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**African Journal of Gastroenterology and Hepatology**

**Constipation among women healthcare professionals working at the University Clinics of Kinshasa: prevalence, habitus and risk factors**

Manuscript ID: AJGH-2503-1079

Response to Reviewers

*Dears Reviewers,*

*We would like to thank you for your appreciation and constructive comments.*

*The modifications are highlighted in this response letter and in the revised manuscript, where they are written in red text. We hope these changes adequately address the reviewers’ suggestions*

**Reviewer1:**

Q/ You need to clarify the definitions, the constipation definition, how you exclude organic causes, and how to diagnose functional constipation.

R/ *Thank you for this constructive suggestion.* *We decided to retain the general term “constipation”, as the assessment tools used in our study (KESS and Bristol scales) do not allow for a formal diagnosis of functional constipation as defined by the Rome criteria.*

Q2/ You need to clarify exclusion criteria for patients with pelvic floor problems, patients with hypothyroidism, or even patients with colon cancer and other causes of secondary constipation.

R: *Thank you very much for this contribution. We have added these criteria: “Adult women aged 18 years and older, who were employed or in training, in apparent good health, and who provided informed consent were included in the study. Women who were pregnant or within six months postpartum, hospitalized, or diagnosed with hypothyroidism or colon cancer, as well as those who declined to participate, were excluded”.*

**Reviewer 2: (ME)**

In this article “Functional constipation among women healthcare professionals of University Clinics of Kinshasa: prevalence, habitus and risk factors” the authors discussed prevalence of constipation among a cohort of healthcare professional in one big center in Congo, the study looks interesting, but we have some comments aiming to improve the quality of the work:

A- In the work design:

Q1/ The article title focuses on functional constipation; however, the methodology uses KESS and Bristol score for diagnosing constipation, functional constipation should follow the ROME criteria that must be included, described, and followed in the methodology, or the authors can focus on constipation rather than functional constipation

R/ *Thank you for this constructive suggestion.* *We decided to retain the general term “constipation”, as the assessment tools used in our study (KESS and Bristol scales) do not allow for a formal diagnosis of functional constipation as defined by the Rome criteria.*

Q2/ Is there a chance to examine the level of healthcare qualification on the constipation, i.e., doctors vs non-doctors, because the level of education and knowledge theoretically had an impact on the prevalence of constipation

R/ *Thank you for this observation. This question is addressed in Table I (profession), where we compared doctors and nurses. The difference was not significant in our series.*

Q3/ It should be clear in the methods on which criteria patients were divided into groups I and II

R/ *Thank you very much for this comment. Our study was cross-sectional and not a case-control design. Within the studied population, some women were diagnosed with constipation while others were not. We simply aimed to identify the differences in characteristics between these subgroups.*

Q4/ Inclusion and exclusion criteria are missing

R/ *Thank you for this comment. We have clarified the criteria in the methodology section:*

*“Adult women aged 18 years and older, employed or in training, in apparent good health, and who had given consent were included in the study. Pregnant women or those within six months postpartum, those who refused to participate, and those who were hospitalized were excluded from the study.*

B- In manuscript writing:

- The language needs revision

- Reference list needs revision

- Many other comments are highlighted in the Word file

- The KESS should be submitted as a supplementary file

R/ *Thank you very much for these comments. We have improved the language, followed the author guidelines for the references, and included the KESS scale as a supplementary file.*

**Reviewer : (AM2)**

Q/ Please add how sample size was calculated?

R/ Thanks for this question. *The sample size was not calculated given that our sampling was convenience and this was a pilot study.*

Q/Why ethical approval on 2019 while study was recruited in 2024

R/ Thanks for this observation. *This is because this approval was for a doctoral project in which this study emerged.*