Reviewer’s report

Title: Characteristics of female sexual dysfunctions and obstetric complications related to female genital mutilation in Omdurman maternity hospital, Sudan

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Reviewer: MN Ziyada

Reviewer’s report:

General comment

The paper has great potential even though the authors need to address major issues.

Major considerations

1. Study design

The authors claim the study to be a case-control. In case-control studies, participants are selected on the basis of whether or not they are diseased. FGM/C is not a disease but exposure, so the study design is definitely not a case-control. From the limited information provided by the authors it seems that two research designs have been employed. Firstly, a cross sectional study with structured questionnaires to investigate the attitude of the participant towards subjecting their daughter to FGM/C and to determine whether exposure to FGM/C (exposed vs non-exposed) and degree of exposure (type III vs type I) are associated with impaired sexual function. Secondly, a cohort study that followed (it is unclear whether this follow-up was retrospectively or prospectively) a cohort of primigravida (both exposed and non-exposed to FGM/C) from the time of admission at the hospital, through vaginal delivery and until the 6th post-partum week. It is important that the authors are very clear about which study design they have used and for which research question.

2. Insufficient information

It is also important that the authors provide sufficient information regarding the sample size calculation, response rate and any differences between those who consented to participate and those who did not. For the cohort study, the authors also need to clarify which variables could have a confounding effects and what they have done to control for such confounders.

More information is also needed regarding the questionnaire on sexual function. Did the authors use a standard validated questionnaire such as Female Sexual Function Index (FSFI)? Or did they develop their own questionnaire? If the latter is true, on what basis did they choose the questionnaire’s items? How were these items defined and explained to the participants (e.g. bleeding)? Were the questions a ‘yes’ and ‘no’ questions or graded scale? What are the limitations
and strengths of the questionnaire? Was the questionnaire self-administered? If not, who administered the questionnaire?

One of the study strengths is that types of FGM/C have been verified by physical examination. Still, the authors did not specify who did carry out the physical examination (e.g. one of the three authors, other gynecologists, other doctors, midwives, nurses)? Also, whether the same person performed all examinations? If different people performed the examination, were all of them familiar with the WHO typology?

3. Summary statistic

The authors need to take into consideration that there are different summary statistics for the different study designs (e.g. relative risk ratio for cohort and odds ratio for cross sectional) and therefore consider providing separate tables for sexual and obstetrics outcomes instead of combining both in one table.

Also, the authors need to pay close attention while looking for association between FGM/C and/or the different types of FGM/C and an outcome of interest. In cohort studies for example, each subject (regardless of exposure) must have the potential to develop the outcome of interest. So if your outcome of interest is 'deinfibulation', you should only include infibulated women in your analysis.

Minor considerations

1. I would like to urge the authors to consider replacing the terms 'circumcised' and 'non-circumcised' with 'subjected to FGM/C' and 'not subjected to FGM/C'. Also, to adhere to the WHO typology and to remove the term 'sunna'.


3. Page 6 lines 1-11: Please recheck all numbers and percentages. The total number of cases is given in all other parts of the paper as 230 and not 320!

4. Page 7 lines 22-31 and lines 31-38: Two very long and unclear sentences. Please consider rephrasing.

5. Page 7 line 60 and page 8 lines 1-3: 'Again 26.5 % of the cases reported post-partum wound infection as this possibly explained by the collection of blood and lochia behind the skin diaphragm which will result in poor hygiene of the vagina and vestibule and thus represent good media for the bacteria'. This is once again a very long and unclear sentence. Please consider rephrasing. Also, what do you mean by the skin diaphragm? A new skin seal due to reinfibulation?
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