



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	Ms_I-SRR_31495
Title of the Manuscript:	KNOWLEDGE OF HIV/AIDS TRANSMISSION AND RISK PERCEPTION AMONG ANTENATAL CARE ATTENDEES IN ABAKALIKI, SOUTHEAST NIGERIA
Type of the Article	Original research paper

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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(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (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)
<u>Compulsory</u> REVISION comments	Grammar: <ol style="list-style-type: none"> 1) Please check the complete manuscript as there are many instances where two words are linked together. 2) A review of the grammar can further improve the manuscript. 	<p>Correction done</p> <p>Correction done</p>
<u>Minor</u> REVISION comments	Introduction: <ol style="list-style-type: none"> 1) When quoting the second reference on the "global" report on HIV/AIDS, consider inserting "WHO." 2) The paragraphs on line 55 and 62 refer to the constructs of the health belief model. If it was intentional, insert a reference to the effect. Otherwise use another reference to substantiate these assumptions. Results: <ol style="list-style-type: none"> 1) The mean age should be either 28 or 29, not both. 2) In table 1, both "ethnicity" and "religion" scored very high. Why was it included, i.e. could knowledge and risk perceptions of these specific groups have different outcomes than those from other ethnic groups or religions? Discussion: <p>It would be useful to include suggestions for future research: A) To investigate knowledge and risk perceptions among greater proportions of unmarried women in this community. B) Qualitative exploration in forthcoming studies could also explain in more depth, whether and how HIV/AIDS knowledge influences risk</p>	<p>Correction done, See second reference.</p> <p>Reference inserted. See lines 61 and 63</p> <p>Mean age of respondents was 28±9.0 years (Mean and standard deviation). See line 127</p> <p>Addition made. See lines 242-245</p>



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	perceptions and so on.	
<u>Optional/General</u> comments	<p>Contribution of the study: The major value of this study is to identify aspects that HIV prevention campaigns should emphasize.</p> <p>The study quantitatively assessed HIV/AIDS knowledge and risk perceptions of females attending an antenatal clinic in Nigeria. The methods' section contained important aspects such as the employed research method, study design, sample size calculation, recruitment and data analysis – these descriptions contributed to the scientific merit of the study, and statistical tests were appropriately applied. Since the research instrument was not standardised, piloting it before implementation was a good approach.</p> <p>It is not clear if HIV awareness and HIV knowledge was interpreted as being the same (lines 204-206). Line 212 – not only mass media, but evidently, HIV/AIDS prevention campaigns might have had added to knowledge and risk perceptions. Mentioning the study limitation contributed to understanding outcomes from this study. References were suitable and effectively used.</p>	<p>Noted. Thank you.</p> <p>HIV awareness and knowledge were not interpreted as same but for reference purposes.</p>