Reviewer's report

Title: Behaviour change techniques and contraceptive use in low and middle income countries: a review.

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Review for Reproductive Health: Behaviour Change Techniques and Contraceptive Use in Low and Middle-Income Countries: A Review

1. Does it address an important or timely issue?
Yes, evidence on effective approaches to increase contraceptive uptake are very important to practitioners in this field.

However, the authors are not clear as to whether they are focusing on “community-level interventions” or on all behavior change techniques, which would include mass media, text messaging, internet sites to provide information to the target audience, and other techniques not cited by the authors (that are common to programs in LMIC). The title would suggest the latter but the text mentioned “community interventions.”

2. Is it well reasoned?
No. Restricting the search to RCT or systematic reviews resulted in the exclusion of an extensive literature on the effects of behavior change communication (BCC) programs on contraceptive uptake. Authors who have published on this topic include Babalola, Bertrand, Boulay, Kincaid, Sood, Storey, and others.

Behavior change communication practitioners concur on a point made by the authors: using multiple BCC approaches increases the impact of a BCC intervention. Often one component involves the mass media, which often reaches all geographical areas of a country or region (meaning that one cannot randomly assign communities to experimental versus control, unless the RCT involves communications that can be “limited in reach” to the communities assigned to the experimental group). RCTs are the “gold standard of evidence,” but they are not the design of choice in evaluating BCC interventions.

Regarding the selection of systematic reviews, were these systematic reviews of “Behaviour Change Techniques and Contraceptive Use in LMIC?” If so, what was to be gained by a review of systematic reviews? What didn’t the authors search more extensively for the original articles?

3. Is it relatively balanced, or does it make plain where the author's opinions might not represent the field as a whole?
There is no evidence of author bias; however, the small number of articles used
in the final review (n=6) is not sufficient to make a compelling argument.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Not applicable

5. Is the standard of writing acceptable?
Yes, the writing was acceptable. However, the paper was very short and did not delve adequately into the issue. The results of this paper are not compelling and would not form the basis for decision-making in the design of future BCC interventions.

Other comments:
1) The abstract mentions that the review didn’t include CHWs, yet the “conclusion” given in the abstract was that this could be a potentially useful channel to bring about behavior change. Recommendations should be based on the findings from the study/review.

2) Lines 76-78: “Community-based interventions to increase contraceptive use have been implemented in LMICs mostly because conducting interventions in rural, hard to reach communities have proved to be useful in increasing contraceptive use [3, 5].” This line implies that most contraceptive introduction has been in rural areas, whereas many LMIC start programs in urban areas and then progressively to more rural/harder to reach audiences. This description does not capture the reality of family planning programming in LMIC.

3) Line 98: why are injectables (maximum 3 month coverage) listed as long-acting contraception? (In fairness to the authors, there is disagreement on this point among family planning experts).

4) Line 174-175: “The findings also suggest that providing access to contraceptives in the community promotes their use.” This statement is valid, but “providing access to contraceptives” is not a behavior change communication technique. (Community mobilization activities would be, but that is not what the authors state.)

In sum, the objective of this paper was laudable. However, the authors did not clarify if they were focusing on all BCT or those applicable at the community level. They used RCTs as one criterion for their search, yet RCTs are not the design of choice for evaluating the effects of BCC on contraceptive uptake. The limited number of articles that emerged from this review was insufficient to provide compelling recommendations that would be useful to BCC programs in field settings.