

REVIWER'S COMMENTS IN REGARD OF THE MANUSCRIPT BY SALEHE S. F. *et al.*,
ENTITLED "DIFFERENCES IN SCHISTOSOMIASIS KNOWLEDGE AMONG
IRRIGATION RICE FARMING COMMUNITIES IN DIFFERENT IRRIGATION SCHEMES
IN TANZANIA"

Line 38: substitute the word 'professions' with an appropriate word because it cannot be applied where children or housewives are involved

Line 39: 'house wives' is one word and the same applies to 'fisher men'

Lines 40-41: The disease is prevalent in many more areas in Tanzania. It is not just Kilimanjaro and Morogoro (see Health & Disease in Tanzania a 1991 publication). Nothing is said about the species prevalent in Tanzania or the study areas i.e. whether it is *Schistosoma mansoni* or *S. haematobium*.

Lines 94-95: Is poor farmers synonymous with subsistence farmers?

Lines 112 – 117: The sampling method requires revising because it seems contradictory! How can it be random sampling and then the interviewees were chosen by the researcher? Also, it is not clear whether the choice was made from paddy field owners or tenants or labourers! There should have been some kind of stratification. It is not clearly explained whether the interviewees had different education backgrounds and whether they were categorized on the basis of gender, age land ownership, etc.

Lines 117-118: The structured questionnaire had both open and close-ended questions, but Table 1., shows 'leading' close-ended questions, which seem to be informing the respondent what to say!

Line 139: Should read 'regions' instead of 'egions'

Lines 135-139: The researchers ought to understand that, by using multiple t-tests one increases the magnitude of error. Also, it is not clear as to what prompted the researchers to pool the data by assuming that the knowledge differences were only between regions and or between traditional and modern schemes! There were no questions or criteria to indicate whether the respondents frequented both types of irrigation schemes. I have a good knowledge of the irrigation schemes in Kilimanjaro region and in the case of Njoro, it is very close to the modern irrigation scheme particularly in Mabogini village. Also, some famers may own paddy fields in both schemes or at Mandaka, where there is another traditional irrigation scheme. Nothing is said about the statistical package or software used to analyze data.

Lines 143-145: I doubt whether the information presented is a reflection of knowledge of schistosomiasis. If the respondents had been asked whether they had ever suffered from

schistosomiasis and how they found out if they had been infected and the respective symptoms and signs and whether they were able to differentiate between urinary versus intestinal schistosomiasis. Also, it would have been worthwhile to ask the respondents whether they had received health education from anywhere else e.g. health facilities!

It is doubtful whether the percentages presented in Table 2., are a reflection of differences in knowledge on the basis of one working in a traditional or modern irrigation scheme! Also, are the differences statistically significant? It is not convincing!

Lines 170-194: it seems that the researchers failed to determine the actual underlying reasons for the responses and merely assumed that the differences were a result of differences in irrigation practices.

Lines 196-200: The researchers tend to pick out a few items where the P value < 0.05 and use them to support their arguments, but it is a simplistic approach to the problem.

Lines 207-213: The authors again base their conclusions on assumptions that, the irrigators had never received any health education because there is no village health facility! Is this the only route for transmission of knowledge? What about media outlets? Schools? Farmers' associations? etc.

Lines 224-233: Although the authors did not make any effort to link education level to knowledge of schistosomiasis, they bring in the idea out of nowhere and without proof derived from their work!