Reviewer’s report

Title: Reasons for nonuse of contraceptive methods by women with demand for contraception not satisfied: an assessment of low and middle-income countries using Demographic and Health Surveys

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Reviewer: Emily Keats

Reviewer's report:

This study makes an important contribution to the field of reproductive health, in that it describes reasons for non-use of contraceptives in women with demand for contraception not satisfied using DHS data from 47 low and middle-income countries. The results of this study should provide a way forward for country-level policy/programming to improve uptake of contraception among women of reproductive age. I append a few comments below.

Introduction:

- A sentence or two describing why it is important to answer this research question would be beneficial i.e. what are the potential negative implications for non-use?

Methods:

- Just confirming that the exclusion of pregnant women who had not desired the pregnancy or who considered the pregnancy to have been untimely (lines 135-138) was due to the DHS filter for questions regarding the reasons for non-use (i.e. there was no way for you to include these women in your study)? This would be a group that especially needs appropriate targeting for uptake of contraceptive use; this point could be raised in the limitations if it cannot be addressed with the data?

- Table 1: I realize that this comes from DHS categorizations, but I find that 'health concerns' as a reason is very vague (and it is referred to frequently throughout the paper). Is there any way to expand on this definition so that the readers understand how a health concern might differ from a side effect?
Results:

- Consider adding a separate category for the countries with demand for contraception not satisfied >70%. This is uniquely high, and so it is important that the reasons for non-use are highlighted for these countries especially.

- I feel that the results could be presented in a more constructive way. Without looking at the tables, the reader is unsure of whether the prevalence estimate reported corresponds to findings for that country or for reasons for non-use (across all countries, within their respective categories). For example, for India, other opposed (lines 204-205): are you indicating that in India, 'other opposed' was the reason most cited or that 'other opposed' as a reason for non-use had the highest prevalence in India (among the countries with <30%). It is the latter, though I feel that the former would be more beneficial to highlight in terms of in-country actions that could be taken. Another example, you have stated that lack of access (as a reason) was highest in Namibia (line 206), though this is slightly misleading given that there were higher reporting of health concerns as reasons for non-use in the country.

- To me, the results of the SII analysis show very clear patterns of pro-rich and pro-poor reasons for non-use, regardless of the country categorization (<30%, 30-50%, >50%), brought out by the shading (of course, with some exceptions). I.e. Pro-rich: health concerns, infrequent sex, method related; Pro-poor: other opposed, fatalistic, lack of knowledge, lack of resources. I think you could highlight this more, either in the results or in the discussion.

- Are there any patterns noted when grouping reasons for non-use by region?

Discussion:

- You touch briefly on some actions that could be taken in the case of non-use due to lack of access; could you highlight some strategies to improve contraceptive uptake where other reasons are cited for non-use?

- Overall, I think the discussion could be shortened and made more concise.

Minor comments:

- Line 176: not sure what 'denominator' is indicating, as the denominator for the prevalence estimate is the number of WRA in need of contraception

- Lines 249-250: need to replace 'e's with 'and's

- Line 285: not clear what 'demographic transition process' refers to
- Figures 1-3: should read 15-19 or 15 to 19; 20-34; 35-49 (for woman's age) and 1 or 2 (parity)

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