



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	2015_BJMMR_16555
Title of the Manuscript:	Survey of knowledge and source of information relating to reproduction and sexually transmitted infections including human immunodeficiency virus among senior secondary schools students in a military barracks in Nigeria
Type of the Article	Original research article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
<p>The following major and minor revisions were not adequately revised.</p> <ol style="list-style-type: none"> The questionnaires used in this study were said to be pretested and validated. Did the investigators mean to say piloted?? If the instruments were pretested and validated in other studies this should be clear. Line 135-136 seems to refer to the pretested questionnaires in relevant literature but this is not clear in the introduction. <i>If the questionnaires were pretested can the investigators explain how this was done?</i> It is not clear whether the investigators are using simple random sampling or stratified random sampling. There seem to have been some control on the allotment of girls vs boys classes to control for gender. This is not clear <i>This is still not clear</i> Since there are many types of 'media' the investigators should consider stratifying the type of media being referenced. <i>Was electronic media the only media investigated? Please add this in the abstract conclusion.</i> Line 21-22: not clear the findings in males and females <i>Please clarify.</i> Line 27: Add 'electronic' media Additional background should include literature around the unique setting of this study: institutionalization in barracks. <i>This was not addressed.</i> 	<p>1. Data collection in this study employed pretested, self-administered structured questionnaires developed from review of relevant literatures and interview of some adolescents. All questions were written in English language and pre-tested in similar schools in Navy Barracks Ojo. This was done, to check for its reliability and validity. Also determined were the appropriateness of format and wording of the questionnaire as well as time needed to carry out interviews. Thereafter the instruments were reviewed by senior colleagues, necessary adjustments and corrections were effected before administering the questionnaire to the study population.</p> <p>2. Thirdly, the class registers were used as the sampling frame. For the single sex schools, simple random sampling technique was used to select eligible and consenting students until the required number allotted to the selected arms in each class (SS1-3) has been obtained. For CDSS (which is a co-educational school), the class registers were initially stratified by sex into males and females before proportionate sample of each sex was taken using simple random sampling technique was used to select eligible and consenting students until the required number allotted to the selected arms in each class (SS1-3) has been obtained.</p> <p>3. Electronic and print media were sources of Information reported by respondents. See pages 21,22 as well as print media and other sources</p> <p>4. 238(59.5%), 115 (52.0%) males and 123 (68.7%) females; peer group 231(57.8%), 120 (54.3%) males and 111 (62.0%)</p> <p>5. Done. See page 28</p> <p>6. The negative effects of modernization among other factors reduce the influence that families have on effectively promoting positive attitude and healthy sexual behaviour among adolescents and youths. Institutionalization of sexuality education has been suggested as an immediate effort at creating awareness about sexuality based issues [14].</p>



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<p>7. Line 140-143: please clarify the sections in the questionnaire.</p> <p>8. Section 2.8: The response rate was 100%, is there any specific reason why it was this?</p>	<p>7. The questionnaire is divided into five sections (A-E) to obtain data on A) the socio-demographic characteristics of the respondents; B) sources of information; C) knowledge about reproductive health; D) relationship between socio-demographic characteristics and students' knowledge of reproductive health and E) relationship between sexual behavior and students' knowledge of reproductive health. .</p> <p>8. On the administration of the questionnaires, time was taken to explain the questions to avoid ambiguity. Respondents who could not fill the questionnaires immediately were given a minimum of two days before collection.</p>
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