



The Role of Nurses in Providing Family Planning Education Based on Literature Review

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Abstract: This study aims to analyze the role of nurses in providing family planning (FP) education through a comprehensive literature review approach. Using a qualitative descriptive method, the study synthesizes findings from peer-reviewed journals, academic books, and official reports published between 2019 and 2025 to explore how nurses contribute to enhancing reproductive health literacy and contraceptive awareness. Data were collected through systematic literature analysis, with inclusion criteria focusing on studies discussing nurse-led FP interventions in both clinical and community settings. The data were analyzed thematically through identification, categorization, and inductive synthesis of recurring patterns. The results reveal that nurse-led FP education significantly improves clients' knowledge, attitudes, and decision-making autonomy regarding contraceptive methods. Nurses serve multiple roles as educators, counselors, and health promoters, bridging gaps between reproductive health knowledge and community practice. However, the study also identifies barriers such as limited training, insufficient institutional support, and cultural or moral influences that affect the consistency of FP counseling. Strengthening nursing education, continuous professional training, and competency-based curricula are key strategies for optimizing nurses' performance in reproductive health programs. The findings contribute to advancing theoretical understanding of nursing's educational role and offer practical recommendations for policy enhancement and curriculum development. Ultimately, the study reinforces that empowering nurses as FP educators is essential for promoting equitable, informed, and sustainable reproductive health outcomes.

Keywords: Nurse-Led Education, Family Planning, Reproductive Health, Counseling, Qualitative Study

Introduction

Family planning (FP) remains one of the most critical public health priorities worldwide, as it directly influences maternal and child health, reproductive rights, and socio-economic development. In recent years, the role of nurses in promoting and educating about family planning has become increasingly significant, particularly in primary healthcare and community-based settings (Selvaraj et al, 2025). Nurses serve not only as healthcare providers but also as educators, counselors, and facilitators who empower individuals and families to make informed reproductive decisions. Despite the evident importance of FP, access to accurate information and quality education remains uneven across different populations, highlighting the urgency of reinforcing nurses' educational role in this field (Leite et al, 2020).

Global trends indicate a persistent gap between knowledge and utilization of modern contraceptive methods, particularly in low- and middle-income countries. The World Health Organization reports that approximately 214 million women of reproductive age have unmet needs for family planning services. This challenge underscores the need for continuous nurse-led educational interventions that enhance knowledge, attitudes, and acceptance of contraceptive methods (Uwajeneza et al, 2023). Nurse-driven initiatives have proven to significantly increase contraceptive uptake and improve reproductive health outcomes when implemented effectively (Madrado et al, 2023).

In many contexts, nurses are the primary contact point for reproductive health education. Their role extends beyond clinical service to include community engagement and behavioral counseling (Godinho et al, 2020). Through structured educational sessions, nurses contribute to reducing misconceptions and cultural stigmas associated with family planning. However, barriers such as limited training, workload, and inadequate institutional support often hinder the optimal performance of this role (Uwajeneza et al, 2023). Addressing these constraints is essential for ensuring that nurses can fulfill their potential as key agents in reproductive health education.

The relevance of strengthening the nursing role in FP education is further highlighted by recent research emphasizing the effectiveness of nurse-led interventions in increasing contraceptive knowledge from 16.7% to 75% and improving positive attitudes among women of reproductive age (Selvaraj et al, 2025). This demonstrates that educational strategies spearheaded by nurses can substantially enhance awareness and behavior change regarding contraceptive use. Furthermore, these interventions also empower women to make autonomous and informed reproductive choices.

From a socio-cultural perspective, family planning remains sensitive in many societies. Nurses often face challenges related to moral or religious beliefs, which may influence how they deliver contraceptive education (Nkurunziza et al, 2023). Such personal and cultural factors can affect the consistency and neutrality of FP messages. Therefore, it is vital to provide comprehensive pre-service and in-service training that strengthens nurses' knowledge, confidence, and ethical competence in delivering reproductive health education (Uwajeneza et al, 2023).

Educational gaps are particularly evident in fertility awareness-based methods (FABM), which are often overlooked in nurse training programs (Uwajeneza et al, 2024). Strengthening these areas would ensure that nurses can offer a full range of contraceptive options tailored to clients' preferences and values. In addition, integrating FP education into the nursing curriculum would enhance the preparedness of future nurses to deliver accurate, evidence-based reproductive health counseling (Nkurunziza et al, 2023).

Another key factor influencing FP education effectiveness is system-level support. Limited time per patient, high nurse-client ratios, and the lack of educational materials are recurrent obstacles in both clinical and community settings (De Felicio Bortucan Lenza et al, 2025). Institutions that prioritize FP training and resource allocation tend to report better patient outcomes and higher contraceptive acceptance rates. Thus, creating structured, nurse-led educational frameworks supported by health policy can substantially improve reproductive health indicators.

The role of nurses also extends to adolescents and young adults, who are often underserved in FP education programs. School nurse-led interventions have shown promising results in promoting sexual and reproductive health among adolescents in high-income settings, improving knowledge, and reducing risky sexual behaviors (Choi et al, 2025). Expanding similar programs in low- and middle-income contexts could have a transformative effect on early reproductive decision-making and health literacy.

In community health systems, nurses play a central role in facilitating access to FP services and ensuring continuity of care. Their involvement in outreach programs and home visits fosters trust and sustained behavioral change, particularly in rural or marginalized communities (Godinho et al, 2020). This aligns with global public health goals of universal access to reproductive health education and services.

Despite progress, significant disparities persist in FP education delivery. A recurring theme in the literature is the underutilization of nurses' potential as primary educators in reproductive health. Studies highlight that structured educational tools and community-based initiatives greatly enhance nurses' confidence and performance in providing FP counseling (Madrado et al, 2023). Therefore, investment in training and educational infrastructure is crucial.

Nurses' involvement in FP not only benefits clients but also strengthens the healthcare system. Evidence suggests that when nurses are well-equipped with FP competencies, they contribute to reducing unintended pregnancies, improving maternal health outcomes, and promoting gender equity in healthcare (Selvaraj et al, 2025). The ripple effect of these outcomes underscores the strategic importance of prioritizing nurse-led FP education.

Globally, the recognition of nurses as educators and advocates in reproductive health is growing. Integrating their role into policy frameworks ensures that FP education becomes a sustainable and standardized practice across healthcare levels (De Felicio Bortucan Lenza et al, 2025). By emphasizing evidence-based approaches, nurses can effectively align their practice with the broader objectives of reproductive health promotion and rights.

In terms of urgency, the increasing global population and unmet contraceptive needs highlight the necessity for enhanced FP education. Nurse-led interventions bridge the gap between healthcare systems and communities, translating medical knowledge into accessible, culturally appropriate information (Uwajeneza et al, 2023). As such, reinforcing the educational capacity of nurses is not merely a professional development issue but a public health imperative.

This article aims to analyze the multifaceted role of nurses in providing family planning education through a literature-based review. It explores their functions as educators, counselors, and facilitators in reproductive health, identifying key challenges and opportunities for improvement. By synthesizing recent evidence, the article seeks to highlight strategies for optimizing nurse-led FP education in diverse healthcare contexts.

Ultimately, the study intends to contribute to theoretical and practical advancements in nursing practice. Theoretically, it enhances understanding of the nursing role in health education and behavioral change. Practically, it provides insights for policymakers, educators, and healthcare institutions to strengthen FP education programs and promote sustainable reproductive health outcomes.

Methodology

This study employs a qualitative research design with a descriptive approach through a systematic literature review. The qualitative-descriptive design was selected to enable a comprehensive understanding of the role of nurses in providing family planning education, particularly in various healthcare and community settings. Qualitative methods emphasize depth over breadth, allowing the researcher to capture complex phenomena and contextual meanings rather than mere numerical representations (Bingham, 2023) (Pratt, 2025). The descriptive nature of this study facilitates an in-depth exploration of existing literature, summarizing and synthesizing empirical findings without manipulating variables or testing hypotheses (Baillie, 2019) (Doyle, 2019).

The data sources in this study consist of academic journals, books, and official reports that discuss nurses' roles in reproductive health education, family planning services, and health promotion. Only peer-reviewed articles published between 2015 and 2025 were included to ensure the use of recent and credible evidence. The main literature reviewed includes studies from nursing, midwifery, and public health journals, such as *Journal of Pharmacy & Bioallied Sciences*, *International Journal of Africa Nursing Sciences*, *BMJ Open*, and *Nurse Education in Practice* (Choi et al, 2025) (Selvaraj et al, 2025) (Uwajeneza et al, 2023). Additional methodological references on qualitative research and data analysis were also used to establish a robust research framework (Abraham, 2024) (Bingham, 2023).

Data collection in this study was conducted through systematic literature searching and document analysis. Relevant sources were identified using academic databases such as Scopus, ScienceDirect, and PubMed, employing keywords like "nurse education," "family planning," and "reproductive health counseling." Each article was screened for relevance, credibility, and methodological rigor. The inclusion criteria consisted of studies focusing on nurse-led educational interventions in family planning or reproductive health contexts, while the exclusion criteria ruled out non-peer-reviewed materials, opinion pieces, or studies published before 2015 (Granikov, 2020) (Togia & Malliari, 2017).

The data analysis process followed a thematic and inductive procedure involving several stages: identification of recurring themes, data reduction, categorization of concepts, and synthesis of findings. Thematic analysis allowed for the identification of key patterns regarding nurses' educational roles and challenges in FP programs (Belotto, 2018) (Bingham, 2023). During the reduction phase, irrelevant or redundant information was excluded, ensuring clarity and focus. Subsequently, themes were categorized according to conceptual dimensions such as educator role, counseling function, and system-level barriers (Fife & Gossner, 2024) (Vila-Henninger, 2022).

To ensure data validity and trustworthiness, this study applied triangulation of sources by comparing data across multiple peer-reviewed articles and theoretical frameworks (Kalpokaite & Radivojevic, 2018). Additionally, conceptual peer review was performed by cross-referencing similar findings and interpretations in previous studies to ensure consistency and reliability (Doyle, 2019). The use of an audit trail, as recommended in qualitative research, strengthened the transparency and traceability of the analytical process (Bingham, 2023). These validation measures helped enhance the study's credibility, dependability, and confirmability.

Overall, this methodological approach aligns with the research objective of understanding nurses' roles in family planning education comprehensively and contextually. By utilizing a qualitative-descriptive framework supported by systematic literature analysis, this study synthesizes empirical and theoretical evidence to produce relevant, valid, and accountable findings. The methodological rigor ensured through inclusion criteria, inductive analysis, and triangulation supports the reliability of conclusions regarding the enhancement of nurses' educational competencies and the implications for reproductive health policy and practice (Abraham, 2024) (Jimenez, 2024).

Result and Discussion

The findings of this literature study highlight the multifaceted and indispensable role of nurses in providing family planning (FP) education, demonstrating consistent evidence across multiple contexts and countries. The analysis of 12 recent peer-reviewed studies (2019–2025) reveals that nurse-led FP education significantly enhances clients' knowledge, attitudes, and decision-making autonomy regarding contraceptive use. The results are systematically presented in five thematic dimensions: effectiveness of nurse-led education, specific roles of nurses, barriers encountered, competency enhancement, and practice implications.

1. Effectiveness of Nurse-Led Family Planning Education

Nurse-led interventions have demonstrated measurable improvements in reproductive health literacy and contraceptive attitudes. In a quasi-experimental study in Chennai, India, reproductive-age women who attended structured FP education sessions led by nurses showed a substantial increase in adequate knowledge from 16.67% to 75% and positive attitudes from 25% to 70% ($p < 0.001$) (Selvaraj et al, 2025). Similarly, in Egypt, pre-marital counseling delivered by nurses improved participants' FP knowledge (85.6% vs. 38.9%) and positive perceptions (72.2% vs. 55.6%) compared to control groups (Khalil et al, 2023). These outcomes confirm that nurse-facilitated FP education effectively promotes contraceptive awareness, corrects misconceptions, and empowers informed decision-making.

2. Roles and Responsibilities of Nurses in FP Education

The reviewed literature identifies several core functions of nurses in FP programs: educator, counselor, health promoter, and facilitator. As educators, nurses deliver accurate information about contraceptive methods, side effects, and reproductive health to individuals and groups (Leite et al, 2020) (Selvaraj et al, 2025). As counselors, they assist clients and couples in selecting appropriate contraceptive methods and addressing fears or misconceptions (De Felicio Bortucan Lenza et al, 2025) (Godinho et al, 2020). Moreover, as adolescent health promoters, nurses contribute to sexual and reproductive health education in schools and clinics, aiming to prevent unwanted pregnancies and sexually transmitted infections (Godinho et al, 2020) (Leite et al, 2020). These overlapping roles illustrate nurses' central position in reproductive health advocacy and community empowerment.

3. Barriers and Challenges Faced by Nurses

Despite these achievements, multiple studies highlight persistent barriers limiting nurses' performance in FP education. These include inadequate pre-service and in-service

training, high patient workloads, and insufficient educational resources (De Felicio Bortucan Lenza et al, 2025) (Uwajeneza et al, 2024). Personal beliefs and moral or religious values also influence how nurses approach FP counseling, potentially affecting objectivity and patient autonomy (Uwajeneza et al, 2023, 2024). Training deficiencies were particularly notable in fertility awareness-based methods (natural FP), where nurses reported limited confidence and knowledge (Uwajeneza et al, 2023). In Giza, Egypt, a structured training module successfully reduced counseling barriers—such as time constraints and client overload—while improving nurses’ knowledge and communication effectiveness (Hassan et al, 2024).

4. Strengthening Nurses’ Competencies in FP Education

Several studies underscore the need for continuous professional development to enhance nurses’ counseling and communication skills. A simulation-based intervention in Turkey demonstrated that repeated standardized patient simulations significantly reduced students’ anxiety and improved their FP counseling competence (Toraman et al, 2023). In Rwanda, FP education for nursing students was described as a cyclical process of preparation, facilitation, and evaluation, influenced by educators’ moral values, teaching resources, and institutional support (Uwajeneza et al, 2024). Furthermore, studies emphasize the importance of integrating FP competencies into nursing curricula to ensure future healthcare professionals are adequately prepared to provide reproductive health education (Shirazi et al, 2024).

5. Implications and Comparative Insights

Comparatively, nurse-led FP education has proven more effective in improving reproductive health outcomes than physician-dominated or mass-media-based interventions due to nurses’ closer rapport with clients and cultural sensitivity (Godinho et al, 2020) (Leite et al, 2020). The integration of nurse-driven educational initiatives within primary care and community health systems fosters long-term contraceptive adherence and patient satisfaction (De Felicio Bortucan Lenza et al, 2025). Moreover, the inclusion of families in educational programs has shown to enhance support for FP decisions, drawing parallels from chronic disease management where family education boosts self-care and adherence (Bayaranie et al, 2024) (Hertiana & Saleh, 2019).

6. Summary of Key Findings

The synthesis of evidence across sources presents a clear and consistent conclusion: nurse-led FP education substantially improves reproductive health literacy, positive attitudes toward contraception, and shared decision-making. However, maximizing this potential requires institutional support, continuous training, and curricular integration.

Table 1. key aspects of the role of nurses in family planning education

Aspect	Key Findings	Sources
Effectiveness of education	Significant increase in FP knowledge and attitudes	(Khalil et al, 2023) (Selvaraj et al, 2025)
Target population	Women, couples, adolescents	(De Felicio Bortucan Lenza et al, 2025) (Leite et al, 2020)

Aspect	Key Findings	Sources
Nurse roles	Educator, counselor, health promoter	(Hassan et al, 2024) (Khalil et al, 2023) (Leite et al, 2020)
Barriers	Lack of training, resources, and personal belief influences	(Hassan et al, 2024) (Uwajeneza et al, 2023, 2024)
Competency reinforcement	Simulations, structured modules, curricular strengthening	(Hassan et al, 2024) (Toraman et al, 2023) (Uwajeneza et al, 2024)

Collectively, the findings affirm that optimizing the educational and counseling capacity of nurses in FP programs is crucial for achieving equitable, informed, and sustainable reproductive health outcomes.

Discussion

The results of the literature review indicate that nurses play a pivotal role in strengthening family planning (FP) education and reproductive health promotion across clinical and community settings. The findings collectively highlight that nurse-led educational interventions are not only effective in enhancing knowledge and attitudes but also essential in supporting informed decision-making and promoting autonomy among women and couples. This discussion synthesizes the main themes identified—educational impact, role integration, barriers and competencies, and theoretical implications—while situating them within relevant conceptual and empirical frameworks.

1. Integration with Nursing and Health Education Theory

The demonstrated effectiveness of nurse-led interventions aligns with Bandura's social learning theory, which emphasizes that health behaviors can be modified through guided learning and modeling (Khalil et al, 2023) (Selvaraj et al, 2025). By facilitating interactive educational sessions, nurses act as behavioral role models who reinforce contraceptive use and self-efficacy. Furthermore, within the Health Belief Model (HBM) framework, FP counseling enhances perceived benefits and reduces perceived barriers to contraceptive adoption (Godinho et al, 2020) (Leite et al, 2020). The observed increase in positive attitudes and FP knowledge reflects the success of educational models that integrate behavioral and cognitive reinforcement mechanisms.

From the nursing perspective, these findings reinforce the health promotion model proposed by Pender, which situates nurses as active facilitators of health literacy and informed choices. The FP education process demonstrates that when nurses engage as educators, they bridge gaps between reproductive health information and client empowerment (De Felicio Bortucan Lenza et al, 2025).

2. Contextual and Structural Determinants of Educational Outcomes

The literature also reveals how institutional, cultural, and resource-related contexts influence the effectiveness of FP education. Structural limitations such as high nurse-patient ratios, lack of educational tools, and time constraints often diminish the depth of counseling sessions (Hassan et al, 2024). Moreover, cultural and religious values affect both nurses' comfort levels and clients' receptiveness to FP education (Uwajeneza et al, 2023). This

underscores the importance of culturally sensitive education that respects individual values while maintaining evidence-based practice.

In contrast, structured training programs, such as those implemented in Giza, Egypt, demonstrate that systematic skill reinforcement can mitigate these barriers by improving communication confidence and content accuracy (Hassan et al, 2024). Similarly, simulation-based learning for nursing students was found to significantly improve FP counseling competencies, illustrating how competency-based education enhances both confidence and delivery quality (Toraman et al, 2023).

3. Theoretical and Practical Implications

The consistent association between nurse-led FP education and improved reproductive outcomes supports the conceptualization of nurses as educator-practitioners within the health system. The practice implications extend to curriculum reform in nursing education, emphasizing comprehensive FP modules and communication training. The incorporation of standardized patient simulations, as evidenced by Toraman et al. (2023), and the inclusion of reflective practice in pre-service programs (Uwajeneza et al, 2024) represent strategic approaches to sustain educational quality.

Furthermore, the engagement of nurses in FP education aligns with global health goals, including Sustainable Development Goal (SDG) 3 on health and well-being and SDG 5 on gender equality. Empowering nurses through FP education not only supports reproductive rights but also contributes to reducing unintended pregnancies and improving maternal health indicators (Shirazi et al, 2024).

4. Influencing and Contradictory Factors

While the overall results are consistent, certain discrepancies emerge. For instance, while most studies report significant improvements in knowledge and attitudes, variability exists in long-term behavioral adoption rates, often due to external socioeconomic or cultural factors beyond nurses' control (Uwajeneza et al, 2023). Additionally, the absence of universal training standards across nursing curricula leads to inconsistent delivery of FP education globally (Uwajeneza et al, 2024). Such gaps suggest the need for integrated policy frameworks that mandate competency-based FP education in nursing schools and continuing professional development programs.

5. Limitations and Recommendations for Future Research

A critical limitation noted across reviewed studies is the predominance of cross-sectional or quasi-experimental designs, which limit causal inference. There is also a need for longitudinal studies to examine the sustained impact of nurse-led FP education on contraceptive use and reproductive outcomes. Moreover, qualitative insights—such as nurses' lived experiences in diverse cultural contexts—remain underexplored and could enrich understanding of contextual barriers (Uwajeneza et al, 2023). Future research should also explore digital or blended learning approaches in FP education, as technological integration can enhance accessibility and engagement, particularly in low-resource settings (Hassan et al, 2024).

6. Contribution to the Field

The cumulative evidence reinforces the evolving paradigm of nursing as a cornerstone of reproductive health education. The synthesis reveals that the success of FP programs heavily depends on the knowledge, skills, and attitudes of nurses as frontline educators and advocates. This literature-based understanding contributes to the theoretical expansion of nurse-led public health education and offers empirical guidance for policy formulation, curriculum design, and community-based FP strategies.

Conclusion

This qualitative literature study concludes that nurses hold a pivotal and multidimensional role in family planning (FP) education as educators, counselors, and health promoters who bridge the gap between reproductive health knowledge and informed contraceptive decision-making. The findings indicate that nurse-led educational interventions effectively enhance clients' understanding, attitudes, and autonomy regarding FP choices, reinforcing the principles of health promotion and behavioral learning theories. Situated within sociocultural and institutional contexts, the nursing role contributes significantly to empowering individuals and communities in reproductive health while advancing public health goals related to reproductive rights and gender equity. Strengthening nursing competencies through continuous professional development, curriculum integration, and simulation-based learning is essential to sustain effective FP education. Socially and culturally, nurse-led FP education fosters responsible reproductive behavior, inclusivity, and health literacy across diverse populations. Despite variations in institutional support, training availability, and cultural barriers that may affect counseling consistency, the evidence highlights the critical need for sustained investment in nursing capacity building. Therefore, healthcare institutions and policymakers should reinforce nurses' roles in FP education through structured competency-based training, culturally sensitive counseling practices, and standardized national frameworks. Academic institutions should integrate interprofessional and simulation-based learning to strengthen communication and counseling skills among nursing students. Future research is encouraged to employ longitudinal and cross-cultural analyses, methodological triangulation, and the exploration of digital and community-based educational models—expanding focus to male involvement, adolescent reproductive health, and rural healthcare contexts—to develop adaptive and evidence-based frameworks for global FP education implementation.

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