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Journal Name:	**International Journal of TROPICAL DISEASE & Health**
Manuscript Number:	**Ms_IJTDH_34442**
Title of the Manuscript:	**Assessment of Knowledge and Attitude of Premarital Genotyping among Youths in Mairi Ward, JereLocal Government of Borno State**
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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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	**First of all, the entire text needs to be rewritten by a native English speaking person. There are numerous grammatical errors, omission of periods and commas, and sentences that do not make sense.** **I will make comments in the order they appeared in the text.** **I have not been able to obtain the references 7 and 9 authors cited. Please cite other sources of references to confirm these facts if available.** **Line 83-89, related to population sampling; this does not guarantee that the sampled subjects represent the population at large in question. In fact, I am unclear as to why this number was chosen notwithstanding of the formula presented here. In fact the formula is irrelevant in this study.** **Line 109, quite often certain streets are inhabited by people with certain occupation, such as carpenters, plumbers, merchants, etc. These elaborate sampling may not prevent oversampling of a certain population over another. Thus how the author made sure that the sampled subjects truly represented the population in**	

	question. Line 121; what happened to the remaining 26 copies? Since this lost samples represent almost 10% of the subjects, it may be possible that the results could be biased. Line 136, How was the verbal consent obtained and recorded. In particular those who answered through interviews, how the confidentiality was maintained? Line 143, Table 1. The marital status. It's unclear whether single persons do not have any children regardless of the marital status. Having children may impact on their knowledge. Also please explain the large number of widowed individuals. The last question in the Table 1 is unclear. The question states, "A person with Genotype AS can get married to a spouse with same Genotype" Are you asking "if a person with AS gets married to a spouse with AS, do they automatically have a child with sickle cell disease?" This question as it is presented in this text yields several different interpretations, and thus I am not sure how this question passed the preliminary validity study. I would definitely rephrase this question. As is, I doubt the validity of the results. Line 169, it appears to me that the religion (Moslem v Christian) and occupation (civil servants v. others) do have a significant	

	influence on the proportion of subjects with "good knowledge". **Line 178; should say, "do NOT support", instead of "support".** **Discussion on the Table 4; This is a question that can be interpreted differently, since a sickle cell trait individual can marry to a sickle cell trait individual. It just raises a risk of having an offspring with sickle cell disease. Also a couple can have a child of course without getting married. thus I suggest that this particular phrase be reworded.** **The entire thrust of this type of question rests on available options following the results of genotyping testing. Is abortion widely practiced in Nigeria to prevent birth of offspring with sickle cell disease? If not, what would be the benefit of doing genotyping before getting married? Thus No to these questions may simply mean that since there are no options but having a child with sickle cell disease even if they know the genotyping results, there is no reason to do genotyping.** **Line 228, please clarify who mandated the counselling and genotype screening. Is it the church, or the government? What is the penalty for not following through with this mandate? If it is the church, is it limited to the Christian church or, also the Islamic churches?** **Line 237, authors state, "The negative attitude of**	

	the respondents in this study can be attributed to the fact that most of them are not residents in their native community, and are probably not active members of their extended families".	
Minor REVISION comments		
Optional/General comments	I have a great deal of concerns regarding their methodology. I also have concerns regarding their "facts" that I was unable to confirm since I am unable to read the articles they cited (such as the statement like "Nigeria accounts for about seventy five percent (75%) of infants with sickle cell cases in Africa and about eighty percent (80%) of infants' death from the disease in the continent." Also even though authors claim that the questionnaire was validated, one particular question can be interpreted in multiple ways, and thus I have a concern regarding the credibility of the results. The discussion contains a lot of speculations not based on facts presented in this study. There are numerous grammatical errors, spacing errors, omission of commas and periods.	

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Reviewer Details:

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