



High-Risk Sexual Behavior among Dakocan (Female Coffee Seller)



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Abstract

HIV/AIDS cases among female sex workers in Buleleng regency was suspected related to the increasing number of indirect sex workers. Coffee sellers named dakocan who are not only selling coffee, or various food but also providing alcoholic drink and sexual service. This study aimed to provide an overview of high-risk sexual behavior among dakocan and its determinants. The study applied a mixed-method design. First of all, the survey was conducted among 64 respondents. 14 confirmed that they were also providing sexual services who were further interviewed more deeply to know the sexual behavior related to high risk of HIV transmission. Quantitative analysis the respondents were having poor knowledge regarding HIV/AIDS (59.38%) and not a serious disease (62,50%) and 59.38 %having a low perception ,as much as 67,19% respondents perceived that they are having a high-risk variables that are significant low perception toward benefits of using condoms (95%CI=0.002-0.759; p=0.032), experience in undergoing HIV/AIDS examination (95%CI=1.039-182.903; p=0.047). These findings are supported by the qualitative interview. The government program is required to change dakocan behavior by providing preventive services including more campaigns in the importance of condoms.

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1 Introduction

The worldwide prevalence of the Human Immunodeficiency Virus (HIV) in 2014 varies widely, in the United States by 4%, in South Africa by 18%, while in Thailand by 1.4% (UNAIDS, 2014). Then an increase in 2016 found 78 million residents in the world positive for HIV, from that lift 11.4% or about 8.9 million a new case. In the Asia Pacific, it is known as 5.1 million residents have HIV (UNAIDS, 2016). In Indonesia, the first case of HIV was first discovered in 1987 and there was an increase in HIV cases year after year. The Ministry of Health data in 2015 reported the number of HIV cases as 30,935 people, increasing to 41,250 people in 2016, while in 2017 it increased to 48,300 people (Ditjen P2P, 2018).

The prevalence of HIV/AIDS among Women Sex Workers (PSP) is currently still high. Based on HIV/AIDS and STI (SIHA) information system report data in 2017 the prevalence of HIV cases on PSPs amounted to 2.06% (Ditjen P2P, 2017). From the Bali Province AIDS Countermeasures Commission data of 2018 put Buleleng in the third position, the number of PSPs in Buleleng was recorded to be 1,035 inhabitants, of which 20% or about 200 people contracted HIV/AIDS (Komisi Penanggulangan AIDS Daerah Kabupaten Buleleng, 2018).

The number of HIV cases in Buleleng County in 2018 amounts to 2,953 cases (Dinas Kesehatan Kabupaten Buleleng, 2017). The development of HIV in Buleleng County is often associated with the growing number of coffee shops. Coffee stalls are generally guarded by a female better known by the trade term beautiful coffee (*dakocan*). The *dakocan* also provides coffee drinking services with additional services such as hugging the merchants, kissing, groping, oral sex, and body-related, so even the price is different. The service price of the *dakocan* services is quite cheap because its operating area is included in rural areas (Sanjaya, 2013; Mulyani et al., 2017).

Other research results in Jember on the attitude and impact of the *dakocan* in public health show that large as a society does not dispute the existence of *dakocans* and there is no good system to minimize the potential deviation of sexual activity committed by the *dakocans* and customers. There is a requirement for a clear regulation by situation analysis involving the region's policy-holders and the existence of further research qualitatively on the *dakocan* activity (Ririanty & Nafikadini et al., 2015; Markolinda & Sawirman, 2018).

Early studies were conducted by interviewing ten *dakocans* to seek information required by researchers in order to be able to determine research problems and provide an overview of later research plans, for example, usable research designs. The results found in the preliminary study showed that seven *dakocans* never used condoms when doing sexual intercourse with their partners. They had as many as four customers per week and had sexual intercourse without the use of condoms. Related to the problem, the study has been implemented to find out and explain HIV-infected risky sexual behavior in the *dakocans* in the Western part of Buleleng County along with its determinants.

2 Materials and Methods

The study used mixed method research designs, with quantitative (cross-sectional) and qualitative research approaches. The study is located in the Western Buleleng County area covering six research areas. The *dakocan* stalls have been in operation since 16:00-23:00 wita and there are approximately 3-4 *dakocans* standing guard in a single whitewater. Of the 6 regions are 30 *dakocan* stalls scattered across each region as described in figure 1 of the following.



Figure 1. 30 dakocan stalls scattered across each region

Source: (YCU, 2016)

Description:

- 1) Young Purple : Kec. City's melting
- 2) Purple : Kec. Sukasada
- 3) Green : Kec. Seririt
- 4) Yellow : Kec. Gerogak
- 5) Young Blue : Kec. Banjar
- 6) Young Green : Kec. Busungbiu

Quantitative data collection begins with quantitative surveys to generate the initial picture of knowledge, perception and risky sexual behavior of *dakocans*. A total of 64 *dakocan* respondents were selected randomly (simple random sampling) from 200 lists of *dakocan* names obtained from the Usada Indonesia Image Foundation (YCU) register to be interviewed using structured questionnaire guides. Before the interview process was implemented, the researchers made a persuasive approach with *dakocan* by asking for the help of some local youth to be more accepted by *dakocans* and coffee shop owners. This approach takes two weeks. The selection of respondents was conducted based on inclusion criteria and exclusion criteria. The criteria for inclusion in this study namely the *dakocan* trading in the Western Region of Buleleng Regency recorded in the YCU range register book, a *dakocan* willing to take part in the study by signing informed consent, a *dakocan* that understands Indonesian. Whereas, the exclusion criteria in this study are those experience health problems so they cannot be interviewed. The resigned respondents were replaced with other respondents according to the list of names that had been prepared.

Later from the results of quantitative surveys, as many as 14 respondents who claimed to provide sexual services to customers were interviewed further to explore sexual behavior at risk of HIV transmission, namely condom use behavior, customer count, frequency of sexual intercourse with customers and HIV/AIDS examination experience. In addition, in this in-depth interview, respondents were also given questions regarding the habit of alternating sexual partners, unprotected sexual intercourse behavior within a month, safe sex behavior, social-environmental support, HIV/AIDS examination experience, and self-preservation efforts or behaviors of HIV/AIDS disease. Before research was implemented, the study had been approved by the ethics committee of the medical faculty of Udayana University, with a decree permit number 2167/UN14.2.2.VII.14/LP/2018 dated October 15, 2018.

3 Results and Discussions

3.1 Characteristics of Research Subjects

From the results of the interview, it was known that 84.40% of *dakocans* had bosses, while only 15.60% were selling in stalls of their own. Bosses (stall owners) usually provide a sale ground, merchandise as well as residences for *dakocans*. From table 1. it is known that most samples are 23–30 years old (64.06%) with a

larger proportion of *dakocans* coming from outside the Bali (62.5%) compared to Bali. As large as (40.63%) *dakocans* are subject to unmarried status research, the education levels of most subjects are junior high and high school (40.63%), with long being 10-48 months (90.63%) and the income of *dakocans* mostly above 3 million (82.81%) of the proceeds of selling food and drinks in its stalls. Table 1. is presented below.

Table 1
Characteristics of Subjects

Characteristics of Subjects	Frequency	%
<i>Age (year)</i>		
23-30	41	64.06
31-37	23	35.94
<i>Ownership Status of Dakocan Wards</i>		
Own	10	15.60
Boss's	54	84.40
<i>Origin Region</i>		
Bali	24	37.50
Outside Bali	40	62.50
<i>Marriage Status</i>		
Not yet Mating	26	40.63
Mating	17	26.56
Widow	21	32.81
<i>Education</i>		
No School	6	9.38
SD	6	9.38
Junior High	26	40.63
high school	26	40.63
<i>Long Being Dakocan (month)</i>		
< 10	6	9.37
10-48	58	90.63
<i>Sales Income</i>		
< 3 millions	11	17.19
≥ 3 millions	53	82.81
<i>Total</i>	64	100.00

3.2 An Overview of the Sexual Behavior of Risk in Dakocan

An overview of risky sexual behavior in *dakocan* can be seen in table 2. It is known that knowledge regarding HIV/AIDS is lacking (59.38%), perception of seriousness to the risk of STI and HIV/AIDS subjects is not serious (62.50%), perception of vulnerability to the risk of STI and HIV/AIDS vulnerable subjects (67.19%), perception of benefits to condom use in subscribers of subjects less (59.38%), perception of obstacles in using condoms and accessing IMS/HIV-AIDS checks/HIV-AIDS checks subjects were hampered (51.56%), Environmental support for using condoms and examining the health of good subjects (59.38%), most subjects once had HIV/AIDS examination experience (71.88%), subjects had the most non-risk sexual behavior (82.81%) and subjects had the most never served sexual contact with customers (78.13%). Of all subjects, only 14 people (21.88%) claimed that in addition to selling food and drink, they also had sexual activity with customers in the form of fingering and holding, as well as performing various ways of sexual intercourse. Only 11 people (78.57%) admitted that customers did not use condoms when sexually related. Table 2. is presented below.

Table 2
An overview of risk sexual behavior

Variable	Frequency	%
<i>Knowledge of HIV/AIDS</i>		
Good	26	40.63
Less	38	59.38
<i>The Perception of Seriousness</i>		
Seriously	24	37.50
Not Seriously	40	62.50
<i>Vulnerability Perception</i>		
No Vulnerability	21	32.81
Vulnerable	43	67.19
<i>Benefits Perception</i>		
Good	26	40.63
Less	38	59.38
<i>Obstacle Perception</i>		
Not Inhibited	31	48.44
Inhibited	33	51.56
<i>Environmental Support</i>		
Good	38	59.38
Less	26	40.63
<i>Experience of HIV/AIDS Examination</i>		
Ever	46	71.88
Never	18	28.13
<i>Sexual Connection with Customer (n=64)</i>		
Ever Serve	14	21.88
Never Serves	50	78.13
<i>Customers Not Use Condoms When Contacted Sexually</i>		
Risk	11	78.57
No-Risk	3	21.43

3.3 Sexual Behavior of Risk

Fisher Exact's test results on HIV transmission risk sexual behavior show that environmental support variables related to risky sexual behavior in good *dakocan* have a higher percentage (28,95%) with a $p=0.002$ value means $p<0.05$ thus statistically meaningful. Table 3. is presented below.

Table 3
Sexual behavior at risk

Variable	Sexual Behavior of Risk		1-sided Fisher's exact
	Risk n (%)	No-Risk n (%)	
<i>Age (year)</i>			
23-30	8 (19.51%)	33 (80.49%)	0.386
31-37	3 (13.04%)	20 (86.96%)	
<i>Origin Region</i>			
Bali	3 (12.50%)	21	0.341

Variable	Sexual Behavior of Risk		1-sided Fisher's exact
	Risk n (%)	No-Risk n (%)	
Outside Bali	8 (20.00%)	32 (87.50%) 32 (80.00%)	
Marriage Status			
Mating	2 (11.76%)	15 (88.24%)	0.261
Not yet Mating	7 (26.92%)	19 (73.08%)	
Widow	2 (9.52%)	19 (90.48%)	
Education			
Low (<SMA)	8 (21.05%)	30 (78.95%)	0.260
High (≥ SMA)	3 (11.54%)	23 (88.46%)	
Long Being Dakocan			
< 10 month	2 (33.33%)	4 (66.67%)	0.273
> 10-48 month	9 (15.52%)	49 (84.48%)	
Sales Income			
≥ 3 millions	9 (16.98%)	44 (83.02%)	0.609
< 3 millions	2 (18.18%)	9 (81.82%)	
Knowledge of HIV/AIDS			
Good	5 (13.16%)	20 (76.92%)	0.242
Less	6 (23.08%)	33 (86.84%)	
Perception of Seriousness			
Seriously	5 (20.83%)	19 (79.17%)	0.392
Not Seriously	6 (15.00%)	34 (85.00%)	
Vulnerability Perception			
Vulnerability	4 (19.05%)	17 (80.95%)	0.519
No Vulnerability	7 (16.28%)	36 (83.72%)	
Benefits Perception			
Good	5 (13.16%)	20 (76.92%)	0.242
Less	6 (23.08%)	33 (86.84%)	
Obstacle Perception			
Not Inhibited	5 (16.13%)	26 (83.87%)	0.546
Inhibited	6 (18.18%)	27	

Variable	Sexual Behavior of Risk		1-sided Fisher's exact
	Risk n (%)	No-Risk n (%)	
Environmental Support		(81.82%)	
Good	11 (28.95)	27 (71.05)	0.002
Less	0 (0.00)	26 (100.00)	
Experience of HIV/AIDS Examination			
Ever	8 (17.39%)	38 (82.61%)	0.630
Never	3 (16.67%)	15 (83.33%)	

3.4 Influential Variables on the Sexual Behavior of HIV Transmission Risk

The results of multivariate analysis showed that the most significant variables increase sexual behavior at risk of HIV transmission that is the variable perception of benefits to condom use in customers (95%CI=0.002-0.759; $p<0.05$) and HIV/AIDS examination (95%CI=1.039-182.903; $p<0.05$). Table 4. is presented below.

Table 4
Adjusted OR Sexual Behavior of HIV Transmission Risk

Variable	Adjusted OR	95%CI		P-value
		Lower limit	Upper limit	
<i>Benefits Perception</i>				
Good	1 (Ref)			
Less	0.44	0.002	0.759	0.032
<i>Experience of HIV/AIDS Examination</i>				
Ever	1 (Ref)			
Never	13.7	1.039	182.903	0.047

In-depth interviews were carried out on 14 *dakocans* in person and face-to-face explaining the problem of peer support for condom use, *dakocan* boss support, rewards for sexual intercourse services, experience of HIV / AIDS testing, perceptions of vulnerability to HIV transmission, perceived benefits in using condoms, perceived perceptions in using condoms, and sexual behavior risk of transmission of HIV / AIDS. The results of the environmental support show that the majority of the *dakocans* advise one another to use condoms during sexual relations with customers. Like the *dakocan* quote below.

"Once, once advised to be friends, once also in Surabaya was bidden with friends." (R.51)

The results of *dakocan* boss support showed that of 14 *dakocan*, four *dakocans* claimed to be advised using condoms on customers while serving sexual intercourse by bosses. Like the following phrase.

"My Boss is the same sort of officer who's here to use a condom.." (R.53)

The results of the interview on the reward of the service of sexual intercourse show that *dakocans* get minimal services of 100 thousand and a maximum of one million per one customer depending on service while sexually administered. As the phrase follows:

"Yes, the car can pay me 300 thousand, if it fits me a desert 100 thousand, it's okay." (R.38)

The results of the interview on the experience of HIV/AIDS examination conducted by 14 *dakocans*, nine people admitted to having had HIV/AIDS-related health checkups although not routine on the grounds of no fee for conducting the examination unless there was a free check program. As the following phrase goes:

"If you check it out last year, free blood checks in the puskesmas have sent the officers here, mas. There's a mas told to puskesmas to be loved by free condoms to." (R.53)

Most *dakocans* feel at risk of contracting HIV/AIDS disease and most *dakocans* perform the treatment by washing clean with betel soap and drinking antibiotics. Like the *dakocan* interview quote as follows.

"Well, if I take a bath, I'll clean up, keep ee..ee.. make miss v. I wash clean with betel soap, let's get a little germ." (R.38)

The interview results on perception of benefits to condom use in customers show that most *dakocans* admit to rarely offering condoms to customers for fear of customer loss and being unwilling to get less sexual services rewards so when sexually related to customers does not use condoms. Like the *dakocan* interview quote as follows.

"Emm... I've never been a condom, so I don't know, never offered. If you wear a condom I'll get paid less. So don't wear a condom.." (R.28)

Perception of condom use barriers on *dakocan* suggests that of 14 *dakocans*, five *dakocans* claim to be afraid of losing customers if using condoms because customers are unwilling if related to using condoms and four *dakocans* claim to be in return for less acquired sex services if using condoms. Like the *dakocan* interview quote as follows.

"If you're wearing less paid condoms. So I don't use condoms because of the pay I can get more." (R.12)

Customers who use condoms in the last month of 14 *dakocans*, namely five *dakocans* claim customers never use condoms and six *dakocans* admit customers rarely use condoms. Like the *dakocan* interview quote as follows.

"I rarely wear a condom if there's a free condom from the officers. Yeah, let alone a young customer, rarely want to use a condom." (R.53)

Serving customers of sexual intercourse that varies like oral sex and anal sex without using condoms on customers constitutes a service that a *dakocan* provides. Of the 14 *dakocan*, six *dakocans* admitted to having had oral sex. Like the *dakocan* interview quote as follows.

"Once, everything depends on customer demand. There are just a few people who ask for oral and anal sex. What matters is they pay more expensively." (R.38)

Within a month, the average *dakocan* serves nine customers. This number varies depending on proximity, *dakocan* interest with customers and the situation is held (for example during the fruit harvest season). Of the 14 *dakocans* admit to serving customers sexually related in a month that is as many as four customers at a minimum and as maximum as 30 customers. Like the *dakocan* interview quote as follows.

"Every month I can get customers 10-12, depending on the harvest season here. If you've harvested, customers are crowded and payable as much as extra tips." (R.38)

Research on HIV-sustaining risky sexual behavior on PSP-TL in Indonesia has been widely researched. However, mixed-method research on the determinant of sexual behavior risks HIV transmission in the trade of beautiful coffee (*dakocan*) in the Western Region of Buleleng Country has never been conducted. The results of this study showed that the most significant variables relate to sexual behaviors at risk of HIV transmission in *dakocan* namely perception of benefits to condom use in customers and the HIV/AIDS Experience Examination in *dakocan*.

Perception benefits against condom use in customers with a $p=0.032$ (95%CI=0.002-0.759; $p<0.05$) value. It can be concluded that quantitative research results match qualitative research results suggesting that *dakocans* that have a perception of benefits to condom use in customers that lack the risk of HIV/AIDS transmission 0.44 times greater than *dakocans* that have a perception of benefits to condom use in good customers.

Some factors that cause *dakocan* do not utilize condoms when having sexual intercourse with customers namely less *dakocan* knowledge factors about condom benefits, low bargaining positions, the power to reject customers who are unwilling to use low condoms due to higher-acquired sexual services rewards if not using condoms, negative perceptions about the use of condoms that can prevent sexually transmitted diseases, and

dakocan dissatisfaction in accessing condoms for free in pus or from accessing health care in pus. who came to the *dakocan* stall.

In line with research in Makasar showed that benefits to condom use in HIV/AIDS prevention were highly influential from the consistency of condom wear. Perceived perception of benefits is the perception of individual assessment subjects when using condoms as HIV/AIDS preventive efforts. The subject feels secure when using a condom (Rauf *et al.*, 2018). Research results in the mounting port showed that the positive perception of the benefits to condom use is the most significant factor related to condom use behavior ($p=0,000$) (Sirait & Sarumpaet, 2013).

The HIV/AIDS Experience Examination on *dakocan* in this study is most significant in relation to HIV transmission risk sexual behavior in *dakocan* obtained a $p=0.047$ (95%CI=1.039-182.903; $p<0.05$). It can be concluded that quantitative analysis results are in accordance with qualitative research analysis suggesting that *dakocans* who never had HIV/AIDS examination experience had 13.7 times the risk of HIV/AIDS transmission is greater than *dakocans* who have HIV/AIDS examination experience. In line with the results of qualitative research in Buleleng showed that PSP's driving factors in accessing health services are related to early detection of STIs and HIV/AIDS in thrust based on awareness from the PSP itself, other PSP support, solicitation of friends or outsiders in accessing the service. As for the behavior of PSPs that can inhibit PSPs in accessing health services that are lack of information about health services, health facilities, check partners and medical expenses (Apriadi *et al.*, 2016). Outreach by health care workers is essential in obtaining information so as to convert risky behaviors to non-risk. Regular visits from health workers on-site greatly provide benefits to female sex workers regarding the understanding of condom use in customers and PSP knowledge (Bugis & Shaluhiyah, 2013).

The results of the study in Serdang Country stated that health care supports most deals with condom use measures ($p=0.005$). Healthcare workers should provide continuous routine extensions on the benefits of condoms, the ways in which condoms use, and information regarding HIV/AIDS. In addition, Healthcare workers make a persuasive approach with coffee shop owners and *dakocans* (Sianturi, 2013).

Results in Batang Country research on factors affecting PSP-TL sexual behavior in HIV/AIDS prevention efforts in dim stalls suggest that pimp support, health service availability, HIV/AIDS vulnerability perception and perception of seriousness to HIV/AIDS disease are the most significant factors affecting sexual behavior in PSP-TL (Pratama, 2016).

4 Conclusion

Perception of benefits to the use of less condoms on *dakocan* because of the less *dakocan* knowledge factors about condom benefits, low bargaining positions, the power to reject customers who are unwilling to use low condoms because of the higher earned sexual services rewards if not using condoms, and the *dakocan* dissatisfaction in accessing condoms for free in *Puskesmas* (Community Health Center) or from health workers who come to *dakocan* stalls and most *dakocans* ever have had experience. STIs and HIV/AIDS though not routine once a month so vulnerable increases HIV transmission risk behavior.

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