



MAPPING COUNSELING STRATEGIES: A SCOPING REVIEW OF HEALTHCARE PROVIDERS' COUNSELLING SKILLS FOR FACILITATING MODERN CONTRACEPTIVE USE IN FAMILY PLANNING

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Abstract

Background: The International Conference on Population and Development (ICPD) and the Bruce Quality of Care Framework underscored the significance of high-quality, person-centered contraceptive counseling. Despite various frameworks, few address the interpersonal aspects of counseling or the negative experiences faced by clients. Recent shifts towards a human rights framework emphasize quality care as an intrinsic goal, intertwining person-centered counseling with increased contraceptive prevalence, which may create conflicting priorities.

Objectives: This scoping review aims to map the strategies and skills healthcare providers use to facilitate modern contraceptive use, especially Long-Acting Reversible Contraceptives (LARC). It seeks to synthesize existing evidence on counseling strategies, evaluate their effectiveness, and highlight knowledge gaps to inform future research and policy development.

Methods: Following the PRISMA-ScR guidelines, a systematic search was conducted across PubMed, Cochrane Library, Taylor & Francis, and Google Scholar for articles published between January 2019 and July 2024. The search strategy included keywords and synonyms related to family planning, counseling, and healthcare providers. Two reviewers independently screened and selected studies based on predefined inclusion and exclusion criteria.

Results: The review identified several key strategies and skills used by healthcare providers in counseling for modern contraceptive use. Effective counseling strategies included privacy, confidentiality, respect, empathy, and trust, along with specific steps in the counseling process. The review also highlighted gaps in the literature, particularly in addressing the negative experiences of clients and the interpersonal aspects of counseling.

Conclusions: The scoping review highlights the importance of various interventions in family planning counseling, emphasizing the positive impact of educational initiatives on healthcare providers' confidence and knowledge, particularly regarding LARCs. High-quality, client-centered counseling and shared decision-making are crucial for informed patient choices and reduced discontinuation rates. Continuous professional development and training significantly enhance LARC service provision, while addressing provider biases improves empathetic care and accessibility for young people. Regular training is essential for improving contraceptive uptake and providing client-centered counseling.

Keywords: Client-Centered Counseling, Healthcare providers, Modern contraceptives, Training

Introduction

Background

The International Conference on Population and Development (ICPD) and the seminal Bruce Quality of Care Framework established in the 1990s highlighted the importance of high-quality, person-centered contraceptive counseling as a critical component of family planning programs^{1,2}. High-quality contraceptive counseling encompasses fundamental principles such as privacy, confidentiality, non-discrimination, respect, empathy, and trust, guiding the counseling process steps. Various frameworks aim to encapsulate these principles; however, few comprehensively address the interpersonal aspects, and even fewer consider the negative experiences encountered during counseling³.

In recent years, a paradigm shift towards a human rights framework for contraceptive programs and policies has emerged. This perspective emphasizes high-quality care as an intrinsic goal, not merely a means to increase contraceptive uptake. During this phase, research, programmatic initiatives, and policy areas often blend instrumentalist and rights-based perspectives on quality⁴. However, the dual emphasis on person-centered counseling and higher contraceptive prevalence may lead to conflicting priorities, particularly given the historical context of the latter, rooted in the imperialist and eugenicist population control movement. This movement prioritized fertility control over individual rights and preferences, introducing an additional layer of tension⁵. This scoping review aims to map the strategies and skills healthcare providers use to facilitate modern contraceptive use in family planning with a special focus on counseling for long-acting reversible contraceptives (LARC). It seeks to identify and synthesize the existing evidence on counseling strategies, evaluate their effectiveness, and highlight gaps in knowledge to inform future research and policy development.

Objectives

The primary objective of this scoping review was to map the existing literature on the counseling strategies and skills used by healthcare providers to facilitate modern contraceptive use in family planning. The review aimed to identify key concepts, frameworks, and knowledge gaps to inform future research and policy development.

Methodology

Protocol

The reporting of this review adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) checklist to ensure transparency and comprehensive documentation of the methodology⁶. This scoping review has not been registered as it did not include any hypothesis or meta-analysis.

Data sources and search strategy

We conducted a systematic search of the PubMed, Cochrane Library, Taylor & Francis databases as well as Google Scholar for articles about training interventions used to improve counseling practices

of Health Care Providers (HCP) for modern contraceptive uptake, as shown in Table search limited to documents published between January 1, 2019, and July 2024.

Table No 1. Search strategy keywords and synonyms

Keywords	Synonyms
Family Planning	Contraception, Birth Control, Birth spacing
Counselling	Advise*, Communicate*
Health Care Providers	Doctors, Nurses, Midwives, Lady health workers

The search string using Boolean Operators for the final literature search was, (((("Family Planning") OR (Contracept*) AND (y_5[Filter])) AND (((Counsel*) OR (Advise)) OR (Communicate*) AND (y_5[Filter])) AND (y_5[Filter])) AND (((("Healthcare Providers") OR (Doctors)) OR (Nurses)) OR (Midwives)) OR ("Lady Health workers") AND (y_5[Filter])) Filters: in the last 5 years

Study Selection and Screening

Two reviewers (FP and HM) independently screened the titles and abstracts of the documents for relevance. We used the following criteria for screening as shown in table 2. For the selection of the relevant studies, all the titles and abstracts generated from the searches were examined. The articles were rejected on initial screening if the title and abstract did not meet the inclusion criteria or the exclusion criteria. If abstracts did not provide enough exclusion information or were not available, then the full text was obtained for evaluation. The evaluation of the full text was done to refine the results using the following inclusion and exclusion criteria. Thus, those studies that met predefined inclusion criteria were selected for this study.

Table No 2: Inclusion and Exclusion Criteria

PICOS Criteria		Inclusion Criteria	Exclusion Criteria
P	Participants	Health Care Providers	Traditional Birth attendants
I	Intervention	Counselling Training Interventions for Modern Contraceptives/LARC	Counselling interventions for all contraceptives
C	Comparisons		
O	Outcome	Improved client-focused counseling for modern contraceptives/ LARC	
S	Study Design	All study designs	

If the two reviewers disagreed about the relevance of a document, or if either reviewer was uncertain about its relevance, the document was jointly discussed by the reviewers to achieve consensus. A small number of documents for which we did not reach a consensus were retained for full document review.

Data Extraction /Charting

During the full-text review, we extracted the following data about the study characteristics: author, document title, year of publication, region (US/Europe, Africa, Asia, Latin America), document type (theoretical/conceptual paper, systematic review, methodological paper, impact evaluation, etc.), and the definition or description of training strategies and patient-centered family planning care used (including domains of patient-centered care). For papers that discussed the implementation of a provider training intervention for FP counseling, we extracted the type of study population (e.g., family planning providers), the type of intervention (mode of delivery; name or description of any tools or aids used), and key findings. For the key findings, we used the effect measures as reported in the document (e.g., odds ratios, and percentage differences). One reviewer collected data from each report, which was subsequently checked by the second reviewer. No bias assessment was conducted. The review team developed and piloted a data charting form to extract relevant information from included studies. Key data items included:

- Study characteristics (author, year, country, setting)

- Population characteristics (type of healthcare providers, patient demographics)
- Description of counseling training strategies
- Outcomes of counseling interventions
- Limitations and recommendations
- Quality of the included studies by applying Qualisyst criteria⁷.

Two reviewers performed data extraction independently, with regular meetings to discuss and resolve any discrepancies.

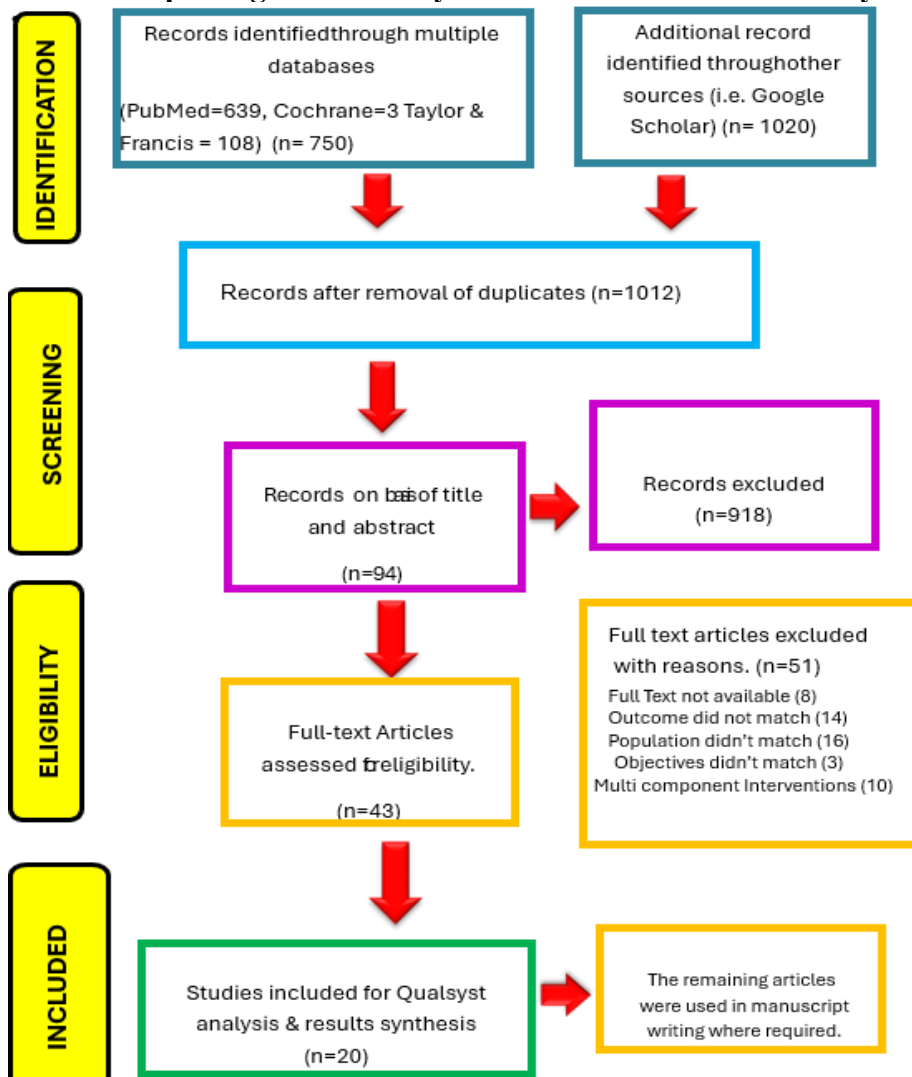
Consultation

To enhance the relevance and comprehensiveness of the review, a consultation exercise was conducted with stakeholders, including family planning practitioners, policymakers, and researchers. Feedback from the consultation was integrated into the final report.

Data Synthesis

The data were synthesized using a narrative approach, categorizing the counseling strategies and skills identified across studies. A thematic analysis was conducted to identify common themes and gaps in literature. The results were presented in the form of tables to provide a comprehensive overview of the findings.

PRISMA (Preferred Reporting Items for Systemic Review and Meta-analysis)



SYNTHESIS OF RESULTS

A total number of 20 studies fulfilling eligibility criteria were included after the consensus of two reviewers. Data extraction was performed using a standardized form developed for this review. Key information was extracted from each study, including author(s), year of publication, study design, population, context, and key findings. The data extraction chart is presented in Table 2. This chart served as the foundation for subsequent thematic analysis. A thematic analysis was conducted to identify common themes and gaps in the literature.

1. Role of client-centered counseling for better contraceptive uptake

Client-centered care can be divided into six primary domains: 1) Strengthening the bond between the client and the provider, and 2) Information sharing that is reciprocal between the client and the provider. 3) Identifying and attending to the patient's feelings. 4) Handling ambiguity. 5) Help to make an informed decision. 6) Facilitation of self-management through counseling⁸. Four studies highlighted the importance of healthcare providers' counseling in shaping the end users' behavior. The evidence clearly shows that contraceptive counseling is an essential component of rights-based care that could be optimized to help clients choose better methods resulting in a positive user experience⁹. FP 2020 progress report shows the need for strengthening and advancing a rights-based family planning approach to support individuals and couples in exercising their rights to choose the timing and spacing of their pregnancies, access to information and services, and be treated respectfully, equally, and without discrimination by providers. Evidence suggests that before prescribing a family planning method it is essential for healthcare providers to arrange a proper counseling session based on a client-centered approach¹⁰.

2. Stakeholders' perspective for family planning - Role of provider bias.

A person-centered counseling strategy for family planning is in line with a human rights-based approach and is viewed as an important link for improving the uptake of contraception according to a qualitative study of high quality comprising 51 in-depth interviews conducted in three countries (Ethiopia, Mexico, India),¹¹. Providers' bias towards certain methods or populations can negatively affect client-centered care. The values and preferences of healthcare providers for family planning consultation are affected by the person's history, medical eligibility, and the context of the health worker.¹² Abrahams et al in a study concluded that poor knowledge and training, and most importantly provider concerns and beliefs were all contributing to low uptake of modern contraceptives. Despite receiving training to place LARCs, a sizable percentage of providers either referred or did not make necessary arrangements, though evidence supporting it is of moderate to good quality.¹³ A high-quality multi-country (Tanzania, Burkina Faso, and Pakistan) evidence by Wagner et al. highlights that targeted interventions to remove provider biases showed beneficial effects resulting in fewer prejudiced attitudes and beliefs among the providers. Stakeholders in policy and programs in various countries were positive about such interventions and supportive of the idea of expanding them¹⁴.

3. Barriers to contraceptive uptake and strategies to tackle them

. A qualitative study on health care providers by Thompson et al. in the US, Illinois identified the barriers to the placement of LARC and concluded that to increase the uptake of LARC, training and provider concerns need to be addressed¹³. Sedlecky et al. conducted a qualitative study involving 27 respondents from 21 countries across Europe, either former or current country representatives which revealed that despite the availability of various contraceptive care models, there is a pressing need to standardize and enhance the education of relevant healthcare professionals. It was found that fewer than half of the surveyed countries offer adequate undergraduate and postgraduate education and training for healthcare providers in contraceptive care. Additionally, approximately half of the countries do not sufficiently utilize international educational and training programs.

A cross-sectional study conducted in Kenya, Nairobi, identified that inadequate supplies and equipment were the major challenges in the provision of LARC¹⁵.

Several barriers were identified in a qualitative study by Hardee and Jordan in 23 participants working on family planning and engaged in various roles with the FP2020 partnership at global and national levels. On the policy level, challenges range from political or religious barriers (Austria, Bosnia and Herzegovina, Croatia, and Romania), the need for global indicators (Sweden), and ambiguous action plans (Russian Federation), to decentralization and variability (Finland). The capacity-building issues regarding lack of educational opportunities were highlighted as an important challenge in former socialist countries (Bosnia and Herzegovina, Bulgaria, Estonia, Latvia, Romania, Russian Federation, Serbia as well as Israel). Respondents from the Netherlands, Bulgaria, Russian Federation, and Serbia reported a lack of motivation of health workers for contraceptive knowledge, because they consider it a low priority, while in Portugal, Slovenia, and Spain the sustainability of continuous education was considered as the main problem. Financial and time constraints were the biggest issues according to respondents from the United Kingdom, Italy, and Belgium. One of the most critical challenges identified in most of the countries was the inadequate expertise of nurses and doctors to provide counseling and family planning services at the beginning of their careers Sedlecky et al¹⁰.

Durante et al. in a review article in which myths and misconceptions were identified regarding adolescent LARC uptake and adherence conclude that establishing trust, fostering collaborative decision-making, and fostering connections between adolescents and providers are essential objectives of effective communication¹⁶.

4. Training interventions to improve counseling practices:

A Quasi-experimental research project on Nurse Practitioners (N =15) investigated the effect of introducing an educational intervention through social media (Facebook) to improve knowledge of HCPs regarding the uptake of modern contraceptives among adolescents in a rural midwestern region of the US¹⁷. A cross-sectional study conducted in Kenya and Nairobi showed a significant association between continuous professional development and the provision of LARC¹⁵.

A systematic review, comprising 28 studies (end-users n = 6 112 544) in Africa, Asia, and Central America concludes that despite the heterogeneity of the chosen studies evidence suggests that training of healthcare providers may increase the uptake of modern contraceptives among women in low- and middle-income countries¹⁸. Wayne et al conducted a pre-and post-quality-of-care improvement intervention for improving LARC uptake through enhancing nursing staff knowledge and counseling of LARC to the postpartum women. LARC uptake significantly increased because of a training and supportive supervision program¹⁹.

MacLachlan et al in mixed methods quasi-experimental post-test on 16 healthcare providers in Niger report that clients of family planning benefitted from the segmentation process, and women may receive higher-quality services when the technique is scaled up²⁰. In a cluster Randomized Controlled Trial conducted in Melbourne Australia, it was concluded that the educational intervention—particularly the evidence-based contraceptive counseling (EBCC) training was effective and potentially a critical and sustainable intervention for change²¹.

Makins et al. employed a cascade-training model to evaluate the impact of the SRH/FIGO collaboration on clinicians' knowledge and confidence before and after training. This model involved regional training-of-trainer workshops followed by national workshops, aimed at disseminating key WHO global family planning tools and guidelines to OB/GYNs in 29 countries across Anglophone Africa, the Middle East, the Mediterranean, and Francophone West Africa. The training significantly improved participants' confidence in applying the relevant guidelines and enhanced their knowledge and understanding. Qualitative data revealed that the dissemination of information and interaction with national leadership positively influenced clinical practice and impacted national policy within the participating countries.²²

5. Behaviour change theories for counseling

The narrative review by Durante et al., conducted in Niger, examines the epidemiology of modern contraceptive use among adolescents. It also details contraceptive counseling strategies grounded in the health belief model's reproductive justice perspective framework. By promoting adolescent autonomy and incorporating family values into contraceptive choices, this framework can enhance awareness and improve the uptake of contraceptive methods.²³

A cluster randomized trial by Taft et al designed evidence-based contraceptive counseling based on Normalization Process Theory (NPT), to enhance health provider and health system change. HCPs considered the educational intervention—particularly the EBCC training—to be a vital and long-lasting improvement to their methods²¹.

Discussion

The primary objective of this scoping review was to map the existing literature on the counseling strategies and skills used by healthcare providers to facilitate modern contraceptive use in family planning. The review aimed to identify key concepts, frameworks, and knowledge gaps to inform future research and policy development.

1. Role of client-centered counseling for better contraceptive uptake

Though improving counseling is an essential link to improving the uptake of modern contraceptives, a high-quality scoping review by Danna et al. recommends the need for more research to understand the constellation of counseling strategies, techniques, and tools and their impact on decreasing the unmet need of FP discontinuation rate⁹. A review by Holland et al also emphasizes the importance of open communication and patient-centered counseling to enable the end users to make informed choices to improve the uptake of modern contraceptives and reduce the problems of discontinuation, though the evidence is of very low quality²⁴. High high-quality review comprised of 33 studies recommends that there is a need to test patient-centered approaches in a wider range of settings, though the selected studies predominantly focused on Western countries thus limiting the generalizability²⁵. Hardees et al, in a high-quality, qualitative study of 23 participants working on family planning and engaged in various roles with the FP2020 partnership at global and national levels suggests that institutionalizing rights-based family planning requires increased commitment from both donors and countries for sustained long-term programming. The global impact of the COVID-19 pandemic on women has underscored the critical importance of safeguarding reproductive rights and ensuring access to sexual and reproductive health (SRH) services, including contraception, as essential services. However, a serious limitation of the paper was that as the analysis was conducted from the perspective of the FP2020 Partnership, it primarily focused on civil society, implementing partners, and bilateral/multilateral organizations, with limited participation from government representatives. To obtain a more comprehensive understanding of rights-based family planning at the country level, it is suggested that an assessment should also include the perspectives of country implementers who may or may not be aware of global partnerships¹⁰. The existing tools designed for patient-centered family planning counseling exhibit variations in their coverage of essential domains of patient-centered care, with none of the tools identified addressing all domains. There is a lack of empirical evidence concerning the influence of these tools on the quality of care and outcomes related to family planning, underscoring a notable research gap. Family planning practitioners should be attentive to the disparities in how these tools cater to patient-centered care and take into account factors that could impede providers from embracing these tools. Further investigation is necessary to delve into the factors that impact the adoption of patient-centered tools and to establish a more comprehensive evidence base for evaluating the impacts of these tools on family planning outcomes.²⁶

2. Role of provider bias:

A descriptive survey from South Africa shows that lower provision of LARC had an association with poor or inaccurate knowledge and insufficient numbers trained for service provision. The study was

of weak quality and all the respondents included in the study didn't provide contraceptive counseling which affected the understanding of knowledge-related questions²⁷. To improve the family planning situation a variety of obstacles must be addressed, according to a study conducted by Thompson et al. in the USA. One of the limitations of this study was the nonrepresentative sample, as it comprised only providers in Ohio. As they recruited participants through a professional network, the sample may not represent all Ohio providers either.²⁸ Suchman et al. in the qualitative study conducted in Ethiopia, Mexico, and India conclude that there is a need for high-quality counseling as an approach that inherently leads to respecting clients' rights and choices - versus quality as a mechanism to increase contraceptive use. Though the study evidence is of high quality there are a few limitations. Within each country limited geographical representation was there, and data from India was mostly extrapolated from other sources as few Indian administrators responded¹¹. A high-quality review comprising 41 studies conducted in 27 countries on healthcare providers, concludes that improved and standardized education and training are required to address knowledge gaps and healthcare provider biases to ensure high-quality, patient-centered, and rights-based, contraceptive services. However, this review was part of a larger review; thus potentially relevant articles could have been missed²⁹. According to Wegnar et al, stakeholders in policy and programs in various settings generally recommended the need to design counseling interventions and they also supported the idea of scaling up but there were concerns over social and cultural norms. The study acknowledges several limitations in interpreting its findings. There was difficulty in measuring and quantifying provider biases. Also, respondents' awareness, self-reporting, and social desirability bias affected the response regarding whether the clients received their method of contraception through informed choice. (Wagner et al., 2022). Moderate quality evidence from an LMIC suggests that sustainability of the modern contraceptive service provision can be only ensured by investing in refreshment training for improving technical as well as communication skills. The findings of the study can not be generalized because of its sample size and the process of selecting participants¹⁴.

3. Barriers to contraceptive uptake and strategies to tackle them:

According to the evidence generated by two high-quality studies, included in the current review, continued education and training are cornerstones to address the obstacles to the prescription and placement of modern contraceptives. To increase the availability of person-centered care especially in low and middle-income countries, there is a need to increase the quantity and quality of human resources for contraceptive service delivery. It has been noted that nurses and doctors are not sufficiently competent to provide counseling and contraceptives at the beginning of a career. Moreover, curricula of medical and nursing schools must be updated to improve the competency of health care providers. Medical education in this field needs to be regularly modified according to guidelines by the World Health Organization and relevant international professional associations¹⁰. Similarly, another cross-sectional study by Tuya et al. emphasizes the role of continuous professional development in the improvement of the family planning situation¹⁵.

Hardees et al, in a high-quality, qualitative study of 23 participants working on family planning and engaged in various roles with the FP2020 partnership at global and national levels suggests that institutionalizing rights-based family planning requires increased commitment from both donors and countries for sustained long-term programming. The global impact of the COVID-19 pandemic on women has underscored the critical importance of safeguarding reproductive rights and ensuring access to sexual and reproductive health services, including contraception, as essential services. However, a serious limitation of the paper was that as the analysis was conducted from the perspective of the FP2020 Partnership, it primarily focused on civil society, implementing partners, and bilateral/multilateral organizations, with limited participation from government representatives. To obtain a more comprehensive understanding of rights-based family planning at the country level, it is suggested that an assessment should also include the perspectives of country implementers who may or may not be aware of global partnerships¹⁰.

4. Training interventions to improve counseling practices:

The continuation of education for providers and their patients would be the next step for practice improvement and knowledge development on the subject of LARC use in teens. As was already mentioned, this small study of low to moderate quality revealed that most of the providers felt that reading the straightforward PowerPoint increased their knowledge¹⁷.

A moderate-quality cross-sectional study on 66 nurses from Kenya recommends improved knowledge and skills on LARC through Continuous Professional Development through a clear training framework to improve the effectiveness of service delivery¹⁵.

A systematic review of excellent quality comprising 28 studies clearly shows that training of healthcare providers has a positive impact on contraceptive uptake. The limitation of this review is the pronounced heterogeneity of included studies and the presence of many different confounding factors.

Another limitation was that there was no clarity about the duration or frequency of training for a sustained positive effect on contraceptive uptake, so clear recommendations about the implementation of provider training in low-resource settings cannot be given.¹⁸

The implementation issues that have been found in the study by (MacLachlan et al. must be resolved if this strategy of segmentation counseling has to be scaled up, particularly concerning proper training. To find out if segmentation affects family planning use results, more research is required in various settings with a larger sample size. The study was of moderate to high quality with reported limitations of the Hawthorne effect²⁰.

A piece of high-quality evidence generated by (Taft et al., 2022) indicates the effectiveness of structured contraceptive counseling. However, the study has limited generalizability as data is drawn only from interviews with GPs and their women patients from Australia. There is now a growing body of trial evidence that LARC insertion rates can and should be increased through primary care, offering a variety of strategies that could be tailored to specific country contexts²¹.

In a study of moderate quality Makins et al. show that the cascade training model, based on a series of regional training of-trainer workshops followed by national dissemination workshops, offered a cost-effective means of sharing up-to-date WHO guidelines and tools for contraceptive use with key stakeholder groups in each participating country (total 29 countries). It allows for multidisciplinary training that is adaptable to country-specific factors. It also lends itself to in-country ownership and sustainability if it continues²².

5. Behavior change theories for counseling

According to Durante et al., effective contraceptive counseling techniques that promote parent-youth contact and proactively address discontinuation may help adolescents to uptake modern contraceptives and adhere to them. The primary goals of effective communication are to build relationships, trust, and cooperative decision-making between teenagers and care providers²³.

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In a study by Kariman et al the educational intervention, grounded in the Theory of Planned Behavior (TPB), demonstrated a significant influence on the childbearing intentions of women in the research study. Following the intervention, there were marked enhancements in knowledge, attitude, perceived behavioral control, and behavioral intention among the participants who underwent the program. The results underscore the significance of enacting efficacious public policies, offering suitable educational environments for women across various age brackets, and establishing a strong social support network to positively impact women's intentions regarding childbearing³⁰. Educational status of the males had an effect on the desired family size, contraceptive use and views in favor of female education³¹.

Conclusion

The scoping review on family planning counseling practices reveals several key findings that underscore the importance of various interventions and approaches. Studies such as Lindsay et al. (2020) highlight the positive impact of educational interventions on healthcare providers' confidence and knowledge regarding Long-Acting Reversible Contraceptives (LARCs), particularly in rural settings, leading to better counseling and increased LARC uptake among teens. Quality of counseling is emphasized by Danna et al. (2021) and Holland et al. (2020), who note that high-quality, client-centered counseling and a shared decision-making approach are essential for informed patient choices and positive experiences, which reduce discontinuation rates. Training and capacity building is crucial, as shown by Teklu et al. (2019) and Tuya et al. (2023), who demonstrate that continuous professional development (CPD) and training significantly enhance LARC service provision and uptake. Addressing biases is also critical; the Beyond Bias project (Wagner et al., 2022) illustrates how interventions targeting provider biases can lead to more empathetic and non-judgmental care for young people, thereby increasing the accessibility and acceptability of family planning services. Finally, systematic and standardized approaches are advocated by reviews from Stokholm Bækgaard et al. (2021) and Viera Valencia & Garcia Giraldo (2019), which stress that such approaches ensure high-quality, patient-centered care and effectively address the diverse needs and preferences of patients.

Significance

The scoping review identifies several critical areas in family planning counseling practices that require attention and improvement. By synthesizing evidence from various studies, the review highlights key gaps, such as the need for better training, addressing provider biases, and enhancing communication strategies. These findings provide valuable insights for policymakers and healthcare providers, emphasizing the importance of high-quality counseling, ongoing education, and supportive supervision to inform the development of more effective family planning programs and policies. Additionally, the review underscores the necessity of regular training and capacity building, highlighting the effectiveness of educational interventions and continuous professional development in enhancing healthcare providers' competence and confidence. Promoting patient-centered, rights-based care is also emphasized as crucial for ensuring that family planning services are responsive to clients' needs and preferences, ultimately leading to better health outcomes and higher satisfaction rates.

Limitations of the Scoping Review

Many studies focused on specific regions or providers, limiting the generalizability of findings. Data often came from limited sources, with some studies relying heavily on secondary data due to low response rates. Self-reporting and social desirability biases affected the reliability of outcomes.

Future Research Directions

Several areas require future research to build on the findings of this scoping review and further advance family planning counseling practices. Longitudinal studies are needed to evaluate the sustained impact of educational interventions and training programs on healthcare providers' performance and patient outcomes. Exploring the development and efficacy of innovative counseling tools and technologies is crucial to support personalized and effective family planning counseling. Additionally, investigating how family planning counseling practices can be adapted to different cultural and contextual settings will ensure they are effective and acceptable to diverse populations. Further research on interventions aimed at reducing provider biases, particularly in low-resource settings, is essential to ensure all individuals have access to unbiased, high-quality family planning services. Finally, studying patients' experiences and preferences in more depth will provide better

insights into tailoring counseling practices to meet their specific needs and improve their overall experience with family planning services.

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