



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_45341
Title of the Manuscript:	PREDICTORS OF RISKY SEXUAL BEHAVIOURS AMONG YOUTHS IN SELECTED COMMUNITIES IN OBIO-AKPOR AND IKWERRE LOCAL GOVERNMENT AREAS OF RIVERS STATE
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	<ol style="list-style-type: none"> 1. The manuscript requires editing to make presentation clear to the reader. Examples of words/sentences/paragraphs that are not clear or confusing are highlighted in the reviewed document attached. 2. Add Nigeria to the TITTLE to make it more catching to the readers' eyes and minds. 3. Much of the statements/claims/conclusions/recommendations made in the manuscript lack support from the study findings. For example, there is no findings on abortion or STIs prevalence but repeatedly reported as RSBs among Nigerian youths studied!! 4. Much of information reported has no link to the purpose of the manuscript. For example, Table 4.1 (marital status) and Tables 4.2 through 4.5b. This information should be linked to the study in the discussion, conclusion and recommendations OR should be omitted. 5. The author(s) claim(s) to report on "PREDICTORS" of RSBs (See: Title and line 73-75]. However, findings, discussion and conclusion provided in the manuscript focus on RSB practices, which seriously reduces the strengths of this study. The author(s) should be able to identify predictors to selected/studied/reported RSBs. For example, having unsafe sex is a risky sexual practice. However, ones low age, lack of knowledge/awareness of condom double protection and condom availability could predict non use of condoms among youths practicing anal/vaginal sex (the risk behavior). Hence, in this study's context, increasing awareness of condom's dual protection and making condoms available within a recommended (400m?) radius could be some foci areas for interventions recommended. 6. How do the author(s) define predictors of RSBs in this context? 7. Are youth and adolescent age groups the same in Nigeria? I ask because the author(s) keep using these groups interchangeably!! BTW, what are the age limits? If the youth are 18-24, then the author should reanalyse the data removing 17 yrs old and younger and change the rest of the manuscript accordingly. 8. Reasons for choosing Ikwere LG area not provided. 9. Why were pregnant youths excluded from the study? I think they could have provided motive not having protected sex; hence suggesting some predictors for RSBs (Line 114-115). 10. Formula used for sample size estimation not provided (Line 117-118). As such representation of communities in the sample is questionable! Why was the oldest youth selected from households with more than one youth (Line 137-140)? 11. What is the literacy rate among the youth in the study area to undertake self-administered questionnaire? Do they speak the same language? Which language was used in the questionnaire??? More information is needed here!! 12. See and address comments on the Limitations section. 13. See comments on Table 4.6: type and amount of alcohol consumed. 14. Tables 4.7a and 4.7b should present predictors for RSBs rather than RSB (practices only). Apparently, this is the kernel for this manuscript. 15. Match data presented in Table 4.8 and the narrative. Yet, this information is more on RSBs rather than predictors of RSBs reported by youths. 16. Following changes in the sample suggested, check on data in Tables 4.9a and 4.9b. Reanalysis may be necessary. 17. Line 321 and 351: much of presentations in the discussion and conclusion lack support from data presented. Check comments in these sections. 	<p>I have worked hard to make corrections to the necessary comments. I will sincerely and humbly accept your candid suggestions, inputs and more comments to improve and publish my manuscript in your reputable journal. Thanks to the reviewers and the editorial team.</p>



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	18. No intervention on predictors for RSBs made. This is a serious weakness of this manuscript. Addressing comment 5 could improve this situation.	
<u>Minor</u> REVISION comments	The author(s) may wish to have the reworked manuscript edited to improve its comprehension.	
<u>Optional/General</u> comments		

PART 2:

	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>
Are there ethical issues in this manuscript?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <p>It is stated that the youth in Nigeria fall in the 18-24 age group. However, data presented include those below 18 yrs that need to have more ethical considerations than provided. That is, ethics regarding interviewing the underage - less than 18 yrs olds. Did their parents or guardians consent?</p>	<p>Ethical clearance for the study was sought and obtained from the Research and Ethics Committee of the University of Port Harcourt, Nigeria and informed consent was obtained from the participants.</p>