**SDI Review Form 1.6**

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| Journal Name: | International Journal of TROPICAL DISEASE & Health |
| Manuscript Number: | **Ms_IJTDH_27673** |
| Title of the Manuscript: | **Perception, Attitude and Satisfaction of Women with Focused Antenatal Care in Ondo State, Nigeria** |
| 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:

(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)* |
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| **Compulsory** REVISION comments | 1. **Unclear study design:** The author confuses approaches (quantitative and qualitative) with design. The design is not expressed clearly. Is this a comparative study as stated in line 145? If so, which one? Case-control or another type? Please clarify<br>2. **Study sites unclear:** the study sites are said to be hospitals in some places (e.g. lines 13) and clinics in other places (e.g. Lines 100). Clarity needed<br>3. **Inadequate in text referencing:** Some author's statements have no reference to literature for confirmation and lack scientific value: lines 38, **39, 40, 53, 76, 98, 108, 118…** Provide references<br>4. **Unclear application of theoretical framework:** There is no clear link between the chosen framework and the current study. I even wonder if this was the best choice of theory. I am of the opinion that theories/models of individual health behaviour (like the health belief model), or models community and group health behaviour (like the diffusion of innovation model) could be of better value. Explain how you applied the framework to your study or consider suggestions<br>5. **Unclear study population and sampling process:** The study is not specific on the total target population and its inclusion and exclusion criteria. Does the author think that women who attended the FANC several time will have the same knowledge and understanding than those who were attending for the first time or are in the group | |

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| | who are attending the traditional ANC?<br>6. **Sampling:** The way the sample size was reached is not clear. Is it representative of the population? How was the sample divided between the two clinics? Why was non-probability sampling chosen while there was an opportunity to use probability sampling like systematic sampling?<br>7. **Measurements:** There is no clarity about what variables were measured (Both independent and dependent). The application and interpretation of Likert scale is not clear: How many options on the scale: 3?5?7?, how were the responses coded and quantified)..<br>8. **Statistical approach:** In line 183, it is stated that Student t-test was used for comparison of means between the two groups: There is no evidence of such use in the results. The overall use of statistics is weak in this study.<br>9. **Tables contents need improvement:** All tables have different number of participants for each question items, there is no explanation for these discrepancies (eg in table 1, age has a total of 186, marital status 196, religion 190, education 178, # of children 192. The discrepancies are found in all tables. In addition, table 1some subgroups are not exclusive and all inclusive: E.g marital status, single women include separated, divorced, and widowed. Why not using never married. Number of children: where are the primigravidas who have no children, what about those with more than 9 children? Table 4: Why mother in-law? Was there an option for being neutral?<br>10. **Unspecific information in figures:** all three figures have no legend for the vertical axis. Is it %, frequency? The titles do not specify the number of respondents, making it difficult to understand the | |

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| | numbers.<br>11. **Inconsistence use of terminology:** some concepts and terminologies are either misused or changed from place to place: Line 265 talks about perception of participants on quality of ANC but table 3 shows reported interventions received by participants. Another one is the use of normal ANC (table 5) and traditional ANC in other places. Dose this implies that FANC is abnormal ANC? Consistency needed!<br>12. **The findings of qualitative study not convincing.** What was the qualitative design? The themes under results appear to be predetermined by the author and not emanating from the responses. Theme 1 and 2 questions are purely quantitative. I wonder what value the qualitative component brought to the entire research. Triangulation of information??<br>13. **Discussion:** There is no subtitle indicating the beginning of discussion of results, I guess it should on line 352. This discussion is very weak and unrelated to the key findings of the study (By the way which are the key findings?). There is no comparison of results with previous studies (No literature control), the discussion is not in line with the study objective. It should be redone completely. There is a lot of repeated information copied from the introduction: line 384 to 391, compared to lines 81 to 97<br>14. **Conclusions and recommendations:** these are totally out of topic and unrelated to the study objective and study results. To be redone completely.<br>15. **References:** The reviewed literature is old. Most of them are at least 13 years old! This is not quality because information changes very rapidly. Studies | |

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| | conducted in the past 5 years should be added.<br><br>16. There is a suspicion of exclusion of some women due to their parity without explanation: Is it possible for this study population not to have any primigravida? Were they segregated?<br><br>**17.** The autonomy of women is somehow not fully respected by asking what mother in laws think. These women are autonomous and I don't see the role of mother in laws in them accessing ANC. It is a sign of considering unfit to self-determination. | |
| **Minor** REVISION comments | 1. **English needs improvement**: there are many typing errors to be corrected. Proofreading is needed by qualified people.<br>2. **Sentences too long and include different ideas**, leading to confusion for the reader. E.g line 16, 55, 179, 207, 216<br>3. **Connection between sentences lack flow of ideas**. E.g. lines 40 and 41, 75 and 76, 157 and 159,<br>4. **The abstract should be revisited** to represent the study content. | |
| **Optional/General** comments | 1. Define variables being measured in the study<br>2. Include inclusion and exclusion criteria<br>3. Add subtitles under methodology: Design, study sites, study population and sample, variables and measurements, measurement instrument, statistical analysis… | |

**Reviewer Details:**

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