



SDI Review Form 1.6

Journal Name:	Asian Hematology Research Journal
Manuscript Number:	Ms_AHRJ_48946
Title of the Manuscript:	KNOWLEDGE OF HAEMOGLOBIN TYPES AT UNION AMONG COUPLES AND IMPACT ON OFFSPRING; A CROSS-SECTIONAL STUDY IN SOUTHERN NIGERIA
Type of the Article	Original Research Article

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PART 1: Review Comments

	Reviewer's comment	Author's comment (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)
Compulsory REVISION comments	<p>In this paper, "KNOWLEDGE OF HAEMOGLOBIN TYPES AT UNION AMONG COUPLES AND IMPACT ON OFFSPRING; A CROSS-SECTIONAL STUDY IN SOUTHERN NIGERIA", authors investigated number of offspring that had Hb SS genotype delivered by couples that had pre-union knowledge of their Hb type and compared the number of offspring with Hb SS delivered by couples that had had no knowledge. Authors claim that the frequency of Hb SS delivered by the latter couples was much higher than the frequency of Hb SS offspring delivered by the former. Authors extracted the following conclusions from this study; 1. Pre-union knowledge of Hb type prevented delivery of offspring with sickle cell anemia, 2. In urban area, there is a high proportion of population with their knowledge of hemoglobinopathy, while in rural area, a smaller population has such knowledge. 3. Thus education of the rural population regarding their hemoglobin type should be done to reduce future sickle cell anemia population.</p> <p>Their conclusions are NOT supported by the data they presented;</p> <ol style="list-style-type: none"> 1. The subject population selected in the Cross River Area is not described in detail. How many of the subjects lived in rural area? Level of education? House hold income? Ethnicity? All these factors influence the couple's decision to have children, how many? When? Importance of their hemoglobinopathy. This is a complex issues beyond the geographical area they dwell. 2. In the table 2, the total number of children each couple had was not provided, and thus no conclusion can be drawn. The explanation is as follows; <p>Let we assume that prior knowledge played no role in having offspring. The calculation shows that the couple with knowledge delivered 2 children on an average, and couples without knowledge delivered 5.5 children per couple, in order for the former 8 couples to end up with 4 Hb SS children and the latter 16 couples to end up with 22 Hb SS children. Probably that is not the case. Most likely both types of couple have had a similar number of children. But, the mere number of Hb SS children is meaningless unless the investigators show the total number of pregnancies for each couple. This table is not evidence for authors' conclusion that preunion knowledge prevented delivery of Hb SS offspring.</p>	<p>Correction have been done as suggested by the reviewer</p> <p>Corrected</p>
Minor REVISION comments	<p>I will make the rest of comments in order that appeared in the text</p> <ol style="list-style-type: none"> 1. Abstract, line 11, <i>Reasonable</i> is not the right word, perhaps a significant percentage? 2. Introduction, line 4, Authors state, "<i>efforts to reduce the prevalence of sickle cell disease and consequently the associated health burden have been largely successful in developed countries compared to the developing regions</i>". I don't believe that this is true in US. Mortality did decrease, but not prevalence. Please cite some reference to support this statement. 3. Materials and Methods, line 2, Needs more information. Highest education level, and annual income compared to a median income of the local population in general? <p>According to the Wikipedia, "Cross River State epitomises the nation's linguistic and cultural plurality". Also The state has considerable ethnic diversity. All these factors may play roles in deciding to have offsprings.</p> <p>Since 200 couples had 445 offsprng, an average couple produced 2.2 children. It is important to document how many children each couple produced in addition to number of Hb SS children in examining the effect of prior knowledge of hemoglobin status.</p> <ol style="list-style-type: none"> 4. Results, line 2, <i>reasonable</i>, Inappropriate choice or word. Maybe a significant 	



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	<p>minority?</p> <ol style="list-style-type: none"> 5. Results, line 4, <i>versus</i>, Versus is again not appropriate, perhaps and or with instead 6. Table 1, All vs should be changed to “and” 7. Discussion, 3rd line from the bottom, again <i>reasonable</i> is a wrong word. 8. The same line, This is a leap in logic. Just being aware of hemoglobin type does not necessarily prevent marriage of the couple. 9. The last line of the discussion on this page, “<i>Far from being a mere finding, this has revealed an important evidenced-based explanation to the persistence of SCA in Nigeria, particularly from the rural areas</i>”. Unless the subjects authors studied are all from a rural area, authors failed to present data supporting this conclusion. 10. Next page 4th line from the top, the meaning of the word <i>bifacial</i> is unclear 11. Conclusion. This conclusion is not supported by the evidence this paper presented as I elaborated earlier. 	
<p><u>Optional/General</u> comments</p>	<p>This paper is long on rhetoric and short on data. The core conclusion of this paper is not supported by the data in the table 2, and thus they need to revise the table. Also they should describe the characteristics of subjects more in detail. Authors assume that premarital knowledge of sickle cell status would prevent the marriage, but they present no evident to support that conclusion, and thus most discussion is rhetoric not based on any firm scientific evidence.</p>	

PART 2:

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