Original Paper

HIV and other STI prevention in expatriates and traveler networks: A qualitative study of peer interaction in an online forum.

Gemma Crawford, Bruce Maycock, Rochelle Tobin, Graham Brown, Roanna Lobo

Gemma Crawford
Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University, Bentley, Western Australia, Australia

Bruce Maycock
Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University, Bentley, Western Australia, Australia

Rochelle Tobin
Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University, Bentley, Western Australia, Australia

Graham Brown
Australian Research Centre in Sex Health and Society, La Trobe University, Bundoora, Victoria Australia

Roanna Lobo
Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University, Bentley, Western Australia, Australia

Corresponding Author:
Gemma Crawford
Collaboration for Evidence, Research and Impact in Public Health
School of Public Health, Curtin University
Building 400, Kent Street, Bentley, Australia
g.crawford@curtin.edu.au; Tel: +61 8 9266 4851
Abstract

Background: In high income countries such as Australia an increasing proportion of HIV diagnoses have been acquired overseas including amongst expatriates and travelers. Australia’s national strategies have highlighted the need for public health interventions for priority populations, including men who travel overseas frequently for work or leisure. One approach is to expand efforts to places or spaces where expatriate communities reside. Accordingly, online settings such as forums used by expatriates and travelers may have potential for prevention of HIV or other STIs with those hard to reach through more traditional interventions.

Objective: To explore the social interaction and online engagement in one online forum used by Australian expatriates and travelers living or working in Thailand who may be at risk of acquisition of HIV or other STIs and the possible use of such forums for public health intervention.

Methods: The forum and users were identified in two stages. Online forums (n=13) were identified and analyzed for inclusion criteria. One forum met required criteria and was searched for users who met inclusion criteria (n=5). Discussion threads were units of analysis rather than individual posts. For each user, the first 100 posts and 10 most recent posts, including the thread in which they were posted were collected as transcripts. Each post was analyzed and coded thematically (n=550) with transcripts managed via NVivo. Multiple members of the research team reviewed transcripts, compared analysis and developed and refined themes for the purposes of improving rigor. Themes were not totally emergent but explored against Symbolic Interactionism concepts of presentation of self, meaning and socialization.

Results: Key domains were explored: The forum – characteristics of the space and reasons for use; Gaining access – forum hierarchy and rules; Identity – presentation of self and the role of language; Advice, support and information – sources of information, support provided, influencers, topics of discussion and receptiveness to advice; and Risk – expectations and perceptions. The forum exhibited evidence of unique language, rules and norms, and processes for managing conflict and key influencers. The forum was a significant source of health information and advice provided to users via confirmation, reassurance or affirmation of beliefs and experiences. Risk perception and expectations varied. Risk-taking, including around sex appeared to be a key expectation of travel or the experience of being an expatriate or traveler.

Conclusions: Australian expatriate and long-term traveler participation in the online forum formed, influenced and reinforced knowledge, attitudes, interaction and identity. Interaction appeared to be based on a high level of trust and reciprocity and was influenced by opinion leaders, word of mouth and peer experience. Findings suggest such forums may provide supplementary sources of support and information regarding HIV or other STIs to complement existing engagement with health professionals and other public health interventions.

Keywords: HIV; STIs; men; public health; health promotion; online social networks; social support, travel, human migration, emigration and immigration
Introduction

Overview
In a number of high income countries, including Australia, population mobility has led to changes in transmission patterns of Human Immunodeficiency Virus (HIV) and other sexually transmissible infection (STIs). An increasing proportion of diagnoses have been acquired overseas including amongst expatriates and travelers [1-5]. Developing interventions to respond to these increases is challenging in part due to geographical barriers to those affected. The use of online settings may provide some opportunities to overcome such difficulties. We explored social interaction and engagement in one online forum used by Australian expatriates and travelers living or working in Thailand who may be at risk of acquisition of HIV or other STIs. We sought to determine possible use of such forums for public health intervention.

Background
Migration and mobility is inevitably connected with changing environments. Expatriates and travelers may experience a high degree of liminality (described by van Gennep and Turner as transition, a sense of being 'being betwixt and between' [6]) within and between environments, raising issues of identity and belonging. Research by Brown and colleagues [4] with Australian male expatriates and long-term travelers residing in South East Asia suggested identity and behavior were strongly influenced by local social networks. Support and guidance on how to adapt to the social and cultural norms were gained from peers.

Such findings have implications for the way that countries develop their response for HIV and STI prevention, treatment and care. Australian frameworks have highlighted the need for public health strategies to target priority populations, including men who travel overseas frequently for work or leisure [7]. One way this may be achieved is to expand intervention efforts into places or spaces where expatriate communities reside [2-4, 8]. Accordingly, the use of technology for communication via online settings such as forums used by expatriates and travelers may provide important points of intervention for HIV and other STI prevention.

Online spaces may engage expatriate communities and provide a medium for education and prevention. This approach has been used effectively in public health with marginalized or vulnerable groups in areas such as youth mental health [9] and interventions with gay and other men who have sex with men [10]. Such settings can enhance social capital and community connection and decrease social isolation particularly for those who may be difficult to engage or access through more traditional communication methods, or for those who may not identify with general health promotion messages [3, 10-13]. These methods may also reduce geographic, economic or social barriers caused by stigmatization and marginalization, and afford some level of confidentiality and anonymity to individuals seeking support or information online [10, 14-17].

For mobile populations such as expatriates and long-term travelers, connection online may reduce perceived and actual distance between country of origin and destination, or create a new space between country of origin and destination. Such spaces may reduce some of the liminality they may experience or serve to create a ‘home away from home’ [18]. Online communities may act as a platform for individuals to exchange social, emotional and informational support, share experiences, and seek advice [19, 20], facilitating a form of peer influence. These functions may prove useful in regard to health advice, resettlement and language as well as contributing to a sense of social belonging [21, 22] or deepening connection to the destination country and others within the peer and social network [18, 23].
The study

There is a lack of literature describing the online information seeking behaviors of expatriates and other long-term travelers and how advice from their interactions with one another online may influence risk and protective behaviors. This study builds on our understanding of Australian expatriate and long term traveler risk behavior, culture and experiences [3, 4], and the lessons learned from the previously successful use of peer influence models with communities and populations at risk for HIV and other STI acquisition, particularly in Australia [24].

This paper describes in-depth analysis of social interaction in one online forum used by Australian expatriates and travelers in Southeast Asia and considers the opportunities within such forums for public health intervention. We explore the way in which the forum functions as an online community, describing: the level of engagement between users; how users portray their sense of identity and how the forum mediates this; the type of advice and information shared between users and the acceptance of that advice; and perceptions of risk.

Methods

Overview

The current research was part of a larger qualitative study to determine whether the social networks of Australian male expatriates and travelers in Southeast Asia can support strategies to reduce or prevent the transmission of HIV and other STIs [1]. The focus of this research was to develop greater understanding of Australian expatriate and traveler culture, behavior and socialization and the potential for members of the target group to act as social influencers around knowledge, attitudes and behavior. Conversations from online forums were used as: 1) a source of data and 2) an audit of spaces that expatriates and travelers frequent to assess the online environment for its potentiality for intervention.

Conceptual Framework and Methodology

Symbolic Interactionism (SI) provided the conceptual framework underpinning this study as it has useful application to public health [25] and to sexuality and HIV specifically [26]. The SI perspective supports the idea that social interaction is used to construct reality and that individuals interpret and respond to objects and others’ actions based on meaning that is created by interaction [27]. Analyzing forum discourses in this way provided insight into how individual attitudes and behaviors were influenced through social interaction. Charon [28] suggested that SI allows for exploration of the development of self and self-identity and how this is influenced through social interactions. This point of view was utilized when exploring the transition from novice forum user (‘newbie’) to experienced forum user (‘expert’) and to understand how individuals may come to self-identify as an expatriate or long-term traveler.

Research Team

The research and authorship team was composed of five members experienced in public health research. Two were current students at the time of writing. Several members of the research team had experience working in community bloodborne virus (BBV) organizations while others had experience of working with marginalized or vulnerable groups through qualitative and participatory action research. All members of the mixed gender team had spent time in Thailand with three of the members collaborating on previous research in Phuket at the commencement of the research project. Members of the team were also experienced in conducting research in the use of online strategies for public health [14, 29-31].
Selection Criteria and Forum Search Strategy

A comprehensive internet search was undertaken over a two-month period to identify forum users for inclusion in this study (Figure 1), described below.

Figure 1: Process of identifying users.

In the first stage, online forums frequented by the target group (Australian male expatriate or long term traveler to Southeast Asia) were identified through an internet search. At the time of writing, there were at least 10 online forums with thousands of members that Australian male expatriates and long term travelers were using.

The internet search terms were determined by reviewing commonly used terminology on a variety of forums and a thesaurus search, guided by a review of the literature. Members of the research team provided consensus on search strategy terminology. Search terms were entered into Google (Textbox 1) and a total of 13 forums were identified.

Textbox 1: Search terms.

(Forum OR blog OR chat room) AND (Expat* OR foreigner OR ‘long term traveller’ OR ‘permanent tourist’ OR ‘permanent resident’) AND (Thai* OR ‘South East Asia’ OR South Asia OR Southasia) AND (Australia* OR Aussie OR Oz)

Search outcomes were checked by two members of the research team to ensure consistency. Potential forums were selected according to a list of pre-determined criteria (Textbox 2). This included whether the forum met the criteria for an online community as operationalized by Herring’s six dimensions: active participation; shared culture and norms; roles, rituals and hierarchies; a distinct identity; solidarity; support and conflict resolution [32].

Textbox 2: Forum inclusion criteria.

| Posts are accessible to the public |
| Users include Australian males who have resided or are residing in Thailand |
| Able to identify the nationality and gender of users |
| Allows individual users post history to be tracked |
| Conforms to Herring’s definition of an online community [32] |

Of the 13 forums, only one met the selection criteria and was included in this study. Other forums were excluded as we were 1) unable to access a sufficient number of posts, 2) nationality or gender of users was unclear, or 3) sufficient data was not publically available.
In the second stage, the identified forum was searched for users who self-identified as Australians, who had resided in or were currently residing in Thailand and had created over 100 posts (determined to be a sufficient number to enable the analysis of the socialization processes along the trajectory of forum user “newbie” to “expert”[34]). Using these criteria, five users were identified for inclusion and their posts and interaction with other members were analyzed.

**Ethical considerations**

Ethical challenges related to conducting research within online communities include how, if and from whom informed consent is gained; whether anonymity can and should be protected; and, sensitivities relating to communities that may discover they are being “researched” [33]. We reduced the risk of altering online discussion based on our presence by not making ourselves known on the forum and not becoming members. This was consistent with other studies where researchers have taken on a remote/objective role and allowed conversations to continue unhampered by the presence of an outsider [34]. Users were de-identified to protect anonymity and maintain confidentiality. Curtin University provided ethical approval for this study.

**Analysis**

Discussion threads on the forum were the units of analysis rather than individual posts. Because a forum user’s post rarely occurs in isolation, meaning would be lost if not analyzed within the context of the surrounding discourse and interaction with other users. Definitions for threads and posts were taken from Arsal and colleagues: 1) threads are “hierarchically organized postings”; and 2) posts describe for example “a message written in the online community forum” [22].

For each of the five users, a data set of the first 100 posts and 10 most recent posts, including the thread in which they were posted were collected as transcripts. These were then entered into NVivo 10 software [35] where each post was analyzed and coded thematically by a member of the research team and a sample of transcripts was validated by a second researcher. This process continued until each of the five users’ posts (n=550) had been analyzed and coded thematically. Three research team members reviewed transcripts, compared analysis [3] and developed and refined themes and the remaining team members reviewed samples for the purposes of improving rigor. Themes were not totally emergent but explored against SI concepts of presentation of self, meaning and socialization [28], with a focus on interaction within the forum.

**Results**

The following are the key domains explored in the discussion threads analyzed for this study:

- **The forum**-characteristics of the space and reasons for use
- **Gaining access**-forum hierarchy and rules
- **Identity**-presentation of self and the role of language
- **Advice, support and information**-sources of information, support provided, influencers, topics of discussion and receptiveness to advice
- **Risk**-expectations and perceptions

**The forum**

The forum was well utilized by Australian male expatriates and long-term travelers. The forum was relatively new at the time of writing, had over 900 members internationally and in excess of 300,000 posts and 7,000 threads. Public information included a member list using the member handle/avatar, user join date, number of posts and last visit to the forum. Data on the number of users at any given time (and status as either member or guest) was also available. It was common
for the forum to have several hundred active users at any time, with peak use involving several thousand users (comprising members and guest users). Guest access provided limited viewing access to publically available spaces within the forum. Member access provided users the ability to post topics, communicate privately with each other, participate in polls and upload content.

The forum facilitated a space where those visiting or living in Thailand could seek and provide advice, and establish and maintain on- and offline social networks. Forum topics included visas, language, navigating cultural differences, health, sex and relationships - primarily with Thai women, where to go for a night out, how to avoid being 'ripped off'. Users demonstrated a sense of belonging and interest in building a community of like-minded individuals which appeared to be an expected and enforced two way interaction, as evidenced by a post from a member, “Whilst forums can be supportive of different points of view, in my view they ultimately work because membership is primarily comprised of like-minded individuals that want to pursue similar goals... In (our) case, it is about genuine desire to understand Thai culture, and give it due respect...”

This sense of reciprocity was reinforced by the forum moderator as critical to new users, “…part of the forum is the giving and receiving of information, it is maybe how we learn or get to know someone.”

Users displayed protectiveness towards and ownership over the forum, “We are passionate about the Forum so some people will react to some things said as we are all trying to protect what we have here...if you are just Trolling, this is not the place for it.”

In the main, staying connected to each other, and to Thailand, while in different parts of the world appeared to be the primary reason for using the forum. Seeking connection to those viewed as the same or similar also appeared important, “…the pressures of social respectability and conformity can be a real mind f**k when you are on the fringe”.

Many users lived in Australia but used the forum when back in Australia to stay connected to Thailand to “cure the LOS [Land of Smiles-slang for Thailand] blues”. Users appeared to develop and enhance social ties through their use of the forum and by engaging with each other. As a user commented, “It is great how close everyone has become over a Forum. I cannot wait to continue meeting everyone and sharing my story as it goes on.”

Seeking connection is exemplified in the posts of one user, who suggested the forum provided a way to “kill the loneliness” and meet new people when in Thailand. Quick to extend invitations to new and old users to meet in person, he used extensive knowledge of Thailand, including language and music to provide advice and establish connection, “You sound interesting. You also sound like you would welcome some tips and tricks over a few drinks... I lived in Bkk [Bangkok] for 11 years, speak the lingo but now spend just two months a year there.”

Several of the users were prolific posters who tended to avoid sharing personal information on the forum and instead offered advice on a variety of topics from visas, motorbikes and relationships.
One user, the owner of a pub, used the forum as a mechanism to promote his business, without appearing as though it was advertising. He linked it back to areas that would interest other users such as sports and offered himself as a source of local knowledge noting, “I’ll help any visitors as much as possible.” He also appeared to know a number of users offline.

**Gaining access**

There was a hierarchy on the forum with three levels of access ranging from publicly available threads and posts to higher level, invitation only spaces, not openly accessible. This hierarchy and structure provided users with the opportunity to become more involved and more deeply connected with the forum and peers.

Level one was public where members and non-members were free to read posts, and contribute posts once they had created an account. It contained general information on life in Thailand such as relationships, visas and travel advice. Posts of a sexual nature were not permitted on this level. As the forum moderator described, “P4P is not a focus here so keep it general, if you want prices here is not the place.” P4P is a term used to describe Pay for Pleasure, meaning sexual services provided for money. Private threads in the upper levels containing useful and appropriate advice for the public were generally moved by moderators to level one.

The second level was accessible once a user had made 30 posts. Users shared more personal information including photos and details of relationships and sexual behavior. It was described as a place where you could “…get down to the nitty gritty”. A new user deemed ‘one of us’ would be quickly welcomed and encouraged to post more so that they could access this level. This occurred when a user posted for the first time and was told,

“A few more posts and a whole new world will open up on here.”, “An experienced guy like you... you're (sic) input will be welcomed...” and “You are 3 posts off getting to a totally new world.”

The third level was by invitation only. One of the users, realizing he did not have access after posting on level one over 50 times asked how to gain access and was told to send a private message to the moderator as “It's a secret handshake not a post count.” He then gained access, “I've been admitted to the secret society. Now I'm off to practice that handshake :))” and was told by another forum user “enjoy and contribute...some smut 555 [five in Thai is pronounced ha]”.

An administrator oversaw forum operation along with two moderators. There were rules that guided behavior on the forum, which were rarely but explicitly spelled out for users by the administrator, “…no personal attacks will be tolerated!! Any personal abuse will be deleted. Repeat offenders will be given a yellow card [sporting reference relating to the use of a yellow card to caution a player about their behavior]”.

Interaction on the forum demonstrated clear self and peer moderating. Users reinforced expected behavior regarding contributing and valuing opinions and respecting Thai culture. Users quickly excluded new users who did not meet rules, “If you are here to play games...well we are not game players and we will just go quiet. Welcome to the Thai way. We just go quiet.”

Those familiar with the rules were quick to resolve miscommunication or disagreements. An example of this was when a user posted a link to discuss with other members but did not contribute his own opinion. Another user challenged him, “May I ask what your problem is? You
post a vid, people are responding to it, without any contribution of your side”. The first user responded, “I could have been more diplomatic....You are right it is a discussion and I have not offered an opinion.” He attempts to prevent further miscommunication adding, “I do enjoy your posts, which show a keen understanding of the human condition. I think back...and go wow there are some smart dudes on this forum.”

Identity
Users decided on their presentation of self, creating online avatars, identities and providing data that established their credibility and reinforced belonging. For example, one user described himself as a “...no-one in Australia and a VIP in Thailand.”

Each of the five users identified as Australian, were proud of their culture and identity as ‘Aussies in Thailand’. Posting in the forums often reinforced this sense of Australian identity in relation to law, food, sport or society in general, for example posting about Australian style bars,

“Chiang Mai’s only genuine big Aussie pub. NRL, AFL, Motorsport, Cricket...Great old fashioned Aussie style hamburgers and more. Darts and a quality slate pool table.”

For some users who traveled back and forth between Australia and Thailand, there was a clear delineation between their relationships at home and abroad,

“Thailand is sort of like my ‘what happens in Thailand stays in Thailand’. Two weeks of partying real hard then back to the ‘real world’ as you call it.”

When posting, a combination of Thai/Australian English slang was used that appeared unique to the English speaking Thai expatriate community, and most particularly, Australians. Users were willing to explain the meaning of phrases used when asked, and a specific thread covered basic abbreviations, slang and the use of ideograms or ‘emojis’ (this was one source of information for the research team regarding terminology which they were unfamiliar with). For example, while ATM is used for “at the moment” it was also often used to describe “a man who dispenses cash to a TG [Thai girlfriend] or BG [bar girl]”, and JAFA was used to describe “just another f**n Aussie”. The use of this specific language appeared to be an important part of establishing commonality and determined how quickly new members were accepted in to the forum and its private spaces, “Heh heh you sound sufficiently deviant”.

In his first post, one of the users presented himself as being ‘one of you’, and used language demonstrating he had spent extended periods of time in Thailand and knew the language well, thus ensuring he would have a role to play on the forum as a source of advice. He used language that would be familiar to other users such as falang (Thai for a foreigner of Western descent and is also often written as farang).

A similar approach was taken by another user. Although he knew other users outside the forum, he abided by the unspoken rules of the community and introduced himself as an “…Aussie pervert who loves motorbikes and football”. He was immediately accepted and received welcoming comments, “well you tick all the boxes 555...WTTB” [WTTB - Welcome to the Board]. It is important to note that the use of the word pervert here is culturally specific and used to describe broad sexual interests in a humorous way but it does not necessarily relate to a technical or formal definition of pervert, particularly where it might relate to illegal sexual activity.
Advice, Support and Information

Users gave and received a variety of information and advice and provided different levels of support to one another. Users often put up ‘trip reports’ to share the ‘ins and outs’ of their most recent trip – including sexual encounters. They learned and shared through stories of caution, romance and relationships, sex, mentoring, health risks and culture which created commonalities and built rapport.

Discussions were often based on what was reported in the news with an avatar created specifically to post about news. Other commonly cited sources of information for ‘newbies’ were ‘Stickman Bangkok’ (a website and blog in operation from around 1998) and ‘Private Dancer’ (a 2005 book by Stephen Leather). Users were quick to incorporate statistics, anecdotes or news from a variety of sources into discussions with varying levels of accuracy and evidence. Demonstrating the power of a cautionary tale in mediating behavior, a user posted in response to a story about a fatal road crash,

“I love cruisin’ around the provinces during my Thai holidays, but have always been aware that the risks are so much higher than in Oz. Hearing of this tragedy only makes me so much more aware. I always intend to travel on during daylight hours but sometimes drive into the night to get to a desired destination. I think I will now take more care in planning my times of travel and be ever mindful to drive defensively.”

There were a number of users who acted as influencers but also encouraged participation from others, “We, the founding members, can only impart so much knowledge, experiences and advice. The forum needs the input of others, like yourself to cover all the bases needed.” [The first 50 users to post were given the title of Founding Member].

Key individuals also appeared to hold roles as ‘wisdom givers’. For example, reference was made to an individual and their bar and the way in which they ‘held court’ in that space, “I was at [X’s] ‘Table of Wisdom’ (555) y/day afternoon…” In this way they told stories about the support that they have provided for ‘newbies’. This established or reinforced their role as a credible ‘expert’,

“…..Well he was really intrigued, but I could see he was a bit out of his element, so I asked if he wanted to meet up at our hotel that night, and we’d introduce him to [the area]. He was all for it …we had a blast both that night and last night at the boxing. The funny part was, when we saw him that first night, (that was only about 10 hours later) he said "I want you to know, you have successfully mentored me!" "What do you mean?" I said, "Well" he says, "I got a massage today, and the girl giving me the massage was really nice, so I asked her out to dinner, and we’re going to see the elephant show as well, and she’ll be at the boxing with me tomorrow!"

In relation to romantic or sexual relationships, advice sought and information shared was often explicit and detailed. A new user described his experience,

“In hindsight…after my sickness I seemed to totally lose all sex drive. It wasn’t at all like me…From then on I became more a peaceful observer rather than an active hunter. Also the more the ‘sex sell’ was offered the further I felt pushed away. I became too aware of the business side of things, the desperation and felt sorry for some of the girls’ situations. It was like being at a disco when all the lights are turned on and the music stopped, the vibe dies and certain realities become more apparent...Probably just need to spend more
time on the prowl and have a bit more determination? Having a GFE [girlfriend experience] would have been nice, but I didn’t have much expectation as I had no idea what to expect. As a result I only packed 3 boxes of condoms of which none were used. I hope someone at the hotel where left can find some use for them! 555”

In response, another user provided advice and empathy, establishing commonality and solidarity,

“Mongering [loosely defined in this context as seeking sex] isn’t for everyone. It seems like you enjoyed your holiday, but if you ever come back, see about finding a wingman. I think that will make it a lot easier and more enjoyable for you to go out.”

Users appeared generally receptive to and accepting of advice and information provided by others on the forum, often explicitly seeking it. For example, a new user posted,

“Thanks for the replies gents, and for not ripping me a new one for poor searching of the forum! Managed to get one night in Patong with a couple of other like-minded individuals... I have been to Pats and Bangkok...so am very familiar with the P4P scene and frankly love it. What I really want to find out is: ...any BJ [slang for blow job, oral sex] bars or decent massage parlors for a bit of light relief...? Again, thanks for a positive response to a wide ranging request.”

In response another user posted,

“I’ve never found a BJ bar, but there are dozens of massage shops all over Patong...Bangla is really not that big, and an attraction in itself, you can casually wander up and down til you find a spot you like the look of. Any more info than that and I’d be spoiling the adventure.”

**Risk**

Experienced users reinforced the sense that the liminal space was one of adventure and temptation. The level of risk or willingness to take risks seemed to be based on active decision-making, previous experience, advice from others as well as the role of luck or fate. For some, risk was considered to be part of the reason for travel (or for being an expatriate or long term traveler) while for others, an expected by-product of the travel. Users discussed and described a range of issues including untrustworthy airlines, motorbike use, road use, scams, travel insurance or STIs, “I wonder if travel insurance would cover you if you got HIV or some other STD [sexually transmitted disease] overseas 555.”

Expectations were presented which suggested a generally permissive attitude towards time away with expectancies around the ‘exotic and erotic’. Engagement in sex and alcohol and other drug use was normalized as part of the expatriate or traveler experience,

“I had a sober week out of the three I was on holiday last trip...Stuck to soda waters, but they were still trying to give me shooters as well, temptation is not far away in Thailand...”

Other users noted their acceptance of this behavior and expectation,

“I figure other than the great food, weather and beaches why not top it all off with something you can’t do at home? Walk straight into a bar, pick up a chick usually much younger than yourself and go home and have fun all night long? Eat sleep boom boom REPEAT!!!”
Self-control seemed to underpin risk-taking or risk-management for some, with users frequently describing the challenges of temptation, moderation and discipline,

“One of the biggest hurdles living in LOS is all the temptation whether it be the girls, the food, the partying it’s all got to be done in moderation or health and weight problems creep up on many expats I’ve known here.”

From others there was a sense of frustration towards those perceived as ‘not following the rules’. These appeared to be generally accepted and known and legitimized the identity expatriates or long-term travelers, differentiating them from other holiday-makers. Personal responsibility, luck and karma featured in many descriptions of risk taking,

“What is it about being on holidays that warps people’s minds?? They go off and do things they wouldn’t normally do at home. Hire a bike or scooter and take on roads they know nothing off and no knowledge of local driving in one of the most lawless drivers in the world......but hey...I’m on holiday so let’s do it!!! Jump off cliffs, hire a jet ski and ride like idiots, hire a prostitute and go bareback...but it’s holiday time ....FFS!! Then when they come undone it’s everyone else’s fault. ”

Condoms were mentioned with regularity, with discussions relating to frequency of use, use with different partners and the efficacy of different condom types, “Except for one occasion I have never gone bareback and use condoms always. Never had an STI either, maybe more good luck than anything else.”

There appeared to be a range of knowledge and understanding or concern regarding the difference between pregnancy prevention and STI prevention and interventions to address these issues,

“Speaking of condoms... I ALWAYS used them when I had sex with a woman who was not taking the pill. Never had a failure. When my first wife had to come off the pill, she started using the foam...which proved to be useless, and my daughter was conceived at that time. Two years later we had a son. After that my wife got “fixed” during the Caesarian operation. What amazes me is that all the P4P bar girls insist that their clients use condoms, but they didn’t learn that until AFTER they got knocked up by some Thai guy who flew the coop when she got pregnant. The Cabbages and Condoms program actually did work in Thailand...” [Cabbages and Condoms is part of a series of restaurants and hotels which arose from Thai family planning and population strategies.]

Discussion

Principal Results

Interactions in this online forum, illustrated the complex processes of socialization and acculturation, and identity formation and presentation amongst Australian expatriates and travelers. Key themes emerged regarding identity, advice and support, and perceptions and expectations around risk-taking which have particular resonance relating to the prevention of HIV and other STIs. Perspectives were presented by a range of individuals at different stages in their migration experience. We found a large number of active users at any one time, and a further range of viewers of the site who may have included observers, irregular users, trialists or those only seeking information rather than the reciprocity inherent in greater levels of participation in the site [36].
The forum functioned as an online community providing expectations, a space to share common interests, and confirmation, reassurance or affirmation of beliefs and experiences. There was evidence of unique language, norms and processes for managing conflict [32]. This self and peer moderating behavior demonstrated a peer network with clear rules that created and reinforcing culture. Users exhibited intense loyalty towards the forum which, consistent with findings by Hiller and Franz [18], suggests the development of a nascent identity rooted in distinctive language, rituals, folkways, norms and collective network consciousness.

Key influencers emerged amongst users, including those with formal roles, such as moderators and longer serving, high posting members who held clear sway within the community and may, Kavanaugh and colleagues [37] have suggested, be considered ‘bridges’ in the community, capable of expediting the distribution of information. Interestingly in this forum there were additional layers of complexity. Some users interacted not only in the general forums, but also in social spaces outside the view of the public including via offline, other forums and members’ only sections. These interactions appeared to enhance social connectedness, building and augmenting on- and off-line relationships [38].

The forum provided users with a significant source of social support, information and advice about certain health issues including HIV and other STIs. This advice and support was both directive (practical advice) and non-directive (sharing personal experiences) [39] and in particular focused on informational and emotional support. While many users may have initially joined the forum seeking information, participation continued due to the relationships formed with other members. Risk perception and expectation among users varied. For example, it was clear that despite sharing stories of risk behaviors, many users did not consider HIV and STIs to be personal risks. Further, much of the information provided about these issues was based on anecdote and word of mouth. It appeared that for many, risk-taking, including seeking sexual services or trying something new sexually was a key expectation of travel or the experience of being an expatriate or traveler.

Comparison with Prior Work
Cultural norms and rules influence the ways communities and networks operate [40]. Previous research regarding HIV risk and the social and sexual networks of men who have sex with men has suggested that networks create an environment with shared behavioral norms and risk characteristics [41]. Communities such as this forum existing predominantly online, gradually develop norms as members get to know each other and start to debate and agree on what is acceptable [42]. We found evidence of sophisticated governance regarding acceptable behaviors and a pre-established network with sustainability and structure. These elements are important to the strength and stability of a peer network which are important considerations for any intervention which may use social network or peer approaches such as those used for example, with people who inject drugs [43, 44] or men who have sex with men [41].

Members mediated behavior of new users and the moderator enforced or reinforced group norms. This generally appears the case in literature regarding online forums where rules and norms of forums reduced unwanted behavior [45, 46]. In the case of this forum it is unclear however, whether these rules and norms deterred people from joining or inhibited contributions to the community, however, based on the number of users and overall posts, the impact is likely to have been minimal and may have served as a way to filter out those less likely to participate ‘appropriately’ Additionally, the forum encouraged registration to access greater levels of privileges and a sense of a period of probation in which behavior of new members was observed and
supported (or not) [47]. This finding is consistent with the literature which suggests that the use of reputational and trust metrics can assist to manage online communities and prevent or reduce abuse [32].

The available evidence suggests that key features mediating success of online communities include trust, honesty, and reciprocity [48-51]. We found reciprocity was expected among members of this forum, for example where participants read messages in a topic discussion but didn’t post and were subsequently criticized as not contributing in the expected spirit of the forum. A study that looked at the influences of consumer behavior in online travel communities concluded travelers may be more likely to follow advice if the online community is trusted and if information provided is perceived to be useful [52]. Kavanaugh [53] suggests that online social networks help to build two kinds of trust among members, defined by Putnam [54] as ‘thin trust’ – less personal, based on indirect social relations, and ‘thick trust’ – triggered by intensive contact among members. The results of this study found evidence of both thick and thin trust with frequent, high intensity participation by some members, including moderators and founding members as well as infrequent participation by those seeking information or participating in the lower levels of the forum.

Communities and groups all contain individuals who influence others and who are often explicitly named and rewarded [46, 55, 56]. For example on this forum they were named founding members, gained access to more private levels after posting frequently or were given a title of moderator, “users who are particularly helpful and knowledgeable in the subject of the forum they are moderating”. In this way they can be seen as influencers or opinion leaders. It has been suggested that engagement, positivity and effective support may be gauges of influence [55, 56]. The use of influencers in interventions may be an effective vehicle to communicate information in a manner deemed culturally appropriate to peers who will in turn more readily receive such information or support [57]. This is a model which has been described in the literature in relation to diffusion of innovations relating to HIV prevention or risk within a network [58]. Our findings also suggest that this community demonstrates many similar characteristics. This is consistent with the positive outcomes from historical network level studies indicating the effectiveness of opinion leaders and peers [59, 60] in reducing sexual risk taking and in studies exploring the positive impact of peer support for men living with HIV [61, 62].

Community connection can play a significant role in reducing stressors connected with migration, providing a social support system, which can reduce psychological distress or ‘culture shock’ [63]. Our study found evidence of a range of advice, information and support provided and sought, such as advice about living and working in Thailand, health, sex and relationships. Interaction influenced knowledge and behavior related to health (including risk taking and health protection) and relationships as well as the migration experience. Our results, which resonate with findings from other research found this forum to be a strong resource for support and information [39, 64-66], including in the context of online peer based interventions to trial the provision of mental and sexual health promotion (also conducted by members of our research team) targeting same sex attracted young people and adult men who have sex with men [29]. Further exploration of the role of peer support in this context via a formal online outreach intervention may be warranted. It has also been noted that programs need to be firmly connected to the communities they are outreaching [29] which is a future consideration.

Cutrona and Suhr [67] have proposed a system of social support categorization comprising emotional, informational, social network, esteem, and tangible support. Consistent with this
categorization, we found evidence of all forms of support categories in the conversations of forum users, particularly informational and emotional support. Previous studies suggest that members in online communities who receive emotional support will remain members longer in comparison to those only receiving informational support [68] and further that disclosure is more likely to elicit emotional support than question asking. Our study, consistent with others, found that informational support accounts for a large proportion of interaction [66, 69] which has been posited to be because users participating in specific topic forums have similar interests or problems [70]. It has been reported that online support can be empowering for individuals, and that sharing stories can impact on health behaviors including self-care and help-seeking [64, 71, 72]. However, peer support may also reinforce perceived “unhealthy” behaviors or norms or may influence others to make more “risky” decisions [73]. We found some evidence of this, which would warrant further investigation if a peer-based model for intervention was to be considered.

It has been suggested that forums can be a source of health information as well as a conduit for such information [64]. We found that users critically considered information presented in this forum, engaging with and using advice and support which most resonated with personal experiences [74]. Consistent with findings from other studies, the information provided by other men in the forum (peers) appeared to be well considered, often more highly than advice from others outside the forum including health professionals or expert news sources [71, 74]. Whilst it has also been reported that personal stories can be negative sources of support and not always reliable [71, 75], other studies have demonstrated that most information presented in forums is actually of relatively good quality [64]. This reinforces the notion that forums are an effective platform for dissemination of health information and peer information based on personal experience is considered generally trustworthy [74].

'Communification' has been described as connecting an individual to a community involving a process of meaning-making through communication of symbols which can arouse strong attachments [76, 77]. The forum exhibited evidence of a specific and unique language, credited as important in building solidarities [78]. Online communication often exhibits grammatically and lexically less dense text than other forms of writing, and is often unedited, with numerous contractions, typing or punctuation oddities that contribute to the creation of a specific and unique language and culture [79]. This was also observed in this forum with evidence of the use of slang, humor and ideograms unique to expatriates. Our study found that users maintained a strong sense of Australian identity despite significant time spent in Thailand. Australia appeared to serve as a symbolic anchor [18] with members exhibiting a keen sense of place and identity – as an "Aussie in Thailand" with related loyalty to their place of origin and to new contexts. Thus, while the forum serves to sustain old ties and contribute to new identities [18, 38], it may also contribute to homogenizing or reifying cultural differences which could be counter-productive to migration, reducing social mobility or acculturation or reinforcing social norms that may be deemed 'unhealthy'.

Posts highlighted how users presented self. These findings were consistent with observations of Goffman and others who suggest that when interacting socially, individuals put on a 'front', or create an idealized self, aimed at managing impressions and perceptions [80-82]. Users sought out information from others in order to determine how interaction occurred, using knowledge of others to portray a version of self that was acceptable to others and which reduced the likelihood of 'role clashes'. As with other research [82] we found that even when there was connection between online and offline spaces, it appeared that users spent time censoring and editing information that they shared in order to create the most engaging identity to present to others. In this study, similar to others [73, 83, 84], we found that users took on a range of roles and
participative stances. For example, we found evidence of protagonists, experts, befriencers, soothsayers, people who always tried to respond, witty people, sarcastic people and some evidence of lurkers [36, 47]. Our findings, as in the broader literature [47, 55] found that the more charismatic characters helped to draw out others in their participation providing mentorship and “wisdom”.

**Strengths and Limitations**

To the authors’ knowledge this is the first study to investigate Australian male expatriates and long term traveler social interactions within an online setting particularly from a public health perspective. The observational nature of this research was a strength. Analysis of publicly available content allowed us to witness real-world interaction unobtrusively. The influence of our presence was removed, allowing individuals to communicate openly in the online environment [16]. However, by remaining ‘invisible’ on the forum, we were unable to pose direct questions or comments that could elicit posts relating to aspects of the broader study, in particular specific knowledge, attitudes and risk behaviors of users associated with sexual health and STIs.

Whilst we acknowledge that posts from a single forum cannot provide definitive accounts of all aspects of the lives of expatriates and travelers, the forum was a large and valuable source of naturalistic data [13]. A range of expatriates and travelers were represented with different profiles and demographics (e.g. with different ages, relationship statuses; regularity of posts; experience with travel to Thailand; social and business intentions), which whilst not intentional in sampling, was a useful outcome.

Pragmatic considerations meant posts was collected in a limited timeframe (around eight weeks). However analysis of the first 100 posts [34] and last 10 posts, and consideration of the interaction within threads did allow for exploration of socialization over time and levels of engagement between a number of users (upwards of 15 to 20 more). We encountered difficulty accessing information ‘behind the wall’ in the higher levels of the forum, relying on publically available information and information in the lowest level of the forum along with general accounts information located in the higher forum levels. What we did find in the lower level of the forum however was a range of information and interaction that was relevant to the study, particularly as this would be the level most accessible to those most in need of information.

The nature of the research meant that when the meaning or context of posts was unclear to researchers, we were unable to seek further clarification by asking questions. Users may reveal only fragments of their experience [13] and visual cues about the presentation of self are lacking. However in this case, the use of language including slang, emojis and avatar identities provided some further insight in to how users presented themselves to others.

Users choose how much personal information to share in online forums and how they will represent themselves. Additionally, users who post and respond to personal stories might be different from those who do not. However the relative anonymity of the online environment and the high degree of trust and credibility that was evident between users may suggest that users share a significant amount of honest information about themselves, particularly in the case of this forum, where users are connecting with one another both on and offline.

**Implications**

Participants in the forum provided and received social support, and influenced one another, factors cited as critical in creating peer norms and behaviors including attitudes about sexual risk
behaviors [41]. Future considerations include better understanding the way in which the expatriate and traveler network functions (both on and offline), including cohesion, density and homophily [85-87].

Findings highlight further opportunities to optimize support in such forums as a public health or primary care strategy. However, it is difficult to determine whether healthcare professionals/health promotion practitioners would be readily allowed into this forum or others like it in expert roles to share information. This may mean that influence is best done indirectly – influencing those who hold key positions within the forum to amplify the visibility of timely and accurate information and advice about HIV and other STIs. This could occur through the use of opinion leaders working with health professionals. Such strategies have demonstrated utility in peer influence interventions used to respond to HIV, other STIs and BBVs with men who have sex with men, sex workers and people who inject drugs [41, 44, 88]. These methods have been generally most successful and sustainable when driven and undertaken by peers who were part of the community and supported by broader health promotion strategies [24, 43]. Peer leaders in these contexts would also engage with broader stigma, discrimination and rights based issues which underpin effective prevention of HIV and STIs [24, 43].

Accordingly, in considering the amenability of such a model here, attention must be given as to whether the common attitudes or cultures of such online communities are compatible with an overall health promotion and rights based approach. This is a challenge highlighted in both historical and contemporary gay community programs where significant work has been undertaken in peer programs to reduce structural and community inequities including stigma towards people living with HIV, racism and sexism [89]. In the current context there may be issues of race and gender related stigma which would require further exploration.

Those working in HIV and other STI prevention and management (clinicians, researchers, policymakers and practitioners) should acknowledge such forums as a positive source of data about knowledge, networks and risk but also as a space that may negatively influence or reinforce health knowledge, behaviors and attitudes, for example gender based or racial stereotypes. However, such spaces have the potential to challenge attitudes in a way that can also be peer moderated and informed rather than judgmental.

Conclusions
Online communities such as this forum are one way to sustain social ties; they serve to make geographically distant places more proximal by linking dispersed peoples to their country of origin as well as to others in the diaspora. Whether explicitly for health or not, such forums have clear ability to influence and impact on social connectedness, help-seeking and other health behaviors, both positively and negatively. We conclude that this forum and others like it may provide a supplementary source of support and information to complement engagement with health professionals and other interventions designed to prevent or reduce the impact of HIV or other STI transmission.

Acknowledgements
All authors listed in this paper meet the guidelines of the International Committee of Medical Journal Editors. GC was responsible for coordinating the contribution of all authors to the paper and conceptualized the study. All authors supported the design of the study protocol. GC and RT undertook data collection and analyses and drafted the paper. RL, BM and GB were responsible for providing critical revision and guidance. All authors read and approved the final version for submission. The authors have no financial disclosures in relation to this paper.
Conflicts of Interest
None declared

Abbreviations
BBV: Bloodborne virus
HIV: Human Immunodeficiency Virus
STI: Sexually transmissible infection
SI: Symbolic interactionism

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