Sexual behaviour of young people in international tourist resorts

M A Bellis, K Hughes, R Thomson, A Bennett

Background/objectives: Increasingly, young people travel abroad to experience nightlife in international resorts. Although media coverage of such resorts suggests high levels of sexual activity, little empirical data are currently available. We have measured: 3 year trends in sexual behaviour of young people visiting Ibiza, levels of sexual risk taking, and their relation to substance use. Additionally, in 2002 we identified levels of homosexual sex and sexual interactions between UK residents and individuals from other countries.

Methods: Data were collected from visitors to Ibiza between 2000 and 2002 just before they left the island. Information on sexual health was surveyed using a short anonymous questionnaire.

Results: Over half of individuals (56.0%) visiting Ibiza had sex with at least one person, with 26.2% of males and 14.5% of females having sex with more than one individual. However, of those arriving without sexual partners (75.5%) just under half (47.5%) have sex in Ibiza and most of these (62.4%) always used condoms. Having any sex abroad was associated with using illicit drugs and having more sexual partners in the 6 months before visiting Ibiza. However, having unprotected sex or sex with more than one person was associated with smoking as well as having higher numbers of sexual partners before their visit. Overall, 8.6% of individuals had sex with a non-UK resident in Ibiza although such individuals were no more likely to have sex without condoms.

Conclusions: Substantial numbers of individuals visiting international nightlife resorts have unprotected sex with people they meet while abroad. This poses an increasing threat to the sexual health of UK residents but as yet little attention has been paid to developing interventions that might reduce sexual risk taking among young people holidaying abroad.

Recent years have seen dramatic rises in sexually transmitted infections (STIs) across the United Kingdom accompanied by levels of teenage pregnancy substantially higher than those in most Western European countries. However, the behaviours that contribute to poor sexual health are not constant throughout the year but peak around Christmas and again during the summer months. Thus, in winter individuals enjoy the freedom of Christmas holidays, often consume alcohol to excess and, in some cases, subsequently engage in unprotected sex.\(^1\) Equally, summer holidays provide a similar escape from the social mores of family, work, or education again accompanied by increases in sexual risk.\(^2,3\) As a result, both periods are followed by rises in demand for emergency contraception, increased attendance at sexual health clinics, and additional requests for terminations among young people.\(^4,5\) Such cycles of sexual behaviour are well established. More recently however the proliferation of cheap air travel and international nightlife resorts has resulted in greater opportunities (especially in summer) for young people to socialise abroad in a distant, often carefree, environment. The potential for such international settings to contribute to rises in STIs and unwanted pregnancies is substantial with individuals drinking more,\(^6\) taking more drugs\(^7\) and socialising more frequently\(^8\) than when at home. Equally, mixing between individuals from different countries provides an opportunity for the international transmission of STIs especially where access to protective measures (for example, condoms) is absent, confusing, or poorly promoted.\(^9\)

Epidemiological studies of UK residents who acquire STIs often identify sexual contact abroad as a risk factor for infection (for example, syphilis,\(^11\) 12 HIV\(^13\) 14) and the risk posed by international transmission of communicable disease has now been recognised in UK health policy.\(^15\) Elsewhere, and in the United Kingdom, limited data on the holiday behaviour of young people travelling within their country of residence suggest changes in sexual behaviour associated with vacations away from home.\(^16\) 18 19 Each year, over 250 000 young people from the United Kingdom alone visit the top international dance resort of Ibiza (Spain)\(^17\) with many more visiting resorts in Greece, Cyprus, and elsewhere.\(^15\) Despite such numbers travelling abroad and the increasing prevalence of many STIs,\(^1\) few empirical data are available on the epidemiology of sexual behaviour in such international resorts.

In order to quantify the risks to sexual health posed by travel to international dance resorts, here we examine the sexual behaviour of UK residents holidaying in the leading nightlife resort of Ibiza. Furthermore, using data on frequency of unsafe sex and its relations with substance use, we examine opportunities to protect the sexual health of young people abroad.

METHODS

Three cross sectional surveys were undertaken at Ibiza airport in the summers of 2000, 2001, and 2002. Individuals were approached at the airport while waiting to check in for their flights back to the United Kingdom and asked to complete a short, anonymous questionnaire. Questionnaire length was limited by relatively short periods of time being available to each respondent. However, data collected included individuals’ basic demographics, main reasons for visiting the island and levels of illicit substance, alcohol, and tobacco use in Ibiza and in the United Kingdom.\(^19\) Details collected relating to sexual health included the number of sexual partners people had in Ibiza, the number over the 6 months...
RESULTS

Initial analyses deal with all individuals sampled (2000–2) and differences between years are explored later as part of logistic regression analyses. Table 1 identifies the basic demographic features of all individuals sampled over the 3 year period, consumption of substances, and reasons for visiting Ibiza. Table 2 presents bivariate analyses of sexual behaviour in Ibiza. Both tables are stratified by sex and whether individuals visited Ibiza with an existing sexual partner. For all individuals visiting Ibiza, only 14.7% appear to be holidaying on the island explicitly to look for sex, although among males this figure rises to 22.4% (table 1). However, the number of individuals actually having sex during a single visit is much higher with most individuals (36.0%) visiting the island having sex at least once and 26.2% of males and 14.5% of females having sex with more than one partner (table 2).

Table 3 presents the results from logistic regression analyses undertaken to identify factors independently related to whether people had sex in Ibiza and, of those having sex, who had unprotected sex at least once and who had sex with more than one person. Having sex, having unprotected sex, and having sex with more than one person abroad were all positively related to the number of sexual partners individuals had during their 6 months before visiting Ibiza. Those in younger age groups (16–25 years) were also more likely to have sex in Ibiza (table 3).

Individuals’ sexual behaviour in Ibiza was strongly related to whether they were holidaying with a sexual partner (that is, 19.6% of males and 31.0% of females; overall 24.5%). Those with partners were significantly more likely to have sex in Ibiza but less likely to always use condoms (table 3). For individuals who had sex in Ibiza but who arrived without a sexual partner (see table 2), their median number of sexual partners was not always using a condom when having sex with any person on the island.

Table 1: Characteristics of individuals visiting Ibiza (2000–2) stratified by sex and partner status

<table>
<thead>
<tr>
<th>Age</th>
<th>Males % (n)</th>
<th>Females % (n)</th>
<th>p Value*</th>
<th>Partner† % (n)</th>
<th>No partner % (n)</th>
<th>p Value</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>16–19</td>
<td>26.3 (236)</td>
<td>34.6 (229)</td>
<td>&lt;0.001</td>
<td>20.5 (76)</td>
<td>32.0 (365)</td>
<td>&lt;0.001</td>
<td>29.8</td>
</tr>
<tr>
<td>20–25</td>
<td>52.0 (467)</td>
<td>49.6 (328)</td>
<td>&lt;0.001</td>
<td>49.1 (182)</td>
<td>52.2 (596)</td>
<td>&lt;0.001</td>
<td>51.0</td>
</tr>
<tr>
<td>26–35</td>
<td>21.7 (193)</td>
<td>15.7 (104)</td>
<td>&lt;0.001</td>
<td>30.5 (113)</td>
<td>13.8 (181)</td>
<td>&lt;0.001</td>
<td>19.2</td>
</tr>
<tr>
<td>Total respondents</td>
<td>896</td>
<td>661</td>
<td>371</td>
<td>1142</td>
<td>1559</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons for choosing Ibiza</th>
<th>Males % (n)</th>
<th>Females % (n)</th>
<th>p Value*</th>
<th>Partner† % (n)</th>
<th>No partner % (n)</th>
<th>p Value</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>9.2 (82)</td>
<td>16.1 (106)</td>
<td>&lt;0.001</td>
<td>16.0 (59)</td>
<td>10.9 (368)</td>
<td>&lt;0.01</td>
<td>12.1</td>
</tr>
<tr>
<td>Music</td>
<td>71.8 (640)</td>
<td>66.4 (436)</td>
<td>&lt;0.05</td>
<td>64.7 (238)</td>
<td>71.1 (808)</td>
<td>&lt;0.05</td>
<td>69.5</td>
</tr>
<tr>
<td>Sex</td>
<td>22.4 (200)</td>
<td>41.2 (27)</td>
<td>&lt;0.001</td>
<td>5.7 (21)</td>
<td>17.5 (199)</td>
<td>&lt;0.001</td>
<td>14.7</td>
</tr>
<tr>
<td>Work</td>
<td>2.4 (21)</td>
<td>3.0 (20)</td>
<td>0.405</td>
<td>3.5 (13)</td>
<td>2.5 (28)</td>
<td>0.277</td>
<td>2.6</td>
</tr>
<tr>
<td>Weather</td>
<td>31.2 (278)</td>
<td>34.2 (225)</td>
<td>0.206</td>
<td>35.1 (129)</td>
<td>31.5 (257)</td>
<td>0.203</td>
<td>32.5</td>
</tr>
<tr>
<td>Drugs</td>
<td>17.8 (159)</td>
<td>6.1 (40)</td>
<td>&lt;0.001</td>
<td>8.7 (32)</td>
<td>14.3 (162)</td>
<td>&lt;0.01</td>
<td>12.9</td>
</tr>
<tr>
<td>Total respondents</td>
<td>891</td>
<td>657</td>
<td>368</td>
<td>1134</td>
<td>1550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of stay in Ibiza</th>
<th>Males % (n)</th>
<th>Females % (n)</th>
<th>p Value*</th>
<th>Partner† % (n)</th>
<th>No partner % (n)</th>
<th>p Value</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 7 days</td>
<td>58.9 (529)</td>
<td>55.1 (364)</td>
<td>0.001</td>
<td>56.9 (211)</td>
<td>56.8 (449)</td>
<td>0.573</td>
<td>57.3</td>
</tr>
<tr>
<td>8–14 days</td>
<td>39.1 (351)</td>
<td>40.2 (266)</td>
<td>0.152</td>
<td>41.0 (152)</td>
<td>39.6 (452)</td>
<td>0.396</td>
<td>39.6</td>
</tr>
<tr>
<td>Over 14 days</td>
<td>2.0 (18)</td>
<td>4.7 (31)</td>
<td>0.01</td>
<td>2.2 (8)</td>
<td>5.5 (41)</td>
<td>0.384</td>
<td>3.1</td>
</tr>
<tr>
<td>Total respondents</td>
<td>898</td>
<td>661</td>
<td>371</td>
<td>1142</td>
<td>1559</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Received sexual health information in Ibiza</th>
<th>Males % (n)</th>
<th>Females % (n)</th>
<th>p Value*</th>
<th>Partner† % (n)</th>
<th>No partner % (n)</th>
<th>p Value</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illicit drugs</td>
<td>61.7 (554)</td>
<td>47.4 (313)</td>
<td>&lt;0.001</td>
<td>53.1 (197)</td>
<td>57.2 (653)</td>
<td>0.169</td>
<td>55.6</td>
</tr>
<tr>
<td>Total respondents</td>
<td>898</td>
<td>66</td>
<td>371</td>
<td>1142</td>
<td>867</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>98.9 (877)</td>
<td>97.3 (637)</td>
<td>&lt;0.05</td>
<td>97.3 (357)</td>
<td>98.4 (1114)</td>
<td>0.163</td>
<td>98.2</td>
</tr>
<tr>
<td>Total respondents</td>
<td>887</td>
<td>655</td>
<td>367</td>
<td>1132</td>
<td>1542</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>63.8 (544)</td>
<td>60.3 (381)</td>
<td>0.170</td>
<td>54.4 (193)</td>
<td>65.0 (708)</td>
<td>&lt;0.001</td>
<td>62.3</td>
</tr>
<tr>
<td>Total respondents</td>
<td>853</td>
<td>632</td>
<td>355</td>
<td>1090</td>
<td>1485</td>
<td></td>
<td></td>
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</table>

*Statistics utilise χ² analyses.
†Partner indicates individuals arriving in Ibiza already with a sexual partner.
‡Individuals were permitted to pick more than one reason for visiting Ibiza.

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partners in Ibiza was two. This did not differ significantly from the total number of partners they accumulated during the 6 month period before they visited Ibiza (median = 2; $Z = 1.67$, $p = 0.09$). Around a fifth of this group had unprotected sex in Ibiza with at least two individuals (table 2).

Among all individuals having sex in Ibiza, the proportion having unprotected sex increased after 2000 while the proportion having more than one partner decreased (table 3).

For 2002 only, data were available to analyse sexual behaviour independently for heterosexual and same sex acts.
and by whether individuals had sex with non-UK residents. Of all males who had sex in Ibiza, 38 (15.8%) had homosexual sex at least once while on the island. There was no significant difference in the proportion of males having unprotected sex in Ibiza between those who had homosexual sex (44.1% had unprotected sex; 15/34) and those who had heterosexual sex only (42.9% had unprotected sex; $\chi^2 = 0.16, p = 0.89, n = 218$).

Overall, 8.6% of respondents had sex with a non-UK resident. Among those who had sex in Ibiza, 20.3% of men had sex with a non-UK resident compared with 3.8% of women ($\chi^2 = 19.01, p < 0.001, n = 369$). For men, there was no significant difference in the proportion of individuals having unprotected sex in Ibiza between those that had sex with non-UK residents (43.3%) and those that only had sex with UK residents (41.3%; $\chi^2 = 0.06, p = 0.81, n = 217$).

Analysis of unprotected sex among women having sex with non-UK residents was not undertaken owing to small sample size.

**DISCUSSION**

Despite significant UK policy developments in sexual health, little attention has been paid to people’s behaviour when outside the United Kingdom. However, over 17 million visits abroad are made by young people (aged 16–34) from the United Kingdom every year. Many now choose international nightlife resorts and the popularity of such resorts is increasing. Within the United Kingdom, and elsewhere, Ibiza continues to spearhead young people’s passion for such holidays. However, public and professional impressions of behaviour on the island (and at other international dance resorts) are often based on highlights from selected individuals disseminated through television or other media formats. Here, using a sample of around 1500 individuals visiting the island we have begun to identify the actual risks to sexual health arising from increasing dance music tourism. Inevitably, our methodology relied on the accuracy of self reported data and the assumption that respondents are broadly representative of the population in question. Our anonymous design resulted in an average compliance of 90% among those who were approached and informed of the questionnaire’s nature. However, this methodology also resulted in not all questions being completed by all individuals; although nearly all questions were answered by over 85% of respondents. Furthermore, as analyses of both sex with non-UK residents and homosexual sex were based on highlights to 2002 data, for these groups sample sizes were relatively small. However, given the dearth of existing data on sex in international nightlife resorts, our analyses represent at least a preliminary exploration of sexual risk behaviour and nightlife tourism.

Although for most individuals the attraction of Ibiza was not specifically to have sex (table 1), the majority did have sex while on holiday (table 2). Not surprisingly those visiting with partners were significantly more likely to have sex in Ibiza. However, they were also significantly less likely to always use condoms (table 3). Frequently, those in long term relationships consider themselves less at risk from STIs. However, here we have shown that, of those who regard themselves as being in long term relationships, 9.4% had more than one sexual partner during the 6 months before visiting Ibiza and 6.2% had sex with at least one person (other than their partner) while in Ibiza (table 2). Both in the United Kingdom and abroad more work continues to be needed in order to make sexual health messages relevant to young people in relationships which may in reality be relatively transient or not exclusive.

Most individuals arrive in Ibiza without sexual partners (table 1) and just under half of these have sex while on the island with most always using a condom with every partner (table 2). However, those that do have sex in Ibiza (and arrive without a sexual partner) often accumulate more than one sexual partner during an average visit (table 2). In fact, on average such individuals accumulate as many new partners in an average 10 day stay as they do over an entire 6 months before their visit. Often based on this latter group, young people’s image of Ibiza can be one of carefree sex and indulgence with little or no publicity being given to the majority who do not acquire new sexual partners or who use condoms consistently when they do (table 2). However, peer pressure can be an important influence on young people’s behaviour and, consequently, new health promotion initiatives should acknowledge widespread condom use even in locations such as Ibiza.

Having sex, having unprotected sex, and having sex with more than one person abroad were all positively associated with having higher numbers of partners in the United Kingdom (table 3). Thus, those most likely to contract STIs abroad are also those most likely to have multiple sexual partners in the United Kingdom and therefore, potentially best placed to transmit STIs on their return. This relation between sex abroad and at home emphasises the importance of initiatives to promote safe sex on holidays and ensure that condoms and contraceptives are easily available throughout international resorts.

As with previous studies, we identified significant associations between illicit drug use and sexual behaviour (in Ibiza) although there was no significant association between illicit drug use and unprotected sex (table 3). However, levels of smoking tobacco were high among this population (table 1) and were strongly linked both to having unprotected sex and to having more than one sexual partner in Ibiza (table 3). This is consistent with findings elsewhere in Europe, which also identified smoking as a better predictive factor for unsafe sex than recreational drug or alcohol use. Rather than a causative relation it is likely that links between unprotected sex, multiple sexual partners, and smoking reflect a predisposition to risk taking behaviour among certain individuals. Regardless of their relation, sexual risk and other risk behaviours, including drug use and smoking, are all at significantly higher levels in those populations visiting nightlife resorts. Consequently, health interventions in international dance resorts, or with individuals who visit them frequently, provide an opportunity to address many of the risks faced by young people in groups who experience them most often. However, tackling such risk behaviours requires the development of interventions sensitive to the evolving association between sexual behaviour, illicit substance use, and consumption of alcohol and tobacco.

Finally, having sex with a non-UK resident was associated with being male and over a fifth of all men (who had sex in Ibiza) had sex with a non-UK resident. Those having sex with non-UK residents were no more likely to have unprotected sex. Despite this, however, our results suggest that of every 1000 individuals (16–35 years) visiting the island around 85 will have sex with at least one non-UK resident and over a third of such individuals will have unprotected sex while in Ibiza. With over 250 000 young people from the United Kingdom each year visiting just Ibiza, this represents a substantial conduit for transmission of STIs between countries.

As larger proportions of young people’s time are spent outside the United Kingdom, strategies to protect sexual health must also adopt an international perspective. In England, primary care trusts (PCTs) now have explicit responsibility for the health of their local populations. Such health organisations should invest in protecting the

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sexuality, the importance of their residents not only while at home but increasingly when holidaying abroad. However, delivering good sexual health interventions to millions of young people travelling abroad also requires collaboration with tour operators, airlines and airports, event organisers, health protection organisations, sexual health experts, and health services abroad. Consequently, action at regional and national levels should encourage such partnerships and ensure sexual health policy addresses the needs of young UK residents while abroad and the needs of young people from abroad holidaying in the United Kingdom. Without such measures to protect the health of young people abroad, already elevated rates of STIs and unwanted pregnancies in the United Kingdom may continue to climb, fuelled by the mixture of media hype, substance use and opportunity associated with dance music tourism.

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CONTRIBUTORS

MAB, conception and design, acquisition of funding, analysis and interpretation of data, drafting and revision of article; KH, acquisition of data, drafting and revision of article; RT, conception and design, acquisition of funding, revision of article; AB, conception and design, acquisition of funding, revision of article.

References