

“Why should we use PrEP while still using condoms?”: Drivers of high early PrEP discontinuation rates in Indonesia

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Introduction

Following the rollout of oral PrEP in Indonesia from 2022, over 70% of PrEP users did not seek a refill within three months of initiation. Understanding these high rates of early discontinuation is a priority, which we aim to do in this research using qualitative data.

Methods

Semi-structured interviews were conducted from March 2025 to February 2026 with purposively selected current and former PrEP users representing men who have sex with men (MSM), transwomen, and female sex workers (n=15) and local, regional, and national levels stakeholders (n=15) in Jakarta, Bandung, Denpasar, and Makassar. Transcripts were single-coded inductively, triangulated between PrEP users and implementers, and analysed thematically, with confirmatory team discussions identifying drivers of early discontinuation.

Results

Three themes were salient from the analysis. PrEP users, outreach workers, and providers expressed shallow “curiosity” motivations for PrEP among early discontinuers. This is coupled with reportedly infrequent sex among MSM, making up most of PrEP users, with early daily to on-demand switches, and eventually discontinuation. PrEP users and outreach workers expressed hesitancy to the “chemical” nature of PrEP, concerned with side effects, and many specifically cited side effects for discontinuation. Program officers revealed a reliance to outreach workers for promotion, whose performance was measured by referrals and initiations. PrEP continuation was measured in monitoring but was not a target. Promotion emphasised “double protection” of concurrent condom and PrEP. Program officers express this as a “compromise” to their ideals of moralised HIV prevention reliant on behavioural changes of infrequent sex and condom use.

Conclusions

Infrequent sex, medication hesitancy, and limited motivations, interacted performance-driven promotion and mixed prevention messages into a system that favours PrEP initiation over continuation. PrEP discussions should be open, and individuals should be allowed to preferentially choose prevention practices by understanding the full picture of available strategies.

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