# Integration of family planning services into antiretroviral therapy for HIV in differentiated models of care in South Africa

## WHY THIS MATTERS

- More than half of South African women living with HIV have unmet contraceptive needs; 51.6% of pregnancies among women living with HIV are reported to be unplanned.
- Although free contraceptive services have been integrated into public sector HIV care in South Africa for over a decade, structural, healthcare system, and individual barriers to contraceptive access persist.
- Alignment of clinic visits and dispensing intervals would facilitate access for women receiving both antiretroviral therapy (ART) and contraception.
- Differentiated models of care (DMOCs) for HIV treatment may present an opportunity to improve contraceptive access by aligning medication collection schedules.

## HOW WE DID IT

- From September 2024 to July 2025, we conducted a cross-sectional survey at 24 public healthcare clinics in four districts in South Africa (Ehlanzeni in Mpumalanga, Alfred Nzo in the Eastern Cape, King Cetshwayo in KZN, and West Rand in Gauteng). The study built on the AMBIT project's ongoing partnership with the National Department of Health (NDOH).
- Study participants were HIV-positive women aged 18-49 who had been on ART for ≥6 months, excluding those who reported being sterile or post-menopausal.
- Participants were recruited from four differentiated models of care: two less intensive (Facility Pickup Points, External Pickup Points) and two more intensive (Conventional care and eligible for but not enrolled in DMOC, Conventional care and not eligible for DMOC).
- The survey included questions about current contraceptive use, alignment of ART and family planning visits, and how misaligned visits affected family planning adherence.

## WHAT WE FOUND

- 843 HIV-positive women were included in the study, with 460 (55%) reporting current contraceptive use (Table 1).
- Women currently using contraception were slightly younger than non-users (median age 35 vs 38 years) but had similar ART duration (7-8 years).
- 55% of participants reported currently using contraception.
- Three-month Depo-Provera injections were the most commonly utilized method of contraception, followed by condoms and implants (Table 2).

**Table 1. Characteristics of participants (N=843)**

| Characteristic (n, %) | Current contraceptive use | No current contraceptive use |
|---|---|---|
| N | 460 (55%) | 383 (45%) |
| Age in years, median (IQR) | 35 (30, 40) | 38 (32, 43) |
| Time on ART in years, median (IQR) | 7 (4, 10) | 8 (4, 11) |
| Marital status | | |
| Never married: currently single | 12% | 22% |
| Never married: currently in relationship | 69% | 53% |
| Married | 16% | 20% |
| Divorced/separated/widowed | 3% | 5% |
| Differentiated model of care | | |
| Conventional care, not eligible for DMOC | 49% | 53% |
| Conventional care, eligible but not enrolled in DMOC | 19% | 15% |
| Facility Pickup Point | 15% | 11% |
| External Pickup Point | 17% | 21% |

**Table 2. Contraceptive use by ART model of care and contraceptive method (N=460)**

| Contraceptive method | Conventional care, not eligible for DMOC | Conventional care, eligible but not enrolled in DMOC | Facility Pickup Point | External Pickup Point | Total |
|---|---|---|---|---|---|
| N | 427 (51%) | 147 (17%) | 112 (13%) | 157 (19%) | 843 |
| On contraceptives | 222 (52%) | 88 (60%) | 71 (63%) | 78 (50%) | 460 (55%) |
| Method (%) | | | | | |
| Oral contraceptives (pills) | 4% | 6% | 6% | 8% | 5% |
| Injection- Depo (3 month) | 45% | 52% | 42% | 36% | 44% |
| Injection – Nur-Isterate (2 month) | 5% | 6% | 13% | 10% | 7% |
| Condoms | 21% | 19% | 20% | 26% | 21% |
| Implant | 23% | 14% | 18% | 14% | 19% |
| IUD and IUS (loop) | 2% | 3% | 1% | 5% | 3% |

- Among the 45% of participants not using contraceptives personal choice/beliefs was the most commonly cited reason (38%), followed by pregnancy-related factors (26%) and health/access concerns (26%) (Figure 1).
- Women enrolled in DMOCs (External or Facility PuP) cited personal choice as their primary reason, while pregnancy-related reasons were most common for those in conventional care not eligible for DMOCs and health/ access concerns were most prevalent among those eligible but not enrolled in DMOCs.
- Out of all non-users, only 26% reported ever being offered contraceptives at the clinic.
- 50% (131/260) of clients on oral contraceptives and injectables reported collecting ART and family planning on different days (Figure 2).
- Misalignment was highest for External Pickup Points, with only 7% of participants consistently collecting both medications on the same day. For all other models, a quarter to a third of participants reported consistent alignment.

**Figure 1. Reasons for not using contraception by model of care**

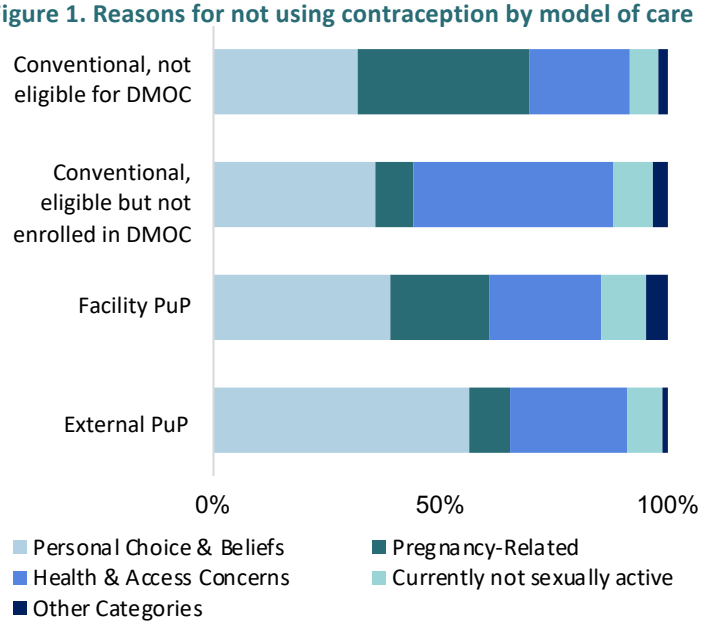
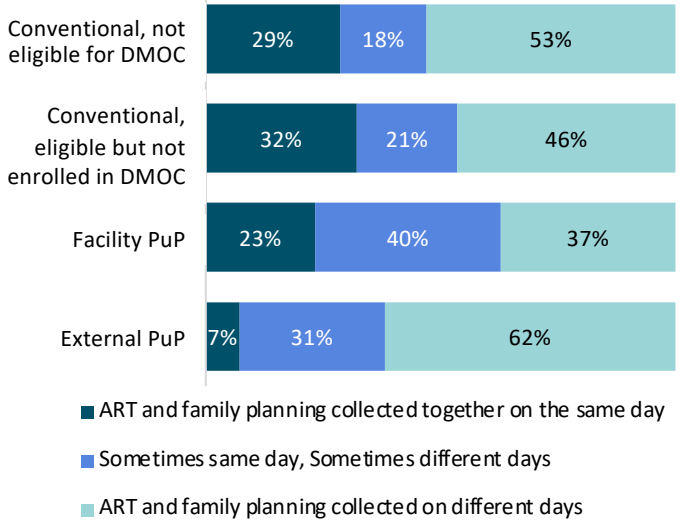



**Figure 2. Alignment of contraceptive collection for clients on oral contraceptives and Depo only (n=260)**




**9% of women said they were late or had missed family planning doses due to misaligned schedules**

Main themes: Forgetfulness, financial barriers, and strategic delay of FP care to align with ART visit

*"I sometimes do it **intentionally** especially when the dates are two days apart, **just to get them on same day**"* – 25-34 years, Conventional care, eligible but not enrolled in DMOC

*"Sometimes I forget the appointment date for family planning as I have **two separate appointment cards**"* – 35-49 years, Conventional care, eligible but not enrolled in DMOC

*"Sometimes it's because my ART date is close so I wait because this will **save me money for the transport**"* – 25-34 years, DMOC, Facility Pickup Point

*"Because sometimes dates for getting injection are variance with the dates for collecting at external pickup point"* – 25-34 years, DMOC, External Pickup Point

## *WHAT IT MEANS*

- Nearly half of reproductive-age women on HIV treatment are not using contraceptives, with only 26% offered contraceptive services.
- Half of women using oral contraceptives and injectables face misaligned ART and family planning collection schedules, negating one of the most important benefits of DMOCs, patient convenience and cost reduction, and suggesting systemic misalignment between HIV treatment and reproductive health services.
- Integrating contraceptive access with DMOCs presents an opportunity to improve health outcomes and quality of life for women living with HIV and support national goals for eliminating mother-to-child HIV transmission and achieving sexual and reproductive health (SRH) equity.
- Potential actions to improve integration include creating flags in appointment scheduling systems to align visits and dispensing intervals; training staff to integrate services within DMOCs; and bundling counselling services for HIV and SRH.

Suggested citation: Mokgethi O, Huber A, Mokhele I, Mutanda N, Rosen S, Manganye M, Malala L, Pascoe S. Integration of family planning services into antiretroviral therapy for HIV in differentiated models of care in South Africa: a cross-sectional survey. AMBIT Policy Brief, October 1, 2025. www.sites.bu.edu/ambit