

here are my personal comments:

DR. EFOSA KENNETH OGHAGBON state that which is not a good comment:

""""*Table 1 is very confusing and needs to be clarified. For example, I do not understand why there should be decimal points for number of people in the age bracket, Civil status, Education et cetera. What exactly are these authors reporting in; percentage or number of subjects?""""

Those numbers are percentage that is why there is decimal. Authors present the population's characterise. But I would better ask how they calculate p-value, authors should explain in kore details to prevent confusion.

Response: Number of subjects have been added in Table 1. P-values were generated from the χ^2 test and appreciate the difference observed between the rural and semi-urban populations for each variable among men, women and all.

JM: is much more better as reviewer

My major point would be to explain more how they got the p-value, because the calcul is not explain (the most difficult is in table 2...to which correspond the p-value of the multiple age?)

The Table 2 and table 3 show GLOBAL percentage and percentage INSIDE a percentage of category. This take too much time to understand. Authors NEED to show the real number of people :ie: """"26/49"" and percentage in bracket, should mean 26 out of 49 in the category +65 have hypertension. This need to be change to prevent mental v\calcul. In fact like in table 4.

Response: Number of subjects have been added in Table 2 and Table 3. For categorical variables, the P-value was generated from the χ^2 test. For the age groups, the p-value is based on the χ^2 test for trends. P values appreciate the difference observed between prevalence according to the variable categories in each stratum

Authors feedback was good

Otherwise reviewers seem to like it even if there no striking results, just excepted results.

So I am in favour for publication after correction