

## Review Form 1.6

Journal Name:	<b>International STD Research &amp; Reviews</b>
Manuscript Number:	<b>Ms_I-SRR_93270</b>
Title of the Manuscript:	<b>KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS AND RISK PERCEPTION AMONG UNDERGRADUATES OF UNIVERSITY OF IBADAN, IBADAN, SOUTH WEST, NIGERIA</b>
Type of the Article	<b>Original Research Article</b>

### **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:

(<https://www.journali-srr.com/index.php/I-SRR/editorial-policy> )

**Review Form 1.6**

**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Compulsory</b> REVISION comments	<p>The manuscript addresses an updated theme, of great magnitude and relevance for the elaboration, planning and implementation of public policies on sexual and reproductive health, with emphasis on audiences with greater risk factors for acquiring STIs. Also, how important it is to assess the level of prior knowledge of STIs in order to develop effective and efficient strategies and interventions.</p> <p>However, it should be noted that the study requires greater clarity and coherence in the textual organization, as well as greater clarification in the method and, thus, it can be replicated/disclosed.</p> <p>Thus, the introduction should be revised with more up-to-date data regarding the epidemiological profile of STIs; as for the method, there was a lack of clarity and textual organization of the information; the results, requires more textual organization in the presentation; discussion, more objectivity in response to the objective of the study, textual organization; and, finally, the conclusion partly responds to the objective of the study.</p>	
<b>Minor</b> REVISION comments	<p>TITLE: No suggestions.</p> <p>ABSTRACT: It is suggested to the authors greater conciseness and clarity in the information. Add the nature of the study, data collection period and CEP. Review the use of IBM-SPSS acronyms, not recommended. In the results, it is recommended to put whether or not there was a significant association, since it is addressed in the method that an association study was carried out. In conclusion, answer based on the results of the study, was the level of knowledge considered low, medium or high? Objectivity and conciseness in the answer. Keywords: I suggest replacing the Human immunodeficiency virus with the controlled descriptor HIV.</p> <p>INTRODUCTION: The authors approach the theme on the scene in a contextualized way with the international scenario, as well as bring studies on the theme on the scene. Review the most up-to-date data regarding the epidemiological profile of STIs in the world and the target audience of the study. It is worth mentioning the use of the acronyms IST and DST because sometimes one is used, sometimes the other. Use the most up-to-date, IST. Also, review the use of the acronym AIDS.</p> <p>OBJECTIVE: no suggestions.</p> <p>METHOD: The authors are suggested to start with the nature of the study, followed by the location and population of the study. Review the type of study, cross-sectional analytical. Still, a better definition of how the faculties were selected, since the authors state that there are thirteen and only five were selected. The authors put as an inclusion criterion being a non-medical undergraduate student. However, they do not address the exclusion criteria, such as: being away from academic activities for health reasons, medical certificate? Period/semester in progress? Also, which faculties (health and non-health) would be selected? Better define the inclusion/exclusion criteria. The authors state that a questionnaire was used to assess students' level of knowledge about STIs; however, is this instrument validated? What reference to it? Define what is SPSS? Is the classification of knowledge level addressed, based on which reference(s)/author(s) was this classification used? It is suggested to place the reference used to calculate the sample of the study.</p> <p>RESULTS: Put the relative and absolute frequency in the findings in all findings. Authors are suggested to organize and concise the information, with greater clarity. Review the textual form, since 53.6% represents the majority? Furthermore, it is suggested that the authors review the textual form in the presentation of the results, sometimes using</p>	

**Review Form 1.6**

	<p>numerical values, sometimes using numbers in full, as observed in ('One thousand and seven.../'Four hundred and fifteen...'). Standardize decimal values, as in 656 (62.55%). Review the textual form of the P value, according to the journal's guidelines. P is always italicized and capitalized.</p> <p>i) Correct expression: (P = .05). Wrong Expression: (P &lt; .05), unless P &lt; .001.          ii) The P value should be expressed to 2 digits whether or not it is significant. If P &lt; .01, it should be expressed to 3 digits.          iii) When rounding, 3 digits is acceptable if rounding would change the significance of a value (eg, P = .049 rounded to .05).          iv) Expressing P to more than 3 significant digits does not add useful information since precise P values with extreme results are sensitive to biases or departures from the statistical model.          v) Reporting actual P values avoids this problem of interpretation. P values should not be listed as not significant (NS) since, for meta-analysis, the current values are important and not providing exact P values is a form of incomplete reporting.          vi) Do not use 0 before the decimal point for statistical values P, alpha, and beta because they cannot equal 1</p> <p>DISCUSSION: It is suggested to start the discussion with an answer to the objective of the study, and its main findings. The authors state that the impact of sexual health education on the knowledge of STIs was evaluated, but these findings were not addressed in the objective of the study, nor in the results. review.          In the passage '...example Human Immunodeficiency Virus, Hepatitis B and C Viruses, Human Papilloma Virus, among others...', use the aforementioned acronyms HIV and HPV. Also, Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).          In the quote (About one-third of the respondents were not aware that there can be a reoccurrence of a previous infection even after treatment. This perception can be related to more than half of them who are of the notion that condom use protects against all kinds About two-thirds of the participants were knowledgeable that some vaccines existed, about two-thirds of the participants were knowledgeable that some vaccines existed. for some STIs. According to WHO, both HPV and hepatitis B virus are preventable with vaccination). It is recommended to separate these findings, as well as improve the discussion with the literature and the critical positioning of the authors.          It is suggested to take the paragraph (Overall, less than 10% had good knowledge...) to the beginning of the discussion. The authors put in the passage 'A study revealed that young persons both male ...' but which study was this? Place?</p> <p>CONCLUSION: The authors conclude that the students had a lot of knowledge about STIs, however the findings reveal regular knowledge. It is suggested that the authors answer, objectively, the students' level of knowledge about STIs. Then, there was or was not a significant association. Still, it may characterize the most relevant findings of the study. Objectivity and conciseness in the conclusion.</p> <p>REFERENCES: It is suggested to review the formatting of the references as it is not standard, according to the norms of the journal. Only 2.9% of the references correspond to the last five years (2018-2022). Therefore, review the most up-to-date references.</p>	
<b>Optional/General</b> comments		

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

[Review Form 1.6](#)

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