Peer Review Report

Review Report on Healthcare workers' low knowledge of female genital schistosomiasis and proposed interventions to prevent, control, and manage the disease in Zanzibar

Original Article, Int J Public Health

Reviewer: Monica Ticlla
Submitted on: 17 May 2022
Article DOI: 10.3389/ijph.2022.1604767

EVALUATION

Q 1 Please summarize the main findings of the study.

The Manuscript titled "Healthcare workers' low knowledge of female genital schistosomiasis, proposed awareness-raising interventions, and healthcare facility case management capacity strengthening in Zanzibar" is a qualitative study. Through both focus group discussions and semi-structured key informant interviews, the researchers aimed to explore the knowledge of healthcare workers about female genital schistosomiasis (FGS) and their perspectives on interventions to raise awareness about FGS and strengthen the capacity of healthcare facilities to diagnose and manage cases of this neglected disease in Zanzibar, Tanzania. Key findings included poor knowledge and stigmatizing misconceptions among healthcare workers from 14 health facilities in six districts of Zanzibar (endemic for S. haematobium). Proposed interventions include community-based health education and access to safe water. Interventions targeting the healthcare system include proper training on FGS, adequate medical equipment and supplies for the management of FGS cases, and including this disease in a differential diagnosis scheme that should include HIV/AIDS, other STIs, and HPV/cervical cancer.

Q 2 Please highlight the limitations and strengths.

Schistosomiasis is considered a neglected tropical disease. So, one can imagine the level of neglect that female genital schistosomiasis suffers from. In this scenario, this study is a valuable contribution that hopefully will help fill the gaps (lack of awareness about FGS) in the efforts to control Schistosomiasis in Zanzibar and maybe in other regions with high prevalence. The study's strengths are:
1. Two complementary data collection methods (focus group discussions and key informant interviews) to assess FGS knowledge.
2. the assessment of FGS knowledge was done on key groups (healthcare workers in leading and non-leading positions) for the diagnosis and management of FGS, and
3. in high-risk districts in Zanzibar.

Although the authors already discuss two important limitations:

1. "First, we could not verify our participants'responses and perceived experiences on FGS as these were reported responses".
2. "Second, this study focused on FGS among women and girls. No question was asked about male genital schistosomiasis (MGS)"

There is a third limitation (or not) that is not commented on or acknowledged:

3. Healthcare workers in the focus group discussions and key informant interviews are primarily female (35 over 40 participants). Is this expected? Probably due to a female-dominant population of healthcare workers in Zanzibar? or was female over-representation intended during the recruitment of participants? or recruitment was un-intentionally biased to female healthcare workers due to the topic of the study which directly affects women? In any case, the authors need to discuss the implications of this over-representation of female

workers in the interpretation of the results. For instance, the limited knowledge of FGS among healthcare workers in Zanzibar might be more pronounced if more male participants were included.

Q 3 **Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.**

Major comments
----

1. Throughout the text, the authors present their results with vague expressions such as "most participants … " (Lines 130, 136, 150, 182, 197, 275). When possible (e.g key informant interviews), these expressions should be accompanied of the corresponding numbers or percentages, like the authors did in Line 212 ["Most participants did not know the treatment for FGS. Only a few (all medical doctors, n = 5) knew that praziquantel is the drug used to treat FGS"].

2. Assessment of FGS knowledge among healthcare workers was done using two data collection methods: focus group discussions and key informant interviews. This is a strength of the study because complementary insights can be gathered. However, the authors present the information learned interchangeably. The manuscript can benefit from presenting the results in a slightly different structure. First, presenting the information/knowledge/perspectives obtained from key informants with deep insight into the healthcare system due to their leading positions. Then, present the information obtained from healthcare workers that daily face patients. And finally, consolidate both sources of information.

3. The authors acknowledged that one of the study's limitations is their inability to verify participants' responses and experiences. However, the authors conclude that their findings "strongly demonstrate" the healthcare facilities' lack of diagnostic capacity to manage FGS in Zanzibar (Lines 31-22, Lines 329 - 330, Line 334-335). Participants' proposition to provide medical equipment and supplies for managing FGS to healthcare facilities implies that healthcare facilities lack such capacity. However, this proposition is not enough evidence that "strongly demonstrates" such a lack of capacity. Therefore, the statements in the mentioned Lines need to be rephrased.

4. In the methodology, the authors state that "The FGD and KII semi-structured topic guides were developed, pre-tested, and adapted." However, there is no description of how these activities were done. Please, provide a more detailed description.

5. For the study to be replicable, the authors must give access to the FGD and KII semi-structured topic guides.

6. The authors state that "the data are not publicly available due to the fact that they contain information that can reveal the identities of the subjects." This is understandable, but the codebook should be available together with the manuscript.

Minor comments
----

1. Table 2 and Table 3. Giving information about the study districts might compromise the anonymity of participants? For instance, if there is only a couple of health facilities in a district, it might not be that difficult to guess the identity of the participant based on his role at the health facility. This is particularly important for the participants in the KIIs.

2. Duration of focus group discussion and interviews?

PLEASE COMMENT

Q 4 **Is the title appropriate, concise, attractive?**

The title is very informative but too long.

Q 5 **Are the keywords appropriate?**

"Qualitative" should be added to the keywords.

Q 6 **Is the English language of sufficient quality?**

Yes.

Q 7 **Is the quality of the figures and tables satisfactory?**

Yes.

Q 8 **Does the reference list cover the relevant literature adequately and in an unbiased manner?)**

No answer given.

QUALITY ASSESSMENT

Q 9 **Originality**

Q 10 **Rigor**

Q 11 **Significance to the field**

Q 12 **Interest to a general audience**

Q 13 **Quality of the writing**

Q 14 **Overall scientific quality of the study**

REVISION LEVEL

Q 15 **Please make a recommendation based on your comments:**

Major revisions.