



Could I be getting more than I came for?

An Evaluation of the 2011-2012 Backpackers Sexual Health Project

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Contents

Executive Summary	2
Background	4
Methods	4
Cost	6
Data collection	7
Results	7
Web page	7
Condom vending machine sales	8
Feedback from travel industry representatives	8
OLC form statistics	9
Sexually transmitted infection notifications	9
Discussion	10
Limitations	11
Options	12
Recommendations	13
Conclusion	13
References	14
Appendix	14

Executive summary

Background and aim

Backpackers are at a high risk of sexually transmitted infections [STIs], with nearly three-quarters having sex during their stay in Australia and many reporting inconsistent condom use and unprotected sex with multiple partners.¹

The Backpackers Sexual Health Project was launched in May 2012 by the Sexual Health and Blood-borne Virus Program, Department of Health WA, as part of the *Could I Have It* chlamydia awareness campaign. The project aimed to increase knowledge of safe sex practices amongst young backpackers in Western Australia.

Methods

A reference group of travel industry representatives and Department of Health WA staff was established to guide the project. A web page was developed to provide safe sex messages and STI testing and Medicare information to travellers (www.couldihaveit.com.au/backpackers.asp). The Online Chlamydia Self-risk Assessment [OLC] was modified to include a travel status indicator, allowing data collection around the number of travellers using the service. Promotional posters and condom wallets (consisting of a condom and lube sachet) were also developed.

In July 2012, the posters and condom wallets were distributed in many hostels in WA and at GP clinics that saw a high number of backpackers. Condom wallets were also included in 500 Travellers Autobarn rental vehicles in WA. The Department of Health WA also provided condom vending machines to two popular backpacker hostels in Perth and Margaret River.

Data collection

Website statistics were collected from 29 May 2012 to 30 September 2012 using Google Analytics. The statistics showed a 14% increase in visits to the web page following promotion, indicating that the promotional materials may have encouraged backpackers to visit the web page. Statistics for the OLC showed that the form was completed by 211 travellers, of which 15 pathology requests were downloaded. For the same period, one of the total 15 positive chlamydia tests (7%) from the OLC occurred in a traveller, and Fremantle's Sexual Health Clinic reported that backpackers accounted for 27% of the total number of positive notifications in people who had not used the OLC form.

Feedback from the hostels that installed the condom vending machines was collected in April 2013. Condom sales were low, and in some cases no condoms were purchased. However, one hostel reported that customers commented positively towards the discrete provision of condoms at a reasonable price.

The travel industry representatives reported that they found the project valuable and were willing to be involved in future efforts. They recommended that future efforts include online promotional strategies in appropriate places.

Conclusions

Following promotion of the Backpackers Sexual Health Project, web page visits increased by 14%, although it was not possible to determine if these visits were referred by the promotional materials. Travellers did not account for a high number of website visitors who had downloaded

a pathology request using the OLC. However, clinical data from Fremantle's Sexual Health Clinic suggest that backpackers are a high-risk population for STIs. More information is required to establish the extent that STIs are a public health problem in WA backpackers. If backpackers in WA are identified as a high-risk population, alternative social marketing strategies and platforms should be investigated to reach the target population more effectively.

Background

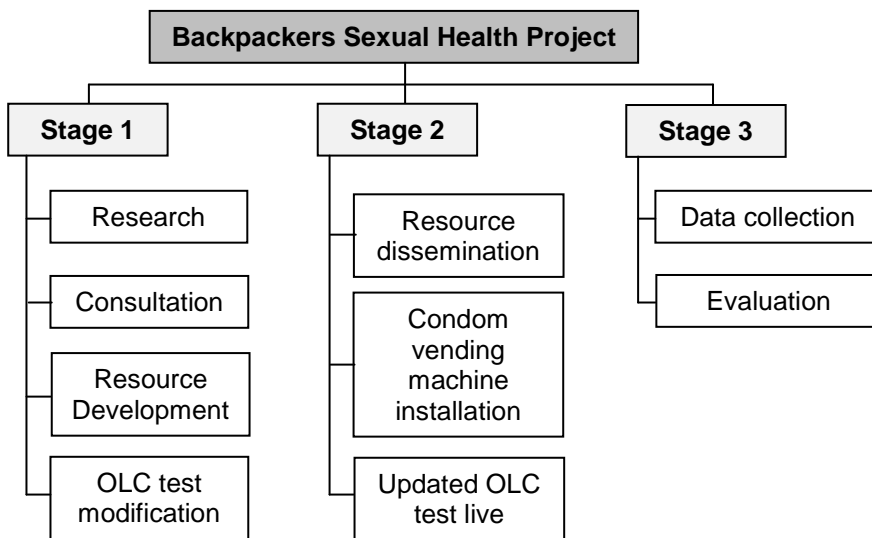
Research has shown that nearly three-quarters of backpackers had sex during their stay in Australia, with many reporting inconsistent condom use and unprotected sex with multiple partners.¹ In a recent study conducted with 84 backpackers in Manly, 94% of participants reported at least one new sexual partner during their stay, but only 20% reported consistent condom use.⁶ These behaviours, as well as heavy alcohol consumption and illicit drug use, are associated with a higher risk of sexually transmitted infection [STI] amongst backpackers.¹

To address this, the Sexual Health and Blood-borne Virus Program [SHBBVP], Department of Health WA, launched the Backpackers Sexual Health Project. The aim was to increase knowledge of safe sex practices amongst young backpackers in Western Australia. The objectives were to encourage backpackers in WA to practice safe sex and get tested for STIs if they have had unprotected sex. The message was “Could I be getting more than I came for?” linking with the ongoing Department of Health WA chlamydia campaign *Could I have it?*

Methods

The Backpackers Sexual Health Project was a three-phase project, as shown in Figure 1.

Figure 1. Project framework



In February 2012, a Project Reference Group [PRG] (see Appendix) was established to guide the development of the Backpackers Sexual Health Project. The PRG consisted of travel industry experts from the job and accommodation sectors, as well as Department of Health WA representatives from the Sexual Health and Blood-borne Virus Program and the Communications Directorate. In addition, health and medical professionals from the government and non-government sectors were consulted in May 2012 to discuss project strategies and to seek support for implementation.

A travel status indicator was built into the Online Chlamydia Self-risk Assessment [OLC] (Figure 2). The indicator requires a Yes/No response to the question “Are you a traveller in Australia?” This was developed to collect data on the number of travellers accessing the OLC Self-risk

Assessment and subsequent testing. In addition, the B2 Clinic at Fremantle Hospital asks all patients diagnosed with a STI whether they are a traveller. The B2 Clinic does not collect the traveller status for all patients who are tested at the clinic, but only for those who test positive for a STI.

Figure 2. Online Chlamydia Self-risk Assessment

Step 1: Self Risk Assessment form

Self Risk Assessment

1. Have you ever had oral, anal or vaginal sex without using a condom or dental dam? Yes No

2. Have you had a new sexual partner in the past 6 months? Yes No

3. Have you ever experienced symptoms such as genital discharge or pain when passing urine? Yes No

4. Are you currently experiencing symptoms such as genital discharge or pain when passing urine? Yes No

5. Have you had chlamydia or a sexually transmitted infection in the past? Yes No

6. Has your sexual partner(s) had chlamydia or a sexually transmitted infection? Yes No

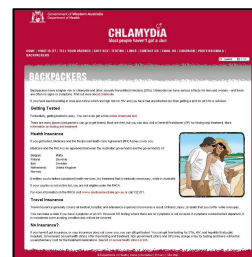
Travel Status

Are you a traveller in Australia? Yes No

Based on the expert guidance from the reference group, communication strategies were identified that would reach the backpacker target populations to deliver the sexual health messages. These included:

A dedicated backpackers web page on Could I Have It (www.couldihaveit.com.au) (Figure 3): The web page was launched on 1 May 2012 and provided information on risk, testing, testing locations (sexual health clinics and services), and Medicare information (www.couldihaveit.com.au/backpackers.asp).

Figure 3. Backpackers web page



Resources promoting sexual health and the backpackers web page:

Posters and condom wallets (containing one condom and one sachet) of water-based lubricant were developed in June 2012 (Figure 4). In July, 190 posters and 2,700 condom wallets were distributed to 18 pubs and clubs across WA, including Broome, Fremantle, Margaret River, Northbridge and Perth. Condoms were made available on the counter or at the bar. Hostels reported that all condom wallets were taken within one to two weeks, and some hostels requested an additional supply due to demand. Additionally, 2,000 condom wallets were sent to a motor vehicle rental company for placement in 500 vehicles (four per vehicle) that were popular among backpackers.

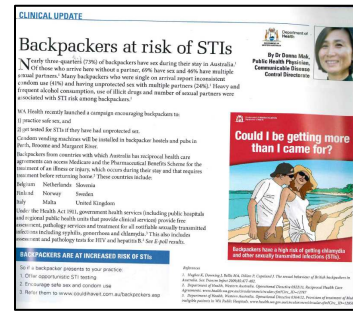
Figure 4. Backpackers condom wallet



Promotion at health services:

In July, 25 posters and 130 condom wallets were distributed at four general practices in the Perth central business district that saw a high percentage of patients who were backpackers. An article was published in the July 2012 edition of Medical Forum (a free magazine for WA doctors) highlighting the high risk of STIs among backpackers and encouraging doctors to offer opportunistic testing (Figure 5).

Figure 5. Medical Forum article



Condom vending machines to provide convenient access to condoms (Figure 6): Six condom vending machines were installed at two popular backpacker hostels in Margaret River (2 machines) and Perth (4 machines). The SHBBVP provided the vending machines fully stocked with 84 condom packs, each containing two condoms. Condom packs could be purchased for two dollars, which was the standard coin denomination for these machines. Each purchase generated a one dollar profit for the accommodation organisation, with the intention that profits are used to restock the vending machines. Accommodation sites that received the vending machines were required to report to the Department of Health WA regarding use and restock. Two sites refused the offer of a vending machine due to renovations or not gaining approval from the board of directors.

Figure 6. Condom vending machine



Cost

The SHBBVP assigned one project officer to develop, implement, and manage the project, as well as \$15,000 towards resource development. Table 1 provides the cost breakdown for this project.

Table 1. Cost breakdown for the Backpackers Sexual Health Project

Item	Cost	Notes
Project Officer	\$23,310	Estimated 630 hours. This includes time spent towards project management and evaluation.
Resources	\$12,000	This includes website development, OLC modification, promotional resource development, and purchase of condom vending machines.
Total	\$35,310	

Data Collection

Website statistical data for this evaluation were collected from 29 May 2012 to 30 September 2012 inclusive. Website statistics and travel status data were collected using Google Analytics (www.google.com.au/analytics/). Trends in visits to the website, browsing behaviour, and use of the OLC service were tracked.

Sexually transmitted infection notification data for self-reported travellers using the OLC service and all other self-reported travellers who were tested at the clinic were provided by the B2 Clinic at Fremantle Hospital for the time period 29 May 2012 to 30 September 2012.

Backpacker accommodation sites reported on condom vending machine use and sales in April 2013.

Results

Web page

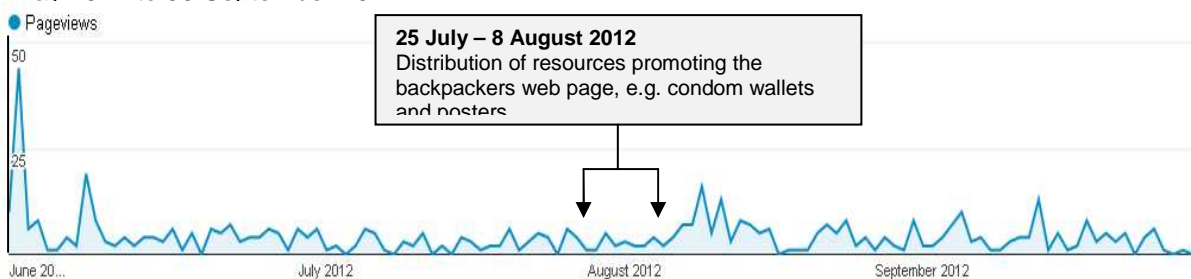
The backpackers web page on *Could I Have It* was viewed 522 times during the evaluation period, with a mean of 130 views per month. Table 2 shows the mean difference in website visits per day post-promotion (9 August 2012 to 30 September 2012), when compared to the period before (1 June 2012 to 8 August 2012). Given that the web page was launched on 29 May 2012, visits from the launch date to 31 May 2012 have been excluded, as the majority of visits would have been from Department of Health staff and web developers who were testing the new page. Following the promotion, the mean difference in web page visits increased by 14%.

Table 2. Mean daily visits to the backpackers web page before and after promotion

Pre-promotion (1 Jun – 8 Aug)	Post-promotion (9 Aug – 30 Sep)	Difference (%)
3.6	4.1	14

Figure 7 shows the visitor trends during this period. Sixty-eight percent were new visitors (n=354). Visitors spent an average of 1 minute and 12 seconds on the page, and 29% of visitors exited *Could I Have It* immediately after viewing the backpackers web page (n=153). Of the total visits, 86% accessed the web page in Australia (n=447), and 60% of those visitors accessed the page in Western Australia (n=265).

Figure 7. Number of visitors per day to the backpackers web page www.couldihaveit.com.au/backpackers.asp, 29 May 2012 to 30 September 2012.



Source: Google Analytics

Visitors to the backpackers web page were predominantly referred through search engines. Of the total page views, 37% were referred through Google (n=195) (due to browser settings the referral keywords could not be determined) and 20% from the Department of Health WA website (www.health.wa.gov.au). Fifteen percent of visitors accessed the page directly, that is, by typing the backpacker web page URL directly into their internet browser. Data on page access for the remaining 28% of visitors were not available due to browser privacy settings. The proportion of visitors accessing the backpackers web page by mobile phone was 20% (n=102), with the remaining 80% accessing the page from a computer or notebook.

Condom vending machine sales

Accommodation sites reported low sales from condom vending machines. Table 3 shows the remaining stock per condom vending machine (which holds 84 condom packs) as of April 2013 (eight months after installation). All sites reported that condom vending machines did not require re-stocking during the evaluation period. On average, 36% of stock was purchased from the condom vending machines. All sites reported more purchases for condom vending machines located in the male bathrooms, when compared to those located in the female bathrooms. In the Perth accommodation site, vending machines located on busier floors saw a greater number of purchases. The Perth accommodation site reported that their condom vending machine was valuable because it raised awareness of safe sex.

Table 3. Condom sales per vending machine, July 2012 – April 2013

Condom vending machine & location	Remaining stock (max = 84)	Proportion purchased (%)
Male bathroom, 2 nd floor, Perth	24	71
Male bathroom, 3 rd floor, Perth	37	56
Male bathroom, Margaret River	44	48
Female bathroom, Margaret River	51	39
Female bathroom, 3 rd floor, Perth	84	0
Female bathroom, 2 nd floor, Perth	84	0

Feedback from travel industry representatives

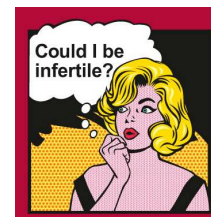
The two travel industry representatives of the PRG were asked to provide feedback to five questions based on their perception of the Backpackers Sexual Health Project.

- 1. Did you/your organization find the Backpackers Sexual Health Project valuable?*
The representatives reported that they found the project valuable and identified it as a necessary strategy to raise awareness and inform backpackers of the risk of STIs. The representatives reported that they valued the opportunity to discretely support the prevention of STIs in this population.
- 2. Did backpackers find the project valuable? What comments or feedback did you receive from customers?*
One representative reported that positive comments were made by customers about discrete access to condoms at a reasonable price, through the condom vending machine.
- 3. Would you be willing to be involved again?*

Both representatives expressed interest in further involvement, if the project were continued.

4. *Do you have any suggestions to improve the promotion of the backpacker's web page?*

One representative referred to an image from the *Could I Have It* campaign and suggested that the graphics be revised to appear less-threatening. Additionally, they suggested business card brochures as a promotional resource, which could be made available in bathrooms.

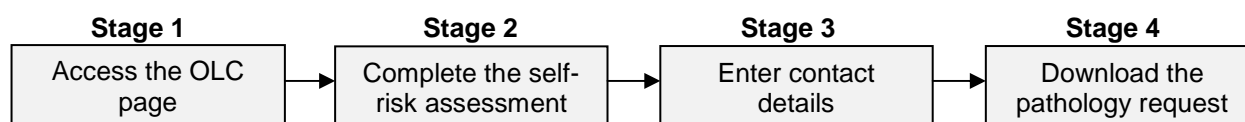


5. *Do you believe backpackers can be reached through the mainstream STI campaign, *Could I Have It* (www.couldihaveit.com.au), which targets young people in general?*

One representative reported that the *Could I Have It* campaign is appropriate for backpackers, but suggested that a targeted social media campaign be implemented to effectively promote the messages to backpackers.

OLC form statistics

The OLC service on *Could I Have It* and *Get the Facts* consists of four stages:



Google analytics captures statistics at stage two to indicate the number of visitors who have completed the self-risk assessment, and stage four to indicate the number of visitors who have entered all details and downloaded the pathology request form link (PDF document) that is presented. When the pathology request form is presented (as a PDF), the visitor requires access to a printer. If no printer was available, visitors may have completed the OLC form again when access to a printer was available, therefore reducing the accuracy of the data.

The OLC form was completed 1,142 times during the evaluation period, with 18% of respondents identifying as a traveller (n=211). Sixty percent of travellers completed the form on *Could I Have It* (n=126), while the remaining 40% completed it on *Get the Facts* (n=85). In total, 59 pathology requests were downloaded, with 24% downloaded by a self-reported traveller (n=15).

Sexually transmitted infection notifications

One of the total 15 positive chlamydia tests (7%) from the OLC between 29 May 2012 and 30 September 2012 occurred in a traveller. This traveller was female and reported Scotland as her country of origin.

From 1 January 2012 to 31 December 2012, young people aged 15-29 years accounted for 82% of chlamydia notifications in WA. Between 29 May 2012 and 30 September 2012, of patients tested at the B2 Clinic who did not use the OLC service, 24 of a total 89 chlamydia notifications during that period (27%) occurred in travellers. As stated in the methods section, the B2 Clinic did not collect the traveller status for those who did not test positive for an STI, thus there was no denominator statistic to calculate relative risk. For travellers who tested positive for chlamydia, over half (54%) were from England (n=6), Ireland (n=6) or Scotland

(n=1), 25% were from New Zealand (n=5), and the remaining 29% were from Holland (n=3), Denmark (n=1), the United States (n=1) and, Canada (n=1). Fifty-four percent (n=13) were for males, and 58% (n=14) aged 20-24 years. Table 4 shows the age and sex distribution of chlamydia cases at the B2 Clinic which were not through the OLC service. In addition, one out of a total five syphilis notifications (20%) occurred in a traveller (a male from England).

Table 4. Age and sex distribution of chlamydia cases at the B2 Clinic which were not through the OLC service, 29 May 2012 – 30 September 2012.

Sex	Age group (years)				TOTAL
	15-19	20-24	25-29	30+	
Male	1	9	2	1	13
Female	0	5	6	0	11
TOTAL	1	14	8	1	24

Discussion

Backpackers are a high risk-population for STIs in Australia.¹ Although Google Analytics showed that the backpackers web page on *Could I Have It* did not have a high number of visitors, the OLC form was completed by 211 travellers during the evaluation period (n=211). Of this, the B2 Clinic reported one positive chlamydia notification in a traveller (7%). However, travellers accounted for 27% of positive chlamydia notifications at the B2 Clinic for those who did not use the OLC form, reflecting the frequency of STIs in this population.

The website statistics collected in *Google Analytics* showed that the web page was being viewed during the evaluation period and following offline promotion (e.g. distribution of condom wallets at pubs, clubs, and GP clinics on 25 July 2012 and in all rental vehicles at Travellers Autobahn), there was a 14% increase in visits to the web page (Table 2). However, it was not possible to determine if visits to the web page were encouraged by the promotional material. To increase the number of backpackers visiting the web page, online promotion such as cross-linking and purchased advertising on websites targeting or frequently visited by backpackers (such as tourism sites, flight and accommodation sites, and social networking sites) could be included in promotional strategies and coordinated with offline promotion efforts. Furthermore, offline promotion could feature QR codes to enable convenient access to the web page that can be tracked, and highlight the link between the sexual health messages and the OLC service. As QR scanners are a standard feature of most smart phones, including a QR code may also result in greater visits specifically from mobile phones.

Sales from the condom vending machines were low. However, as one accommodation site reported, the condom vending machines may be valuable in raising awareness of the project and the safe sex message. Additionally, provision of the condom vending machines at popular backpacker accommodation sites ensures sustainable access to condoms, thus reducing the barriers to condom use and encouraging safe sex. Condom vending machine data in Table 1 showed that more purchases were made from machines located on busier floors, when compared to machines located on quieter floors. Furthermore, condom vending machines in male bathrooms had more sales than the machines in female bathrooms. This may indicate that backpackers perceive condom use to be the responsibility of males, or that female backpackers were less likely to anticipate sexual activity, or were less concerned about STI and pregnancy prevention, or that female backpackers obtained condoms from other sources. The cost of

condoms from the condom vending machine (two for \$2) may have been a barrier to access. The recommended retail price of Ansell Lifestyles Regular condoms is \$6.25 for a box of 12 condoms.⁴ This equates to 52 cents per condom. However, the convenience of 24/7 access to condoms may compensate for the price differential. Additionally, one PRG member reported that guests have commented positively towards the reasonable price of the condoms. If price was not a barrier, the low sales could indicate that backpackers were obtaining condoms from other sources, or did not take action regarding STI and pregnancy prevention.

Travel industry representatives on the PRG perceived the project as a valuable strategy to raise awareness of STI risk among backpackers in WA. Due to the importance of this the representatives indicated that they would be willing to be involved in future support STI prevention efforts. The representatives suggested that online promotion is necessary to maximise reach to the target population. One representative also reported that safe sex and STI testing messages could effectively reach backpackers via the *Could I Have It* campaign, but suggested that this is supported with a social media campaign targeting backpackers. If social media campaigns are included in the *Could I Have It* campaign, it would be necessary to investigate whether backpackers can be reached by promoting the general campaign on the appropriate platforms, such as at hostels and on travel or job websites.

Travellers accounted for 18% of OLC visitors completing the self-risk assessment and 24% of those who downloaded a pathology request form. However, 27% of chlamydia cases diagnosed at the B2 Clinic between 29 May 2012 and 30 September 2012 were travellers. In 2011, WA represented 11% (2.35 million) of the total resident population in Australia (22.3 million)⁵. In the 2011-2012 financial year, 637,070 short-term visitors arrived in WA; this represents 11% of short-term visitor arrivals in Australia during that period (n=5,981,883).² Travellers from European countries accounted for one quarter of short-term visitors to Australia during the 2011-2012 financial year (n=1,481,890)³ and nearly three quarters (71%) of travellers diagnosed with chlamydia at the B2 clinic during the evaluation period. This may be due to higher STI rates among European backpackers and/or higher willingness/ability to access the B2 clinic.

Limitations

There were several limitations to this evaluation:

- As this was a process evaluation only, it was not possible to evaluate the outcomes of this project. Website statistics could indicate the number of visitors and OLC pathology requests downloaded, but could not indicate if this was a result of the promotional activity.
- Website statistics could not indicate whether the visitor was a backpacker. Furthermore, these statistics could not indicate whether the visitors were referred by the promotional materials.
- It was not possible to determine the reasons for the low purchase of condoms from the condom vending machines. This could be due to the cost; backpackers already having their own supply; the location; backpackers' unwillingness to use condoms, and/or females perceiving that condom purchase is a male responsibility.
- As the pathology request downloads and positive notification data were sourced from two datasets, it was not possible to determine the number of unique pathology request downloads and match this to positive notifications. That is, it was not possible to distinguish between a single visitor who downloaded multiple pathology requests and tested positive

once and multiple unique visitors who each downloaded one pathology request and one of whom tested positive.

- The B2 Clinic recorded travel status only in patients who tested positive for an STI. For this reason, it was not possible to determine the prevalence of STIs in backpackers attending the B2 Clinic.
- The travel status indicator on the OLC form did not define “travellers”. As this information was self-reported, it was not possible to distinguish between short-term and long-term travellers, or whether the travellers were Australian residents visiting WA or international visitors.
- Although the pathology request form is limited to Pathwest centres in WA, people in other States and Territories, as well as people living overseas, are able to complete the form and download the pathology request. It was not possible to determine the location of the visitor who downloaded the pathology request, therefore downloads outside of Australia could not be excluded.

Options

Based on this evaluation, there are several options for sexual health promotion to the backpacker population.

- Do not continue the project.
- Engage with the Royal Perth Hospital Sexual Health Clinic and GP Clinics for data collection around backpackers’ risk for sexually transmitted infections. This would enhance the assessment of STI risk for this cohort and determine if ongoing sexual health promotion projects are required.
- Promote sexual health to the backpacker population through the mainstream *Could I Have It* campaign and support it with online promotion on appropriate platforms. The travel representatives on the PRG indicated that backpackers could be reached through the *Could I Have It* campaign and recommended that an online social media strategy is implemented to effectively reach this population. Print campaign resources could also be distributed at backpacker hostels, GP clinics, and rental vehicles if possible.
- Increase online promotion of the backpackers and OLC websites to backpackers. A recent Facebook promotional campaign for *Get the Facts* was very successful, generating a 4000% increase in referral visits to the website. Online promotion could be placed on appropriate platforms, such as job, travel, and accommodation websites.
- Investigate the use of new online technologies, such as search engine optimisation [SEO], to make it easier to backpackers to find the backpackers and OLC web page via search engines. A recent SEO campaign for *Get the Facts* reported many areas for improvement to rank the website higher in search results. For example, metadata was improved as a result of the SEO campaign, making *Get the Facts* rank higher for competitive keywords such as “sexual health”.
- Continue promotion of the backpackers web page via promotional posters, distribution of condom packs, etc.
- Include a QR code on offline promotional resources to allow tracking of web page visits referred by these resources.

- Investigate the relocation of condom vending machines with low purchase proportions. Condom vending machines could be relocated to areas that see a high number of backpackers, such as pubs and medical centres.

Recommendations

The results from this evaluation produced a number of key recommendations to assist in the development of future backpackers sexual health projects. It is recommended that:

- A reference group be convened to analyse the available data and determine whether further data is required to identify the extent that STIs are a public health problem in WA backpackers.
- The *Could I Have It* campaign be promoted to the backpackers population through online platforms and at appropriate offline locations.
- An evaluation is conducted to determine whether these new promotional strategies are more effective than those used in 2011-2012 at encouraging backpackers to visit the web page and use the OLC.

Conclusion

The Backpackers Sexual Health Project aimed to promote safe sex and STI testing messages to the backpacker population in WA. The project was established with expert guidance from the travel industry and from health professionals. Promotional activities increased visits to the backpackers web page on *Could I Have It* by 14%, although it was not possible to determine if visits to the web page were referred by the promotional materials. Furthermore, information on the proportion of travellers who downloaded the form and got tested was not available. Condom sales from vending machines in backpacker accommodation sites were low. However, Project Reference Group members believe that sexual health promotion targeting backpackers is necessary due to the increased risk of STIs among this population. This was supported by the B2 Clinic data, which showed that travellers accounted for 27% of chlamydia notifications in those who did not use the OLC. More information is required to establish the extent that STIs are a public health problem in WA backpackers. If backpackers in WA are identified as high-risk population, alternative social marketing strategies and platforms should to be investigated to reach the target population more effectively.

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Appendix

Reference Group Members included representatives from:

- YHA Australia (www3.yha.com.au)
- The Job Shop (www.thejobshop.com.au)
- The Communications Directorate, Department of Health WA
- The Sexual Health and Blood-borne Virus Program, Department of Health WA

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