



Ethnographic Study of Pre-exposure Prophylaxis in HIV/AIDS Prevention and Control in Makassar, South Sulawesi Province

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Abstract

The study aimed to explore information about factors and social realities that influence pre-exposure prophylaxis (PrEP) seeking and accessing behavior in Makassar, South Sulawesi Province. This basic research uses a type of ethnographic research, data from the views of the community (emic views), namely health workers, program managers, PrEP service recipients, key groups, related community groups, and communities. Results show that people with high HIV potential are generally unwilling or embarrassed to disclose and often fill out paperwork dishonestly, due to cultural realities. Customs, habits, and practices among potential PrEP clients, known as user culture, make it difficult for interventions to select appropriate and accurate health services, thus affecting future transmission maps. In conclusion, potential users are still secretive, and their sexual activities and places of use of PrEP services do not want to be known by others. The social and cultural reality demonstrated by PrEP users at the Andalas Puskesmas is that some persons tend to avoid the Andalas Puskesmas working area, claiming that they are embarrassed to be seen by residents.

Keywords:

culture; health; HIV/AIDS; PrEP; sexual

Abstrak

Penelitian ini bertujuan untuk menggali informasi tentang faktor dan realitas sosial yang mempengaruhi perilaku mencari dan mengakses profilaksis pra paparan (PrEP) di Makassar, Provinsi Sulawesi Selatan. Penelitian dasar ini menggunakan jenis penelitian etnografi, datanya berasal dari pandangan masyarakat (emic views) yaitu petugas kesehatan, pengelola program, penerima layanan PrEP, kelompok kunci, kelompok masyarakat terkait, dan komunitas. Hasil penelitian menunjukkan bahwa orang dengan potensi HIV tinggi umumnya tidak mau atau malu untuk mengungkapkan dan sering mengisi dokumen dengan tidak jujur, karena realitas budaya. Kebiasaan, kebiasaan, dan praktik di antara calon klien PrPP, yang dikenal sebagai budaya pengguna, mempersulit intervensi dalam memilih layanan kesehatan yang tepat dan akurat, sehingga memengaruhi peta penularan di masa depan. Kesimpulannya, calon pengguna masih tertutup, aktivitas seksualnya serta tempat penggunaan layanan PrEP tidak ingin diketahui orang lain. Realitas sosial dan budaya yang ditunjukkan oleh pengguna PrEP di Puskesmas Andalas adalah sebagian masyarakat cenderung menghindari wilayah kerja Puskesmas Andalas dengan alasan malu jika dilihat warga.

Kata Kunci:

budaya; HIV/AIDS; kesehatan; PrEP; seksual



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Introduction

HIV/AIDS, with its varied public health concerns, social consequences, cultural consequences, economic consequences, and alterations in human civilization around the world, has prompted serious thinking by humans to avoid pain and suffering, where suffering is frequently described by humans.

The World Health Organization (WHO) estimated that 38.4 million individuals globally would be infected with HIV by 2021. Meanwhile, the Ministry of Health in Indonesia forecasts that 526,841 persons would be HIV positive by 2022. PrEP (Pre-Exposure Prophylaxis) is a method of protecting and preventing HIV transmission in the FSW population by taking tablets once a day, every day. South Sulawesi province is one of seven provinces in Indonesia to intervene in attaining the 95% testing and treatment target, with 12 districts/cities and 34 designated health facilities (Ministry of Health R.I, 2023).

Preliminary study results for PrEP services in Makassar include Puskesmas Andalas Wajo Subdistrict, Puskesmas Makkasau Ujung Pandang Subdistrict, and Puskesmas Jumpondang Baru Tallo Subdistrict. The PrEP program in the FSW community begins with socialization, education, and inviting FSW (Female Sex Workers) or direct/indirect sex workers to their workplace/hotspot. The steps of PrEP at the service are as follows: a. FSWs register online at the health service, b. FSWs completes the self-screening sheet, and c. Fill out the registration biodata sheet, d). FSW complete the online booking form, and e). FSW must arrive as scheduled and participate in the HIV/AIDS, hepatitis B/C, and creatinine testing if they are over the age of 30. Before the test, a screening is performed, and if the findings of the FSW test are all negative, the doctor will proceed to administer PrEP medicines (Mitra Husada Foundation, 2022).

One of the issues in the industry is PrEP recipients' willingness to disclose their sexual habits. They are, nevertheless, a little dishonest when it comes to those delicate issues (related to sexual activity). As a result, the analysis (providing PrEP) becomes inapplicable. Some patients have missed out on PrEP because of the lack of transparency in filling out the assessment form. This has an effect on the low number of PrEP recipients, which statistically suggests that the program is less responsive to the population. The small number of PrEP beneficiaries in this pilot program will also be used in research to determine whether a free PrEP program can be implemented in Indonesia. Country HIV strategies may differ depending on community culture. However, Indonesia, with its existing culture, is not as open as the West. On the other hand, traditionalist parties may see PrEP initiatives as legalizing free sex in Indonesia (Dw, 2022).

Indonesia has not implemented HIV pre-exposure prophylaxis (PrEP) despite global calls for its scale-up, and there is limited information about attitudes towards PrEP among its potential users. We aim to present a PrEP cascade among men who have sex with men (MSM) and transgender women (known locally as "waria") in Denpasar, Bali, from a cross-sectional survey with 220 HIV-negative MSM/waria recruited from one clinic in Denpasar. Only 16.4% of participants had heard of PrEP before. From first-to-last steps included in the cascade, we found 77.3% (170/220) of

participants were classified with HIV high risk, 75.9% (129/170) perceived themselves as being at high risk, 81.4% (105/129) expressed interest in using PrEP, 78.1% (82/105) were willing to do PrEP procedures, 48.8% (40/82) were willing to pay 500,000–600,000 IDR, and only two participants had ever been on PrEP before (5.0% of those willing to pay and 0.9% of the total sample) (Cempaka et al., 2020).

The Great Dictionary of the Indonesian Language defines prophylaxis as "health maintenance and disease prevention." The website <https://hiv.gov/locator> discusses Pre-Exposure Prophylaxis (PrEP) in a sophisticated method that is easy to understand and can serve as a practical instruction for everyone.

PrEP, or pre-exposure prophylaxis, is a medication used to prevent HIV infection from sex or injectable drug use. PrEP can prevent HIV from entering the body and spreading. There are now two FDA-approved daily oral PrEP medicines. The FDA has also approved a long-acting injectable variant of PrEP. When used as directed, PrEP is extremely successful at preventing HIV. When used as directed, PrEP reduces the risk of contracting HIV via intercourse by around 99%. When used as directed, it reduces the risk of injection drug users by at least 74%. However, if PrEP is not taken consistently, it becomes less effective. PrEP benefits people who test negative for HIV and have had anal or vaginal sex in the last 6 months, as well as people who have an HIV-positive sexual partner (especially if the partner has an unknown or detectable viral load), does not consistently use condoms, or has been diagnosed with an STD in the last 6 months. The next advantage of PrEP is that patients who inject drugs may share needles, syringes, and other injection equipment with an injection partner who has HIV. People who have been prescribed PEP (post-exposure prophylaxis) who continue to engage in risky activity or who have utilized many courses of PEP.

If a woman with an HIV-positive partner and are thinking about getting pregnant, talk to your doctor about PrEP. When a woman is trying to conceive, during pregnancy, or while breastfeeding, PrEP may be an option to help protect pregnant women and babies from HIV. As PrEP, two oral medicines are licensed for daily usage. They are a mixture of two anti-HIV medications in a single pill: 1). Truvada for all those who are at risk of contracting HIV through sex or injectable drug use, and 2). Descovy is an HIV prevention program for sexually active transgender men and women. Descovy has not been examined in terms of HIV prevention in receptive vaginal intercourse.

The FDA has also approved the Apretude type of injectable long-term PrEP. Instead of a daily oral pill, it is administered by a healthcare provider every two months. PrEP is safe, and no substantial health impacts have been observed in HIV-negative patients who have been taking PrEP for up to 5 years. Some patients who use PrEP may develop nausea, diarrhea, headache, lethargy, and stomach pain. These adverse effects are usually minor and will pass with time. If a person is using PrEP, notify their healthcare physician if they experience any annoying or persistent side effects. However, it is important to understand that PrEP protects against HIV but not against sexually transmitted infections (STIs) or other forms of diseases. As a result, using PrEP with condoms lowers the chance of contracting additional STIs. If a person believes PrEP is correct for him or her, he or she should still see a doctor or healthcare practitioner because PrEP is only accessible on prescription. PrEP can be prescribed by any healthcare physician who is licensed to write prescriptions; specialization in infectious illnesses or HIV therapy is not required.

If a person is unable to visit a doctor, he or she can utilize the HIV Service Finder to locate PrEP providers and other HIV services in their area. People can get PrEP advice at the Community Health Center. PrEP patients should see their doctor every three months for HIV testing, prescription renewals, and follow-ups. PrEP should be covered by practically all health insurance policies for free. That means you won't be charged for PrEP therapy, and clinic visits and lab testing are required to keep the prescription active and are completely free (HIV.gov, 2023).

Public health and anthropology are scientific approaches to human life that provide evidence of treatment-seeking habits, prevention measures, and human responses to health, disease, pain, morbidity, and death. This is written in the book *Anthropology and Public Health: Bridging Differences in Culture and Society*, with explanations in the following sections: 1) anthropology, understanding public health problems, 2) anthropology, designing public health interventions, 3) anthropology, evaluating public health initiatives, and 4) anthropology, critique of public health policy. It then analyzes the anthropological premises, discusses the core anthropological methodologies in public health, and describes some of the problems in incorporating anthropological ideas in public health organizations and public health practice (Hahn & Inhorn, 2008).

According to the stated descriptions of the background, study difficulties, and theories, this research seeks to explore information regarding factors and social realities that influence PrEP seeking behavior and access in Makassar, South Sulawesi Province in 2023. In addition to the basic objectives described above, this research has specific goals, which are as follows: a. Examining PrEP recipients' self-efficacy in visiting public health centers; b. Explaining the factors that influence the knowledge gap about PrEP and the management of the PrEP program; c. Defining social action as the reality of PrEP recipients' lives and the use of PrEP methods; and d. Defining social relations as the cause of PrEP access achievement.

Cultural anthropology and public health is a scientific approach to human life that is supported by evidence of disease prevention and treatment seeking patterns, prevention strategies, and human responses to health, disease, pain, morbidity, and mortality. Each region has cultural values in dealing with social changes, the environment, human rules, development, human behavior with nature, community attitudes, and human behaviors toward change processes, which are reflected in diverse bureaucratic policies.

The review may be found in Campbell's (2012) original paper *Anthropology's Contribution to Public Health Policy creation*, which claims that many professionals in medicine and public health are unaware of anthropology's potential contribution in public health policy creation. The goal of this essay is to provide readers a better understanding of the unique perspective that medical anthropology can bring to public health policy decisions (Campbell, 2011).

Furthermore, PrEP or other methods are directly tied to a person's sexual behavior, and it is anticipated that Makassar residents are culturally unwilling to discuss sexual activity openly when in health care facilities. It can be difficult for people at all levels of society to portray oneself authentically or in a false manner. According to Clifford Geertz and Stage Humans, this social phenomenon means that human positions in the social world are inextricably linked to a play scenario, that is, someone performs a role that leads to a specific outcome. Puppets, puppeteers, and theatrical stories are all available (Iskandar, 2019).

Percentage of FSW community PrEP treatment in the target region, October 2022-July 2023: Puskesmas Makkasau services three persons, Puskesmas Andalas services 57 people, whereas Puskesmas Jumpandang Baru has not yet collected data. Treatment-seeking behavior and PrEP prevention by knowledge gaps, social action choices, social relationships with health workers, support system response mechanisms, perceptions of vulnerability, disease severity, benefits of health service visits, perceived barriers, instructions for action, and self-efficacy are temporary assumptions. In general, only two to three health care facilities in each designated city and district, as well as in Makassar, give free PrEP access, notably the Puskesmas Jumpandang Baru, Puskesmas Andalas, and Puskesmas Makkasau (DKK Makassar, 2023).

This research focuses on the Puskesmas Andalas with five informants, while the Puskesmas Makkasau and Puskesmas Jumpandang Baru, we did not research it even though these two puskesmas have a men like men community with the knowledge that your health clinic is located in the heart of a prostitution complex known as the Nusantara district, which has existed for nearly as long as Makassar itself. Because of the proximity of the prostitution complex, this condition may prompt the usage of PrEP at Puskesmas Andalas which may be found at Jalan Sangir Lorong 209 No. 6 Makassar

The theoretical benefits of the research, namely the existence of regularity in responding to HIV/AIDS which is still responded with assumptions, estimates and various speculations from PrEP users, and can contribute to the science of infectious diseases and understanding that PrEP users in responding to the program have their own concepts regarding self-efficacy, knowledge gaps, social action choices, social relations with health workers, support system response mechanisms. The practical benefit of this research is to fulfill one of the scientific requirements for a public health policy, especially the management of the PrEP program by the Ministry of Health of the Republic of Indonesia.

Method

Materials for qualitative research include researchers, in-depth interview protocols, recording equipment, field notes, documents, drawings, or photographs. Fieldwork is a phrase used to describe ethnographic research in which researchers and informants engage for more than one month at a time decided by the informant. Research using ethnography. This basic research employs a qualitative research design based on the post positivism or post empiricism paradigm and prioritizes highlighting data from community perspectives (emic views), specifically from health workers, program managers, PrEP service recipients, key groups, related community groups, and communities with a historical approach to all information. The quota sample consisted of five informants who had used PrEP services for at least six months as a non-probability sample. The number of PrEP users in Makassar is 60, with each code assigned by health personnel. This study identified five informants using the following codes: ST, MU, MR, DK, and LS. Conventional research patterns are carried out in stages, beginning with the development of research issues, followed by the formulation of hypotheses, and finally with the formulation of conceptual definitions. A research instrument is created based on the conceptual definition and then tested in the field. Following that, data collection operations are carried out, and the acquired data is examined before drawing conclusions.

Spradley's technique for data analysis involves taxonomy, domain, componential, and theme analysis, in which recorded interviews are entered into a matrix and then processed according to the phases of analysis.

Result and Discussion

Examining PrEP Recipients' Self-efficacy in Visiting Puskesmas

Based on qualitative analysis of the five informants observed and asked through in-depth interview guidelines, it appears that informants generally understand the importance of visiting services at the Puskesmas Andalas, where service standards at this health center have met the requirements according to public health services, which state that client confidentiality will be maintained as well as possible so that PrEP users can fill in. Similarly, the visitation hours, as well as being taken to a dedicated PrEP clinic, After answering questions from the doctor about PrEP users' sexual practices, they were referred to a clinic or health facility for HIV, renal, or syphilis testing. According to the following theme analysis, the five informants were unable to describe in detail the criteria for PrEP users, including their sexual activities, both in terms of frequency of relationships and with whom they have sexual intercourse, at this stage, based on qualitative interpretation: "Informants with high self-efficacy but did not understand the requirements for using PrEP tablets, and memorized when sexual activity was definitely done". As a result, potential PrEP users are unaware that individuals who can be supplied with PrEP are those who test negative for HIV and can be tested frequently to demonstrate the efficacy of PrEP as an HIV prevention medicine.

Kurnia et al., (2019) in the repository of the research and community service institute of the University of Lampung, there is a summary of a review by the Faculty of Medicine team, University of Lampung writing that Oral HIV pre-exposure prophylaxis (PrEP) is the daily use of ARV drugs by HIV-negative people to prevent HIV infection. The recommended regimen for PrEP with all at-risk populations is daily administration of 300 mg Tenofovir Disoproxil Fumarate (TDF) formulated with 200 mg emtricitabine (FTC). In PrEP, antiretroviral therapy should be started as soon as possible, preferably less than 72 hours and continued for 4 weeks. The preferred regimen for healthy adults is tenofovir 300 mg/emtricitabine 200 mg once daily with raltegravir 400 mg twice daily. Conclusion The use of ARV drugs and HIV post-exposure PrEP should be introduced in Indonesia and scaled up.

Explaining The Factors That Influence The Knowledge Gap About PrEP and The Management of The PrEP Program

There were gaps in respondents' awareness about PrEP use, particularly when completing the thirteen-item standardized questionnaire. The gap was discovered in the rules for taking tablets, where informants did not comply with the procedure; they did not understand that taking PrEP tablets was done two hours before sexual activity as much as one grain, and then take one grain with a 24-hour interval, and then take one tablet again the next 24 hours. Not to add the informant's notion that if PrEP is used, no condoms are required. This is a significant error that could be attributed to a lack of information provided to PrEP users regarding the normal dose, or to a failure on the part of active PrEP users to thoroughly study and analyze how to take PrEP tablets.

Research on PrEP methods can be found in studies that found that the use of safe space models, decentralization of PrEP support and delivery, peer mentors, effective linkages with local health facilities, sensitization of parents and male sexual partners, disclosure of PrEP use by beneficiaries, active involvement of stakeholders and community engagement among several facilitators for PrEP uptake. Barriers to PrEP uptake, initiation, and persistence included stigma associated with antiretroviral drug use, drug side effects, frequent beneficiary relocation, limited resources for routine screening and treatment monitoring, and limited number of health workers qualified for PrEP distribution and administration. The qualitative study identified and understood individual, community and program level factors that facilitate or hinder PrEP implementation, initiation, and persistence of PrEP among adolescent girls and young women participating in the DREAMS Initiative delivered by Pamoja in Seme, Kisumu County and considered the integration of PrEP into the DREAMS Initiative as the main intervention and focus of this study. Overall, the community rollout of PrEP in the DREAMS Initiative was successful due to a number of key enabling factors, which ultimately led to successful PrEP implementation, increased PrEP initiation, and improved persistence among adolescent girls and young women. The barriers identified must be addressed so that a larger scale of PrEP rollout can take place in the future (Jackson-Gibson et al., 2021).

Defining Social Action as The Reality of PrEP Recipients' Lives and The Use of PrEP

According to the findings of in-depth interviews, PrEP users are quite shy about discussing their social activities; they only know how they avoid contracting HIV, even if they believe that sexual activity is a private affair that should not be disclosed to anybody, including health personnel. As a result, there is still discrimination against PrEP users in that not all potential diseases should be disclosed to others, particularly social life.

PrEP users maintain cultural norms that sexual behavior should not be exposed since it is a private region, but another prevailing attitude is that there is shame or disgrace if their sexual activity is publicly known in full. Users can simply mention and confess that they are sexually active, but not necessarily in detail, such as how many times they had sex and with whom.

It is critical to understand that PrEP is a community-created culture that can be researched through cultural anthropology. This culture includes values, norms, beliefs, morality, behaviors, and practices. Cultural anthropology and public health is a scientific approach to human life that is supported by evidence of disease prevention and treatment seeking patterns, prevention strategies, and human responses to health, disease, pain, morbidity, and mortality. Each region has cultural values in dealing with social changes, the environment, human rules, development, human behavior with nature, community attitudes, and human behaviors toward change processes, which are reflected in diverse bureaucratic policies.

In a survey of parental self-efficacy experiences: maximizing potential through health visiting and universal parenting support with aims and objectives: To examine parental self-efficacy experiences for users of a parenting support programme and consider the pertinence of self-efficacy theory to health visiting (public health nursing) practice. Study results indicate that the domain general and task-specific

measures provide different, but helpful, insights into parental self-efficacy experiences. By identifying factors associated with the levels of general and task-specific parental self-efficacy, health visitors can gain a fuller appreciation of support needs (Whittaker & Cowley, 2012)

Informant ST (32 years old), a female sex worker, was unable to provide detailed answers about how many men she had sex with, despite the fact that this information is required for PrEP use, and it is feared that the intervention will be incorrect in the absence of adequate information, while the risk of contracting HIV is higher in people who frequently change partners. This situation is similar to that of LS (34 years old), a syringe user who is still HIV negative and believes he will not contract HIV because there is no sex, implying that this informant is still unaware that one of the ways HIV is transmitted is through needles and obtained from people who have HIV. Whereas this knowledge has been known to many individuals for the past twenty years, even research on syringe users has reached the combination of syringes and drugs, such as HIV transmission study: Syringes with fixed needles showed superior results to LDS syringes attached to needles of equivalent diameter and were less likely to get clogged by blood. Detachable LDS syringe–needle designs must be recommended with caution since they still pose potential risk for HIV transmission. Distribution of LDS syringes and needles must be accompanied by recommendations and instructions for their proper rinsing and disinfection in order to reduce viral burden and chances of needle clogging (Abdala et al., 2016)

Subsequently, in publication journal of UNAIDS responded favorably to new evidence released in February 2015 showing that pre-exposure prophylaxis (PrEP) using antiretroviral drugs (ARVs) can contribute to HIV prevention. Research findings on the use of PrEP demonstrated its effectiveness among gay and MSM, heterosexual men and women, drug users and transgender women confirming the benefits of PrEP as an additional method of HIV prevention. The proposed use of PrEP for people at high risk of contracting HIV can provide several advantages especially for those who cannot consistently use other prevention methods such as condoms and lubricants. The use of PrEP during periods of high HIV risk addresses real-life situations and strengthens more comprehensive HIV prevention and treatment services. Expanding access to PrEP can encourage more people to consider their individual risk of contracting HIV and to know their HIV status, while also offering further opportunities to access both HIV services and treatment services if they test positive. PrEP implementation will face challenges in planning, managing and financing combination prevention. Implementing PrEP will require commitment from governments, funders, the general public and other stakeholders to systematically work together to address these issues - including licensing ARV drugs for PrEP use, prioritizing sites and populations, ensuring accessible services and adherence. All of these efforts are considered worthwhile based on their contribution to achieving the global targets of reducing HIV transmission to less than 500,000 people per year by 2020 and ending AIDS as a public health threat by 2030 (UNAIDS, 2015)

Goodenough stated in anthropological theory that a culture of knowledge will be created by a person's knowledge to direct his behavior in doing particular activities, and he feels competent of doing so (self-efficacy Anthropology is essential in approaching public health concerns, yet it is sometimes disregarded, as evidenced by this review original paper Campbell (2012) Anthropology's Contribution to Public

Health Policy Development. It claims that many professionals in medicine and public health are unaware of anthropology's potential significance in public health policy formulation. The goal of this essay is to give readers an awareness of the unique perspective that medical anthropology can bring to public health policy decisions. (Campbell, 2011).

The hesitant assumption experienced by (MU, 28 years old) about the effectiveness of PrEP is a necessity because this method cannot be called 100 percent accurate except for the condom method or interrupted coitus, so this informant is not motivated to use the PrEP method because it is very difficult in the discipline of taking tablets, repeated HIV tests, and embarrassed if sexual activity must be exposed even if only through questionnaire filling, but The essence of her comment is that anything can happen in the age of technology.

This ethnographic study can delve deeper into the vortex, notably parts of values, attitudes, beliefs, behavior, perceptions, and the culture of 'shame' that the Indonesian people have acquired, particularly in Makassar as a cultural root. The inference in the lengthy description is that diseases can be spread except for those related to sexual conduct, which is associated with anti-social society. Furthermore, PrEP or other methods are directly tied to a person's sexual behavior, and it is anticipated that Makassar residents are culturally unwilling to discuss sexual activity openly when in health care facilities. It can be difficult for people at all levels of society to play themselves genuinely or in a false manner. The results of the MR (38 years) and DK (32 years) interviews were used to generate the findings of this research.

This is related to the sociological fact that the percentage of PrEP treatment of the FSW community in the target region, October 2022-July 2023: Puskesmas Makkasau services for three persons, and Puskesmas Andalas, 57 people, with the exception of Puskesmas Jumpadang Baru, has not yet been received data. Treatment-seeking behavior and PrEP prevention by knowledge gaps, social action choices, social relationships with health workers, support system response mechanisms, perceptions of vulnerability, disease severity, benefits of health service visits, perceived barriers, instructions for action, and self-efficacy are temporary assumptions.

Another outcome of the study was that HIV prevention efforts in Ontario require increased implementation of strategies including post- and pre-exposure prophylaxis. Access to these interventions could be improved by their provision through nurse-led care models. We assessed nurses' readiness to deliver these interventions using a behavior change framework using methods, researchers distributed an online survey to nurses at every Ontario sexual health clinic, HIV clinic, and community health center between March-June 2018, to determine the level of support for nurse-led post-exposure/pre-exposure prophylaxis; we also explored nurses' "ability", "opportunity", and "motivation" to deliver post-exposure/pre-exposure prophylaxis. As a result, overall, 72.7% of respondents supported the implementation of nurse-led post-exposure prophylaxis and pre-exposure prophylaxis. More experienced nurses were less likely to support nurse-led post-exposure prophylaxis and pre-exposure prophylaxis (adjusted odds ratio=0.55 per decade of nursing, 95% confidence interval (0.37, 0.82).

Nurses reported high levels of knowledge on topics related to post-exposure prophylaxis/pre-exposure prophylaxis, with the exception of creatinine

interpretation, and the study concluded that Ontario nurses reported high levels of support for nurse-led post-exposure prophylaxis and pre-exposure prophylaxis and were well positioned to deliver these interventions. Targeted education and implementation efforts are needed to engage these nurses in post-exposure prophylaxis and the delivery of pre-exposure prophylaxis (Clifford-Rashotte et al., 2021).

Despite the fact that this approach is free, PrEP should be covered by practically all health insurance coverage. This implies that you will not be charged for PrEP therapy, and all clinic visits and lab tests required to keep your prescription are free (HIV.gov, 2023). Overall, the community rollout of PrEP in the DREAMS Initiative was successful due to a number of key enabling factors, which ultimately led to successful PrEP implementation, increased PrEP initiation, and improved persistence among adolescent girls and young women. The stated challenges must be addressed in order for a wider scale PrEP rollout to occur in the future.

Pre-exposure prophylaxis is a new biomedical HIV prevention option for individuals at high risk of contracting HIV. Although pre-exposure prophylaxis has produced encouraging results in various clinical trials, opponents argue that pre-exposure prophylaxis poses a number of risks to human health and sexually transmitted infection prevention efforts. Using qualitative thematic analysis and social representation theory, this article explores coverage of pre-exposure prophylaxis in UK print media between 2008 and 2015 to map emerging social representations of this new HIV prevention strategy.

Analysis revealed two competing social representations of pre-exposure prophylaxis: (1) as a positive development in the 'battle' against HIV (representations of hope) and (2) as a medical, social and psychological setback in this battle, particularly for gay/bisexual men (representations of risk). These social representations map onto the themes of pre-exposure prophylaxis as a very positive development; pre-exposure prophylaxis as a weapon in the fight against HIV/AIDS; and risk, uncertainty and fear in relation to pre-exposure prophylaxis. The representation of hope focuses on taking responsibility (individual and collective), while the representation of risk focuses on attributing blame (individual and collective). Implications for policy and practice are discussed. These social representations map onto the themes of pre-exposure prophylaxis as a very positive development; pre-exposure prophylaxis as a weapon in the fight against HIV/AIDS; and risk, uncertainty and fear in relation to pre-exposure prophylaxis. Hope representations focus on taking responsibility (individual and collective), while risk representations focus on attributing blame (individual and collective). Implications for policy and practice are discussed. These social representations map onto the themes of pre-exposure prophylaxis as a very positive development; pre-exposure prophylaxis as a weapon in the fight against HIV/AIDS; and risk, uncertainty and fear in relation to pre-exposure prophylaxis. The representation of hope focuses on taking responsibility (individual and collective), while the representation of risk focuses on attributing blame (individual and collective). Implications for policy and practice are discussed (Jaspal & Nerlich, 2017).

There is a summary of a review by the Faculty of Medicine team, University of Lampung writing that Oral HIV pre-exposure prophylaxis (PrEP) is the daily use of ARV drugs by HIV-negative people to prevent HIV infection in the repository of the research and community service institute of the University of Lampung. The daily

dosage of 300 mg Tenofovir Disoproxil Fumarate (TDF) combined with 200 mg emtricitabine (FTC) is the recommended PrEP regimen for all at-risk groups. Antiretroviral therapy should be started as soon as possible, preferably within 72 hours, and continued for four weeks in PEP. Tenofovir 300 mg/emtricitabine 200 mg once daily with raltegravir 400 mg twice daily is the optimal treatment for healthy individuals (Kurnia et al., 2019).

Conclusion

Based on the findings of this study and the ethnographic evaluation method, it is concluded that PrEP uptake will be successful when paired with a public health and anthropological approach. In this complex society, people are not only engaged in biomedicine but also in community dynamics, there is a biocultural presence where the actions of the community or PrEP users are based on the relationship between physical, social, and cultural life. The ethnographic picture demonstrates that PrEP user coverage in the research location is not constant due to a culture of shame, which causes internal Puskesmas Andalas users to seek health care outside of the Puskesmas working area.

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