



Factors Influencing Shared Decision-Making Implementation in Family Planning Counseling: A Scoping Review

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Background

Shared Decision Making (SDM) is a **collaborative approach** in healthcare that integrates patient preferences and provider expertise to enhance decision-making.

In family planning counseling, **SDM helps tailor contraceptive choices to individual needs and values.**

Despite its benefits, the **implementation of SDM faces challenges** due to provider communication barriers, patient preferences, and systemic or environmental constraints.

Methods

This **scoping review** followed **PRISMA-ScR guidelines**, focusing on factors influencing SDM in family planning counseling. Studies involving **reproductive-age participants** and healthcare providers were included.

- Eligible studies : SDM frameworks, implementation barriers, and outcomes
- Exclusion criteria: those unrelated to decision-making or involving non-reproductive populations.
- Databases: **PubMed, ProQuest, Cochrane CENTRAL, and ScienceDirect.**

Two independent reviewers screened and extracted data, resolving discrepancies through consensus.

Data extraction included study design, population characteristics, SDM frameworks, and factors influencing implementation.

Study	Study	Study	Study	Study
Munro et al. (2019)	Qualitative + RCT	Clinical & admin staff (n = 29)	Provider & patient-targeted tools (videos, decision aids)	Provider: psychological capability, motivation Patient: social/physical opportunity
Korger et al. (2021)	Exploratory	Women 18–35 using oral contraceptives (n = 217)	Narrative, non-narrative, control texts	Provider: communication Patient: motives, preferences
Grant et al. (2020)	Cross-sectional	Women 18–45, using or had used contraception (n = 669)	SURE & SDM-Q-9 survey	Provider: counseling approach Patient: characteristics, preferences
Armund et al. (2024)	Qualitative	Women 15–45 (n = 24)	Not specified	Provider: reliability, engagement Environment: logistics
Dehlendorf et al. (2010)	Cross-sectional	Women post-abortion choosing methods (n = 266)	Not specified	Patient: insurance
Carvajal et al. (2016)	Qualitative (FGDs, interviews)	Latina women 15–24 (n = 16)	Theory of Planned Behavior	Provider: communication, engagement Environment: social support
Meier et al. (2019)	Qualitative	Women 18–45 with contraceptive experience (n = 38)	Not specified	Provider: communication, engagement Patient: preferences Environment: stigma, peer influence
Johnson et al. (2010)	Pre-post exploratory	Providers & clients in Indonesia, Mexico, Nicaragua	WHO Decision-Making Tool	Provider: decision-making tool
Dehlendorf et al. (2017)	Cross-sectional	Women & providers in SF Bay clinics (n = 345)	Not specified	Patient: characteristics
Dehlendorf et al. (2019)	RCT	Providers (n = 28), patients (n = 758)	My Birth Control decision aid	Provider: decision-making tool

Table 1. Summary of Included Study

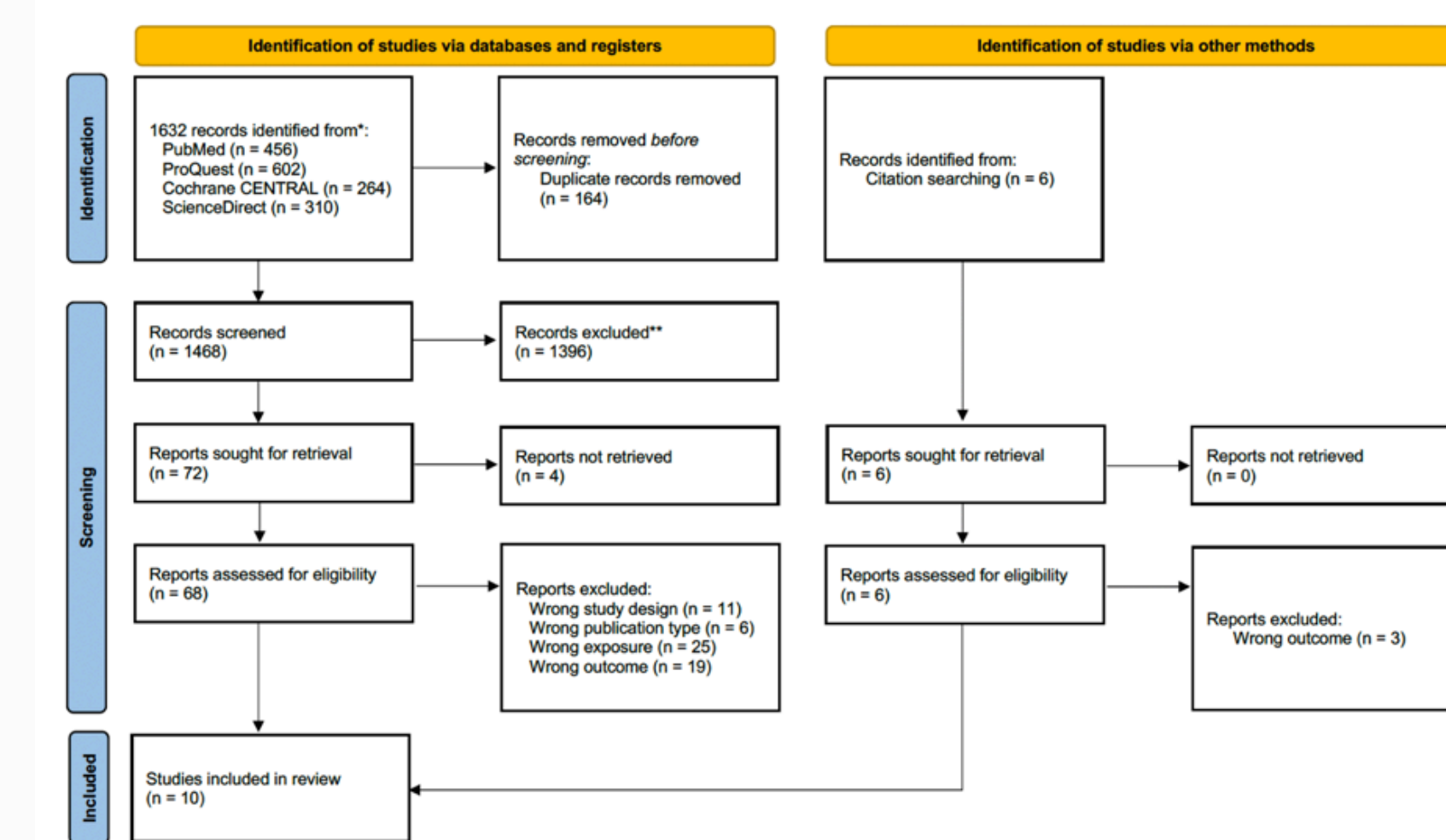


Figure 1. PRISMA flow diagram of study selection

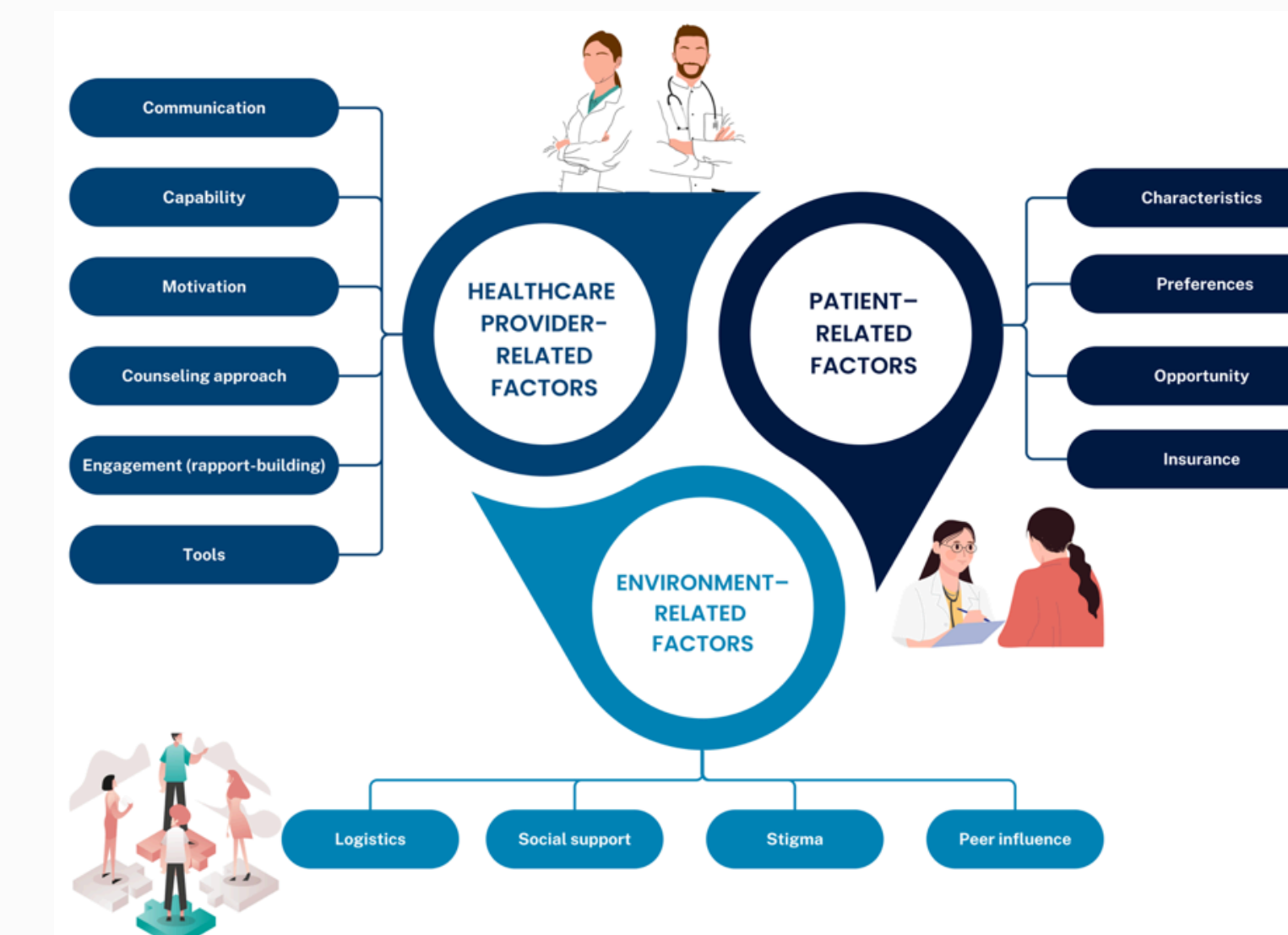


Figure 2. Factors influencing shared decision-making implementation in family planning counseling

Results

- **Ten studies** involving diverse populations were included.
- Key factors influencing SDM implementation were categorized as **provider-related** (e.g., communication, empathy, decision aids), **patient-related** (e.g., preferences, lifestyle compatibility, insurance), and **environment-related** (e.g., stigma, cultural norms, logistical barriers).
- **Effective communication and trust-building** were essential for SDM success.
- Decision aids like the **WHO Decision-Making Tool** improved counseling quality, while stigma and systemic barriers hindered implementation, particularly in low-resource settings

Conclusions

- **Providers should enhance communication and use culturally relevant tools, while policymakers should address systemic barriers and allocate resources to support SDM.**
- Future research should focus on cultural adaptations of SDM tools and longitudinal studies to assess long-term impacts.

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Keywords: Shared decision making, contraceptive counseling, patient-centered care, decision support techniques, health communication