before questions about their sexual relationships, condom use, knowledge of sexual health resources in Banff (for complete Interview topic guide, see Appendix). The interview guide was designed to elicit a discussion of factors which could impact sexual behaviors and developed based on the body of literature on sexuality in tourism destinations. Some items were specifically derived and adapted from Fownes’ (2006) study of tourism workers in Alberta. Participants in this study described the unique social factors associated with living and working in Banff, highlighting aspects of adventure (sexual and otherwise). Others were derived from Berdychevsky’s (2016) qualitative study of women who had experiences with sexual risk taking in tourism destinations (not TWs); participants in this study described a sense of “temporariness” and “fun-oriented mentality” during their tourism experiences. Participants in both studies referred to social and recreational activities, alcohol use, and types of sexual and romantic relationships, and these formed the basis for the body of the interview guide.

**Background Questionnaire.** The Background Questionnaire was used solely to collect data to describe the sample in terms of demographic characteristics and sexual history. This self-completed paper and pencil questionnaire included questions on demographics (age, gender, country of residence, and sexual orientation, length of time resident in Banff), and sexual history since arriving in Banff (number of sexual partners, frequency of sexual activity, details about sexual partners, condom use, etc). At the end of the questionnaire participants were asked "Did you take the questionnaire seriously?” (options included: *I took the survey seriously, use my information in the study*; *I did not answer seriously - throw out my information*; and *I choose not to answer*).

**Procedure**

Three interviewers (two female, one male, all authors of this paper) conducted the interviews in May of 2014. Snowball and convenience sampling was used to recruit participants. Volunteers for the first few (3 to 5) interviews were identified by members of the research team by asking waitresses and waiters in restaurants if they were TWs and whether they would be willing to engage in a 30-minute interview focused on norms about sexuality, health, and relationships among tourism workers in Banff. If they were interested, the completed a brief form including the five screening questions noted above, indicating their name or pseudonym, and the desired time and location for the interview.

Other individuals were approached in public venues, such as parks and community events, given information about the study, and asked if they would be interested in participating using the same language as above with the restaurant staff. If interested, they were also given the screening form to determine eligibility. Eligible individuals had the opportunity to complete the interview at that time or schedule it at a time more convenient for them as well as to indicate their preferred interview location. Unfortunately, we did not collect data on the number of individuals approached to take part who declined to participate but overall, the large majority of those approached were eligible and agreed to participate.

At the beginning of the interview, the researcher ensured the volunteer of complete confidentiality of their study participation. Further, we underscored that, in the interview portion of the study, we were interested in the norms for behavior in Banff, and common behavior patterns, rather than in hearing about their own behaviors. Interviewers went over the study information sheet and confirmed interest in study participation. At the end of each interview, participants were asked if they would be willing to complete the Background Questionnaire anonymously about their personal sexual experiences, labeled only with a participant number. Once this was completed, the participant sealed the questionnaire in an envelope before returning it to the interviewer. Finally, the researcher asked, “Would you possibly consider giving my card to at least three of your friends who are also TWs?” Cards had an e-mail address and photographs of the research team. Those who contacted us were screened for eligibility and asked when and where they would like to do the interview.

One-to-one interviews were conducted in private or semi-private areas of the Banff National Park, for example, in restaurants, coffee houses, bars, public park benches. Public venues or outdoor spaces were used as long as they provided the level of privacy required for a frank discussion of sexual health matters and provided safety for both the participants and the interviewers. Venues for the 29 interviews were: hotel (n = 9); cafes or outdoor spaces (n = 4); park (n = 4); canoe club (n = 5); bar (n = 2). Interviews lasted between 11 and 73 minutes (*M* = 23.72, *SD* = 12.47).

Interviews were audio-recorded for playback, transcription, and analysis. The audio-recordings and any notes made by the interviewer were identified only by participant number. All laptops used for recording were password-protected with encryption. The recordings were transcribed and the transcriptions cross-checked within 60 days at which time the audio-recordings were destroyed. Upon completion of each interview the volunteer was provided with a $30 Canadian Visa gift card.

All procedures were approved by the ethics review boards at Indiana University and the University of Guelph. We requested and were granted a waiver of written documentation of consent to protect the confidential nature of the data from our institutional research ethics board. Instead, a study information sheet was used to inform the volunteer about the study and participants were asked for their verbal consent to participate.

**Data Analysis**

Data were analyzed by thematic analysis (Braun & Clarke, 2006). Four authors were involved in the data analysis. All authors participated in Step 1 (familiarization with the data). Two coders (authors 5 and 6) uploaded transcripts into NVIVO and generated initial codes (e.g., for types of relationships, coded one night stand, hook ups, casual sex, friends with benefits, committed relationships; Step 2) and organized content into 23 themes (Step 3) which mapped roughly onto elements of the interview guide (i.e., types of relationships formed, how relationships form, alcohol use, norms about condom use, strategies to reduce sexual risk). The second author reviewed the themes developed (Step 4), dropped themes which were not endorsed broadly by participants (for example, about drug use, community resources available, and sexual violence) and merged themes which were related (for example, strategies to reduce risk, norms about condom use, condom use difficulty were merged and named *Norms about Condom Use*; codes from frequency about alcohol use, how do relationships form, what fosters relationships in Banff, challenges to relationships, Banff reputation were merged to form *Party State of Mind*). The first author reviewed all codes from the initial coding documents and thematic structure and determined that the five themes generated by the second author captured the data. Together the first and second author determined names for the five themes (Step 5), selected illustrative quotes and wrote the results for the manuscript (Step 6).

Data from the Background Questionnaire was inputted by hand into SPSS and then analyzed using descriptive statistics (e.g., for age), t-tests (e.g., for number of sexual partners), and correlations (e.g., for number of months in Banff in relation to number of sexual partners).

**Results**

**Sample Characteristics**

Twenty-nine individuals completed the study (17 women and 12 men). All participants reported that they took the survey seriously. Participants worked in a variety of settings in Banff, including restaurants/bars (*n* = 8), hotels (*n* = 5); ski resorts (*n* = 4); retail/sales (*n* = 3); miscellaneous jobs (*n* = 9; for example, lifeguard, landscaping). The majority of participants lived in some type of staff accommodation, often in shared bedrooms (*n* = 17; 58.6%); the remainder (*n* = 12; 41.4%) lived in apartments or houses. There were few gender differences; thus, demographics on the total sample are provided.

Ages ranged from 18 to 29 years with a mean of 22.4 years (men and women were not significantly different in terms of age). Almost all participants (93.1%) listed Canada as their country of residence (one male participant listed Germany and one listed Czech Republic as his country of residence). Participants had been in Banff an average of almost 5.9 months, (range from 1 to 24) with the majority (62.1%) having moved to Banff alone (10.3% came with a sex partner, 27.6% came with another person or people).

All of the men and 14 of the women identified as heterosexual/straight. Three women identified as bisexual. Just over half (55.2%) reported a new sex partner since moving to Banff and 62.1% (11 women and 7 men) reported having any sex partner since being in Banff (no significant gender differences found). For men (*n* = 11 reporting number of partners), there was a significant positive correlation between number of months and number of sexual partners in Banff (*r* = .62, *p* = .04), but this was not the case for women (*n* = 17, *r* = .32, *p* = .22). The mean number of sex partners in Banff was close to four (*x̅* = 3.72; range 1-14). All of the women reported that their most recent sex partner in Banff was a man and all of the men reported their most recent partner was a woman. Most of the partners (55.6%) were from Canada. When asked how much they knew about their partner, there was a significant gender difference, with women reporting more knowledge (*x̅* = 3.18, *sd* = .98) than men (*x̅* = 1.86, *sd* = .90; *t*(16) = 2.879, *p* = .011 on a 4-point scale ranging from 1 (*none*) to 4 (*a lot*).

Regarding sexual experiences with their most recent sex partner in Banff, all (11 women and 7 men) reported vaginal intercourse; vaginal intercourse occurred an average of nine times, with an average of four times not protected with a condom. Approximately one-half (46.2%) of the participants reported never using a condom for vaginal intercourse with their most recent partner. One woman and one man reported anal intercourse more than once and never using a condom. All of the men and 80.0% of the women reported fellatio an average of almost seven times. Condom use was uncommon during fellatio, with 85.2% reporting no condom use. Men reported significantly more encounters of unprotected fellatio (*x̅* = 8.50) than women (*x̅* = 4.56; *t*(17) = -2.206, *p* = .041). Cunnilingus was reported by 55.6% of the women and 71.4% of the men, with an average of between six and seven times.

Participants were also asked what the likelihood was that they would have sex with someone within two months of returning home, with a response scale from 1 (*extremely likely*) to 5 (*extremely unlikely*). The mean response was 2.90 (*somewhat likely*). Regarding the likelihood that they would use a condom at their next sexual event, the mean was 1.69 (between *likely* and *somewhat likely*). See Table 1 for a summary of sexual activities in Banff and anticipated behaviors upon return home.

**Themes**

Five themes reflecting situational, interpersonal, and psychological factors that affected TWs sexual behavior and risk-taking were identified: *Party State of Mind and Sexual Behaviors*; *Transient Population and Relationship Context*; *Isolation/Insular Environment*; *Alcohol Use*; and *Norms about Condom Use*. All of the themes can be considered to support the unique context of Banff for tourism workers as situational factors influencing their sexual behaviors. All of the themes point to aspects of the situation (situational factors) in Banff which led to certain types of behaviors and relationships forming. Some of the themes also highlight unique interpersonal factors which influenced behavior (for example, *Transient Population and Relationship Context*); others were more psychological in nature (for example, *Party State of Mind and Sexual Behavior*).

 **Party State of Mind and Sexual Behaviors.** Participants commented on the general “party” state of mind in Banff, with one male participant saying that people saw Banff as the “Canadian Las Vegas.” Another participant indicated that the saying “What happens in Vegas stays in Vegas“ was also used to describe behaviors in Banff.

They're like, what stays here, what, what happens here will stay here. So and they're like, oh I can have a boyfriend at home, but like, still do stuff here. Or if they could breakup back home they come, they'll go crazy here. It's kinda like, the mentality in Banff. That I notice. What happens here, will stay here[M, 22[[1]](#footnote-2)],

Like Las Vegas, Banff was also described as a “party city.”

I would say sexually risky. Umm, it's the kind of place that people talk about as a real party city. [M, 21]

Consistent with many party atmospheres, many TWs perceived Banff as a place where people were more sexually open:

Think there probably is more. I think there's, there's more, people are more sexually free I guess here. [F, 22]

As a result, Banff was well-known among participants as a place where STIs were common.

I think it was called the STI capital of Canada or something. Whistler took it now or something like that. I would definitely say it's uh, I mean it's pretty risky, risky...” [M, 21]

And I think, like even before I left, I had friends that sort of said like, 'Oh make sure you don't, there's a lot of STDs going around Banff.' [M, 21]

Consistent with a party mentality, participants noted the STI risk associated with engaging in sexual relationships in Banff, but most did not describe personal concern about this.

 This theme illustrates both a psychological and a situational factor influencing sexual behavior for TWs. Banff was perceived as a party *place* where individuals felt *psychologically* more free to explore sexually than other locales.

**Transient Population and Relationship Context.** Almost all of the interviewees mentioned the transient nature of the TW population in Banff as shaping the type of relationships formed.

Well I think the difficult thing about Banff is everyone is kind of coming and going, like it's kind of a transient, like, population. People are coming in and going all the time... [F, 25]

 So usually you spend time with a girl, like, I like to date girls, but, so we'll like spend time and then go out. But here, it's, it's extremely fast paced because I think they know, like, time’s limited. [M, 20]

Sexual relationships were perceived as easy to establish but long-term relationships harder to form and maintain. In response to a question about whether sexual relationships were easier or harder to maintain in Banff, two participants stated:

Uhh ya I'd say it's almost easier probably. Just cause people traveling through, ya know. Looking to have fun. [M, 23]

But like most of the people who are up here for summer like their mindset is more just like have some fun, get out there, see some people. Even if like there's people who are like having sex, it's still occasional... so they're not really committed, they're just kinda like on and off. [F, 29]

Almost all participants indicated that casual relationships were more easily available than more committed relationships.

In terms of sexual relationships, more casual. Uh, people, nobody here is looking to get married. Nobody is willing, nobody is really interested in... like a long term thing. I don't think anyone here is, so far. I've only known a couple people that have actually met, boyfriends and girlfriends here. [F, 21]

In sum, Banff was described as an environment that facilitated short-term and casual relationships, in large part because the population of tourism workers was transient. The party state of mind, as described above, also contributed to the types of sexual partnerships that were commonly found. This theme reflects the unique situational context for TWs working and living in Banff (specifically, TWs coming and staying for a relatively short time), as well as highlighting the type of relationship formed (more casual than committed), an interpersonal factor influencing sexual behavior among TWs.

**Isolation/Insular Environment.** TWs described working, living together, and socializing together. These close relationships meant that TWs commonly formed sexual relationships with co-workers.

[P] But here we see each other, like, every day. And I missed high school, so I was like, huh, it's pretty nice.

And I missed high school, so I was like, huh, it's pretty nice.

[I]: And everybody lives together, everybody works together...

[P]: Exactly.

[I]: ...everybody goes out together. [M, 20]

Participants also noted that TW employers often strongly discouraged them from (or forbade them to) engage in sexual relationships with tourists. As such, most participants stated that relationships more often formed between co-workers rather than tourists or locals.

[P] People rarely leave the establishment. It's, becomes a little bit incestuous I guess, as you, you could say. Umm, but ya I have seen people hooked up with, or, have relationships with other people, outside...

[I]: Yeah…

[P]: ...like locals. But, it's not as common. [F, 21]

One participant noted that having sex with a tourist might be less risky than sexual relationships with co-workers:

[I]: But a tourist would be maybe safer cause they haven't been here long enough to...

[P]: (laughs) to... to be contaminated. [F, 26].

Several participants commented on how isolated the Banff community was and how TW kept themselves from the locals.

Cause we're very clique-ish here. So... like we, like we're our... our own family and then we have family, like we're all a family and then we have the little groups within our family. [F, 19]

One participant referred to “the Banff Bubble” to describe the atmosphere.

 [P] I call it the Banff Bubble which I completely agree with.

[I]: I've heard that.

[P]: People here, it's, it's a bizarre mentality that people have, but it's like, you know, you’ve slept with someone half a dozen times, and all of the sudden you're dating, and you move in together because it's cheaper, and... [F, 27]

Another woman described Banff as a “snow globe”:

[P] Like, Banff is like Banff the snow globe...

[P]: ...of like, a surreal, surreal world.

[I]: I've heard bubble, but I haven't heard snow globe.

[P]: I mean, we all live in there and it gets shaken up sometimes, but it's not real life at all. [F, 20]

The insular environment, a situational factor, combined with the perception that Banff was “not real life,” (a psychological factor) facilitated sexual partnerships among TWs.

**Alcohol Use.** When asked about the type of social/recreational activities TWs most often engaged in outside of work, not surprisingly almost all of the participants mentioned outdoor pursuits or sports such as skiing and kayaking, but 24 of the 29 participants (82.76%) cited “bars,” “clubs,” “drinking,” and “partying.”

[I]: And what do people who work with tourists, like in any setting, golf course, recreation, uh, restaurants, what do they do for fun, to be social in Banff?[[2]](#footnote-3)

[P]: Umm, well there, in Banff, there's lots of outdoor activities, like hiking and horseback riding, what have you. Umm, lots of drinking. Lots of socializing. Drug use, I've seen. Umm, partying a lot... [F, 21]

One participant reported being “shocked” by the high levels of drinking:

[I] What do you think people who work with tourists, whatever their jobs are, do for fun, socially, in Banff?

[P]: Umm, to be honest I've been really shocked, the majority of, people working here in the tourism industry are just here to party and I've actually...found it difficult to find people who just want to go out and hike, and... [F, 23]

Several participants referred to certain nights being “party” nights, where most of the TWs frequented a particular bar or club. Drinking mainly took place at bars or clubs, but also at friends’ houses:

 [P]: ...like people will pre-drink at someone's house.

 [I]: I've heard that, I've never heard that expression, pre-drink.

[P]: Ya, you pre-drink at someone's house, and then you like, typically you go to like, a pub or a bar, and then you go to the club after. ... [F, 20]

The participant continued, indicating that drinking would often continue after bars and clubs closed:

[P]: But all the clubs close at, everything closes at 2 here. ...

...they kick you out at 2, and then everybody usually goes to someone else's house.

[I]: Right. Could be a long evening.

[P]: So it like, goes back. Ya. And then people get home around like, 4, 5 sometimes... [F, 20]

About one-half ofparticipants noted a strong link between alcohol and the likelihood of hooking up.

 [P]: I mean like, people go out here drinking all the time, so people tend to hook up more often I'd say. [F, 24]

Another participant, when asked about how relationships form in Banff, indicated:

I]: ...again in your perception. Umm, how do these relationships usually form?

[P]: Umm, mostly just from people being drunk, quite...

[I]: Ya?

[P]: ...quite frankly.

[I]: So alcohol involved.

[P]: Yep, yep. [F, 21]

In sum, alcohol use was a common element of social interactions among TWs in Banff. TWs noted that house parties and bars were profluent with alcohol, and linked alcohol use with casual sex. As such, this theme reflects aspects of the situation in Banff (situations often incorporating alcohol use) which influenced the type of relationships that were formed.

**Norms about Condom Use.** Participants‘ descriptions of condom use in Banff were mixed. Several participants noted that there were norms about condom use in the Banff TW community. Some reported that condom use was expected for all; one participant indicated this was especially so for men:

There is pressure to use condom especially on men [M, 21]

Condoms were also regarded as easy to access:

Everyone knows where to find condoms [M, 21]

At least my friends who have had multiple partners or like just like a lot of sex with a person, they, they usually have condoms with them...” [F, 22]

However, other participants conceded that they rarely used condoms, despite these norms:

No, I honestly never ever see condoms. So, I’m not sure if its like, a really rare thing, or if its just, like, something people don‘t wanna, you know, admit that they have? [F, 19]

Participants ascribed inconsistent condom use to several factors. One participant indicated they were less likely to use condoms in Banff than they were at home, because of “the atmosphere of the town” [F, 19]. Other participants indicated that the alcohol use common in social occasions negatively impacted condom use. For example, one participant said:

I think alcohol has a huge part to play in people not using them. Umm, people get drunk and either forget or decide, 'Oh, I'll risk it.' Umm, ya. [F, 28]

Participants were univerally aware that condoms were useful in preventing STI transmission and many noted that condoms were widely available. However, despite this, participants were mixed in their descriptions of how commonly condoms were used. As such, norms about condom use were influenced by aspects of the situation for Banff TWs. Alcohol use and a party state of mind were considered factors that made condom use difficult.

**Discussion**

The purpose of the current study was to investigate the situational, interpersonal, and psychological factors that increase the likelihood of sexual risk behavior among TWs in Banff, Alberta. Twenty-nine TWs were interviewed and transcripts were analyzed using thematic analysis. Findings from this study extend findings from past studies of tourists and TWs (Kelly, et al.; Padilla, et al., 2012; Simkhada et al., 2016; Sonmez et al., 2013). Much like the behavioral disinhibiting effects of being isolated in a setting with an altered and idealized reality occurring for tourists, participants described experiencing a similar freedom associated with becoming ingrained in a sexually liberal “party” culture with other workers. Interview data were organized into five themes reflecting situational, interpersonal, and psychological factors that affected TWs sexual behavior: *Party State of Mind and Sexual Behaviors*; *Transient Population and Relationship Context*; *Isolation/Insular Environment*; *Alcohol Use*; and *Norms about Condom Use*. All of the themes highlight some aspect of the unique situation or context in Banff for TWs that fostered sexual risk-taking behaviors – indeed, all themes serve as situational factors. Closely connected to aspects of the situation, participants indicated that the unique context in Banff led to perceptions of the environment as one where “anything goes,” and “what happens in Banff, stays in Banff” – a psychological factor which influenced the types of experiences TWs had and the relationships that they formed. The transient nature of working in Banff served as an interpersonal factor influencing sexual behaviors, because long-term relationships were difficult to establish and maintain. In sum, however, the context of living and working in a small, tourist destination seemed to be the strongest factor influencing TWs state of mind and the relationships the developed, which, in turn, increased possibilities for sexual risk. Findings are similar to those reported regarding TWs in other tourism settings (i.e., the Dominican Republic (Padilla et al., 2012) and Spain (Kelly et al., 2014)).

Findings from the current study suggest that liminality and the defined time period of living as a tourism worker in any given tourist destination may contribute to an altered sense of reality characterized by norms regarding sex and alcohol that would be uncommon in other settings (Thomas, 2005). Victor Turner, an ethnographer and anthropologist, conceptualized liminality phase as a move away from one status or state to a place outside “everyday structural positions” (1974, p. 242). Turner used the Latin word *communitas* to refer to human bonding and social relationships that form in liminal phases (1969). Turner’s theorizing can be readily applied to the experiences of tourism workers in Banff. Almost all of the themes in the current study map well onto Turner’s (1974) conceptualization of liminality. Many of the participants in the current study described Banff as an insular environment which quickly fostered close sexual relationships – one participant referred to this experience as the “Banff bubble.” Banff was considered an “in between time” – a space participants inhabited as transients. As such, time in Banff was characterized by a shift away from traditional norms and rules, particularly related to partying and social interactions and sexuality and relationships.

The lived experience of working in tourism may serve multiple purposes among young TWs, for example, providing an opportunity for them to gain sexual experience in a non-committal sexual environment, form friendship bonds, and separate from parents and potentially conservative values in their home towns. Berdychevsky and Gibson (2015) delineated three functions that are served by environments of tourism workers, with sex and physical relationships being viewed in the context of mental/emotional and socio-cultural benefits of these settings. Indeed, this is also quite consistent with what Trauer and Ryan (2005) have described as a culture bound by special interest and like-mindedness. Nonetheless there are a number of potential negative consequences for health and wellbeing of tourism workers. Participants described the culture in Banff as rife with alcohol-centred social and sexual activities. Situations like this put young people at risk for sexual assault and violence (Abbey, Wegner, Woerner, Pegrem, & Pierce, 2014), though participants in this study did not explicitly raise this concern. Additionally, the social norms among Banff TWs were not consistently in support of condom use. Though all TWs knew condom use was an effective strategy to reduce STI transmission, and most knew where to access condoms for free, reports of condom use were mixed.

Combined, these factors put TWs at risk for STIs and unintended pregnancy. Of note, unlike recent findings from a Dutch study of tourist workers, where 42% were having sex with local, long-term residents (Whelan et al., 2013), our findings strongly suggest that Canadian TWs in Banff have sex with each other and avoid sex with “locals” or tourists, in part because this is often explicitly discouraged by employers. This aspect of the prevailing culture may be protective in that TWs are protected from “imported” STIs stemming from sexual networks throughout the world. Of course, TWs are not protected from STIs that are brought into the network before employment begins. Further, the frequent sexual interactions and partner switching within the TW culture makes workers more vulnerable to spreading STIs within their networks and bringing STIs back to their home environments. Additionally, the perceived (and actual) insularity of the TW network may contribute to a false sense of security which creates a social barrier to requesting condom use. Despite apparent sexual health risks, and risks related to alcohol use and misuse, TWs seemed positive and happy about their time in Banff and the possibilities for friendship and sexual relationship development.

 The findings from the current study suggest multiple approaches for intervention and education. Berdychevsky (2017) described the importance of tailored sexual health communication messages, designed to take into account individual and environmental characteristics. She also noted that tourism-context-specific educational endeavors should consider optimal timing (e.g., before or during the tourism experience); exposure schedule (whether a one-shot intervention would be sufficient or whether multiple messaging opportunities are possible/beneficial); format (multimedia or print); and source (e.g., health care providers or tourism organizations).

From an intervention standpoint then, the findings may provide several insights as to how safer sex cultures might be fostered among TWs. Some of these interventions could be mounted on a structural level. For example, employers are an optimal source of sexual health information and a potential source for condom distribution. Beyond this, employers can provide education and resources around safer use of alcohol and strategies to prevent sexual violence. Many participants also described BanffLIFE, an organization “dedicated to promoting healthy, balanced lifestyles for young adults living and working in Banff and Lake Louise” (Town of Banff, n.d.). BanffLIFE provides opportunities for social gatherings and social support as well as health and wellness information. Future research could examine whether these types of structural-level supports may help to address the syndemic health risks for TWs in Banff and beyond (Padilla et al., 2012).

 Further, the liminality of tourist environments such as the one in Banff may actually serve as a catalyst for interventions promoting condom use. Because the TWs are having sex with one another (as opposed to having sex with tourists) in this time-limited pseudo-reality, traditional relationship-oriented barriers to condom use (specifically, the ideas that condoms symbolize distrust, dishonesty, infidelity, and lack of intimacy/commitment) are not as applicable as they would be in the home environments of these workers. Thus, interventions could be designed to integrate condom use into the culture as being compatible with the prevailing recreational sex environment. Indeed, TWs in the present study were well aware of the sexual risks they and others were taking, but this awareness did not serve as a sufficient motivator for condom use. As such, interventions to increase condom use among TWs could be grounded in motivational interviewing (DiClemente, Corno, Graydon, Wiprovnick, & Knoblach, 2017) or be based on the tenets of the IMB Model (Information Motivation Behavioral Skills, Fisher & Fisher, 2014, for an example see John, Walsh, & Weinhardt, 2017).

 Peer-led interventions have also been found to improve sexual health-related knowledge, attitudes, self-efficacy, and, in some cases, behavioral change (Sun, Miu, Wong, Tucker, & Wong, 2018). One such intervention (the *Tourist Worker Intervention Safer Sex Training; TWISST*) was adapted based on interventions developed for use with heterosexual men (Milhausen, 2011) and women (Yarber et al., 2018) and evaluated with Banff tourism workers (Milhausen, et al., 2016). The intervention is based on three principles 1) self-guided practice of condom application and use in a low performance demand situation; 2) the opportunity to experiment with a variety of condoms and lubricants to determine preference and optimal fit and feel; and 3) encouraging condom users to focus on pleasurable physical sensations experienced (and reduced stress due to STI and pregnancy worry) during condom use. Peer educators were trained to deliver one-hour educational sessions and provided participants with a kit of condoms and lubricants to take away and practice with. The program was tailored for TWs, taking into account the social context of sexual behaviors in Banff, and delivered in brief format in locations convenient to TWs. The intervention yielded favourable results. Frequency of unprotected vaginal sex decreased as did condom use errors and problems, and key mediators of condom use (such as condom use self-efficacy, condom negotiation skills, and condom attitudes) improved. Given the community created by TWs, effects from interventions such as these have a diffusion effect with the potential to positively influence the sexual health of the population at relatively low cost, thus suggesting they could be implemented relatively easily in tourism destinations internationally. Detailed information about the intervention can be found in Milhausen et al. (2018).

 Despite the contributions of the study, several limitations are noteworthy. Indeed, participants were asked to report on potentially sensitive behaviors and their responses may have been susceptible to social desirability bias (Rao, Tobin, Davey-Rothwell, & Latkin, 2017). We aimed to mitigate this, in part, by asking participants about norms for sexual behavior in the interview, and not about their own sexual activities. Reports of their own behavior were given on paper questionnaires, which participants sealed in a manila envelope and which was kept separate from their consent form to preserve confidentiality. Another potential limitation is that participants and interviewers were not matched in terms of gender. Research on the influence of interviewer gender on reporting of sexual behavior data, however, is mixed in terms of direction and magnitude (Kianersi, Luetke, Jules, & Rosenberg, 2019; West & Blom, 2017); thus, the impact of participant/interviewer gender in the current study is unknown. Additionally, as all of the male participants and most of the female ones identified as heterosexual, findings can largely be said to describe factors relevant to heterosexual individuals. We did not aim to recruit solely heterosexual participants (the study was open to individuals of all sexual orientations who had engaged in either penile-vaginal or penile-anal sex while in Banff). Future research on sexuality in tourism destinations targeting individuals varying in sexual orientation and gender identity should be conducted so that findings can be used to support the sexual health of young people broadly, not just those who identify as heterosexual.

**Conclusions**

 This study of tourist workers is the first to be conducted at a Canadian resort town and it is one of only a handful of studies focused on the sexual risk of workers rather than the tourists themselves (Simkhada et al., 2016). Qualitative findings provide compelling evidence of a sexual sub-culture, created by a confluence of situational, psychological, and interpersonal factors, that may have many advantages for young workers, but also pose risks for STIs acquisition that appear to be a known and perhaps an accepted aspect of this environment. Though results parallel those found in studies on other tourism destinations (Kelly et al., 2014; Padilla et al., 2012), findings are based on a single sample of TWs in Banff; thus, future research focusing on other tourism destinations (for example, Las Vegas or the Caribbean) or among other groups of staff (for example, on cruise ships or at resorts) is warranted. Additionally, larger scale survey research could try to identify individual and contextual factors that facilitate sexual risk-taking in tourism environments more broadly. Indeed, given the large numbers of young people traveling nationally and internationally annually (Berdychevsky, 2017) and the rapid spread of STIs globally, facilitated by tourism, sexual risk-taking among young tourism workers has broad public health consequences (Rogstad, 2019). From a public health perspective, determining risk and protective factors for sexual risk-taking, and creating and implementing sustainable approaches to shifting the sexual norms to favor condom-protected sex among tourism workers is warranted.

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Table 1. *Sexual Activities in Banff and Anticipated Sexual Activities at Home*

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | Women | Men | Total Sample |
| Sexual activity with most recent partner in Banff |  |  |  |
|  vaginal intercourse |  |  |  |
|  % reporting vaginal intercourse1 | 100 | 100 | 100 |
|  Mean (*sd*) number of times2 | 9.33 (5.87) | 9.29 (6.26) | 9.31 (5.84) |
|  Mean (*sd*) number of times without  condom2 | 4.70 (5.85) | 3.67 (5.05) | 4.21 (5.36) |
|  % never used a condom |  53.3  | 36.4 | 46.2 |
|  Anal intercourse |  |  |  |
|  n reporting anal intercourse1 | 1 | 1 | 2 |
|  number of times2  | 2 | 3 | 5 |
|  number times without a condom2  | 2 | 3 | 5 |
|  Fellatio |  |  |  |
|  % reporting fellatio1 | 80.0 | 100 | 88.2 |
|  mean (*sd*) number of times2  | 4.56 (2.83) | 8.50 (6.92) | 6.63 (5.62)  |
|  mean (*sd*) number of times without  condom2,3 | 3.00 (2.60) | 8.20 (6.61) | -- |
|  % never used a condom | 81.3 | 90.9 | 85.2 |
|  Cunnilingus |  |  |  |
|  % reporting cunnilingus1 | 55.6 | 71.4 | 62.5 |
|  mean (sd) number of times2 | 5.40 (2.70) | 7.5 (6.71) | 6.55 (5.16) |
| Anticipated sex after returning home |  |  |  |
|  Mean (*sd*) likelihood of sex within two months  of returning home - 1(extremely likely) to 5  (extremely unlikely) scale | 3.12 (1.32) | 2.58 (1.31) | 2.90 (1.32) |
|  Mean (*sd*) likelihood will use a condom | 1.59 (1.18) | 1.83 (1.03) | 1.69 (1.11) |

1 For those reporting at least one sex partner in Banff.

2 For those reporting the behavior.

3 Significant gender difference unprotected fellatio, *t(*17) = -2.206, *p* = .041, therefore, mean (*sd*) for total sample is not reported.

**Appendix**

**Interview Topic Guide**

1. What kind of work are you doing in Banff?
	* + - How long have you worked there?
2. What type of living accommodation do you have while working in Banff?
	* + - Do you have roommates?
3. What types of social and recreational activities do you or other young people in Banff engage in when you are not working?
	* + - Do these activities involve drugs and/or alcohol? How much?
4. What kinds of relationships usually form?
* i.e., casual ones, committed ones, friends with benefits
* How do these relationships usually form?
* Are the relationships usually with other workers? Vacationers? Locals?
* Are there aspects of living and working in Banff that facilitate sexual relationships? Explain…
* Are there aspects of living and working in Banff that make sexual relationships more challenging? Explain…
1. Does Banff have a reputation for being a generally sexually safe or sexually risky?
2. Did you know that Banff has been called the STI capital of Canada? Did you hear of the high STI rate? If so, did this knowledge influence your activities in Banff?
3. What is your knowledge of community resources or services pertaining to sexual risk taking available in Banff?
	* + - Where can you go in Banff to acquire contraception? Condoms?
			- Where would you go in Banff to get tested if you felt you had been exposed to an STI?
4. Is there anything else you would like to share with us pertaining to attitudes, beliefs, practices, and barriers related to safer sex among tourism workers in Banff?
1. M = male; F = female participant; age. [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)