

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Objects of temporary contraception: an exploratory study of women's perspectives in Karachi, Pakistan
AUTHORS	Howard, Natasha; Marvi, Kamyla

VERSION 1 - REVIEW

REVIEWER	Razia Pendse Scientist -HIV WHO Regional Office for South East Asia New Delhi India I would like to add the disclaimer that the views expressed in this review are my own and do not relate in any form to those of my organization.
REVIEW RETURNED	05-Jun-2013

THE STUDY	The place/colony from where the participants were selected, their education background, age and number of children have been described but I could not find the inclusion and exclusion criteria
GENERAL COMMENTS	<p>The new concept elaborated in the study is that of correlating perceptions to traditional beliefs emanating from practice of traditional medicine that has existed much before modern medicine. Barriers to contraceptive use has attracted many social science research studies however, the gap has been in translating the study findings into practice especially in terms of effecting change in policy, programme and programme communications. It would be good if the authors could dwell more on this and strengthen the conclusion section as this is an exploratory study and I feel this is an important consideration. Otherwise, the onus of contraceptive non-use or infrequent use is made to lie with women and this is not entirely correct. The system should respond to needs that are contextual and a level of sensitivity is required that is generally found wanting in many reproductive health programmes.</p> <p>The size and extent of study though constrained by resources and security concerns resonate well with perceptions beyond the study site to other areas within Pakistan and also in large parts of South Asia. If the authors could strengthen the linkage with other study findings (though many studies have been referenced in the article but not necessarily linked to outcomes) in light of findings of this study, it would strengthen the case that they are trying to make.</p> <p>Some specific comments include - In the introduction section inadequate governance has been mentioned -please reference this statement as otherwise it stands out as the author's strong assumption. In Table 1, can we have some disaggregation in terms of contraceptive use among rich/poor; rural/urban; education levels? The number of children described is number of those alive or ever-born?</p>

	Please mention if the contraceptives are available free of cost and how easy it is to access contraception.
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REVIEWER	Michelle Gardner Chief of Party Chemonics Philippines No competing interests.
REVIEW RETURNED	10-Jun-2013

GENERAL COMMENTS	<p>Table 1: What is the relevance of the "description" of the methods in this table? What is the source of these descriptions?</p> <p>How was written informed consent undertaken with the six illiterate participants?</p> <p>What % of the participants had resided in the area since childhood? How many since marriage?</p> <p>There are a number of references to "birth spacing". Were all the participants using contraception for the purpose of spacing, or were some using to limit?</p> <p>Throughout the Findings section it would be helpful to explicitly clarify when the respondents were talking generally or about contraception in particular (eg "most women used home remedies", for contraception or generally; and "all were familiar with injection", for contraception or generally).</p> <p>Did Nadira really use the words "jaundice" and "homeopathy", and Rehmat the words "homeopathic" and "allopathic"?</p> <p>What is the relevance of Shehnaz's quote "I got it [IUD] placed....." to the concept of contraceptive heat resulting in excess bleeding?</p> <p>The discomfort seemed to be about the IUD more generally, not specifically "IUD insertion" as noted in the discussion.</p> <p>Also in the discussion, there is reference to understanding how contraceptives worked. However there aren't specific findings presented related to this issue.</p>
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VERSION 1 – AUTHOR RESPONSE

1. The place/colony from where the participants were selected, their education background, age and number of children have been described but I could not find the inclusion and exclusion criteria.
- Inclusion/exclusion criteria have been clarified (pg 5).
2. The new concept elaborated in the study is that of correlating perceptions to traditional beliefs emanating from practice of traditional medicine that has existed much before modern medicine. Barriers to contraceptive use has attracted many social science research studies however, the gap has been in translating the study findings into practice especially in terms of effecting change in policy, programme and programme communications. It would be good if the authors could dwell more

on this and strengthen the conclusion section as this is an exploratory study and I feel this is an important consideration. Otherwise, the onus of contraceptive non-use or infrequent use is made to lie with women and this is not entirely correct. The system should respond to needs that are contextual and a level of sensitivity is required that is generally found wanting in many reproductive health programmes.

- The conclusion has been strengthened to address this concern (pg 13).

3. The size and extent of study though constrained by resources and security concerns resonate well with perceptions beyond the study site to other areas within Pakistan and also in large parts of South Asia. If the authors could strengthen the linkage with other study findings (though many studies have been referenced in the article but not necessarily linked to outcomes) in light of findings of this study, it would strengthen the case that they are trying to make.

- This is a valid point. However, we wanted to provide as much as possible of the women's own perspectives and are concerned that a more detailed exploration of the literature could add significantly to the length of the manuscript (and require more than the specified two-week turnaround). We can certainly add more if it is deemed necessary by the editors.

4. In the introduction section inadequate governance has been mentioned -please reference this statement as otherwise it stands out as the author's strong assumption.

- Reference has been added (pg 3).

5. In Table 1, can we have some disaggregation in terms of contraceptive use among rich/poor; rural/urban; education levels?

- Table 1 has been revised to include wealth quintiles, rural/urban, and education levels (Table 1).

6. The number of children described is number of those alive or ever-born?

- These are living children (has been added to Table 2).

7. Please mention if the contraceptives are available free of cost and how easy it is to access contraception.

- Costs of contraceptives have been clarified (pg 5).

8. Table 1: What is the relevance of the "description" of the methods in this table? What is the source of these descriptions?

- The description has been deleted from the table as not necessary.

9. How was written informed consent undertaken with the six illiterate participants?

- Consent from non-literate participants was given verbally and written by outreach workers and confirmed by the investigator. This has been clarified (pg 5).

10. What % of the participants had resided in the area since childhood? How many since marriage?

- This has been added (pg 6)

11. There are a number of references to "birth spacing". Were all the participants using contraception for the purpose of spacing, or were some using to limit?

- No participants reported using contraception to limit, but were not specifically asked. This was clarified (pg 7).

12. Throughout the Findings section it would be helpful to explicitly clarify when the respondents were talking generally or about contraception in particular (eg "most women used home remedies", for contraception or generally; and "all were familiar with injection", for contraception or generally).

- This referred to contraception and has been clarified (pgs 8-10)

13. Did Nadira really use the words "jaundice" and "homeopathy", and Rehmat the words "homeopathic" and "allopathic"?

- "jaundice" and "homeopathy/pathic" were used. It's harder to determine with 'allopathic' due to translation conventions. Thus, we have changed 'allopathic' to 'modern medicine' to try to improve clarity for readers (pg 7).

14. What is the relevance of Shehnaz's quote "I got it [IUD] placed....." to the concept of contraceptive heat resulting in excess bleeding?

- This quote is actually in relation to increased menstrual flow from the heating aspect of contraceptives. To help clarify we have removed the colon.

15. The discomfort seemed to be about the IUD more generally, not specifically "IUD insertion" as noted in the discussion.

- True, this has been changed to 'usage' (pg 12).

16. In the discussion, there is reference to understanding how contraceptives worked. However there aren't specific findings presented related to this issue.

- We have restated this to read "essential to their understanding of the effects of contraceptives on their bodies and why individuals reacted differently."