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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7505
Title of the Manuscript:	Living with obstetric fistula: challenges and coping strategies among women attending the fistula clinic at Mulago hospital, Uganda
Type of the Article	Original Research Paper

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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.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, corrects the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	1. The title does not seem reflective of the entire study. First there are actually equal numbers of women with fistula and then caretaker/health workers. Second one of the major issues discussed in the results is the perception of causes of the fistula. 2. The abstract needs revision to be clearer and more reflective of the entire data set. For example, in the methodology it is not clear who the focus groups are with and there is nothing in the results regarding the perceptions of causes of fistula. 3. Line 66. It needs to be clear that the target population is women living with fistula who had sought services at Mulago. 4. Data are not reported in a consistent manner. Sometimes there is just a number, sometimes a percentage, sometime both, sometime neither (e.g. 'some' with no indication of what that means), sometimes a decimal point and other times not. It would be most informative to the reader if the data in the text were reported as "a/b (%)" where "a" is the number of women for the particular variable being discussed, "b" is the denominator, and "%" is the resulting percentage, and for all numbers to have a single decimal point. 5. Details of numbers of spouses vs. other relatives, and what types of health providers were interviewed should be including in 2.1.4. 6. Lines 80/81. Please clarify that the other	1. We have revised the title to include the perceived causes and now it reads "Living with obstetric fistula: Perceived causes, challenges and coping strategies among women attending the fistula clinic at Mulago hospital, Uganda. Lines 2-4 2. We have revised the abstract; Results are presented more clearer, the methodology has also included the FGD and KIs, both numbers and percentage have been revised. We have included results on the perceived cause. Lines 9-10. 3. We have revised line 66 now reads as such The target population constituted of women living with OF attending Mulago hospital fistula clinic, their caretakers, and health providers. Overall, 30 women living OF, 10 members of their families and 10 health care workers in Mulago National referral hospital participated in the study. See line 66 -68. 4. We have revised the Data to report in a consistent manner as "a/b (%)" where "a" is the number of women being discussed, "b" is the denominator, and "%" is the resulting percentage with a single decimal point. In addition we have developed tables to present results. See lines 287-302. 5&6. Details of numbers of spouses vs other relatives and Health providers are now included



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	subcategories that were randomly sample are for the interviews (I assume, since the next sentence says the FGD participants were selected purposively. 7. In section 2.1.4 please explain the method used for the random selection of respondents and also clarify if anyone was both interviewed and participated in the FDG or if they were only in one or the other. 8. Please clarify if any software was used for the qualitative analysis in 2.1.5 9. Given the amount of data that was presumably gathered, relatively little seems to be reported in the results. There should be some tables, which would allow for more data to be presented in a fashion that is easily readable. For example, it is relatively standard to have a table reporting on the socio-demographics of the study population. This prevents one from having to including too many numbers in the text, but also allows the reader to get the full picture of the participants. We don't get that now. 10. Also seriously lacking in the results are mention of data from the focus groups and the interviews of the caretakers and health providers. Almost nothing is said about what was found. 11. Line 96. 30% of the women were single. Presumably this is at the time of the interview and so adding 'currently' would clarify. 12. Line 96/97. It seems odd that only 47% of the woman were married when their fistula occurred. That needs some attention in the discussion as it seems quite low. It should be compared to what others have found as I believe the majority of women with fistula in other studies are married. 13. Line 99. Does 'peasants' mean they are farmers? Please clarify this for the reader.	2.1.4. Two FGDs of 5 each were held with 10 patients' caretakers (spouses (3) and relatives (7). see lines73 -84. 7. The respondents; 30 women with OF, 10 health providers (3 Doctors & 7nurses), 10 patients' caretakers (3 spouses &7 relatives) were purposively selected. See lines 74-84 8. Qualitative Data was analysed manually. See lines 87-89. 9. The number of the participants has been included in the text as shown above. Table 1 represents social demography of the women with OF. We never recorded the social demographic characteristics of the health care providers and attendants; they were only interviewed to increase on the power of the study. See line 287. 10. Data from the FDGs has been included; all the responses from the 10 caretakers were from the FDGs. See line 104-110. 11. This data has been presented in the Table 1 see line 287-302., 12. We have added this in the discussion to clarify that 47% is low of women who were married was at the time of interview, most women had separated with their spouses when they sustained fistula. See line 170-177. 13. Table 1 has been developed to include Data on
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	14. Line 102-103. The following does not make sense: "Seventy two percent (72 %) had OF occurrence at less than 25 years while 10 women were above 20 years when it occurred." 15. Line 104/105. "None of the women interviewed had been pregnant more than six times when the fistula occurred." This is also an odd sentence. What is the point that you are trying to convey? Would we have somehow expected women to have been pregnant more than 6 times and had a fistula. Does this mean that the top of the range was 6? 16. Section 3.2 needs revisions as it is difficult to understand who said what. 17. Lines 121 and 122. The data presented add up to less than 50% of all the women. What did all those other women say they thought was the cause of their fistula? 18. Line 124 says "51% cited the hospital procedures and providers' mistakes" and then line 126/127 says "one woman blamed the negligence of health provider." It seems that "negligence of health provider" is a "provider mistake" so not clear why this is singled out. Also these data are supposedly from patient-attendants, but use of "woman" is confusing as it seems like that is referring to one of the women with a fistula. 19. Line 129 and 130. "Instead, they revealed that difficult or complex deliveries were referred late to the hospital, and these ended up in such complications as OF." It sounds like the health workers are saying they refer the women LATE to the hospital, but I am guessing that is not what was really meant. 20. 3.3.1 is a good example of a section where the lack of reporting complete data make it difficult to	<i>occupations of the women with OF, Peasants have been clarifies as subsistence farmers.</i> <i>14. Table 1 has been developed to clarify. See line 287.</i> <i>We acknowledge there was a misrepresentation we meant to mean that maximum parity of respondents was six we have made the necessary changes as in Table 1 line 287.</i> <i>16. Section 3.2 has been revised.</i> <i>17, 18 & 19. Lines 105&113 have been revised as follows. However, the patients' attendants attributed OF to hospital procedures (51%), health service providers' mistakes (26%), and lack of access to health facility (16%). Other causes reported by attendants included; delays during delivery, negligence by service providers, young age, poverty and unsupportive husbands.</i> <i>20 & 21. We have revised Section 3.3.1 to read Twenty seven (90%) of the women with fistulae reported that fistula had detrimentally affected their health and well being. Eight (26%) women reported cases of sores and inflammation, pains in the abdomen and back, and headache. All of them reported constant wetness, loss of appetite and weight and inability to work normally. Three (3) of the women reported that they had suffered constant anxiety and depression, with some expressing deeply held fears, such as not ever getting cured, not being able to have more or any children and</i>
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	understand what was found. “At the time of the study, all the women had been living with the fistula for over a year. Nine women (30%) reported to have endured OF for more than 10 years, 70% had lived with it between two and nine years, and one woman had lived with OF for 40 years.” It seems actually that the shortest duration was 2 years so saying that all had lived with for over a year is confusing. 21. Line 135/136. “The women reported that the challenges had continued for several years hence affecting their quality of life.” This doesn’t seem to go with the duration of fistula. 30% had their fistula more than 10 years, one for 40 years...seems like their challenges continue for more than “several” years. 22. In the first paragraph under 3.3.2 there are several examples where “some” is used instead of an actual number. 23. Line 144/145. The example of the girl who was raped may not be the best. It is not clear if her comment relates to the rape or the fistula or both. 24. Lines 158 and 162/163 both related to isolation, yet seem to be reported as different (84% in the first instance and 23% in the second). 25. The discussion needs to be strengthen and to focus on talking about how the results related to what has been previously report and what the results might mean more broadly. 26. There are many instances where comments are made in the discussion that seems to have no backing in anything that was presented in the results. I don’t know if that means those results were just not presented in the results section (where they should have been) or if the authors have overstated some of their points. Examples include:	never being able to have sexual relations or marry again. One young girl with fistula was worried about her chance of continuing with her education “My life has changed drastically; I hope my family can take me back to school someday.” See Table 1. 22&23. We have revised this paragraph as follows; “Twenty seven out of 30 (90%) of the women said that fistula had detrimentally affected their health and well being. Eight of 30 women (26%) reported cases of sores and inflammation, pains in the abdomen and back, and headache. All of them reported constant wetness, loss of appetite and weight and inability to work normally. Three (3) women reported that they had suffered constant anxiety and depression, with some expressing deeply held fears, such as not ever getting cured, not being able to have more or any children and never being able to have sexual relations or marry again. A young girl, who had fistula as result of a pregnancy after rape, was worried about her chance of continuing with her education. She express grief “My life has changed drastically; I hope my family can take me back to school some day.” See lines 135 – 141. 24,26 & 27. We have revised this to read “Seven of the 10 (67%) caretakers expressed stress and depression suffered by women living with fistula compounded by the loss of their babies. The caretakers said women were isolated and that they had no hope for the cure of the condition. One family member said: “we thought all will be well when she had her first operation however there seemed to be no change in her condition after the operation, and now she has completely lost hope of recovery”. See lines 128-132
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	- Line 180: lost their jobs and could not find work - Lines 185/6: The majority of patients also indicated that their families suffered from stress and worry about the fistula affected woman. - Lines 189/90: They disclosed that when husbands got to know that they had OF they abandoned them and were not willing to have sex with them again. - Line 191/2: they no longer enjoyed sexual relationships as the condition disgusts most men. - Line 197/8: good number of respondents gave varied causes, including witchcraft. 27. Lines 197-200. This discussion could be richer and also clearer. Yes, it is true that medical injuries result in fistula, but most data suggest that this number is relatively low compared to the numbers caused by obstructed labor. It would be good to draw some more on other studies that have been published previously and how what was found in this study compares to what others have found both in Uganda and more broadly. A recent publication that would have some useful information is: Landry E et al, Profiles and experiences of women undergoing genital fistula repair: findings from five countries. Glob Public Health. 2013;8(8):926-42. Epub 2013 Aug 16 (the publication includes data from 370 women who were repaired at two sites in Uganda).	<i>We have revised this to read as seen in Table3 lines 295-296.</i> <i>27. We have addressed in the discussion, whereas fistula is largely caused by obstructed labour, in the study some respondents perceived that fistula was caused by the providers' mistakes". As seen in line 179- 182.</i> <i>28. We have included a comparison with the Landry E et al, study and revised the discussion accordingly. The women in the Landry et al study had lived with OF for a median time of 1 year compared to those in our sample who had all lived with OF for more than two years (2-9 yrs). This may explain the higher separation rates.</i>
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Minor REVISION comments		
Optional/General comments	I believe that the subject matter of the study would be of interest to your readers, however, the paper needs revision before it could be published. I do not believe so, although I am intrigued by the fact that according to line 71, 'written or verbal consent' was sought. There needs to be some explanation of why some women would be consented orally while others in writing. Perhaps the differences relate to the different respondent categories, although that is not clear as lines 71 & 72 are related to the women with fistula. There is no mention of consent for the other respondents. This information should be included.	Line 71 or Section 2.1.4; This section has been revised to read as follows; "All respondents consented to participate in the study. The statement on the study was verbally explained and written consent obtained from all respondents including health providers (three doctors and seven nurses), 30 women with fistula and 10 caretakers. For the women with OF, the process of consent was conducted from the clinic and inpatient ward as they waited for surgery. All respondents were assured of confidentiality". See Lines 73-77.