NURSES IN FAMILY PLANNING; A NARRATIVE REVIEW OF THEIR ROLE

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Abstract:

Background: Family planning (FP) is a critical aspect of primary health care, with nurses playing a central role in providing information and services to individuals and couples. Nurses are key in promoting awareness about contraceptive methods, sexually transmitted infections, and preconception health. They also advocate for policies that enhance access to reproductive healthcare services and collaborate with other healthcare providers to ensure comprehensive care.

Objective: This review aims to explore the role of nurses in delivering family planning services, understand the challenges they face in this field, investigate the impact of nurse-led programs on patient outcomes, and identify the importance of collaboration between nurses and other healthcare providers in family planning. **Conclusion**: Nurses are essential in providing family planning services, offering counseling, education, and contraceptive services to individuals and families. Despite facing challenges like stigma and resource limitations, nurses collaborate with healthcare providers to deliver holistic care. By advocating for policies that support access to quality services, nurses contribute to advancing family planning and empowering individuals to make informed decisions about their reproductive health. Their dedication to promoting reproductive health and rights is crucial for the well-being of individuals and communities worldwide.

Keywords: family planning, contraception, primary health care, clients, nurses, rural, experiences.

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Introduction:

Family planning (FP) holds a significant position within primary health care (PHC), with nurses serving as the primary source of FP information for women outside their immediate social circles [1]. Nurses play a critical role in the expansive field of family planning, which encompasses a wide array of services and interventions designed to assist individuals and couples in making well-informed decisions regarding their reproductive health. The importance of family planning lies in its contribution to enhancing maternal and child unintended health, reducing pregnancies, preventing sexually transmitted infections, and empowering individuals to take charge of their fertility and overall well-being [1].

Nurses, being at the forefront of healthcare provision, are instrumental in delivering family planning services and education to individuals of all ages [1]. Within the realm of family planning, nurses act as educators, counselors, advocates, and healthcare providers, playing a pivotal role in raising awareness about contraceptive methods, fertility awareness, sexually transmitted infections, and preconception health [2]. They collaborate closely with individuals and couples to evaluate their reproductive aspirations, offer information on available contraceptive choices, and assist them in making informed decisions that align with their values, preferences, and health requirements [2].

An essential duty of nurses in family planning is to ensure access to a diverse range of contraceptive methods, including barrier methods, hormonal contraceptives, intrauterine devices, and permanent options like sterilization [3]. Nurses are trained to provide guidance on the effectiveness, side effects, and correct usage of contraceptives, aiding individuals in selecting the most suitable method based on their needs and preferences. Through the provision of comprehensive and non-judgmental information, nurses empower individuals to make choices that align with their reproductive goals [3].

Additionally, nurses play a crucial role in disseminating sexual and reproductive health education within communities and clinical settings [4]. They organize outreach programs, workshops, and educational sessions to enhance awareness about family planning, safe sex practices, and reproductive rights. Nurses also offer counseling on fertility awareness methods, preconception health, and the significance of regular gynecological screenings for the early detection of reproductive health issues [4].

Apart from education and counseling, nurses in family planning are tasked with delivering clinical services such as contraceptive counseling, insertion and removal of contraceptive devices, and management of side effects associated with contraceptive use [5]. They conduct physical assessments, screen for sexually transmitted infections, and collaborate with other healthcare professionals to ensure holistic care for individuals seeking family planning services [5].

Furthermore, nurses in family planning advocate for policies and programs that enhance access to affordable and high-quality reproductive healthcare services [6]. They strive to eliminate obstacles to contraceptive access, such as cost, transportation challenges, and stigma, while advocating for comprehensive sex education in educational institutions and communities. Nurses also engage with policymakers, public health bodies, and community organizations to address inequities in access to family planning services and advocate for reproductive justice for all individuals [6].

Objectives:

The main objectives of this review are:

- 1. To understand the role of nurses in providing family planning services.
- 2. To explore the challenges faced by nurses in delivering family planning services.
- 3. To investigate the impact of nurse-led family planning programs on patient outcomes.
- 4. To identify the role of collaboration between Nurses and Other Healthcare Providers in Family Planning

Role of Nurses in Providing Family Planning Services:

Nurses are essential members of the healthcare team who play a crucial role in providing family planning services, offering support and guidance to individuals and families seeking to make informed decisions about their reproductive health [7]. With their specialized training and expertise, nurses are equipped to deliver a wide range of services, including counseling, education, and the provision of various contraceptive methods. They create a safe and supportive environment for clients to openly discuss their reproductive goals, concerns, and preferences, empowering them to make choices aligned with their values and lifestyle [8].

One of the key responsibilities of nurses in providing family planning services is conducting comprehensive assessments of clients' reproductive health needs and preferences. By gathering essential information through history-taking and

physical examinations, nurses develop personalized family planning strategies tailored to each individual's unique circumstances. They consider factors such as age, medical history, reproductive goals, and cultural considerations to help clients navigate contraceptive options and choose methods that best meet their needs and preferences. Nurses also assess clients' readiness for parenthood, offer preconception counseling, and address any concerns related to family planning [9].

In addition to assessment and counseling, nurses provide education on contraceptive methods, including mechanisms of action, efficacy rates, potential side effects, and proper use. By ensuring clients have access to accurate information, nurses empower individuals to make informed decisions about their reproductive health and take an active role in managing their fertility. They also promote healthy behaviors and lifestyle choices that support optimal reproductive health, advocating for regular screenings, healthy relationships, and preventive measures to reduce the risk of unintended pregnancies and sexually transmitted infections [10].

Moreover, nurses are responsible for providing contraceptive services, such as the insertion and removal of intrauterine devices (IUDs), contraceptive implants, and other long-acting reversible methods. Through specialized training and certification, nurses acquire the skills necessary to safely administer these methods, ensuring clients receive high-quality care that meets safety and efficacy standards. They also monitor clients for potential side effects or complications related to contraceptive use, providing ongoing support and follow-up care to address concerns and ensure client well-being [11].

Beyond clinical care, nurses advocate for reproductive health and family planning rights, working to eliminate barriers to access and promote equitable services for all individuals and communities. Byadvocating for policies supporting reproductive autonomy, comprehensive education, and affordable access to contraceptive services, nurses contribute to a healthcare system that respects and upholds the reproductive rights and choices of all individuals. Through their commitment to social justice and health equity, nurses advance the field of family planning and promote the well-being of individuals, families, and communities worldwide [12].

Training and Education for Nurses in Family Planning:

Training and education play a pivotal role in preparing nurses for their responsibilities in family planning, ensuring the delivery of high-quality reproductive healthcare services to both individuals and communities. Nurses are at the forefront of offering various family planning services, such as counseling, providing contraception, and educating on sexual health. To effectively carry out these duties, nurses need comprehensive training that covers a broad spectrum of topics, including but not limited to contraceptive methods, reproductive anatomy and physiology, counseling skills, cultural competence, and ethical considerations [13].

This training is essential as it equips nurses with the necessary knowledge and skills to assist individuals in making well-informed decisions regarding their reproductive health and family planning options. An integral aspect of this training is the emphasis on evidence-based practice, necessitating nurses to stay abreast of the latest research and guidelines related to contraceptive methods, sexually transmitted infections, and other pertinent subjects to offer the most up-to-date and efficient care to their patients. Moreover, nurses must be proficient in communication techniques to facilitate open and non-judgmental discussions with individuals seeking family planning services [14].

Additionally, education for nurses in family planning should encompass training contraceptive counseling and provision. Nurses must possess a thorough understanding of the various contraceptive methods available, including their mechanisms of action, efficacy rates, potential side effects, and contraindications. This knowledge enables nurses to deliver personalized counseling, aiding patients in selecting the most appropriate contraceptive method based on their preferences, medical history, and reproductive objectives. Furthermore, nurses should be trained in the safe and effective administration of contraceptive methods like intrauterine devices (IUDs) and contraceptive implants [15].

Cultural competence stands as another crucial element in the training of nurses in family planning. It is imperative for nurses to be mindful of the diverse cultural beliefs, values, and practices of the individuals they serve to provide culturally competent care. This entails understanding how cultural norms might influence attitudes towards contraception and reproductive health and being able to adapt counseling approaches to accommodate and respect cultural differences. By

undergoing training in cultural competence, nurses can establish trust with their patients, ensuring that family planning services are accessible and acceptable to individuals from all cultural backgrounds [16].

Furthermore, ethical considerations are paramount in the training of nurses in family planning. Nurses must adhere to ethical principles such as autonomy, beneficence, non-maleficence, and justice when delivering family planning services. This involves respecting patients' rights to make informed decisions about their reproductive health, ensuring confidentiality and privacy, and advocating for the well-being of individuals and communities. Nurses should be equipped to navigate ethical dilemmas that may arise in the provision of family planning services, such as conflicts between a patient's autonomy and their best interests or issues concerning reproductive rights and social justice [17].

Challenges Faced by Nurses in Family Planning:

Despite the crucial role they play, nurses encounter numerous obstacles when providing family planning services. One of the main challenges they face is the stigma and cultural barriers surrounding discussions about reproductive health and family planning. In many societies, topics like sex, contraception, and fertility are considered taboo, making it difficult for nurses to have open and honest conversations with clients about their reproductive health needs [18]. This stigma can result in a lack of awareness and understanding about family planning methods, leading to low uptake of services and unintended pregnancies. Additionally, nurses often struggle with a lack of resources and infrastructure to support their work. Many healthcare facilities, especially in lowresource settings, are understaffed and lack essential supplies, such as contraceptives and educational materials, making it challenging for nurses to provide comprehensive family planning services. Limited access to training professional development opportunities can also hinder nurses' ability to deliver high-quality care in this field.

Moreover, nurses face challenges related to policy and regulatory frameworks governing family planning services [19]. In some regions, restrictive laws and policies restrict access to certain contraceptive methods or create barriers to service provision, complicating the delivery of comprehensive care by nurses. Furthermore, funding constraints and shifting political priorities can impact the availability and quality of family

planning services, adding strain to nurses working in this area. The emotional and psychological toll of providing family planning services can also be challenging for nurses. Engaging in sensitive conversations about contraception, pregnancy options, and sexual health can be emotionally draining, especially when faced with complex ethical dilemmas or conflicting cultural beliefs. Nurses must navigate these difficult discussions with empathy and professionalism while also managing their own emotional well-being and maintaining boundaries with clients [20].

Collaboration between Nurses and Other Healthcare Providers in Family Planning:

Collaboration among healthcare professionals, particularly nurses, is essential in the realm of family planning to ensure the delivery of comprehensive effective reproductive and healthcare services to individuals and families [21]. Nurses are integral in the family planning process as they provide crucial services such as education, counseling, and support to individuals seeking contraceptive services. Serving as the initial point of contact for patients, nurses play a pivotal role in evaluating their requirements, preferences, and concerns regarding family planning. By closely collaborating with other healthcare providers like physicians, nurse practitioners, and midwives, nurses are able to devise personalized family planning strategies tailored to meet the specific needs of each individual.

This collaborative approach not only fosters a holistic and patient-centered approach to family planning but also guarantees that individuals are equipped with the necessary information and resources to make well-informed decisions about their reproductive health. In the context of family planning, nurses collaborate with their healthcare counterparts to offer a diverse array of contraceptive options, including but not limited to birth control pills, intrauterine devices (IUDs), contraceptive implants, and barrier methods [22]. Through this collaborative effort, nurses and healthcare providers collaborate to assist individuals in selecting the contraceptive method that aligns best with their lifestyle, preferences, and medical background.

Furthermore, this collaborative model facilitates the provision of comprehensive reproductive healthcare services, such as preconception counseling, sexually transmitted infection (STI) screening, and fertility awareness education. Beyond clinical settings, nurses often engage with community organizations, schools, and public

health agencies to advocate for family planning education and enhance access to contraceptive services. By actively participating in community outreach, nurses contribute to raising awareness about the significance of family planning and empowering individuals to take charge of their reproductive health [23].

The collaborative efforts of nurses and other healthcare providers in family planning are vital for addressing inequities in access to reproductive health services and advocating for reproductive justice for all individuals, irrespective of their socioeconomic status, race, or geographical location. In addition to providing direct patient care, nurses also play a crucial role in championing for policies and initiatives that support family planning and reproductive health. Through collaboration with policymakers, advocacy groups, and professional organizations, nurses actively participate in shaping legislation and guidelines that promote affordable and high-quality family planning services.

This advocacy work is crucial for overcoming barriers to family planning, such as inadequate insurance coverage, limited provider availability, and the stigma associated with reproductive health issues [24]. In essence, the collaborative efforts of nurses and other healthcare providers in family planning not only enhance access to essential reproductive healthcare services but also contribute significantly to advancing policies that support the reproductive rights and well-being of individuals and families.

Conclusion:

In conclusion, nurses play a pivotal role in providing essential family planning services, serving as educators, counselors, advocates, and healthcare providers. Through their specialized training and expertise, nurses create a safe and supportive environment where individuals and families can make informed decisions about their reproductive health. Despite facing challenges such as stigma, resource limitations, and policy collaborate constraints. nurses with other healthcare providers to deliver comprehensive care and promote reproductive health and rights. By advocating for policies that support access to affordable and high-quality services, nurses contribute to advancing the field of family planning and empowering individuals to take control of their fertility and overall well-being.

References:

- 1. World Health Organization (WHO). Declaration of Alma-Ata. In: International Conference on Primary Health Care [homepage on the Internet]. 1978. [cited 2019 Apr 20]. Available from: https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata
- 2. Ahmed S, Li Q, Liu L, Tsui AO. Maternal deaths averted by contraceptive use: An analysis of 172 countries. Lancet. 2012;380(9837):111–125. 10.1016/S0140-6736(12)60478-4 [PubMed] [CrossRef] [Google Scholar]
- 3. Chola L, McGee S, Tugendhaft A, et al.. Scaling up family planning to reduce maternal and child mortality: The potential costs and benefits of modern contraceptive use in South Africa. PLoS One. 2015;10(6):e0130077. 10.1371/journal. pone.0130077 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 4. United Nations . Transforming our world: The 2030 agenda for sustainable development [homepage on the Internet]. UN General Assembly; 2015. [cited 2019 Apr 20]. Available from: https://undocs.org/A/RES/70/1 [Google Scholar]
- 5. United Nations Statistical Commission . Resolution adopted by the General Assembly on Work of the Statistical Commission pertaining to the 2030 agenda for sustainable development (A/RES/71/313) [homepage on the Internet]. 2017. [cited 2019 Apr 20]. Available from: https://undocs.org/A/RES/71/313
- 6. South Africa demographic and health survey 2016 [homepage on the Internet]. Pretoria: Statistics South Africa; 2016. [cited 2019 Apr 22]. Available from: http://www.statssa.gov.za/ [Google Scholar]
- 7. National Department of Health . National contraception clinical guidelines 2019 [homepage on the Internet]. National Department of Health; 2019. [cited 2019 April Available from: https://www. 201. knowledgehub.org.za/ [Google Scholar]
- 8. World Health Organization . Medical eligibility criteria for contraceptive use [homepage on the Internet]. 5th ed. Geneva: World Health Organization; 2015. [cited 2019 Apr 22]. Available from: https://www.who.int/reproductivehealth/publications/family_plannin g/MEC-5/en/ [Google Scholar]
- 9. Massyn N, Peer N, English R, et al., editors. District health barometer 2015/16 [homepage on the Internet]. Durban: Health Systems Trust; 2016. [cited 2020 Feb 04]. Available from: https://www.hst.org.za/publications/Pages/-District-Health-Barometer-201516.aspx [Google Scholar]

- 10.Mossel Bay sub-district family planning and CYPR statistics, 2014/15 to 2018/19. [cited n.d.]. Avaiable from https://www.westerncape.gov.za/.
- 11.Constant D, Moodley J, Green M, et al.. Expanding contraceptive options for PMTCT clients: A mixed methods implementation study in Cape Town, South Africa. Reprod Health. 2014;11(1):1–10. 10.1186/1742-4755-11-3 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 12.Davids EL, Kredo T, Gerritsen AAM, et al.. Adolescent girls and young women: Policy-to-implementation gaps for addressing sexual and reproductive health needs in South Africa. S Afr Med J. 2020;110(9):855–857. 10.7196/SAMJ.2020.v110i9.14785 [PubMed] [CrossRef] [Google Scholar]
- 13. Ochako R, Mbondo M, Aloo S, et al.. Barriers to modern contraceptive methods uptake among young women in Kenya: A qualitative study. BMC Public Health. 2015;15(1):118. 10.1186/s12889-015-1483-1 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 14. Williamson LM, Parkes A, Wight D, et al.. Limits to modern contraceptive use among young women in developing countries: A systematic review of qualitative research. Reprod Health. 2009;6:3. 10.1186/1742-4755-6-3 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 15. Wood K. Blockages and scolding nurses:
 Barriers to adolescent contraceptive use in
 South Africa. Reprod Health Matters.
 2006;14(27):109–118. 10.1016/S09688080(06)27231-8 [PubMed] [CrossRef]
 [Google Scholar]
- 16.Paul M, Näsström SB, Klingberg-Allvin M, et al.. Healthcare providers balancing norms and practice: Challenges and opportunities in providing contraceptive counselling to young people in Uganda A qualitative study. Glob Health Action. 2016;9:30283. 10.3402/gha.v9.30283 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

- 17.Marlow HM, Maman S, Moodley D, et al.. Postpartum family planning service provision in Durban, South Africa: Client and provider perspectives. Health Care Women Int. 2014;35(2):175–199. 10.1080/07399332.2013.815753 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 18. Van Zijl S, Morroni C, Van Der Spuy ZM. A survey to assess knowledge and acceptability of the intrauterine device in the Family Planning Services in Cape Town, South Africa. J Fam Plan Reprod Health Care. 2010;36(2):73–78. 10.1783/147118910791069367 [PubMed] [CrossRef] [Google Scholar]
- 19. Nurses in family planning." Bulletin of the Pan American Health Organization vol. 8,3 (1974): 258-65.
- 20.Bhandari, U, and V Bhandari. "Vital aspects of nursing: the family planning component." The Nursing journal of India vol. 73,5 (1982): 141-3.
- 21.Madden T, Mullersman JL, Omvig KJ, et al..
 Structured contraceptive counselling provided
 by the contraceptive CHOICE project.
 Contraception. 2013;88(2):243–249.
 10.1016/j.contraception.2012.07.015 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 22. Du Toit A. Situational analysis: Women's health services in the Eden district client perspective. National Department of Health, Pretoria; 2014. [Google Scholar]
- 23. Potgieter F, Kapp P, Coetzee F. Factors influencing post-partum women's choice of an implantable contraceptive device in a rural district hospital in South Africa. S Afr Fam Pract. 2018;60(6):174–180. 10.1080/20786190. 2018.1487213 [CrossRef] [Google Scholar]
- 24.Laher F, Todd CS, Stibich MA, et al.. A qualitative assessment of decisions affecting contraceptive utilization and fertility intentions among HIV-positive women in Soweto, South Africa. AIDS Behav. 2009;13(Suppl. 1):47–54. 10.1007/s10461-009-9544-z [PubMed] [CrossRef] [Google Scholar]