



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_15468
Title of the Manuscript:	Awareness and Status of Tetanus Toxoid Immunization among Female Undergraduate Students in a Nigerian University.
Type of the Article	Original 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.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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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	1. The introduction is adequate but the references with date of publication more than 10 years (eg references numbers 1, 3, 5 etc) are too old and therefore authors must look for current data published in 2010. Maternal and Neonatal Tetanus elimination is a topic issue with several countries in Africa implemented TT campaigns in 2013 and 2014. Use much recent statistics 2010-2014. See World health reports or state of the world children or world health statistics published annually up to 2014 is available. 2. The selection of the first 35 students in the academic grade register does not take cognizance of the weighted population size and therefore could lead to under or over representation (lines 90-92). Authors' need to address this issue as recruiting equal numbers in departments/courses/levels whose number of registered students is not equal is incorrect. The obvious concern is representativeness is not equal by the method used, it will be far fair if the registers were used a the sampling frame and 35 students were selected using table of random numbers or could be using a sampling interval since the total number to be recruited in each department and total number of student per department/course/level is known and therefore feasible to get the sampling fraction. 3. The data collection tool was pretested (lines 96-98).	The references have been changed 2. The proper sampling method has been indicated. 3. Details added: The questionnaire was



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	Authors need to inadequate the reliability and validity of the tool by stating the type of analysis done to check its reliability and consistency e.g. what's the Cronbach alpha, degree of concordance between 2 or more data collecting officers/Research assistants? 4.The inclusion of students from the medical faculty knowing they have higher likelihood of been exposed to information on tetanus and its prevention does not suggest a level playing field when compared to other students from say the arts and humanities department (history, linguistics, law, religious studies etc (line 120, 131) and the bias clearly diluted the data by the authors reporting that correct knowledge is associated with students from medical faculty. In designs like this, students with unfair access to information on research topic ought to have been excluded from the sample as reported as exclusion criteria. Knowledge of medical students on tetanus cannot be a reflection of knowledge of women of child bearing age who are not health workers nor medical students and therefore affect the generalizability of the finding (table 1, 2). Comparing medical students and other students in other faculty on knowledge of a disease and preventive measure has no practical application in terms of recommendation from public health stand point. Or are they recommending all females to end up in medical faculty in order to have future mothers who will have good knowledge of vaccine preventable disease?? Such approach has no potential social change implication whether at policy or implementation levels and therefore unscientific. 5. Figure should be in percentages and not in absolute numbers in other for Readers to interpret the information rapidly and make sense of its magnitude for	designed by the researchers and it was reviewed by a panel of specialist Paediatric consultants to ascertain the face validity. After pre – testing, ambiguous questions were removed or modified. 4. Students from the college of health sciences were included since that college is one of the 8 major colleges or faculties. Knowledge of tetanus from various selected students (including medical students) of the University, we believe, should reflect knowledge of women of child bearing age (including health workers) in the general population. We agree that the students from medical faculties exhibited better knowledge in our study when compared to other students, as may be the case if health workers are compared to non – health workers in the general population, but we did not draw any conclusions or make recommendations based on this finding. 5. Absolute numbers in figure 1 have been replaced with percentages.
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	each response. Having figures like 2 or 9, or 31 etc out of a sample size of 512 (figure 2, lines 141-143) requires readers to first do some mental deduction and therefore in appropriate. 6. Tables 1, 2, 3, and 4 were on chi square. However, the most logical statistical test ought to be a univariate logistic regression to be conducted for one variable at a time (just as authors did with Chi square). This will provide the unadjusted odds ratio. This test is then to be followed by multivariate logistic regression to get the adjusted odds ratio and therefore a single table showing each variable its unadjusted and adjusted odds ration provide quality information on the degree of impact of each variable on the model. Chi square tells us next to nothing except that it is significant but it does not tell us interactions between variables which univariate and multivariate logistic regression does. Moreover, all the outcome/dependent variables are a binary/dichotomous categorical in form of yes/no; correct/wrong; aware/not aware and therefore, further fulfils the criteria for the choice of logistic regression. Authors need to report the unadjusted and adjusted odds ration even if they use chi square as one of the univariate test statistic. The authors need to provide information on Negelkerke; Cox and snell to suggest the predictability of the logistic regression model. 7.The data analysis aspect of the methodology needs to be rewritten to indicate type(s) of inferential statistics and type of statistical software used.	6. Odds ratio added to tables 1, 2, 4 and 5. Another Table (3) added for logistic regression analysis for variables represented in Tables 1 and 2. 7. Data analysis section rewritten to include details
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<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		