



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_24808
Title of the Manuscript:	Knowledge, attitudes and practices towards malaria in Mbonge and Kumba sub-divisions in Cameroon
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.

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

(<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)
Compulsory REVISION comments	This is a study on KAP malaria in Cameroon, which provides good information as to the perception of the disease and how can more effective control measures be better implemented in the future. 1)I would like to ask the authors: since they state that malaria has a perennial transmission pattern, if they could provide some percentages of malaria in general in the study region, among children and among pregnant women . 2) What were the inclusion criteria? 3)Were there any Nigerians included in the survey? Did the Cameroonians also travel to Nigeria? 4) Who responded to the questionnaire? The head of the household? Anybody? 5) what was the average age of the respondents? 6) How many people lived per household?	Thank you for your comments. 1)A study was conducted on asymptomatic school children in 2012 in the study area reported 50.7% of children were positive for malaria parasites even though there showed no symptoms of the disease. In Cameroon in general malaria accounts for 57% of all hospital admissions, 45% deaths and 42% morbidity(Statistics from Ministry of Public health). 2) Inclusion criteria was being an inhabitant of the settings(line 80-81) 3)No Nigerians were included in the survey because all houses visited happened to belong to Cameroonians. The travel habits of the respondents was not the focus of the study since this was a KAP study. However, respondents mentioned living permanently in their settings and were not visitors. 4) One person per house. This information has been included (line 86-87) 5) Age now included in table 1



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	7) Was there any frequent travel to other places by the respondents? 8) who applied the questionnaire? Were the surveyors trained previous to applying the questionnaire? In its place, was there a survey assistant to help clarify questions? 9) “All inhabitants of the villages were invited to participate”: how big was each village? No houses were randomly selected? Again, who answered the questionnaire? 10) Did any of the respondents have malaria at any one time? 11) Table 2: “Work” as common disease? 12) any pregnant woman as responder? Had any of the women suffered from malaria previously? During pregnancy? 13) line 205 ... in stored in the home from previous treatments.....Was any of the questions related to when given pills for treatment whether they took all the pills as prescribed? This is a very important finding; no pills should be left over from previous treatments! 14) it seems from Table 8 that all suffering from malaria had to buy the treatment. Does the government provide any treatment? Any policy in this regard?	6)Number of people per household question was not asked in this KAP study 7)Respondents had been living in settings for at least the past six months 8) The research team was made up of researchers (the first, third and fourth authors seen under authors contributions) and two trained assistants. 9) The population of the villages is now included (line 66-67). The population statistics were given by the chiefs and were only approximations. Question on respondents answered in 4 above 10) All respondents had had malaria before. 11) thank you. Corrected. WORMS 12) Question was not asked 13) non-compliance to treatment is very common(as some people stop treatment once they feel better) and that is why this study is important to bring out what happens that should not happen in order to better educate people. 14) Treatment for malaria is the responsibility of the person who is sick. There is no free treatment for malaria in Cameroon. The government announced free treatment for severe malaria for
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	15) I don't understand the totals (horizontal line) in Table 9. Example: Pete: total=114. Why 60? Same with Tables 2-4. 16) Line 372 ... "Kumba is such a big town" also see question 9. Please state how big each place is, in numbers. 17) Line 302: place 96% after most respondents	children under 5 in 2014 but that still has to be implemented. 15) The responses are based on a multiple response question implying that more than one answer was possible per respondent. That is now indicated for clarity 16) The population of Kumba is about 145thousand. Now included (line 377) 17) Done
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		