



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014I_IJTDH_11814
Title of the Manuscript:	Prevalence and pattern of malaria management practices in a rural community in southern Nigeria
Type of the Article	Research article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	1. There is an ample scope of improving the methods of the study. Out of 3,875 malaria suspected visitors, only 600 visitors, who consented for interview, were selected for finding the prevalence rate, which consideration is seemed to emerge from ethical view point. But bigger number of cases is able to yield more accurate prevalence rate. From this perspective, if all 3,875 cases were considered, the investigation could provide improved prevalence rate of malaria among Ibusas. This would not have affected the enquiry on malaria management system among Ibusas on 600 agreed visitors, nor would this have confronted any ethical issue. 2. The lines 73-76 did not provide proper explanation of the indications of Figure 1. As the Figure 1 reveals, malaria prevalence does not decrease with ascending age group; rather it gradually increases with ascending age group up to age group 20-29, then suddenly declines, and then gradually descends with ascending age group.	For ethical reasons, it was improper to include those who did not consented to the study. Secondly, even if the 3,875 cases were to be considered in the analysis, it will not go down well since there is no information on the treatment seeking behaviour of those who did not consent to the study. Figure 1, has been correctly interpreted. It now reads: Fiure 1 shows the prevalence of malaria with respect to age. It reveals an undulation pattern of prevalence with age for example; malaria prevalence gradually increases with ascending age group up to age group 20-29, then suddenly declines, and then gradually descends with ascending age group.



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	3. In the lines 68-72 it has been mentioned that out of 600 subjects 360 were female and 240 were male, all of whom were interviewed through structured questionnaires. Whereas, in Table 1, it has been shown that number of female and male respondents were respectively 341 and 259. Due to this contradictory revelation it requires that all the statistical tests be re-performed with their actual figures. 4. Chi-square tests have been performed to test the statistically significant differences between different situations, p values were mentioned; but the values of chi square and degrees of freedom have nowhere been mentioned. 5. In the lines 122-123 the author intended at attributing the descend in malaria prevalence with ascending age group (after 20-29) to development of acquired immunity with age due to repeated re-infection. But the experts are yet to arrive at a general agreement about what constitutes the key determinants of protection. Under this circumstance, the author may investigate for other possible factors (such as age obstacle to mobility of older people) that may be playing vital role in this regard.	The figures in Table 1 contain those who used multiple treatments. That was the reason the figures on Table 1 appears no to tally with the 360 were female and 240 were male. However, I have written a footnote under Table 1 for clarity. The values of chi square and degrees of freedom have been included Malaria prevalence gradually increases with ascending age group up to age group 20-29, then suddenly declines, and then gradually descends with ascending age group. The lower prevalence for age group 0-9 years may suggest that younger children may be using some protective measures against mosquito bite such as sleeping under nets while the higher prevalence for age group 20-29 years could attributed to higher level of exposure vectorial inoculation due to their faming activities. Greater population of the subjects is engaged in farming.
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<u>Minor</u> REVISION comments	i) Structure of the paper is not well organized; aims and objectives were not clearly mentioned. Although the lines 41-43 are supposed to reflect the aims, objectives are only to be presumed from the lines 57-64 ii) The subsection “Study area and Subjects” in the line 47 should either be placed as an independent section or be merged with Introduction section. Further, different information on Ibusa community, such as their demography, socio-economic conditions, etc. should be incorporated there.	The abstract has been restructured. The objective is explicitly state in the last paragraph of the introduction. Study area and subjects have been separated accordingly.
<u>Optional/General</u> comments	The reviewer would like to suggest the author to investigate if the measures adopted by sizeable Ibusa people in treating malaria are associated with their cultural and traditional practices; then next, to investigate the availability and accessibility of health care centres to common people, and also their affordability; so that the paper can make important contribution towards adopting strategies for countering malaria among Ibusas.	This could be a potential future investigation