Dear Reviewer,

Thank you for reviewing our manuscript **"Bacterial vaginosis in women treated at a hospital in Nazca, Peru: A case-control study"**, we have reviewed your suggestions and below are the corrections made.

Your manuscript presents a relevant study on factors associated with bacterial vaginosis in Peruvian women, with an appropriate methodological design and robust statistical analyses. However, I suggest the following improvements to strengthen the scientific rigor and clarity of the work:

Reply. Thanks a lot.

1. Introduction

Epidemiological context:

Comment: Include more recent data (last 5 years) on the prevalence of bacterial vaginosis in Peru or Latin America, citing sources such as multicentric studies or reports from the Ministry of Health (MINSA).

Response: Thank you for your suggestion. We have incorporated updated and recent data into the introduction.

Study justification:

Comment: Clarify further. For example: "Despite the high prevalence reported in the region, there are gaps in characterizing specific risk factors for rural or semi-urban populations like Nazca, where access to sexual health services is limited."

Response: Thank you. We have revised and clarified the justification in the introduction.

2. Methods

Diagnostic criteria:

Comment: It is crucial to detail how bacterial vaginosis was confirmed (e.g., Amsel criteria? Nugent score?).

Response: Thank you. We have added a paragraph specifying the diagnostic criteria used (Amsel and Nugent).

Omitted variables:

Comment: Consider including the use of hormonal contraceptives or intrauterine devices (IUDs), known to be associated with BV.

Response: Thank you. These variables were not included in our questionnaire; therefore, we were unable to assess their effect.

Multivariate analysis:

Comment: I suggest adding a logistic regression model to identify independent factors and control for confounders.

Response: Thank you. While we acknowledge the added value of a multivariate model, the aim of our study was to explore general trends rather than to establish adjusted risk predictors. Additionally, the sample size and group homogeneity limited the robustness of a multivariate analysis, especially considering potential collinearity.

3. Results

Redundancy with tables:

Comment: Avoid repeating in the text data already presented in tables.

Response: Thank you. The text has been revised to avoid redundancy and focus on key findings.

Odds ratio example:

Comment: e.g., "Women with primary education had nearly triple the risk of BV..."

Response: Thank you. This has been corrected and clearly stated in the results.

Precision in p-values:

Comment: Use $p < 0.001$ instead of "< 0.01" for highly significant values.

Response: Thank you. We have corrected the p-values in the table.

4. Discussion

Comparison with international literature:

Comment: Include findings from other regions such as Africa or Asia.

Response: Thank you. We have added relevant comparisons from studies conducted in Africa and Asia.

Biological mechanisms (obesity, smoking):

Comment: Expand on why these may predispose to BV.

Response: Thank you. We have elaborated on possible biological mechanisms, including systemic inflammation and mucosal immunity.

Limitations:

Comment: Emphasize that the cross-sectional design prevents causal inference.

Response: Thank you. We have clearly stated this limitation and avoided causal language.

5. Conclusions

Practical recommendations:

Comment: Specify actionable steps based on findings.

Response: Thank you. We have revised the conclusions to reflect key findings more clearly and objectively, avoiding speculative or prescriptive language.

6. Format and Clarity

Table consistency:

Comment: Standardize percentage formats and add "n (%)" to headers.

Response: Thank you. We have corrected these formatting issues.

References:

Comment: Ensure all cited sources are included in the bibliography.

Response: Thank you. All references mentioned in the text have been properly included in the reference list.

Final Comment:

Comment: The study provides valuable evidence for public health in Peru and could achieve greater impact with these revisions.

Response: Thank you very much for your constructive feedback, which has significantly improved the quality of our work. We believe the revised manuscript is now ready for publication.

Sincerely,