



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_33848
Title of the Manuscript:	USE OF INSECTICIDE-TREATED NET AND MALARIA PARASITEMIA IN UNDER-FIVES AT NATIONAL HOSPITAL ABUJA
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>)



SDI Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(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)</i>
<u>Compulsory</u> REVISION comments	Too much non-essential background information is provided in the Introduction section. The introduction is too long and does not provide a perspective of malaria control in Nigeria. General information should be summarised in a paragraph or two. Provide a context for malaria transmission in Nigeria. What interventions are used for malaria control? Is ITNs the predominant intervention? What about previous studies in Nigeria?	The Introduction was slightly revised but there was no appreciable reduction in the length. The climate context for malaria transmission in Nigeria was provided. Malaria control interventions were already mentioned (page 3) Some Nigerian studies on ITN use were cited (References 7-9)
<u>Minor</u> REVISION comments	Line 40: What is meant by uncertainty range? Line 58: Replace "a" with "one of the main". Line 59: replace "all" with "the majority of". Line 63: Which country data are you referring to for the household survey? Line 64 and 65: You providing an estimate and ranges are thus superfluous. Line 99 and 102: You are providing an average and	The uncertainty range was stated in the previously cited World Malaria Report (WMR); it is likely to be an estimation / quantification of the 'doubt' about the measurement result given in the Report. For the purpose of this manuscript, a more recent WMR (2016) was cited and the uncertainty range has been removed. Highlighted replacements made Estimates in lines 64 and 65 stated and ranges removed Ranges removed



SDI Review Form 1.6

	ranges are not necessary. Line 106: delete “my locality” and the brackets. Line 126: Is the illness general or malaria specific? Line 140 and 142: Are the appendices adding any value to the manuscript? Line 157 – 158: The respondents could also be giving the researchers the answers that they want to hear after all the study population is quite educated. Line 162: Remove “her”. Line 199 and 204: Standard deviation is not necessary since you have provided the range. Line 210: Define what is meant by “social class 1”. Table 1: Use single line spacing for ease of reading. Line 224 – 225: You have not explained the reason for this apparent contradiction. Table 4: Frequency of use: Why did respondents only use the ITN for up to 3 times per week ? Why not everyday? Line 379: Once again bear in mind that the adult views influence under 5 protections and use of ITN.	“my locality” removed General illnesses; if you refer to the scope of care at the GPOPD (page 5) Probably not; now removed. Valid point “her” removed Standard deviation removed Social class defined on page 6 (Reference 17) Single spacing done It was difficult to determine the line numbering and ascertain the contradiction to which you refer? Kindly clarify, Sir/Ma’am. 3 times per week was just an average frequency of use of some caregivers who realistically admitted they did not put up the ITNs every day. Reasons for non-use highlighted in table 5 Valid point
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SDI Review Form 1.6

<u>Optional/General</u> comments	It should be borne in mind that is not the under five behaviour that is being evaluated but the ITN use by parents to prevent transmission in children under five. This seems to become blurred at times. The informed consent and questionnaire does not have to be submitted. The summary of results is sufficient. The study surveyed use of ITNs among children seeking medical assistance at a hospital. Therefore these children were not likely using a bednet or using it incorrectly. The care giver decides who uses the net, when the net is used and when the child is placed under a net. For these reasons a community survey of children may have yielded a more accurate representation of what is happening with regards to ITNs and malaria parasitemia in under 5s.	Many thanks for your review and comments. Noted; appendices removed. This is now included as a limitation of the study.
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