

## Review Form 1.6

Journal Name:	<a href="#">International Journal of TROPICAL DISEASE &amp; Health</a>
Manuscript Number:	Ms_IJTDH_69384
Title of the Manuscript:	“Awareness and Practice of Birth Preparedness and Complications Readiness among Pregnant Women in the Covid-19 era In Fako Division, Cameroon”
Type of the 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://peerreviewcentral.com/page/manuscript-withdrawal-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><b>methodes</b></p> <ul style="list-style-type: none"> <li>-in <b>Study setting</b> –number of hospital and health centers in study area not mentioned</li> <li>-<b>Study design</b>-it say hospital based, but according to study population health centers were included.</li> <li>-again it says community-based in abstract but under study design it said hospital based. How it can be believed?</li> <li>-Sampling technique-how you included health facilities? How many HCs? How many hospitals. Not mentioned</li> <li>-why purposive sampling technique? What is your interest and criteria? It is not appropriate to use for such quantitative study.</li> <li>-is there any difference b/n sampling technique and sampling methods?</li> <li>-very small sample size=162(not representative) and for the purpose of this study you added only 1 what is that purpose?</li> <li>-why you excluded Pregnant Women &lt;28 weeks as BPCR counselling starts at first visit?</li> <li>-<b>Data processing and analysis</b>-no association was done and also was not in objective, but you mentioned about p-value which was in some places in the result that was non sense. If you didn't do it what is the additional value of this study?</li> <li>-<b>totally your operational definition is not clear.</b> Specially <b>practice of BPCR (how you classified as optimal, standard, and poor practice?)</b> relating to your question or component of BPCR?</li> <li>-<b>What is The prevalence of awareness and practice of BPCR</b> which was classified as <b>“fully aware and well prepared”, “aware and not prepared” and “slightly aware”</b>. Is it different from practice? How you analysed it relating to your quest.or components?</li> <li>-Also what is the cut point to classify knowledge of danger signs?</li> </ul> <p><b>Results</b></p> <ul style="list-style-type: none"> <li>-Regarding table 3-if you want to show chi-square or tabulation use other table. Why you put p value only with educational status for awareness of danger sign,what about other variables and which one is your outcome variable knowledge of danger sign or practice of BPCR or both? .</li> <li>-how you come up with the result 47.9% had optimal practice, 37.4% had standard practice while 14.7% had poor practice (description of fig3)? Operational defn.</li> <li>-3.5 can we identify factors by pure description?</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>-can we take only hearing about BPCR plan as (79.1%) and under result 3.2.</li> <li>-your discussion is totally a result not focussed on your objectives. And no <b>indication</b> of the finding and <b>poor justification.</b></li> <li>-you tried to put statistical significance of some variables, but they were not analysed and reported in result so where you brought them. Logically it is to show the association or factors, but you discussed them in other place even if your analysis was correct.</li> </ul> <p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>-can you conclude awareness of BPCR as high by measuring it only by hearing about it that was (79.1%)?</li> <li>- also can we conclude knowledge of women on danger signs as high with 49.1% and 47.9% practice of BPCR as high ?</li> <li>-factors associated with dependent cannot be identified by pure description</li> <li>-recommendation and suggestion for further study are the same. And included with discussion or indication of study, but not exclusive sub title.</li> </ul>	
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments	<ul style="list-style-type: none"> <li>-poor methodology</li> <li>-poor result writing</li> <li>-discussion not focused objective</li> <li>-conclusion poor and not objective focused</li> <li>-not additional information to existing studies provided</li> </ul>	

[Review Form 1.6](#)

**PART 2:**

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

**Reviewer Details:**

Name:	<b>Tilahun Mekonnen Regassa</b>
Department, University & Country	<b>Mizan Tepi University, Ethiopia</b>