Ms N.Hamatui  
Namibia University of science and technology   
13 storch street, Windhoek west

Namibia.

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Dear Editor, **Prof. Dr. Tchounwou**

We wish to express our appreciation at the rigorous critique provided by your reviewers, and thank you for the opportunity for re-consideration by the journal. We have made the extensive changes required, and hope that this meets the approval of the reviewers and editors. Please see below our response to comments made by reviewers, changes to proposed corrections are highlighted in blue in the attached manuscript.

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| Reviewers comments | Comments on how changes were effected |
| Reviewer’s comments |  |
| Reviewer 1 |  |
| Typing errors from line 31-96 | Corrections made to all identified typing errors |
| Line 88 you mention the level of industries and motor vehicles, what sort of industries are in Namibia and how many people drive cars? | Namibia imports 90% of consumed goods. The country however is trying to improve its export margin, thus the types of industries in the capital (Windhoek) with potential to contribute to particle pollution, comprises of power generation and supply industries , textile manufacturing and to a certain extend manufacturing of agricultural goods, construction and other service related industries.  The data on number of people driving cars have been inserted in the manuscript. |
| site description and frequency of BBQ | This has been deleted, with respects to frequency of people having BBQs; the residents hold this weekly, monthly Fridays either at homes or at recreational facilities provided by the city council, moreover, daily BBQs activities are also observed along streets in the residential areas, mainly for income generation purposes. |
| Is the area a student area?  Your sample seemed to have a lot of students. | The young population makes up a large percentage of the city population mainly because the country only three universities are found in the capital, young people flocks to the city for educational purposes. The student stays in neighbourhoods for cheaper accommodation, which might explain the large percentage of young students that have participated in the study. Lastly, working members of population might have been at work during sampling time, which further explains the large fraction of young participants. This is not expected to confound the study results that much as the age group makes up a large percentage of city population as per country 2011 census report. |
| Line 117 - you say you have 307 employed workers - but later you say the sample has students, employed and unemployed groups - please clarify what is correct - also don't double up on information | This has been corrected and we apologise for this, it was an error. |
| Line 137 you state for the second time that one adult was selected per household please delete this. | Deleted, thank you |
| PM monitoring, the method you have chosen to use has the advantage of being extremely simple, but it is a crude and non-specific test method. It is however useful in the study of long-term trends.  I think you need to mention the reasons why this method was chosen and also state in the discussion what the limitations of using this method are - ie you can't differentiate between PM2.5 and PM10 and the method is an average over time rather than continuous.  You have said that there were 3 sampling periods, how long was each of these, what season? | This has been addressed in the limitation section (added)  Sampling was conducted over three months from October o January. This was a generally dry season due to poor rainfall received in the country. |
| Table 4 usually results are in ug/m3 I would suggest reporting them in this way so that readers can better interpret your results. | I fully agree with the suggestions, but after consideration in terms of the method used for calculation and referenced legal limits to which the results are compared with, we thought it will be better to leave the unit as it is (both German and American standards uses the same units). |
| You state that the high levels of PM could be due to vehicle movement - do you mean from vehicle exhaust or from dust moving on the roads.  What condition are the cars in Namibia - are there standards that cars must meet to be able to be driven? | Vehicle movement denotes that, PM levels are influenced by the frequent movement of vehicles near homes, mainly because vehicles are assumed to increase PM levels, mostly in areas with frequent vehicles movements, and yes the emission comes from both exhaust emission and resuspension of dust on the road. |
| I would like to see more information about the type of fuels used for cooking in Namibia, do most people cook indoors?  If so are stoves vented to the outside?  Is the venting of the stoves to the outside causing health issues or are stoves only causing health issues to the occupants to the house? | The only fuel used for cooking in Namibia paraffin, with only 6 (5.6%) reported to use this type of fuel and has been discouraged because it cause fires in homes. This could be different for other parts of the country but the study area may not represent the Namibia rural area which is more likely to use different types of energy.  We recognise that the types of energy used influence population respiratory health, we however could not collect detailed information on types of fuel used for the rest of the country for this study, but information on energy used is limited to information provided in table 3.  Yes many the majority of city population cook in door. The majority used electricity and those who use gas or paraffin wound not have houses vented. The affected ones would be the house occupants. |
| I would like to know more about the housing in Namibia.  What sort of houses do people live in generally?  Are they brick, mud, and wood?  Have they many windows?  Do people open their windows?  What sort of flooring is normal?  Do people have/need heating? This would give a better picture as to what may be happening with the particulate matter? | Once again, we recognise the impact that house structure has on the habitant’s health. This study focused only in Windhoek the capital city of Namibia, of which the general houses are brick made, and houses are approved by the city council accounting for city bylaws to safe guard population health. There is however a fraction of city resident that lives in shacks (corrugated iron and other poorly made house material).  With respect to whether people opens windows. This will be the case for the general city residents in brick structure but opening windows for shack dwellers would be difficult.  Heating is required in winter for those who can afford it. |
| The discussion needs a better focus on exactly what your results were and what has been found elsewhere in relation to your results. | Discussion was read, but it was not clear on what to change exactly. Discussion has been aligned to result with reference made to what has been found ese where. |
| Reviewer 2 |  |
| The study investigated the relation between particulate matter and respiratory symptoms among adults. However, the selected age group was mostly less than 40 (76/107=71%). This sampling bias could lead to incorrect results. Furthermore, in the methodology section, the author stated “a total of 307 currently employed workers agreed” to participate in the study, then why is 107 people used throughout the paper? How was the sample size determined? | Thank you for this, this has been corrected |
| The introduction section discusses that fine particle are related to serious health effects. However, ASTM D1739 reference method has many disadvantages (e.g., mainly collects particle larger than 2 μm) and is seldom used for linking the particulate matter to health, please try to use satellite or stationary site PM2.5 data. | This is noted, the used methodology limitation has been addressed in the limitation section.  We would like to indicate that the study objectives were to measure overall particle pollution and associated respiratory symptoms and reference was made to set regulatory limit by international standards such as German and America standards. . The method was selected mainly due to its simplicity and affordability; we will however consider using dust watch or related monitoring instruments that can provide PM 10 and 2.5, coupled with hospital data. |
| Please add the study limitations and more detailed descriptions to the methodology section. A map indicating the place of the sampling sites would help the reader to better understand the study. | Limitation section has been added; hope this is now in order. |
| On page 1, line 13, “and” should not be in bold.  On page 1, line 30, (Pope III, 2000) stated that inhalable particles are particles that has aerodynamic diameter smaller than 10 μm, not all particulate matter are all smaller than 10 μm.  On page 3, line 113, (Lavin, 2006) should be (Levin, 2006). | These has been addressed |
| On page 7, Tables 3, what are the specific criteria (i.e., in numbers) for vehicle movement near house (constantly, frequently, and seldom) and finds dust on indoor surfaces (constantly, frequently, seldom, and never)?  Please also be more specific on the type of occupation dust exposure in the table. Also, what is the frequency of cooking? This would also affect the outcome. | We recognise the importance of this, the data collected was however based on the question whether respondents worked in a work place for more than a year that exposed them to dust, which is reflected in the table, and the answer was either yes or no, with no other categories.  With respect to frequency of cooking we did not collect data on this, but it is well noted for the follow up studies. |
| The References needs to be consistent with IJERPH. | References has been revised |
| The p value in the paper is sometimes in capital letters and sometimes not, please be consistent | Thank you this has been revised |

We hope that all is now i order and we thank you for considering our manuscript for publication.

Yours Faithfully

N.Hamatui