Reviewer's report

Title: Contraception for Adolescents in Low and Middle Income Countries: Needs, Barriers, and Access

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Reviewer: Gwyn Hainsworth

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- Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. Overall the article provides a nice overview of the need for contraception, barriers to it use, and some effective interventions to increase its use. However, I feel the article could be strengthened by a bit more discussion of related issues such as method mix of adolescents who do use contraception (see presentation from Guttmacher attached), challenges with scaling up contraceptive services which is part of the reason why adolescents don’t have ready access, issues such as using methods inconsistently even if they are using them (I believe John Cleelend published something on this a while back), higher rates of discontinuation as well as how their needs may differ (see Guttmacher’s work on this in terms of adolescents often having more sporadic sex than their older counterparts so coitally dependent methods may be more relevant in some ways)

2. Abstract, last paragraph and article under evidence of effective interventions, twelfth paragraph—mentions conditional cash transfer and the citation is the Zomba CCT. However Zomba CCT didn’t show impact on contraceptive use but rather on pregnancy due to delays in sexual debut and changes in sexual activity (unless there is some newer data that is not in the original report) so I question the reference to this under effective interventions.

3. Abstract, third paragraph and then in the larger article (evidence of effective approaches, eleventh paragraph)—mentions social media but what about mass media as well as other behavior change interventions such as interpersonal communication whether it be by peer educators, outreach workers, etc? Mass media is mentioned in the actual article but not the abstract but other behavior change interventions such as IPC are not included in either place.

4. Evidence of barriers, fourth paragraph—the quote doesn’t support the statement that sexual partners can assert considerable influence over whether contraception is used as much as it illustrates stigma around contraceptive use or negative attitudes of partners toward contraception. If a quote could be found where a young women [or man] actually mentioned not using contraception due to their partners’ disapproval that would be stronger. I would actually recommend moving that quote to the following paragraph where it discusses women being branded as promiscuous if seen carrying a condom or using contraception.
5. The same paragraph—a citation or statistics is needed to back up the statement that coercion and violence are relatively common features.

6. Evidence of effective approaches, sixth paragraph—not clear what the difference is between the two complementary efforts? Adolescent-friendly services are usually described as those that are provided in a non-judgmental and sensitive manner.

7. Evidence of effective approaches, seventh paragraph, second sentence—sounds like LARC is only acceptable as a second line choice for contraception for adolescents and can reinforce provider and health managers’ bias and misconceptions. This is not in keeping with WHO MEC. Suggest this is reworded to be “In line with WHO’s medical eligibility criteria on contraceptive provision, a range of methods are appropriate for adolescents as age alone is not a contraindication for any method. Long-acting reversible methods such as the IUD or implants can also be good choices for adolescents, especially those who don’t desire a pregnancy in the very immediate future.”

8. Evidence of effective approaches, eighth paragraph—need to define what is meant by adolescent-friendly services somewhere, at a minimum in a footnote as not all are familiar with the term or what it means.

9. Evidence of effective approaches, ninth paragraph—reference the literature that shows that many adolescents do not go to health facilities for various reasons so this is why we need to increase the number of service delivery channels to increase adolescents’ access to contraception.

10. Table 2—need to define what is meant by unmet need. I assume this is all unmet need (i.e., to delay, space or limit childbearing)? Also clarify if the new definition was used or the older one.

11. Table 2—if one takes the current use and unmet need for some countries such as Ghana, Haiti, Peru, etc. it seems that 75% or more of married adolescent women don’t want a pregnancy. I assume this is accurate but it seems very high and might be worth an explanation somewhere in the text.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

12. Under abstract, first sentence, second paragraph—suggest the word “although” is needed at the beginning of the sentence. “Although the sexual activity of adolescents…….., a significant number of adolescents are sexually active……”

13. Under abstract, second sentence, second paragraph—insert the word “sexually active” after the word both. “Both [sexually active] married and unmarred adolescents need contraception.”

14. Throughout the article, the use of contraception and contraceptives is often inaccurate. In many cases the appropriate term would be contraception unless
you are specifically referencing the actual methods/commodities or using it as an adjective such as “contraceptive” services. For example under methods, it should be “unmet need for contraception” or under evidence of effective approaches, first paragraph, “emergency contraception” unless you specifically want to reference ECP and then it would be emergency contraceptive pills. Suggest the whole article is reviewed for this and revised accordingly.

15. Tables must be inserted where indicated in the text.

16. Evidence that adolescents are sexually active, second paragraph—26% should be 25% for Mali according to Table 1.

17. Evidence of barriers, second to last paragraph—add in “if they are seen carrying a condom or known to be using another form of contraception” after the statement that “Women fear being branded as promiscuous.”

18. Evidence of effective approaches, third paragraph-add “comprehensive” in front of sexuality education. Without this clarification, this can be misinterpreted to include abstinence-only focused sexuality education.

19. Evidence of effective approaches, third paragraph—“provide support to deal with thoughts, feelings, and experiences…” is a bit vague. What do we actually mean here by support to deal with thoughts?

Minor issues not for publication

20. Introduction, first paragraph, and evidence that adolescents are sexually active, fifth paragraph- the text includes the citation of (2) as opposed to superscript2 and it appears that this in fact is not referencing the citation listed second under the references section. I am wondering if somehow this was inadvertently left unconverted when the format for references was changed? Please double check that these do in fact intend to reference “global patterns of mortality in young people”.

21. Introduction, first paragraph, second sentence-insert the word “of” between “all” and “the estimated 3 million unsafe abortions…”

22. Evidence that adolescents are sexually active, first paragraph—suggest you write out 40% of more instead of using “40%+”

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

23. Abstract, third paragraph—you might want to clarify what the community support is for. So community support for adolescents’ use of contraceptive services.

24. Abstract, third sentence, second paragraph-might suggest rewording a bit for clarity. “Adolescents in many places lack adequate knowledge or have serious misconceptions about contraception as well as face various barriers in accessing and using them properly.” I think this captures more the reality than their
unwillingness to obtain and use them.

25. Methods and elsewhere in the article, suggest using “sexual debut” as opposed to “initiation of sexual activity” as that term can be a bit nuanced in terms of what people understand/define as sexual activity. For many sexual activity can include things other than sexual intercourse where here we definitely mean initiation of sexual intercourse.

26. Table 1, I found it a bit confusing to read at first. I understand the issue is space but I wonder if there is any other way to format it so that the headings are clear and doesn’t require so much back and forth to consult the legend?

27. Evidence that adolescents are sexually active, fourth paragraph-the range of percentages of unmet need for married adolescents is quite large (7-62%) and would be worth noting this with some commentary on why this may be. Most likely in part due to cultural and social norms that promote immediate fertility after marriage as a good thing and adolescent girls perception that pregnancy is wanted compared with other contexts, where there may be more of a desire to wait a bit before having a child or once they have one child, less pressure/desire to have another one right away.

28. Same paragraph, following sentence from the above—says “ironically contraceptive services are usually directed toward the married”. This is to be expected and may in part explain why there is higher unmet need among unmarried because in fact they are not being served as well.

29. Evidence that adolescents are sexually active, fifth and six paragraphs- a clearer articulation of the connection between unmet need and then adolescent pregnancy or unsafe abortion could strengthen the text. Assumes the reader will naturally understand how these issues are linked.

30. Evidence that adolescents are sexually active, last paragraph-mentions demand generation. I think a more accurate description would be an enabling environment or supportive environment. For many demand generation is understood more from an “individual” perspective whereby for adolescents, support among partners, gatekeepers, and the wider community is really what is needed and what increasingly the evidence is showing.

31. Evidence of barriers, second paragraph-It is important to also note medical barriers as well. For example, restrictions of IUD for nulliparous women, provision of only one package of pills per visit when there is no medical reason not to provide multiple packages in a visit to increase access, etc. Also should note provider’s lack of knowledge of which methods are appropriate for adolescents as well as the skills to effectively communicate and serve them as well as parental consent to use contraception in general or certain methods.

32. Evidence of effective approaches, fourth paragraph-Suggest rewording to “Further, because adolescents....they must be provided with accurate information about contraception and given opportunities to ask questions and discuss the concerns they have as well as be informed about where they can
obtain contraception”

33. Evidence of effective approaches, eleventh paragraph—suggest that you specifically reference gatekeepers in addition to the wider community

34. Evidence of effective approaches, twelfth paragraph—suggest you add a few words after “successfully to communicate” so that the reader is clear what we are trying to communicate to adolescents. I assumed you meant communicate on contraceptive use?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests