



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_28248
Title of the Manuscript:	SELF-MEDICATION AMONG PREGNANT WOMEN ATTENDING ANTI-NATAL CLINICS IN JOS-NORTH, NORTH-CENTRAL NIGERIA
Type of the Article	Original Research Article

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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	The statistics stated do not support trends or predications. A thorough report of the statistics used for example which inferential statistics were used and where, should be included. Herbal medications, self-medications, orthodox medications and over the counter medications should be clearly defined. Lists of each would help, if not available then examples of each. Use of medications (each type) can be predicted with regression analysis using age, parity, education and religion as covariates.	Chi-Square test was employed to compare respondent who self-medicated with both OTC & POM and those who do not self-medicate for differences in categorical variables (education, occupation, parity etc). Literature search suggests that Grigoryan et al., (2008) used same statistical test. 1) This study assessed self-medication with prescription-only-medicines, OTC as an entity; 2) It also assessed self-medication practice with herbal medicine separately. Respondents were asked whether they used any herbal medicine in the current pregnancy.
<u>Minor</u> REVISION comments	The document includes spelling errors, and missing articles. I suggest the paper be proof read and edited by someone with strong English writing skills. Line 15-21 Both DES and thalidomide were prescription drugs. Is there any evidence for self medication and outcomes with non-prescription meds or herbals?	Spelling errors were corrected This study sought to know whether pregnant women attending ante-natal clinic actually self-medicate with both OTC medicines and POM.



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	Line 23-25 “The herbal dimension of self-medication among pregnant women deserves great concern especially when we consider the cultural relevance, availability and affordability of traditional remedies in the light of severe economic crises.” Please explain this. Why economic crises? Line 42 collate- collated Line 44 Explain “over the counter medicines used as indicator drugs” Line 45 the current pregnancy Line 46 “fifth section of the questionnaire assessed self-medication practice with social drugs: alcohol, cigarette, cocaine, <i>Cannabis sativa</i>, coffee, <i>cola nitida</i> and tramadol” Tramadol is a prescription med in Canada, pregnancy risk not ruled out. Is this tramadol women might have at home from a previous doctor’s visit? Line 57 Please explain which inferential statistics were used. Line 61 Was there a difference in self- medication according to age, parity, education, religion? Line 66 “The” majority Figure 1 Gestational Age or Trimester, not usually referred to as “Age of Pregnancy.” Pie chart is unnecessary. Line 81 Clearly define orthodox medicine- is it prescription or OTC, List herbal medicines used. Line 96 Typo in Table 2, vero should be very Line 101 Please explain the statistical tests used for Table 3. Line 121 add “the” Line 130 influences should be influence Line 131 consolation – do you means consultation? If consolation, why? Line 138 Add “the”	Self-medication with herbal medicine was also investigated. Results showed that pregnant women self-medicated with OTC & POM; including herbal medicines. It did not investigate or linked self-medication with causality/outcomes. Line 23-25 Nigerians have strong cultural believe in herbal medicine; secondly, it is cheap, affordable etc. With the current economic crises many people might want to seek cheaper and most affordable health care including pregnant women as can be seen in our study. These herbal remedies hardly have documented scientifically proven safety in pregnancy. Line 44 : It is a list of OTC medicines included in the questionnaire. Respondents were expected to indicate any one they have used in the current pregnancy. We have removed the phrase indicator drugs”. Line 46: the phrase “social drug” was replaced. The medicine supply chain is porous in Nigeria thus; patients could have access to medicines including POM without written prescription from the doctor. Line 57: We used Chi-Square to test interaction between determinants of self-medication and self-medication practice in pregnancy. We Line 81: Our interest includes POM, OTC, and herbal medicines. We expected all pregnant women who visited ante-natal clinic to be told of the danger associated with self-medication
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		whether with POM even OTC e.g. aspirin is an OTC in Nigeria but should be avoided in pregnancy due to increased likelihood of haemorrhage, delayed onset and prolonged labour. Herbal medicine: We asked respondents the question, “ever used herbal medicine without the knowledge of your physician or nurse in the current pregnancy”? Line 96: corrected Line 101: We used Chi-Square test.
<u>Optional/General</u> comments	Interesting paper.	