Reviewer's report

**Title:** Community awareness about risk factors, presentation and prevention and obstetric fistula in Nabitovu village, Iganga district, Uganda

**Version:** 3  **Date:** 29 July 2013

**Reviewer:** Lilian Teddy Mselle

**Reviewer's report:**

**Discretionary Revisions**
1. Authors should think of the target audience which also includes non clinicians, therefore terms such as cephalopelvic disproportion in 1st para of introduction should be replaced with clear and concise description for the general readership to follow. Second sentence of the first paragraph in the introduction section is not clear. A couple of key references are missing, eg. in the last part of the third sentence of para 1 in the introduction section, in the sentence ending with indicator of poor quality of obstetric care, and at the end of the last sentence on the study setting section
2. Authors should use short sentences. Long sentences are confusing and lose meaning e.g. pg 3 at the end of the study design and data collection methods
3. Authors should refer to themselves as researchers/authors and not individuals-first sentence on pg. 4

**Minor Essential Revisions**
1. Rather than using awareness and knowledge interchangeably, authors should use awareness instead, because to assess knowledge one has to have criteria/standards that should be followed
2. The description of the 4 FGDs that were conducted is not clearly written. This section should be revised for clarity on study design and data collection section

**Major Compulsory Revisions**
1. Please make sure that you correct typos because they are so many
2. Method section
   # Revise who is a facilitator and a moderator then make correction accordingly-in the description of how FGDs were conducted.
   # Authors should specify the analytical framework used in data analysis since there are different ways of using content analysis. Authors have mixed them up e.g. systematic comparison of the text is not always the case and doesn’t tally with how transcriptions were managed as described at the end of the data analysis section.
3. Findings section
Authors should make sure that the stem (explanation before quotations) goes with/is supported by the quote(s), if possible indent the quote for easy referencing e.g. on pg. 10 the third quote.

Some of the quotes are not clear e.g. the 3rd quote under the section on perceived risk for obstetric fistula. This section is too long and not focused. Because nothing from this section was reflected in the discussion. I suggest it be shortened to exclude information that is not directly related to the subheading e.g. the last 2 paragraph on pg. 8 up to the first part of pg. 9.

Authors should be consistent when referring to the member of the focus group where the quote was taken e.g. use respondent or participant but not both and omit reported by…

The information provided in the subheading; preventive measures for obstetric fistula are not focused and some factors mentioned are not directly related to the subheading e.g. teaching the girls morals to prevent early marriage pg. 12 and the question of girls safety in pg. 13

Quotes provided under poverty pg. 12 do not real addressing poverty, please revise

4. The discussion section

Issues such as poverty, stigma should be omitted in the discussion because they did not come out clearly in your findings

The topic discussed need to be elevated abit and discussed and not merely comparing their similarities or differences from other studies. I think it’s important to have few issues to be discussed in a more analytical way.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests