



## Research Paper: The Role of Lodging Managers in Overcoming HIV/AIDS Transmission in the Backpacker Tourism Area in Yogyakarta, Indonesia: A Qualitative Study



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### ABSTRACT

**Background:** Backpacker tourists are dominated by young people who have a high adventurous spirit and are happy with freedom. This makes backpacker tourists both local and foreign at risk to engage in risky sexual behavior. In adolescents and young adults, risky sexual behavior that occurs during holidays is also accompanied by an increase in alcohol consumption, that brings more complex health impacts. Lodging has a strong role in preventing risky behavior by backpacker tourists.

**Objectives:** The aim of this study was to analyze the role of lodging managers in preventing transmission of HIV/AIDS in backpacker areas.

**Materials & Methods:** In this qualitative research with a case-study approach, the participants were 20 informants who were selected by a purposive sampling method. Data were collected by in-depth interview and analyzed by content analysis.

**Results:** The role carried out by the lodging manager to prevent HIV/AIDS transmission was identified as to refuse teenage guests who are sexually opposite couples rent a single room and not selling alcohol and condoms. Lodging also did not provide Female Sex Workers (FSW) services and rejected FSW requests from guests.

**Conclusion:** This study identified the role of lodging manager in backpacker tourism area that was considered appropriate to reduce the risk of sexual behavior that can result in HIV/AIDS transmission.

**Keywords:** Public Housing, Travel-Related Illness, HIV, AIDS, Tourism

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## 1. Introduction

**T**ourism is an activity to enjoy tourism objects and attractions that are carried out temporarily and voluntarily [1]. The presence of tourists to tourism destinations is to spend time and enjoy the services offered by tourism areas so that the presence of tourists provides economic benefits to the tourism area. In addition, the presence of tourists also has another positive impact, namely improving the welfare of the community [2]. Tourism is one of the large industries and occupations in the world covering 10% of the global workforce, characterized by high mobility jobs that can increase vulnerability to HIV/AIDS transmission [3]. In addition to the high mobility of jobs, the transmission of HIV/AIDS in the tourism area is also possible because of the tourists prefer to have sexual relations with tourism workers or with residents [4]. Sexual tourism can be an important part of controlling the transmission of HIV. Because the movement of people from low to high areas of HIV prevalence is proven to encourage the transmission of the HIV virus [5].

Backpacking is an independent style of travel that does not depend on the bureau or travel agent, is free to determine the location or destination, and use a minimum travel budget. The backpacker area is a tourism area with a low budget and more familiar with surrounding residents and other tourists, increasing the possibility of backpacker tourists both local and foreign at risk to engage in risky sexual behavior [2]. Backpacker tourists are dominated by young people who have a high adventurous spirit and are happy with freedom [6]. In adolescents and young adults, risky sexual behavior that occurs during holidays is also accompanied by an increase in alcohol consumption, bring more complex health impacts [3]. Entertainment venues that provide alcohol with the greatest risk structure (such as providing sex workers with minimal HIV/AIDS prevention services) and are visited by many local and foreign tourists are very likely to cause the emergence of risky behavior [7].

A previous study explained that three factors include knowledge, attitudes, and behaviors for the prevention of Sexually Transmitted Infections (STIs) and HIV/AIDS influence sexual risky behavior in tourists and workers in the tourism sector. Knowledge of STIs and HIV/AIDS (both prevention and symptoms) are a fundamental factor for tourists to prevent risky sexual behavior. The study also stated the low prevention of HIV/AIDS transmission as evidenced by the lack of condom used during sexual behavior [4].

Tourism in Indonesia has increased more than twofold over the past decade. It is reported that nearly fifteen million tourists visit this archipelago state in 2017 [8]. Yogyakarta is the second largest tourist destination in Indonesia after Bali island. Yogyakarta has many predicates as tourist attractions, namely as a city of culture, the city of struggle, the city of gudeg (name of Yogyakarta traditional food), the city of bicycles, and the city of students [9].

Previous research in West Java, Indonesia [10], found that the determinations of HIV/AIDS transmission in tourist area are accommodation, the number of star hotels, and the number of visitors per day. Accommodation visits is the most important factor take effect. This is the background of the emergence of backpacker lodging locations with a minimal budget managed by local communities. The location of the largest lodging in the city of Yogyakarta is in the Malioboro area which is one of the tourism attractions. Tourism workplace including backpacker lodgings staff often characterized by a young workplace that generally has easier access to sex, alcohol, and drugs with a type of work that is closely related to excitement and joy. On the other hand, at the same time, tourism workers can contribute as health promoters by leveraging their connections to tourists as well as local residents to convey information about HIV/AIDS in the form of HIV/AIDS awareness, to be catalysts for prevention efforts. Encourage an enabling workplace environment including a workplace policy about HIV/AIDS-related behavior is important to achieve this goal [11]. Based on the background above, the purpose of this study was to explore an in-depth understanding of how lodging manager perceive HIV/AIDS and represent it in the form of behavior and policy making in the context of preventing the transmission in the lodging area.

## 2. Materials and Methods

This research used a qualitative method with a case-study approach. Participants in this research were 20 lodging staff who were selected using a purposive sampling technique. The criteria for selecting lodging in this research were an accommodation that are not included in 1-5 star hotels list by Yogyakarta Tourism Office in the Malioboro area of Yogyakarta City. Meanwhile, the criteria for selecting lodging staff as participants were having worked at the inn for more than three months and had worked in morning and afternoon shifts. The data credibility test was carried out by triangulation of sources, which involved one Head of Disease Control in Yogyakarta Public Health Office as a triangulation informant. Informants' consent as research participants was obtained with informed consent. Informed consent

consisted of seven important statements that researcher explains to the informants, namely: the title of the research, the treatment to be given to the informants, the benefits of participating in the research, the dangers that may be experienced, the research procedures, the application for research approval, and privacy rights.

Data collection was carried out by in-depth interview method used an in-depth interview guide instrument made by the researcher. The guide consists of open-ended questions about the role of the inn manager in addressing guests' behavior at risk of HIV/AIDS transmission, including: 1) teenage boys and girls who rent one room, 2) use and supply of condoms, 3) buying and selling an alcohol in the inn, and 4) female sex workers, as well as health promotion in the inn area. Voice recorder and field notes used for data collection. Interviews were conducted at the inn with a duration of approximately 60 minutes for each informant. Data collection was stopped when data saturation was attained.

All recorded interviews were transcribed in the informant's language (Indonesian language). The transcript of the data obtained from the interviews was analyzed by content analysis. Each informant was identified in each part of the data analysis. The researcher highlighted the results of the interview transcripts that were in accordance with the research objectives.

Confidentiality of the data was carried out by using the initials for the informant's name, not disseminating the results of interview recordings or transcripts of data to other parties, and destroying the original research data five years after the research was completed. Data collection and analysis was carried out on 5-30 September 2018.

Trustworthiness and rigour in qualitative research can be built by referring to Four-Dimensions Criteria, namely credibility, dependability, confirmability and transferability [12] namely: conceptual framework, comparison and contrast and hypothesis development. We concluded with the implementation of the four-dimension criteria (credibility, dependability, confirmability and transferability). The application of the four criteria in this study are shown in Table 1.

### 3. Results

The results of the study are grouped into five topics, namely the characteristics of lodging, lodging policies related to teenage guests in pairs, condoms, alcohol, and female sex workers. The summary of categories coded

according to the theme are shown in Table 2. I designate informant and the number denotes informant number.

#### Characteristic of informant and lodging's guests

The majority of informants in this study were most recently educated at senior high school and were lodging employees, only one informant was an innkeeper. As a lodgings employee, they served both as receptionist and cleaning service. Room rental price ranges between IDR 50,000 to IDR 300,000. The accommodation has 5 - 45 rooms.

The entire lodging involved in this study is more likely to receive local tourists than foreign tourists. This local tourist is dominated by men aged 20-40 years who are in groups of different sexes, families, or pairs. They stay for 1-5 days at the inn.

#### Lodging policy for guest with different gender

The role of the lodging manager in tackling HIV / AIDS transmission can be seen from the lodging policy in accepting teenage guests in different sexes, this can be an indication of premarital sexual activity in these teenage guests. The majority of informants met in this study did not accept teenage guests of different sexes who came in pairs to rent one room as said by I19 informants.

*"Our lodging strictly prohibits unmarried teenagers from entering the hotel, there are written in hotel regulations that are not permitted for opposite-sex guests not married yet."* (Informant I9)

The reason behind the lodging policy for not accepting teenage guests in pairs is because the inn wants to maintain its image in the eyes of local residents. Another reason is that the policy was made by the innkeeper on agreement with the citizen and other lodging owners around it. This can be seen from the excerpts of interviews with I15 and I20 informants.

*"..... Teenagers may not stay in one room because we want to maintain the good image of our hotel in the people around here. Do not let the people here rate this hotel as a shit place, a place of immorality."* (Informant I15)

*"..... It can't be ya, that's the hotel regulation. If it's not wrong, all the inns in this alley aren't allowed either. So it's like the agreement of the innkeepers around here."* (Informant I20)

**Table 1.** Application of rigour four-dimensions criteria

Rigour Criteria	Original Strategies	Strategies Applied in This Study to Achieve Rigour
Credibility	Prolonged and varied engagement with each setting	The interviewer brainstorms about other things outside the research topic with participant before starting the interview to establish closeness
	Interviewing process and techniques	Indepth Interview guideline has been tested before being used on participants
	Establishing investigators' authority	We ensure that the authors as an interviewee had the required knowledge and research skill to perform our roles
	Collection of referential adequacy materials	We collect all the field notes and match them with the voice transcripts
	Peer debriefing	We had regular debriefing sessions
Dependability	Rich description of the study methods	We prepared detailed drafts of study protocol
	Establishing an audit trail	Detailed track record of the data collection process has been developed
	Stepwise replication of the data	We measured coding accuracy and reability of the research team
Confirmability	Reflexivity	Reflexive journals and unification of perceptions between researchers
	Triangulation	Applied data source and theoretical triangulation techniques
Transferability	Purposeful sampling to form a nominated sample	We applied purposive sampling with several criteria
	Data saturation	We identify the common points of each informant's answer to the topic of the research question



The method used by the lodging manager in rejecting teenage guests in pairs is to say that the room is full as stated by the I17 informant. Another method used is to say that lodging is intended specifically for families so it does not accept teenage guests as I10 informants say.

“..... Yes, we say, if the room is full, then they immediately understand going to find another place.” (Informant I17)

“..... If there are people who are about as young as young people, we ask them to show their KTP first. If the ID card is not suitable, we will immediately reject it, we say that if you don't marry, you can't stay in one room because here is a hotel for your family.” (Informant I10)

### Lodging policy for alcohol trading

Another role taken by the lodging manager in preventing transmission of HIV/AIDS is related to the policy of buying and selling alcohol and condoms. The entire inn does not sell condoms and alcohol. This background was motivated by an agreement between the citizens in the area of the inn which was intended to keep the atmosphere around the inn safe as stated by the I16 informant.

“..... Here is no condom available, it can't be ya. If there are guests who need me, I don't know where to buy,

*maybe at the minimarket right next time, yeah ... alcohol can't enter the sister inn. Usually, it can provoke a commotion, too much later.”* (Informant I16)

“We are Muslims so we do not want to provide illicit goods. We do it according to Muslim life ... .” (Informant I2)

### Lodging policy for female sex worker

The role of the manager in preventing the spread of HIV/AIDS is also seen in policies that are applied in innkeepers related to women sex workers. All accommodation managed by informants claimed not to provide WPS services at their lodgings. Some inns claimed to have received WPS orders from guests, but the lodging refused to provide WPS to guests such as an interview quote with informants I1 and I17.

“Sometimes someone is asking for entertaining ladies, but we reject it immediately. We say there is nothing like that here.” (Informant I1)

“There was someone who ordered CSWs first, but we said there were none and didn't want to find them. So, guests look for themselves, hehehe (laughing) ... We told him to find himself, miss.” (Informant I17)

**Table 2.** Summary of themes, categories, and sub-categories

Themes	Categories	Sub-Categories
Teenage boys and girl rent one room	Allow	Too bad there is no temporary place to stay (I3)
		Innkeeper allows (I6)
		Can't refuse guests (I8)
	Does not allow	Room reservation online (I13, 16, 19)
		Only for family guest (I1, 5)
		Must be able to show ID card or proof of marriage (I2, 4, 7)
Use and supply of condoms	Selling condoms	Maintaining the good name of the inn in the eyes of local residents (I9, 10, 11, 17)
		The rules have been made by the innkeeper (I12, 14, 15, 20)
		Selling condoms when there was a bus terminal near the inn (I2)
	Condom use	Not selling because there is no demand (I3, 14, 15, 18)
		Not selling because it's taboo (I1, 10)
		Finding used condoms (I4, 5, 17)
Buying and selling an alcohol	Yes	Guests bring their own (I6)
		Don't care about condoms use (I7, 8, 9, 11, 16, 19, 20)
		-
	No	Only home lodging business (I1, 17)
		Religion doesn't allow alcohol consumption (I2, 16)
		Fear of being raided (I3, 8, 18, 19)
Commercial Sex Workers (CSW)	Knowing	Not selling because there is no demand (I4, 20)
		Not allowed by citizen agreement rules (I5, 6, 11, 12)
		Fear of causing commotion and fights (I7)
	Do not know	Maintain a conducive atmosphere in the lodging area (I9, 10, 14, 15)
		Guests bring their own CSW from outside (I6,17)
		Had a requested then ask guest to find it himself (I11, 12)
Health intervention and promotion in the lodging environment	Ever	Never seen (I1, 5, 9, 10, 14, 15)
		Forbidden by religion (I2, 16)
		Have no connection with CSWs (I3)
	Never	Don't know CSWs or not (I4, 7, 8, 13, 18, 19, 20)
		Healthy lifestyle for employees (I11, 12, 13, 17)
		Basic health check (I14, 16)
		Socialization of non-communicable diseases in the context of promoting new clinics (I1, 3, 4)
		None (I2, 5, 6, 7, 8, 9, 10, 15, 18, 19, 20)

I#: Informant number



### Health promotion in lodgings area

Health promotion in the lodging environment includes health promotion activities carried out by external lodging and internal lodging. Health promotion carried out by external parties has been carried out by local health clinics, health centers, and hospitals. The targets in health promotion activities are guests and lodging employees. The theme in health promotion is general health such as environmental hygiene, skin diseases, and prevention of infectious diseases such as DHF (Dengue Hemorrhagic Fever). In addition, several health promotion activities also convey information related to how to maintain and avoid reproductive health risk behaviors and offer health checks. However, some inns also claim they have never received health promotion from any party.

*“There was once a health event from the Medika Farma clinic ... the contents were more or less they discussed the guest health complaints, whatever, I certainly forgot. Then they say if someone is sick, contact the clinic immediately.”* (Informant I9)

*“Once there was from the hospital ... his counseling to all at the Miss Inn, so there were guests there were employees as well ... his health education about DHF, skin diseases and most about environmental cleanliness.”* (Informant I2)

*“Health people from the hospital once gave such a small counseling to a guest with an employee, but yes, there were few guests who participated in some of the employees ... About not free sex, so how to maintain sexual health is like that.”* (Informant I20)

*“There is no sister, I have never been able to get health education programs like this here. It seems that the activity has never been here.”* (Informant I13)

Health promotion was also carried out by internal lodgings in the form of installing posters containing health information, as stated by I6 informants. However, internal health promotion is only carried out by a few lodgings.

*“..... If the inside of the inn is about the cleanliness of the environment ... the shape is written, not verbally. So like the patches, keep it clean.”* (Informant I6)

*“... There is no lady, there isn't any health info here hehehe (laughing) ... .”* (Informant I19)

The narrative of triangulation informants related to health policy in the lodging area stated that reproductive health programs including HIV/AIDS initiated by the Yogyakarta City Health Office had not touched the lodging sector. The policy is still focused on risk groups and school youth groups through the Aku Bangsa Aku Tahu (ABAT) Program. ABAT which means “I am Proud I Know” is a program initiated by the Health Promotion Center of the Indonesia Ministry of Health which is concentrated on the HIV/AIDS prevention campaign aimed at HIV prevention among adolescent aged 15-24 years.

*“There is no HIV/AIDS prevention policy or program aimed at inns or hotels. Existing programs still focus on risk groups and adolescents through ABAT ..... It's good if there is an HIV/AIDS program that targets lodging and tourist attractions.”* (Triangulation Informant)

### 4. Discussion

The backpacker area is an area that is also at risk for the occurrence of risky sexual behavior, especially HIV/AIDS. Backpacker is one of the different sub-groups with mass tourism and strives to achieve a more complete tourism experience with a limited budget. Backpacker tourists have the characteristics of frequent moving and utilizing local facilities so that the behavior of backpackers can be adopted by local people such as fond of pubs and drinking alcoholic beverages [6].

This study found that the majority of informants did not allow adolescents to pair up to rent a room, this was considered an appropriate effort to prevent premarital sexual behavior that could risk the emergence of HIV/AIDS. This is because in general, among young people there is an increase in sexual activity that occurs during tourist visits, a large percentage of which is unsafe sexual contact [3]. Sexually transmitted infections are often acquired during travel [5]. It is known that duration of stay related to the incidence of casual sex. The longer the backpacker stayed, the higher the probability for casual sex to occur [13]. Sexual activities in tourism areas tend to lead to high risk sexual behaviors, characterized by low condom use, sex while drunk, multiple sex partners, and commercial sex [5].

Alcohol and recreational drug use may increase the risk of STIs [14]. Alcohol together with the community groups with the greatest risk (e.g. the localization of sex workers with a lack of HIV/AIDS services) characterized by frequent visits by a mixed population of foreign and local tourists, can be a trigger for engaging in more risky behaviors [7]. Therefore, the availability of alcohol

at the inn's location can trigger the emergence of sexual behavior that is at risk for HIV/AIDS transmission. In this case the policy of all lodging managers involved in this research not to sell alcohol can help prevent HIV/AIDS transmission. In addition, heavy alcohol drinking by tourist, apart from being able to encourage risky sexual behavior, also has a substantial social impact on various elements in the local population, one of which is triggering increasing alcohol consumption among local youth who work in the tourism sector [15]. In the term of condom used, previous research [13] found that the highest rate of condom used (63%) was among backpackers who had sex with sex workers, while the condom used on backpacker who had sex with travel partner was on the lowest rate, only 35.6%.

The results of this study showed that lodging manager participated in preventing the transmission of HIV/AIDS is not in line with results of previous studies which stated that hotel employees have high risk sexual contact with foreign tourists [16]. This difference is possible because Indonesia, especially Yogyakarta, adheres to eastern culture which prohibits premarital sexual behavior and other supportive risk behaviors such as alcohol consumption, condom provision and CSW. This prevailing social norm is also accompanied by the existence of strict social control regarding this matter.

Control from residents around the inn in making agreements regarding the sale of alcohol and condoms can reduce the number of risky sexual behavior in the backpacker lodging environment. These findings make an impression that the existence of social norms and social networks plays a crucial role in how a person establishes social relations and negotiates sexual relations in an overseas setting [17]. The policy of lodging managers not to provide and accept requests for Commercial Sex Workers (CSWs) is considered the right step because of the greater risk of acquiring HIV travelers and high risk for contracting HIV and other STDs among travelers in developing countries with high HIV prevalence rates, often due to contact with local CSWs. In addition to HIV and STDs, several diseases that are at risk of being transmitted to travelers who engage in unprotected sexual behavior, especially with CSWs, are non-specific urethritis, hepatitis B, and hepatitis C [18].

Although backpacker-style tourism is now quite developed, in reality backpacker-style tourism is still not a priority in tourism planning [6]. In line with this, planning related to health tourism has not touched the backpacker area. This can be seen from the lack of health promotion in the backpacker lodging area found in this study. In

fact, according to health stakeholders, there is no effort to prevent HIV / AIDS that targets backpacker tourism areas.

Special protection for STI and HIV/AIDS transmission is needed in health services in countries with a high prevalence of HIV/AIDS. Tourists can get benefit from an appeal for safe sex, condom use, emergency contraception, and hepatitis B vaccine. In certain cases, prophylaxis for post-HIV transmission is also needed. Some research results suggest that health clinics in tourist areas begin to need to pay more attention to the sexual health of tourists, including STIs and HIV/AIDS [14]. Efforts to control the transmission of STIs including HIV/AIDS worldwide are still a major problem in public health [18]. In this study, it was concluded that health information especially related to reproductive health and HIV/AIDS, was still limited. The absence of proper health promotion at tourist attractions can hinder the achievement of healthy tourism. Apart from providing attractive tourist attractions, health tourism should provide high quality health services along with health promotion [19].

They are many challenges facing the hotels industry. The hoteliers did not disclose what is the monetary value of preventing and mitigating HIV/AIDS. From the previous research it was ascertained that the hotel's lack of attention to HIV/AIDS is due to the high cost. the challenges faced to increase awareness of HIV/AIDS in the lodging sector can be explained as follows: 1) low financial capacity to educate staff or campaign for awareness of HIV/AIDS, 2) the hotel management's low commitment in introducing the manifestations of HIV/AIDS to help those who infected, 3) the absence of drugs and health care facilities for sick staff, and 4) the absence of hotel staff who can act as peer educators because they must follow the HIV/AIDS counseling training first [3].

## 5. Conclusions

Lodging managers play a role in preventing transmission of HIV/AIDS by not allowing teenagers to pair sex with different sexes to rent one room. In addition, lodging also has a policy not to sell condoms and alcohol, and does not provide and accept requests for female sex workers. This policy is supported by residents around the inn. Given that there is no HIV/AIDS prevention policy by the government in the backpacker inn area, to improve the efforts for prevent the spread of HIV/AIDS there, we suggest that local regulations be made which contain policies related to prevention of HIV/AIDS risk behavior specifically in backpacker lodging areas.

The author admits that data collection was carried out only by in-depth interviews without being accompanied by participatory observations and not involving the opinions and perceptions of inn guests, identified as a limitation in this study.

## Ethical Considerations

### Compliance with ethical guidelines

This research has received ethical approval from the ethical committee office of Ahmad Dahlan University with the number of approval 011804065 dated July 2nd 2018.

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### Authors' contributions

Conceptualization, methodology, validation, formal analysis, writing – original draft preparation, writing – review & editing: Fitriana Putri Utami; Methodology, Resources, Data Curation, Software, Writing – Review & Editing: Ratu Matahari.

### Conflict of interest

The authors declared no conflict of interest.

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## References

- [1] Harlyn N, Hidir A. [Upaya Peningkatan Promosi Objek Wisata Bono di Teluk Meranti Kabupaten Pelalawan (Indonesia)]. *J Online Mahasiswa*. 2017; 4(2):1-15. <https://jom.unri.ac.id/index.php/JOMFSIP/article/view/13722>
- [2] Luo X, Brown G, Huang SS. Host perceptions of backpackers: Examining the influence of intergroup contact. *Tour Manag*. 2015; 50:292-305. [DOI:10.1016/j.tourman.2015.03.009]
- [3] Zengeni DMF, Zengeni N. Impact of HIV/AIDS to the tourism sector human resources: Case of selected hotels in Harare. *n. Int J Dev Sustain*. 2012; 1(3):1088-102. <http://isd-snet.com/ijds-v1n3-34.pdf>
- [4] Engström T, Kipperberg G. Decomposing the heterogeneous discretionary spending of international visitors to Fjord Norway. *Tour Manag*. 2015; 51:131-41. [DOI:10.1016/j.tourman.2015.05.020]
- [5] Mao J, Tang W, Liu C, Wong NS, Tang S, Wei C, et al. Sex tourism among Chinese men who have sex with men: A cross-sectional observational study. *BMC Public Health*. 2018; 18(1):306. [DOI:10.1186/s12889-018-5214-2] [PMID] [PMCID]
- [6] Menuh NN. Karakteristik Wisatawan Backpacker Dan Dampaknya Terhadap Pariwisata Kuta, Bali. *Jurnal Master Pariwisata (JUMPA)*. 2017; 2(2):177-88. <https://ojs.unud.ac.id/index.php/jumpa/article/view/18353/11881>
- [7] Guilamo-Ramos V, Jaccard J, McCarthy K, Quiñones Z, Lushin V, Skinner-Day M, et al. Taxonomy of Caribbean tourism alcohol venues: Implications for HIV transmission. *Drug Alcohol Depend*. 2013; 132(1-2):238-43. [DOI:10.1016/j.drugalcdep.2013.02.010] [PMID] [PMCID]
- [8] ASEAN. ASEAN travel infographics: Facts and recommendation. Jakarta: Center for ASEAN Public Relations Studies; 2019. <http://setnas-asean.id/site/uploads/document/book/5d536eb1ec22f-asean-travel-infographics-ebook-12-agustus-2019.pdf>
- [9] Murdiyastomo HY. Budaya Lokal dalam Perkembangan Pariwisata di Yogyakarta. Yogyakarta: Ilmu Sejarah FIS UNY. 2017. <http://staffnew.uny.ac.id/upload/131568305/lainlain/Dokumen%20C12%20Agus.pdf>
- [10] Heriana C, Suparman R, Rana S, Sukmanawati D. Determinants of tourism and HIV/AIDS incidence in West Java. *Kesmas*. 2018; 12(4):153-8. [DOI:10.21109/kesmas.v12i4.1293]
- [11] International Labour Organization. HIV and AIDS: Guide for the tourism sector. Geneva: International Labour Office; 2012. [https://www.ilo.org/sector/Resources/training-materials/WCMS\\_185347/lang--en/index.htm](https://www.ilo.org/sector/Resources/training-materials/WCMS_185347/lang--en/index.htm)
- [12] Forero R, Nahidi S, De Costa J, Mohsin M, Fitzgerald G, Gibson N, et al. Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Serv Res*. 2018; 18(1):120. [DOI:10.1186/s12913-018-2915-2] [PMID] [PMCID]
- [13] Kaehler N, Piyaphanee W, Kittittrakul C, Kyi YP, Adhikari B, Sibunruang S, et al. Sexual behavior of foreign backpackers in the Khao San Road area, Bangkok. *Southeast Asian J Trop Med Public Health*. 2013; 44(4):690-6. [PMID]
- [14] Richens J. Sexually transmitted infections and HIV among travellers: A review. *Travel Med Infect Dis*. 2006; 4(3-4):184-95. [DOI:10.1016/j.tmaid.2005.06.010] [PMID]
- [15] Örnberg JC, Room R. Impacts of tourism on drinking and alcohol policy in low-and middle-income countries: A selective thematic review. *Contemp Drug Probl*. 2014; 41(2):145-69. [DOI:10.1177/009145091404100202]
- [16] Padilla MB, Guilamo-Ramos V, Bouris A, Reyes AM. HIV/AIDS and tourism in the Caribbean: An ecological systems perspective. *Am J Public Health*. 2010; 100(1):70-7. [DOI:10.2105/AJPH.2009.161968] [PMID] [PMCID]





- [17] Brown G, Ellard J, Mooney-Somers J, Hildebrand J, Langdon T. HIV risk among Australian men travelling overseas: Networks and context matter. *Cult Health Sex.* 2012; 14(6):677-90. [PMID]
- [18] Memish ZA, Osoba AO. International travel and sexually transmitted diseases. *Travel Med Infect Dis.* 2006; 4(2):86-93. [DOI:10.1016/j.tmaid.2005.01.003] [PMID]
- [19] Lee CW, Li C. The process of constructing a health tourism destination index. *Int J Environ Res Public Health.* 2019; 16(22):4579. [DOI:10.3390/ijerph16224579] [PMID] [PMCID]

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