



SDI Review Form 1.6

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	Ms_IJTDH_32787
Title of the Manuscript:	GENITAL MORBIDITY IN WOMEN OF REPRODUCTIVE AGE SUFFERING FROM UROGENITAL SCHISTOSOMIASIS IN KWALE COUNTY, KENYA.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1. Title: The title, methodology and results are not in congruent. This study was done among women of reproductive age, who has gynaecological complains and who are attending Kwale sub-county hospital. You may think of "UROGENITAL SCHISTOSOMIASIS AMONG WOMEN OF REPRODUCTIVE AGE WITH GYNAECOLOGICAL COMPLAINS ATTENDING KWALE SUB-COUNTY HOSPITAL , KWALE COUNTY, KENYA" 2. Background: In this background, try to highlight to public health significance of urogenital schistosomiasis. E.g. increasing risk for transmission of HIV and other STIs, its relationship with reproductive health of the women and birth outcomes, Cervical cancer?? etc. This will help show how important is FGS amongst women of reproductive age. 3. Study design: This study was of a cross-sectional analytical design and not cross-sectional analytical case control design as you have stated. It could have been case-control had you recruited women of reproductive age with gynaecological complains as cases and those without as control and examined for the presence of eggs, haematuria/proteinuria and gynaecological involvement 4. Provide references as indicated in track-changes 5. Line 55 you wrote eggs/hour, did you want to mean egg/10ml of urine? 6. Line 85-87 : You didn't draw these people from these villages, you recruited them at the hospital, you can just list the villages which are within the hospital catchment area, and provide the list of the villages of origin of your study subjects	The title has been adjusted as shown in the ms Public health significance of the disease has been highlighted Cases were women who tested positive for infection while controls were all those who tested negative. Gynaecological complaint was a dependent variable.



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	in the results section. 7. Sampling: If these people are coming from a schistosomiasis endemic area, did you bother asking for a history of taking antischistosomal drugs? What about frequency of ALU (Antimalarial)? 8. You said you did Biochemical test to test for proteinuria and haematuria. What if you found either of the two but not both, what was your conclusion. 9. In your results section data on Biochemical tests do not appear at all while you mentioned to perform the test. 10. Line 113-114: This is a cross sectional study, assesses both exposure and outcome at the same time. In this case, the exposure is S.haematobium infection and outcome is urogenital involvement. Because of that this statement may not be very relevant "All participants with negative urinalysis and parasitological tests were used as controls". 11. Line 139: You have to begin with the overall prevalence of infection before stating prevalences on different groups. 12. Line 159: Women with light infections, may be Women with light intensity infections. 13. Line 174: t-test compares mean between two groups or two samples. When reposting t-test results always remember to state mean. E.g. Line 176 can be "The mean number of tumorous lesions and bleeding sites were also significantly higher in positive women". Make these changes appropriately 14. Line 184: You are stating that "female genital schistosomiasis as a major cause of hidden morbidity in the infected females in Kwale County". But This study has no capacity to establish a causal relationship, only association 15. Line 187-188: Bulinus spp are the MAIN vectors. Note that there are no other vectors for S.haematobium for Bulinus to be the main vector. They are just vectors not main vectors 16. The rate reported in line 189 should be among women with gynaecological complains 17. Line 190: The number 23% "This number despite its being	"Eggs/hour" refers to average number of eggs per hour excreted by individuals under study History of past infection and treatment with antischistosomal drugs was obtained from the study subjects. Only subjects positive for proteinuria and haematuria were considered positive for schistosomiasis and are included in the 23% schistosomiasis positive cases.
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	central to this study, has not been mentioned anywhere in the results section. It only appears in the abstract and this place. Try to state it in the results section.” Provide possible explanation for this observed rate of S.haematobium infection among these women 18. A statement in line 190-192 “Local people have specific symptoms that they associate with urinary schistosomiasis; passing urine with blood commonly known as “kichocho” in native language”. This statement is not in any way linked to its preceding information. You can omit it and place a relevant statement 19. Citations in Line 193: Were these studies done among women with gynaecological complains???? Ofcourse, none of them. Find out related studies elsewhere and what were their findings? 20. Line 208-210: “Higher prevalence in Chirimani and Tsimba-Vuga could be attributed to low level of awareness on schistosomiasis and its transmission potential”. Did you assess this in this study? You have to discuss data or information arising from your study 21. Line 228-229: You have to rephrase this statement so that it becomes more meaningful. 22. Line 240-242: Do not re-state the results, discuss them. You have already stated these in the results section. 23. Line 254 FGS among women with gynaecological complains attending.... 24. Was there any ethical review committee that reviewed this study and approved it before data collection? Provide a statement/evidence for ethical approval	Issues 11- 24 - Corrections done appropriately in the ms Raised issues have been addressed
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<u>Minor</u> REVISION comments	1. In this background, try to highlight to public health significance of urogenital schistosomiasis. E.g. increasing risk for transmission of HIV and other STIs, its relationship with reproductive health of the women and birth outcomes, Cervical cancer?? etc. This will help show how important is UGS amongst women of reproductive age. 2. This study was of a cross-sectional analytical design and not cross-sectional analytical case control design as you have stated. It could have been case-control had you recruited women of reproductive age with gynaecological complains as cases and those without as control and examined for the presence of eggs, haematuria/proteinuria and gynaecological involvement	Correction done as indicated in the ms
<u>Optional/General</u> comments	None	