



HIV/AIDS awareness and attitudes of tour guides in Turkey

Cevdet Avcikurt , Ozlem Koroglu , Ahmet Koroglu & Ayla Solmaz Avcikurt

To cite this article: Cevdet Avcikurt , Ozlem Koroglu , Ahmet Koroglu & Ayla Solmaz Avcikurt (2011) HIV/AIDS awareness and attitudes of tour guides in Turkey, Culture, Health & Sexuality, 13:2, 233-243, DOI: [10.1080/13691058.2010.522733](https://doi.org/10.1080/13691058.2010.522733)

To link to this article: <https://doi.org/10.1080/13691058.2010.522733>



Published online: 03 Nov 2010.



Submit your article to this journal [↗](#)



Article views: 200



View related articles [↗](#)



Citing articles: 3 View citing articles [↗](#)

SHORT REPORT

HIV/AIDS awareness and attitudes of tour guides in Turkey

Cevdet Avcikurt^a, Ozlem Koroglu^a, Ahmet Koroglu^{a*} and Ayla Solmaz Avcikurt^b

^a*School of Tourism and Hotel Management, University of Balikesir, Turkey;* ^b*Faculty of Science and Literature, University of Balikesir, Turkey*

(Received 18 January 2010; final version received 7 September 2010)

The aim of this study was to ascertain Turkish tour guides' awareness and attitudes regarding HIV and AIDS. A sample of 516 tour guides registered in Turkey who verbally consented to participate in this study responded to an anonymous, self-administered questionnaire. The respondents typically exhibited a reasonable to excellent degree of knowledge about HIV and AIDS. However, the survey revealed some common misconceptions, indicating that tour guides require additional training in the mechanisms of HIV transmission. We also observed some differences in the level of HIV-related knowledge between different demographic groups. The knowledge level of male respondents was better than that of the female respondents. We also observed that knowledge levels increased with both age and work experience. These results are discussed within the framework of critical studies on HIV-related knowledge. Implications for the development of curricula and in-service training programmes for tour guide organisations and institutions are discussed.

Keywords: HIV/AIDS; knowledge; sexual behaviour; tour guides; Turkey

Introduction

Various aspects of culture affect people's attitudes towards HIV/AIDS and infected persons. Cultural and social values, some of them based in Islam, are still prevalent in Turkish culture. The values of Turkish society play a direct role in how its citizens perceive sexual normality and sexual norms (Duyan, Agalar, and Sayek 2001). However, as a result of social and cultural changes in Turkey, people in some parts of the country have a greater level of sexual freedom than previous generations and, as a result, they are also at greater risk of becoming affected by sexually transmitted infections, including HIV (United Nations Development Programme 2007).

Tourism is one of the world's largest industries. According to the World Tourism Organisation (2008), the number of people who have travelled internationally increased to 898 million in 2007, representing an average growth of 4% per year. As a tourist destination, Turkey has demonstrated spectacular growth in recent decades, and it entertains a large number of vacationers each year. Turkey was the 11th most visited country in 2007, attracting roughly 24 million visitors.

Tourism represents an escape from 'normal life'; in particular, it represents freedom from one's usual routine. While on holiday, people tend to consume more alcohol and

*Corresponding author. Email: akoroglu@balikesir.edu.tr

drugs and are generally more adventurous (Forsythe 2000). This change in behaviour may lead to sexual activity (Bauer and McKercher 2003). Given the nature of the industry, it is conceivable that travel and tourism contribute to the spread of infectious diseases, including HIV. Sexual contact with other tourists, tourism workers and local people increases during holidays as well. The association of tourism with excessive drug and alcohol consumption in addition to unsafe sex means that some tourists and tourism workers may be at increased risk of HIV infection (Forsythe 2000; Bauer 2008).

In terms of sexual behaviour and sexually transmitted diseases, Turkish society is very complex because the Turkish cultural mosaic is made up of many different value systems (Aydin and Gulcat 2010). For example, though Turkey is a secular and democratic country, sexual behaviour is still considered a taboo subject.

Although Turkey is still considered to be at a low epidemic level, exposure to HIV is a major concern and an important public health issue (Acaroglu 2007). The sex-work industry is increasingly visible. In Turkey, the first AIDS case was reported in 1985. In 2007, there were 2711 official cases (638 AIDS and 2073 HIV-positive). According to official data, among the HIV cases in which the mode of transmission was known, 75% of transmissions were heterosexual, followed by men having sex with men at 11.6% and injecting drug use at 7%. The mode of transmission was unknown in 29.7% of the cases (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2008). However, these official numbers may not reflect the true number due to the inadequate availability of scientific data and the low level of attendance of people with sexually transmitted diseases at health centres (Ayranci 2005).

One of the industries that is potentially most affected by HIV is tourism. Concurrent with an increase in the number of travellers, the HIV risk in Turkey is rising (UNAIDS 2008). Moreover, there is a large number of people working abroad and a significant young population. The country receives a great number of visitors from Eastern Europe and newly independent states, regions that have some of the fastest-growing HIV epidemics in the world (UNAIDS 2008). The strategic geographic location of Turkey and the increasing number of visitors are putting the country in a vulnerable position with regard to HIV.

According to the World Federation of Tourist Guide Associations (WFTGA), a tour guide is defined as a person who 'guides visitors in the language of their choice and interprets the cultural and natural heritage of an area which person normally possesses an area-specific qualification usually issued and recognised by the appropriate authority' (WFTGA, 2003, 1). In practice, tour guides fulfil a wide variety of roles that are interwoven and interactive. They also act as role models for appropriate behaviour (Yu, Weiler, and Ham 2001). Tour guides can act as information providers, pathfinders, health and safety officers, group leaders, heritage interpreters, environmental interpreters, educators, teachers, animators, mediators, mentors, catalysts, representatives and sales people (Holloway 1981; Cohen 1985; Howard, Thwaites and Smith 2001; Zhang and Chow 2004; Black and Weiler 2005).

Tourism workers, including tour guides, have been recognised as an occupational group that is at risk for HIV infection. Guiding requires long and unpredictable working hours in Turkey. Tour guides work at historical sites or in an area for an hour, a half-day, a full-day, or even for several days (particularly in Anatolian tours) with the same individuals or tourist groups, returning to their base every evening. When guides are booked for several days, they generally return home at the end of the working day rather than staying with the visitors (Collins 2000). The nature of the tourism industry requires tour guides to be highly mobile; therefore, they are usually young and single. Tour guides may be indirectly involved in the transmission of sexually transmitted diseases by recommending sexual opportunities to other tour guides or travellers, in addition to being directly involved through sexual relations with travellers (Cabada et al. 2007). Tour guides as 'front line staff' and 'key players' in the

tourism industry often find themselves having frequent contact with visitors and other workers across all of the sectors of the industry (Forsythe 2000). They may have increased access to unsafe sexual interactions with visitors.

Apart from a few studies of the sexual behaviour of Australian river guides (Fluker and Deery 2003), the sexual behaviour and knowledge of sexually transmitted infections among tour guides in Cuzco/Peru (Cabada et al. 2007) and sexual health knowledge, sexual relationships and condom use among male guides in Nepal (Simkhada et al. 2009), research into the HIV/AIDS knowledge and attitudes of tour guides has largely not been conducted. The aim of this study was to investigate Turkish tour guides' level of knowledge, sources of information and attitudes towards HIV and AIDS and educational needs concerning the disease.

Methods

Tour guides were the target population of this study. According to data obtained from the Ministry of Culture and Tourism, there were 10,309 tour guides registered throughout Turkey by the end of 2007. Of these, 7576 were working actively as tour guides and providing services to both domestic and foreign tourists. The Ministry of Culture and Tourism and the Federation of Turkish Tour Guide Associations (TUREB) was consulted prior to the administration of a questionnaire for tour guides. Ethical permission for the study was obtained from the Ministry and TUREB before data were collected. Tour guides were interviewed during their visits to the offices of the Federation of Turkish Tour Guide Associations (specifically the Istanbul, Izmir, Antalya, Bodrum and Cappadocia offices). The questionnaire was administered in the months of November and December in 2008 because tour guides are committed to work during the peak tourism season between June and October and are therefore generally unavailable during these times.

A structured questionnaire was designed primarily to obtain information on HIV- and AIDS-related knowledge and attitudes of the tour guides. The questions were selected based on a review of previous studies (Kitaura et al. 1997; Nwokocho and Nwakoby 2002; Ugan and Yaman 2003; Montazeri 2005; Acaroglu 2007; Tasci et al. 2008). The questionnaire was initially tested with 25 tour guides who were not included in the main study. Based on the results of the pilot study, some survey items were changed. The final questionnaire was composed of the following four parts: demographic items, including gender, age, educational level, marital status, work experience and level of HIV- and AIDS-related knowledge (6 items); questions regarding HIV- and AIDS-related knowledge covering three main topics of general information (7 items); questions regarding modes of HIV transmission (15 items) and methods of prevention and treatment (7 items); questions regarding respondents' attitudes towards HIV and AIDS (12 items) and finally questions regarding the source of respondents' information on HIV and AIDS (13 items). The response categories for each section were as follows: for the HIV- and AIDS-related knowledge section, questions were in a 'yes', 'no' and 'undecided' format; items on attitudes relating to HIV/AIDS were in a 3-point scale format ('agree', 'neither agree nor disagree' and 'disagree') and finally, 'yes' and 'no' responses were used for questions relating to sources of information. The information used in the main study was collected from 516 tour guides in face-to-face interviews. The outcomes of this survey were statistically analysed using SPSS software for Windows 11.5. The software generated descriptive statistics relating to demographics and tour guides' knowledge, and data were expressed as both means \pm standard deviations and percentages. Analysis of variance (ANOVA) and Student's *t*-test analyses were used to assess statistical significance. In all analyses, the usual significance level was 5%.

Results

Socio-demographic characteristics of respondents

Tour guides came from a wide range of backgrounds (Table 1). Of our respondents, 60.5% were male, 31.2% were between the ages of 35 and 44 years and 61.8% had graduated from university with a Bachelor's degree. Nearly half of the respondents (48.8%) were single, 38.8% had between 5 and 9 years of work experience and more than half (62.4%) emphasised that they had some knowledge about HIV and AIDS.

HIV/AIDS knowledge of respondents

Table 2 shows the tour guides' answers to questions regarding general HIV- and AIDS-related knowledge, mode of transmission and methods of treatment and protection. For the most part, the tour guides had a good level of knowledge about HIV and AIDS. Most of the respondents knew that HIV could be detected through blood tests (92.6%) and that AIDS is caused by a virus (92.4%). However, 39.7% of the respondents were undecided about

Table 1. Socio-demographic characteristics of respondents ($n = 515$).

Variable	<i>n</i>	(%)
Gender		
Male	312	60.5
Female	203	39.3
Age		
≤ 24	67	13.0
25–34	153	30.7
35–44	161	31.2
45–54	104	20.2
≥ 55	30	6.8
Level of education		
High school	32	6.2
Vocational school	85	16.5
University	319	61.8
Master	67	13.0
Doctorate	12	2.3
Marital status		
Single	252	48.8
Married	222	43.0
Widowed	28	5.4
Living together	14	2.7
Work experience		
Less than a year	31	6.0
1–4 years	72	14.0
5–9 years	200	38.8
10–14 years	121	23.4
More than 15 years	91	17.6
Level of HIV/AIDS knowledge		
None	–	–
A little	112	21.7
Some	322	62.4
A lot	75	14.5
Missing	7	1.4

Table 2. HIV- and AIDS-related knowledge of the respondents.

	Yes		No		Undecided	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
General knowledge						
HIV can be detected through blood test	478	92.6 ✓	7	1.4	25	4.8
AIDS is caused by a virus	477	92.4 ✓	18	3.5	20	4.9
HIV is a virus that weakens the immune system	443	85.9 ✓	18	3.5	53	10.3
AIDS is a disease that is only transmitted sexually	61	11.8	429	83.1 ✓	23	4.5
It can take a long time for an infected person to show any symptoms of the disease	391	75.8 ✓	14	2.7	109	21.1
People with HIV can look healthy	389	75.4 ✓	54	10.5	69	13.4
Mosquitoes can transmit HIV	172	33.3	128	24.8 ✓	205	39.7
Mode of transmission						
Using a hypodermic needle contaminated with HIV/AIDS	485	94.0 ✓	13	2.5	14	2.7
Receiving transfusions of infected blood	479	92.8 ✓	17	3.3	20	3.9
Having a tattoo done with a device that was used on an infected person	446	86.4 ✓	38	7.4	32	6.2
Having unprotected sexual intercourse with an infected person	439	85.1 ✓	19	3.7	56	10.9
Sharing a razor blade with an infected person	426	82.6 ✓	54	10.5	31	6.0
From an infected pregnant woman to her unborn baby	403	78.1 ✓	41	7.9	72	14.0
Shaking hands or touching someone with AIDS	23	4.5	479	92.8 ✓	11	2.1
Kissing or hugging an infected person	27	5.2	400	77.5 ✓	89	17.2
Coughing and sneezing of an infected person	43	8.3	385	74.6 ✓	85	16.5
A massage given to or received from an infected person	66	12.8	348	67.4 ✓	102	19.8
Eating from the same plate as an infected person	116	22.5	331	64.1 ✓	69	13.4
Sharing a swimming pool with an infected person	102	19.8	323	62.6 ✓	91	17.6
From the breast milk of an infected woman to her baby	249	48.3 ✓	137	26.6	123	23.8
From sharing personal items with an infected person, such as a drinking cup, a towel or clothing	104	20.2	249	48.3 ✓	161	31.2
Sharing a toilet with an infected person	106	20.5	282	54.7 ✓	126	24.4
Methods of treatment and protection						
AIDS can be avoided by exercising regularly	15	2.9	456	88.4 ✓	45	8.7
The best single way to prevent AIDS/HIV is through education	453	87.8 ✓	34	6.6	29	5.6
Condom use can help protect against HIV infection	410	79.5 ✓	16	3.1	88	17.1
Having only one partner/spouse	363	70.3 ✓	103	20.0	44	8.5
AIDS has a cure/vaccination	113	21.9	315	61.0 ✓	88	17.1
There is a new, effective vaccine against the disease	73	14.1	273	52.9 ✓	163	31.6
Avoiding people with AIDS	197	38.2	290	56.2 ✓	29	5.6

Note : ✓ Correct answer.

whether mosquitoes can transmit HIV and 33.3% of the respondents agreed with the misconception that mosquitoes can transmit HIV.

Regarding knowledge of the mode of transmission, most of the tour guides surveyed knew that HIV is transmitted through the use of hypodermic needles contaminated with HIV (94.0%), by receiving transfusions of infected blood (92.8%) and by receiving tattoos from a device that was used on an infected person (86.4%). The majority of the tour guides knew that HIV is not transmitted by shaking hands or touching someone with AIDS (92.8%) or by kissing or hugging an infected person (77.5%). However, only 48.3% of the respondents responded to the statement 'HIV is transmitted from the breast milk of an infected woman to her baby' correctly. Their responses to the statements 'HIV is transmitted by sharing personal items with an infected person such as a drinking cup, towel or clothing' and 'HIV is transmitted by sharing a toilet with an infected person' also revealed some misconceptions.

Regarding methods of treatment and protection, the tour guides knew that AIDS cannot be avoided by exercising regularly (88.4%), and that the best single way to prevent HIV is through education (87.8%). However, the respondents held some misconceptions about the items 'there is a new effective vaccine against the disease' and 'avoiding people with AIDS as a method of protection'.

Variables associated with socio-demographic characteristics of respondents and relating to general knowledge, knowledge of the mode of transmission and knowledge of methods of treatment and protection in the univariate analysis were analysed using analysis of variance (ANOVA) and Student's *t*-test analyses. No statistically significant differences in the tour guides' knowledge were found with respect to educational status. Although there was no evidence of gender differences in responses regarding general knowledge ($p = 0.699$) and knowledge of methods of treatment and protection ($p = 0.06$), significant differences were noted in items such as 'mosquitoes can transmit HIV' and 'HIV could be detected through blood tests'.

For these items, male respondents responded more accurately than female respondents. In addition, there were significant differences in the responses of males and females to items relating to methods of treatment and protection that rely on having only one partner/spouse, the existence of an effective vaccine or cure for AIDS, the use of condoms to protect against HIV infection and the fact that education is the single best way to prevent HIV. For these items, the answers of female respondents were more often 'undecided' than those of male respondents.

There were significant gender-based differences regarding knowledge of the mode of transmission of HIV ($p = 0.016$). However, significant differences were not observed for two survey items: that HIV can be transmitted from an infected pregnant woman to her unborn baby and from transfusions of infected blood. For all other items, the answers of female respondents were more undecided than those of male respondents.

In addition, there were significant age-related differences regarding general HIV- and AIDS-related knowledge ($p = 0.000$), knowledge of mode of transmission ($p = 0.000$) and knowledge of methods of treatment and protection ($p = 0.009$). Respondents who were 24 years old or younger gave more undecided and incorrect responses than older respondents. In contrast, respondents who were 45–54 years of age or 55 and older responded to all items correctly. Older guides responded more accurately to all items. This finding is not in line with the results of Ayranci (2005). There were significant differences between work experience and general HIV- and AIDS-related knowledge ($p = 0.000$), mode of transmission ($p = 0.000$) and methods of treatment and protection ($p = 0.024$). The respondents who had work experience of less than a year and 1–4 years had more

undecided and incorrect answers than the other respondents who had more work experience.

The respondents' attitudes towards HIV and infected persons are shown in Table 3. The vast majority of the respondents agreed with the following statements: education on how to avoid HIV should be given to all pupils at school; HIV- and AIDS-related education, including information on protection against the disease, should be provided to tour guides in service training seminars; tourism-related organisations and associations should publish books, brochures or posters about AIDS and methods of protection against the disease for tour guides; infected persons should be supported, treated and assisted; and AIDS is a serious public health problem and infected persons should inform other people about their disease. However, 32% of tour guides stated that they would not like to share a home with an infected person. This can be considered a negative or discriminatory attitude towards people living with HIV. This attitude was not significantly related to levels of HIV and AIDS awareness and demographic factors.

Table 4 shows that the major source of knowledge about AIDS was mass media, including television, newspapers, the Internet and magazines. Television was reported as the single most important source of knowledge by 90.7% of the respondents. Other important sources of information were newspapers (83.9%), the Internet (65.7%) and magazines (63.2%).

Table 3. Respondents' attitudes towards HIV and infected persons.

Statements	Agree		Disagree		Neither agree nor disagree	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
AIDS is not a serious public health problem	44	8.5	434	84.1	36	7.0
HIV/AIDS-infected persons should be restricted from work	62	12	352	68.2	100	19.4
HIV/AIDS-infected students should not be allowed to go to school with uninfected children	83	16.1	318	61.6	113	21.9
Social contact with infected persons is dangerous	32	6.2	406	78.7	76	14.7
Infected persons should inform other people about their disease	412	79.8	21	4.1	66	12.8
Infected persons should be supported, treated and assisted	432	83.7	17	3.3	46	8.9
Education on how to avoid HIV/AIDS should be provided to all pupils at school	500	96.9	8	1.6	6	1.2
AIDS-related education, including information on protection against the disease, should be provided to tour guides in service training seminars	450	87.2	21	4.1	43	8.3
Tourism-related organisations and associations should publish books, brochures or posters about AIDS and methods of protection against the disease for tourist guides	440	85.3	34	6.6	42	8.1
I would not like to share a home with an infected person	165	32.0	153	29.7	198	38.4
I would not like to serve an infected person in the workplace	82	15.9	267	51.7	165	32.0
I would not feel any compassion towards an infected person	36	7.0	351	68.0	129	25.0

Table 4. Respondents' reported sources of information.

Source of information	Yes		No	
	<i>n</i>	(%)	<i>n</i>	(%)
Television	468	90.7	48	9.3
Newspapers	433	83.9	83	16.1
Internet	339	65.7	177	34.3
Magazines	326	63.2	190	36.8
Conferences/seminars	231	44.8	285	55.2
Books	219	42.4	297	57.6
Brochures	218	42.2	298	57.8
Health staff	202	39.1	314	60.9
School	179	341.7	337	65.3
Tourists	170	32.9	346	67.1
Radio	162	31.4	354	68.6
Family	132	25.6	384	74.4
Posters	49	9.5	467	90.5

Discussion

In this survey, most of the tour guides were male and relatively young. Nearly half were single and most were university graduates that had five to nine years of work experience. More than half of the respondents emphasised that they had some level of knowledge about HIV and AIDS; however, their survey responses suggested that they were not knowledgeable enough about the mode of transmission or methods of treatment and protection. We also observed that tour guides were undecided about some statements and were sometimes unable to give exact responses to questions.

Similar results were observed in a study conducted in Iran by Montazeri (2005). There tends to be a low level of public awareness about HIV and AIDS in countries such as Iran and Turkey. Generally, a significant portion of the population in Turkey sees having a sexually transmitted disease as a source of shame and never discusses HIV and AIDS with anyone. In contrast to other studies conducted in non-Islamic countries such as Nepal (Simkhada et al. 2009), sexual education and discussion of sexuality is minimal in Islamic countries such as Turkey (Ungan and Yaman 2003).

Gender-based differences were observed in the knowledge levels of tour guides. Based on our results, it is possible to say that the male respondents have a higher knowledge level regarding HIV and AIDS than the female respondents. In addition, female respondents were most often undecided about the statements given in the survey. This conclusion is in agreement with results of a similar study (Mahat and Scoloveno 2006), though it conflicts with some other studies (Brook 1999; Tavoosi et al. 2004; Ayranci 2005; Montazeri 2005). This finding can be explained by the fact that educational programmes aiming at establish an awareness of HIV and AIDS tend to be focused on men. As societal and social values in Turkey grant men more privileges and freedom, they may more be exposed to sexually transmitted diseases; in contrast, Islamic rules dictate that the sexuality of the woman is limited to only her husband (Acaroglu 2007).

A significant difference in the levels of knowledge and attitudes between tour guides between different age groups was also observed. According to our analyses, young respondents were far more often undecided about the statements given in the survey. These findings are not in line with the results of other studies (Ayranci 2005; Montazeri 2005), which found that younger respondents performed better in almost all test aspects.

In this study, we observed that young respondents typically had just graduated from university or that they have not been given sufficient training relating to HIV and AIDS.

Data suggest that respondents' knowledge of HIV and AIDS does not originate from school; it is derived from their personal experiences. Tour guides' statements explaining their social and cultural behaviour were evaluated to determine their attitudes about HIV and infected persons. In general, tour guides showed a positive or neutral attitude towards AIDS and infected persons, with the exception of one item stating 'I would not like to share a home with an infected person'. Among the general population, there is a general fear of establishing social contact with people living with HIV. Even surgeons, whose knowledge of HIV and AIDS should be adequate, were worried about possible social contact with HIV-positive people as reported in a study performed in Turkey (Cok, Gray, and Ersever 2001; Duyan, Agalar, and Sayek 2001). Similar results have also been found in studies conducted in Iran (Tavoosi et al. 2004), Tunisia (Tebourski and Alaya 2004) and Central Asian countries (Smolak 2010). This can be explained by the similarity between Iranian, Tunisian, Central Asian and Turkish people's attitudes towards HIV that are associated with the taboo of extramarital sexual relations; this may also explain why the tour guides have misconceptions about infected people.

Tour guides' major source of knowledge about AIDS was mass media such as television, newspapers, the Internet and magazines. Television was the most important source for AIDS awareness in this study. Source of knowledge of HIV and AIDS were similar that observed in some studies (Ungan and Yaman 2003; Ayranci 2005; Montazer 2005; Acaroglu 2007). However, only a few tour guides stated that they had acquired knowledge about AIDS from school. Although first aid and health are taught as a course at schools providing tour guiding education in Turkey, it is evident that the majority of the students do not learn much about AIDS in these courses. It is interesting that only 39.1% of the tour guides surveyed obtained information about AIDS from healthcare professionals, who normally provide better information about the disease. Additionally, 21.9% of the tour guides indicated that AIDS has a cure/vaccination. Such misconceptions might encourage risk taking (Ayranci 2005).

Based on the findings of this study, several recommendations can be made. As the mass media plays an important role in the distribution of information about HIV and AIDS to both the general population and tour guides, the use of television to inform people about the disease must continue. Education regarding all aspects of HIV and AIDS should be included in educational curricula, and education on how to avoid HIV should be provided to all tour-guide students at universities. Education and training related to sexually transmitted infections and their prevention should also be provided to tour guides through service training seminars organised by the Ministry of Culture and Tourism. The gender differences among tour guides should be taken into consideration, as we found men typically had a higher level of knowledge about HIV than women. The educational programmes should be in accordance with the social and cultural structures of the society. These programmes should also consider changing attitudes towards HIV and the infected persons. Tourism-related organisations and associations should publish books, brochures and posters about HIV and AIDS and protecting against the disease in several foreign languages for tour guides, tourists and the general public.

Acknowledgements

The authors would like to thank all of the tour guides who participated in the study, the Ministry of Culture and Tourism in Turkey, the Federation of Turkish Tour Guide Associations (TUREB) and

the Federation of Turkish Tour Guide Associations across the tourist areas of the country including Istanbul, Izmir, Antalya, Bodrum and Cappadocia for their assistance and encouragement in this research.

References

- Acaroglu, R. 2007. Knowledge and attitudes of mariners about aids in Turkey. *Journal of the Association of Nurses in Aids Care* 18: 48–55.
- Aydin, H., and Z. Gulcat. 2010. The international encyclopedia of sexuality: Turkey. IES. <http://www2.hu-berlin.de/sexology/IES/turkey.html#11>
- Ayranci, U. 2005. AIDS knowledge and attitudes in a Turkish population: An epidemiology study. *BMC Public Health* 5: 1–10.
- Bauer, T. and B. McKercher, eds. 2003. *Sex and tourism: Journeys of romance, love and lust*. New York: Haworth Hospitality Press.
- Bauer, I. 2008. They don't just come for Machu Picchu': Locals' views of tourist-local sexual relationship in Cuzco, Peru. *Culture, Health & Sexuality* 10, no. 6: 611–24.
- Black, R., and B. Weiler. 2005. Quality assurance and regulatory mechanisms in tour guiding industry: A systematic review. *Journal of Tourism Studies* 16: 24–37.
- Brook, U. 1999. AIDS knowledge and attitudes of pupils attending urban high schools in Israel. *Patient Education and Counseling* 36: 271–8.
- Cabada, M.M., F. Maldonado, I. Bauer, K. Verdonck, C. Seas, and E. Gotuzzo. 2007. Sexual behavior, knowledge of STI prevention and prevalence of serum markers for STI among tour guides in Cuzco/Peru. *Journal of Travel Medicine* 14: 151–57.
- Cohen, E. 1985. The tourist guide: The origins, structure and dynamics of a role. *Annals of Tourism Research* 12: 5–29.
- Cok, F., L. A. Gray, and H. Ersever. 2001. Turkish university students' sexual behaviour, knowledge, attitudes and perceptions of risk related to HIV/AIDS. *Culture, Health & Sexuality* 3, no. 1: 81–99.
- Collins, V.R. 2000. *Becoming a tour guide: Principles of guiding and site interpretation*. London: South-Western Cengage Learning.
- Duyan, V., F. Agalar, and I. Sayek. 2001. Surgeons' attitudes toward HIV/AIDS in Turkey. *AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV* 13: 243–50.
- Forsythe, S. 2000. AIDS brief for sectoral planners and managers: The tourism sector. HEARD. <http://www.heard.org.za/downloads/aids-brief-for-sectoral-planners-and-managers-tourism-sector.pdf>
- Fluker, M., and M. Deery. 2003. Condoms in the first aid kit: River guides, clients and sex. In *Sex and tourism: Journeys of romance, love and lust*, ed. T. Bauer and B. McKercher, 109–18. New York: Haworth Hospitality Press.
- Holloway, J.C. 1981. The guided tour: A sociological approach. *Annals of Tourism Research* 8: 377–401.
- Howard, J., R. Thwaites, and B. Smith. 2001. Investigating the roles of indigenous tour guides. *Journal of Tourism Studies* 12: 32–9.
- Kitaura, H., N. Adachi, K. Kobayashi, and T. Yamada. 1997. Knowledge and attitudes of Japanese dental healthcare workers towards HIV-related disease. *Journal of Dentistry* 25: 279–83.
- Mahat, G., and M.A. Scoloveno. 2006. HIV/AIDS knowledge, attitudes and beliefs among Nepalese adolescents. *Journal of Advanced Nursing* 53: 583–90.
- Montazeri, A. 2005. AIDS knowledge and attitudes in Iran: Results from a population-based survey in Tehran. *Patient Education and Counseling* 57: 199–203.
- Nwokocho, A.R.C., and B.A.N. Nwakoby. 2000. Knowledge, attitude and behavior of secondary (high) school students concerning HIV/AIDS in Enugu, Nigeria, in the year 2000. *Journal of Pediatric and Adolescent Gynecology* 15: 93–6.
- Simkhada, P., R.T. Edwin, R.R. Pramod, and B. Prakash. 2009. Sexual health knowledge, sexual relationships and condom use among male trekking guides in Nepal: A qualitative study. *Culture, Health & Sexuality* 12, no. 1: 45–58.
- Smolak, A. 2010. Contextual factors influencing HIV risk behaviour in Central Asia. *Culture, Health & Sexuality* 12, no. 5: 515–27.
- Tasci, S., M. Baser, S. Mucuk, M. Bayat, H. Zincir, and G. Sungur. 2008. Erciyes university students' knowledge about AIDS: Differences between students of natural and social science. *Behavioral Medicine* 33: 151–5.

- Tavoosi, A., A. Zaferani, A. Enzevaei, P. Tajik, and Z. Ahmadinezhad. 2004. Knowledge and attitude towards HIV/AIDS among Iranian students. *BMC Public Health* 4: 1–6.
- Tebourski, F., and D.B. Alaya. 2004. Knowledge and attitudes of high school students regarding HIV/AIDS in Tunisia: Does more knowledge lead to more positive attitudes? *Journal of Adolescent Health* 34: 161–2.
- UNDP. 2007. *Vulnerability assessment of people living with HIV (PLHIV) in Turkey*. United Nations Development Programme, Final Report. Ankara, Turkey: Author.
- UNWTO (World Tourism Organization). 2008. UNWTO World Tourism Barometer. UNWTO. http://unwto.org/facts/eng/pdf/barometer/UNWTO_Barom08_3_en_LR.pdf
- UNAIDS. 2008. UNGASS indicators country report. Turkey Ministry of Health (prepared by Dr. Peyman Altan). UNAIDS. http://www.unaids.org/pub/Report/2008/turkey_2008_country_progres_report_en.pdf
- Ungan, M., and H. Yaman. 2003. AIDS knowledge and educational needs of technical university students in Turkey, *Patient Education and Counseling* 51: 163–7.
- World Federation of Tourist Guide Associations (WFTGA). 2003. What is a tourist guide? WFTGA. <http://wftga.org/page.asp?id=15>.
- Yu, X., B. Weiler, and S. Ham. 2001. Intercultural communication and mediation: A framework for analysing the intercultural competence of Chinese tour guides. *Journal of Vacation Marketing* 8: 75–87.
- Zhang, H., and Q.I. Chow. 2004. Application of importance-performance model in tour guides' performance: Evidence from mainland Chinese outbound visitors in Hong Kong. *Tourism Management* 25: 81–91.

Résumé

Cette étude visait à vérifier les niveaux de connaissances et les attitudes des guides touristiques turcs quant au VIH et au sida. Un échantillon a été constitué, avec 516 guides touristiques inscrits en Turquie et ayant donné leur consentement verbal pour participer à cette étude, via un questionnaire anonyme et auto administré. Pour la plupart d'entre eux, les répondants ont montré qu'ils avaient des niveaux de connaissances sur le VIH et le sida, qualifiables de raisonnable à excellent. Cependant, l'enquête a révélé l'existence d'idées fausses courantes, ce qui indique que les guides touristiques ont besoin de formations supplémentaires sur les modes de transmission du VIH. Nous avons également constaté des différences dans les niveaux de connaissances sur le VIH/sida, d'un groupe démographique à l'autre. Chez les hommes, ces niveaux étaient plus élevés que chez les femmes. Selon nos mêmes observations, les niveaux de connaissances augmentaient avec l'âge et l'expérience. Ces résultats sont discutés dans le cadre d'études critiques des connaissances sur le VIH. Leurs implications pour l'élaboration d'un cursus et de programmes de formations internes pour les organisations et les institutions qui emploient des guides touristiques sont discutées.

Resumen

El objetivo de este estudio fue determinar los niveles de conocimientos de los guías turísticos turcos y su actitud con respecto al VIH y el sida. Una muestra de 516 guías turísticos registrados en Turquía que verbalmente aceptaron participar en este estudio respondieron a un cuestionario anónimo y autoadministrado. Los participantes mostraron por regla general un grado de conocimiento razonable o excelente sobre el VIH y el sida. Sin embargo, en el estudio se observó que algunos tenían conocimientos erróneos lo que indica que sería necesario que los guías turísticas siguieran un curso de formación adicional sobre los mecanismos de la transmisión del VIH/sida. También observamos algunas diferencias en el nivel de los conocimientos relacionados con el VIH/sida entre los diferentes grupos demográficos. El nivel de conocimiento de los entrevistados varones fue mejor que el de las mujeres. También observamos que los niveles de conocimiento aumentaban con la edad y la experiencia laboral. Estos resultados se analizan en el marco de estudios críticos sobre el conocimiento relacionado con el virus del sida. Aquí analizamos las implicaciones para el desarrollo de los planes de estudio y los programas de formación en servicio para las organizaciones e instituciones de guías turísticos.