



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_39099
Title of the Manuscript:	Caregivers' Knowledge and Perception of Accidental Childhood Poisoning in Southern 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)
Compulsory REVISION comments	Most probably it represents for his country, a starting point for reflections on the risks of children related to life at home. It can be a reference to health workers and caregivers of children in your country, but it lacks practical elements (this should be the purpose of your work). However, the work does not present a careful and in-depth critical analysis of the literature. For example, the types of poisonings that occur at home have not been described, prevention strategies are not reported and there are no indications on the influence of the caregivers' knowledge on the reduction of risks from poisoning at home. For example, you argue that parents do not know the most affected age group, but you yourself are not in-depth as this age group is and why the poisonings are more frequent in this age. Being a survey on the knowledge and perception of risks and therefore self perception, it would be useful to have data on the prevalence of poisonings (missing national data because not collected systematically) at least in your hospital. In this case, the reader could be facilitated in dealing with the gravity of the phenomenon. Also describe that the cultural aspect can affect the knowledge and the perception of risk in the caregivers. It would be useful to have an idea of the cultural context on the perception of the safety of the country where the survey was carried out and therefore be able to compare your results with countries of similar culture and health care.	Lines 44 – 51: Household products like petroleum distillates (especially kerosene) are the leading causes of poisoning in Nigeria. Types of poisons and the frequencies of poisonings tend to differ from one location of the country to another. Kerosene is a source of poisoning in developing countries as a result of inadequate control of access to the substance. Exposure to kerosene is more common in developing countries because it is used as fuel for cooking and for lanterns making it easily accessible to children. Other agents of poisoning include caustic soda, alcohol, household cleaning agents (e.g. bleach and detergents) and organophosphates in the form of insecticides, herbicides, among others. Lines 67 – 75: Issues such as illiteracy may affect the parent or caregiver's ability to read warning labels or directions for use resulting in inability to follow written instructions making him or her prone to using chemicals unsafely. Lack of information and education often results in people ignoring or neglecting simple measures that could help to prevent the toxic effects of chemicals. However, those caregivers who may have higher poison prevention knowledge will likely have better behaviours related to poison safety. Low socioeconomic status of families also predispose children to accidental poisoning as their caregivers are unable to purchase safety equipment, are exposed to hazardous environment and lack access to safety information and health services. Lines 86 – 88: Nevertheless, accidental childhood poisoning constituted 3.3% of cases seen over a 10-year period in a private hospital in Benin City, Edo State. Lines 63 – 66: Solutions proffered on the prevention and control of accidental poisoning in children, such as the storage of household products where they are inaccessible to children, the use safety devices like child-resistant containers (CRC) for hazardous household products or medicines, proper labelling of hazardous substances with instructions for storage and use, and cautions or warnings; and lots more.



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		Children under five years are particularly vulnerable to accidental poisoning due to their innate desire to explore their world and the inability to perceive the dangers of their actions. Young children are quite active, curious and are fearless explorers. They tend to touch, test and explore their surroundings, getting in contact with toxic chemicals unsafely used or stored. Children under the age of five years account for the majority of all poison exposures with children up to two years old being particularly vulnerable At two years of age, a child is at a developmental stage that is characterized by inquisitiveness, restlessness and impulsivity. As a result, the two-year-old child engages in aggressive exploration of his or her total environment and in doing so, every object in sight is closely examined for form, texture and taste. Hence, as expected, such a child is at high risk of being easily poisoned or injured by products in the environment.
Minor REVISION comments		
Optional/General comments		