

Review report

BSMMUJ-17.2-71379

Prehypertension and hypertension among the medical students of public medical colleges in Dhaka, Bangladesh: a cross-sectional study

Afroz SS *et al.* (afroz.sarmin@yahoo.com)

REVIEW COMMENTS	AUTHOR RESPONSE <i>[Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]</i>
A. Mechanical review	
Date: 4-Feb-24	Date: 7-Feb-24
1. Separate the cover letter, manuscript, and the EQUATOR checklist into three different files, and upload the revised version.	1. Separated the cover letter and the EQUATOR checklists.
2. Please ensure that the references follow Vancouver style and that DOIs are added to all of them.	2. Added the DOI number in the reference section where applicable.
B. Technical review	
ROUND 1	
Executive editor's name: M Mostafa Zaman	
ORCID: 0000-0002-1736-1342	
Do you have any conflict of interest with the author/s? No	
Do you wish to be disclosed to the author? Yes	
Comments sent to author (Date: 14-Mar-24)	Date: 20-Mar-24
1. Revise the manuscript as per the mechanical review comments already shared in the review discussion tab.	1. Revised the manuscript related to the mechanical review comments.
2. Reference number 13 has two articles. Please separate them. Add DOIs to all journal references and URLs to all website references.	2. The reference list has been updated and DOIs or URLs added where needed. Please see the reference section, pages 15-18.
3. Methods for ascertaining variables given in lines 170-173 are not adequate. The definition of malnutrition (lines 189-192) about HTN is not supportable.	3. Following these comments methods section has been revised with proper citation in the line 160, Page 7.
4. Make all tables independently readable and understandable.	4. Tables (1-4) have been changed to make them more independently readable and understandable on pages 19-22.
5. I would prefer to see the number (%) in Tables 1--3. Then your use of chi-square will be more justified.	5. Tables 1—3 have been modified with the number (%) on pages 19-21.
6. Table 1: Merge Christianity and Buddhism with Hinduism because of their negligible numbers. (You have analyzed them combined.)	6. Religion has been categorized into two showed in the table 1, page 19 and mentioned accordingly in the methodological section line 130-132.
7. Table 2: This is not on raised blood pressure, but the distribution of blood pressure because you have presented all BP categories. How have you used anti-hypertensive treatment history in this table? Please separate means from the categories:	7. Table 2 (page, title has been changed and mean SBP and DBP have been presented first. Regarding the drug users, no one has been reported and it is mentioned in lines 196-197.

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
first present mean SBP and DBP, then their categories.	
8. Table 3: BMI data are not mean (SD) as claimed.	8. In table 3 mean (SD) of BMI has been added (page 21).
9. You do not have high or normal salt intake data; you have data on added (extra) salt according to your Methods section.	9. The manuscript has been corrected in lines 130 and 141 and where it was needed.
10. Table 4: Make it clear whether age was entered into the model as a continuous variable.	10. Table 4 has been modified on page 22 and the description has been added in line 165.
11. You presented BMI categories in previous tables but it is used as continuous data, I believe. Please do either continuous data throughout the manuscript or its categories.	11. We used continuous data as well and we showed the overweight and obesity status of our medical students following the BMI Asian classification. The manuscript has been revised accordingly.
12. High salt intake is not supported by the Methods section.	12. "Added salt" was used instead of "high salt" and revised the methods section (lines 138-141).
13. Use adjusted and unadjusted ORs instead of models. The model description in the Methods section should suffice.	13. Modified accordingly in Table 4, page 22.
14. Figure 1: is redundant to Table 3. Drop it.	14. Modification has been done according to the comment.
Reviewer's Recommendation: Revisions required	
Reviewer's name: B	
ORCID: -	
Date assigned: 15-Feb-24	
Date submitted: 14-Mar-24	
Do you have any conflict of interest with the author/s? No	
Do you wish to be disclosed to the author? No	
Comments sent to author (Date: 16-Mar-24)	Date: 23-Mar-24
A. Overview The manuscript has the potential to contribute to the field of high blood pressure (BP). However, the authors need to scale up the manuscript to the standard of the BSMMU journal. Kindly re-write the highlights based on the study's significance.	Highlights have been re-written (page: 4) and the manuscript has been scaled up to the standard of the BSMMU journal.
B. Major 1. The objective of this study was to estimate the prevalence of 'raised BP'. However, the background mostly focused on 'hypertension'. 'Raised BP' & 'HTN' are not the same thing as they never carry the same risk of future CVD or any other co-morbid event. Thus, the intervention always differs in these two categories. The authors need to state why they	1. Rationality has been added in the introduction section lines 81-90.

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
target 'raised BP' instead of 'HTN' and should cite the papers of Bangladesh. Another name for 'raised BP' is 'High BP'. This reviewer found a similar paper where High BP was measured epidemiologically in Bangladesh. Kindly cite more papers from Bangladesh that targeted either 'raised BP' or 'high BP'.	
2. Page 6-7, lines 134-136: "Medical students are also vulnerable to developing hypertension due to the stressful conditions they face, both physically and mentally, as part of their course curriculum"-only this line without reference never supports the rationale of the study population. 95% of the background describes the importance of HTN. This reviewer wants to see why the authors considered a highly selective study population whose knowledge is comparatively higher than the general population.	2. Rationality has been added in the introduction section lines 81-90 and also some relevant articles have been cited.
3. Study design and setting: add a flow chart to show sample recruitment and analytical sample selection.	3. A flow chart has been added on page 23.
4. Sample Size and Criteria: Add a supplementary file to show the sample size calculation with reference.	4. Added in the methodology section line 109-114.
5. The inclusion criteria are not clear, kindly elaborate.	5. Added in lines 113-114.
6. Page 8, lines 166-167: "Additionally, the principal investigator recorded the participant's blood pressure and anthropometric measurements following standard procedures"-use reference to the standard procedure followed in this study	6. Procedure has been added in 142-146.
7. Before data collection, add a subheading "Questionnaire development" where pretesting should be described. Under the part of data collection, in a separate heading, describe how blood pressure and anthropometry data were collected with proper reference.	7. The data collection procedure has been modified on pages 6 and 7.
8. Ascertainment of the key variables: here you must define all the independent variables (tobacco, alcohol, physical activity, and extra salt intake) and dependent variable (raised BP) listwise with reference. How was physical activity assessed? The method of physical activity assessment should be described in the data collection part and the definition of various intensities of physical activity should be described under the 'Ascertainment of the key variables' section. Kindly use a reference for each definition. The risk factor 'extra salt' should be 'added salt'. To use the term 'extra salt' you have to measure the salt intake objectively.	8. In the methodology section definition of the independent variables and a definition of the dependent variable are added with reference on pages 6-7, lines 128-162.
9. Remove the subheadings 'Socio-demographic and behavioural variables' and 'Physical variables'.	9. Removed the subheading as suggested (page 6 and page 7).
10. Statistical analysis: the definition or cut-offs used here should be transferred to the "Ascertainment of the key variables" section. Prior analysis, describe	10. Statistical analysis has been re-written (pages 7-8). Two-tailed P-value has been used and mentioned in line 170.

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
<p>data processing and cleaning. Was there any missing or inconsistent data? Was there any outlier? Add a statement about the distribution of data (normal/skewed). Use full abbreviation of 'SPSS'. Analysis should be described according to the objective. When you apply descriptive and inferential statistics, it should be mentioned along with the objective. How the eligible variables for regression were screened? Kindly mention your reported findings with a 95% confidence interval. The P-value is one-sided or two-sided? Chronologically describe all of this information.</p>	
<p>11. Did you ask about the family history of HTN? Did you ask about diabetes?</p>	<p>11. No, family history of HTN and diabetes mellitus data were not obtained and mentioned as a limitation in lines 302-303.</p>
<p>12. Result: only describe positive findings along with important negative findings (beyond expectation). Never duplicate results from the tables as presented. Add the age of the participants in Table 1.</p>	<p>12. The result section has been rewritten in response to these comments (pages 8-9, lines 181-223).</p>
<p>13. Figure 1 is the duplication of tables showing the distribution of various risk factors. Remove the figure.</p>	<p>13. This figure has been deleted.</p>
<p>14. Regarding the association table, kindly show the P-value along with other parameters. In the result section, focus on the variables that showed Odds ratio>1 with or without significance (OR is more important than P-value). The symbols used are not aligned with the scientific presentation. To use the proper symbol, kindly follow the link: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3142758/</p>	<p>14. The tables are modified. Moreover, regarding the symbol we used a, b, and c to follow the BSMMU journal guidelines (pages: 19-23).</p>
<p>15. Discussion: Compare findings with the same population of interest. Authors need to explain the variation of findings they observed in their study and the findings that exist in the scientific literature.</p>	<p>15. The discussion has been rewritten following some available data on the same population of interest on pages: 10-12.</p>
<p>C. Minor 16. Reference should be uniform.</p>	<p>16. References are arranged uniformly (pages: 15-18).</p>
<p>17. A file with track changes attached for grammatical errors.</p>	<p>17. Changes have been made according to the comments.</p>
<p>Reviewer's Recommendation: Revisions required</p>	
ROUND 2	
<p>Reviewer's name: B</p>	
<p>ORCID: -</p>	
<p>Date assigned: 20-Mar-24</p>	
<p>Date submitted: 22-Mar-24</p>	
<p>Do you have any conflict of interest with the author/s? No</p>	
<p>Do you wish to be disclosed to the author?</p>	

REVIEW COMMENTS		AUTHOR RESPONSE
		[Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
No		
Comments sent to author (Date: 23-Mar-24)		Date: 15-May-24
How would you rate the originality and depth of the manuscript?	7	-
Is the manuscript written in a scholarly manner?	7	-
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	7	-
Does the manuscript meet ethical standards?	8	-
A. Overview The manuscript can potentially contribute to the field of high blood pressure (BP). However, some major corrections are still necessary for acceptance.		-
B. Major		
1. In Title: Kindly change the title from 'Increased BP' to 'High blood pressure'.		1. Title changed and used "High Blood Pressure" on page#1, line#2
2. Line number 83 to 85: "Stress, sedentary behaviour, irregular dietary habits, and limited access to healthcare services during their demanding academic pursuits can predispose them to this condition"-How limited access to healthcare services is shown as a barrier where the students are affiliated with a medical college of Dhaka city? This is a misleading information in this context and should be removed.		2. "Stress, sedentary behaviour, irregular dietary habits, and limited access to healthcare services during their demanding academic pursuits can predispose them to this condition"-It has been re-written (page#5, lines #84-87).
3. Line number 85 to 86: "While there have been studies examining the prevalence of elevated blood pressure among university students in Bangladesh, there is a notable gap in research focusing specifically on medical students"- the authors need to decide which key term they should use: 'increased BP' or 'raised BP' or 'high BP'. Again, the authors used 'elevated BP' as a category of BP status. This reviewer wants to see the term 'high BP' throughout the manuscript as an outcome variable.		3. Accepted the recommendation. "High BP" is used throughout the manuscript as an outcome variable.
4. Line 92 to 93: "By elucidating the prevalence and associated risk factors of hypertension among this demographic, this research seeks to contribute valuable insights into the health needs of medical students and inform strategies for the prevention and management of increased blood pressure in this population"-the authors tried to elucidate the prevalence and associated factors of increased BP, not HTN. So, modify the sentence according to the objective. HTN and increased BP are not the same phenomenon.		4. The paragraph has been modified (page#5, line#88-92).
5. Methods: Kindly mention the sampling technique.		5. Sampling technique has been mentioned on page#6, lines#115-119.
6. Sample size: What percentages of potential non-responses and missing data were considered by the		6. 15% of potential non-responses and missing data were considered by the investigators to determine

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
investigators to determine the sample size to get sufficient power to the study?	the sample size to get sufficient power for the study (Mentioned on page#6, lines 113-114).
<p>7. Data collection procedures & Flow chart: (a) How many 3rd year students studied in the participating medical colleges? (b) From them how many participated? (c) From those who were participated, how many completed the questionnaire, and how many excluded? 4) From those who completed the physical measurements, how many failed to measure their BP and anthropometry? The authors need to show all of this information in the flow chart.</p> <p>Besides, add a sampling technique in the flow chart. For your convenience, here I have added a paper that will guide you on presenting all of these (https://jxym.amegroups.org/article/view/9359/html).</p> <p>The authors did not answer the question: To remove bias during data collection, what attempts did you consider while you adopted the WHO STEPS questionnaire?</p>	<p>7. The flowchart has been modified after accommodating most of the feedback provided by the reviewer on page#24.</p> <p>We included only those participants who completed the questionnaire. Unfortunately, we didn't count the non-response rate who completed physical measurement all of them completed BP and anthropometry</p> <p>Thank you for sharing the link which has been helpful for me.</p> <p>The bias reduction measures section was added in the methodology section, page#8, lines 174-183.</p>
<p>8. This reviewer was surprised to see that the authors removed the definition of risk factors from the paper.</p> <p>Kindly add the 'Ascertainment of key variables' section to increase clarity.</p> <p>You must add the reference. For example, what is the look-back period of current smokers which is part of 'ever smoker'? How height and weight were measured? Who measured the female participants? What precautions were taken to maintain adequate privacy?</p>	<p>8. Definition of risk factors added in the methodology section (pages #7-8, lines # 136-173).</p> <p>Added the 'Ascertainment of key variables' (Page#7, lines 134-173)</p> <p>Reference has been added on page#7, line 143. Methods of height and weight measurement are mentioned in pages #7-8, lines 154-160. All data were collected by female medical graduates after taking all privacy measures (mentioned in page#7, line#132).</p>
<p>9. Statistical analysis: First, transfer the cut-off values used in the statistics section to the 'Ascertainment of key variables' section.</p> <p>The authors did not mention the data processing and cleaning.</p> <p>Was there any missing or inconsistent data? Was there any outlier?</p> <p>Add a statement about the distribution of data (normal/skewed).</p>	<p>9. The cut-off values used in the statistics section transferred to the 'Ascertainment of key variables' section.</p> <p>Data processing and cleaning section added on page#8, lines#185-192).</p> <p>All data was carefully collected by the principal investigator, there was no missing or incomplete data. There was no outlier of inconsistent data.</p> <p>Data distribution has been checked but due to word limitation, we didn't incorporate it in the manuscript.</p>

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
<p>This reviewer asked those in the previous cycle, but the authors failed to answer in this revision.</p> <p>The authors failed to give the full abbreviation of SPSS. It should not be IBM SPSS Statistics software.</p>	<p>Sorry for unintentionally missing those responses in the previous cycle.</p> <p>Full abbreviation of SPSS mentioned in line #204.</p>
<p>10. Line 155 to 157- "An average systolic blood pressure >120 mmHg or diastolic blood pressure >80 mmHg and those who did not use antihypertensive medications were categorized into the normal BP group"-this is completely wrong categorization of normal BP.</p>	<p>10. Categorization of normal BP has been corrected in line # 171-172, page# 8.</p>
<p>11. The authors did not mention how they included variables in the model of the regression analysis.</p> <p>Did they consider a saturated model of regression? They mentioned they calculated the p-value using the Chi-square test for categorical variables and the t-test for continuous variables.</p> <p>From those association tables, which variable they considered to include in the regression model? This reviewer wants to know about this and should be mentioned in the manuscript.</p> <p>Explicitly mention the type of logistic regression you applied (binary/multinomial).</p> <p>For the dependent variable, what was your reference category? Kindly mention this in the footnote of the table.</p>	<p>11. Variables were simultaneously adjusted (Mentioned in line 198, page#9).</p> <p>Statistical analysis has been re-written on page#9, lines#194-205 following the updated table.</p> <p>Age, sex, religion, overweight, smoking status, alcohol consumption history, added salt use and physical inactivity are included in the regression model (page#9, lines 199).</p> <p>Binary logistic regression was applied and mentioned on page#9, line#196).</p> <p>Reference category included in the table #2, page# 23.</p>
<p>12. Authors used the 2017 ACC/AHA guideline to assess high BP. There are some demerits when you choose to apply the 2017 ACC/AHA guidelines. Previous studies reported that the ACC/AHA guideline shows excess prevalence which will put an extra burden on the health system. In the limitation section, briefly mention the possible disadvantages of the use of the 2017 ACC/AHA guideline to detect high BP. The below article will discuss about it: Barua, L., Faruque, M., Banik, P. C., & Ali, L. (2019). Agreement between 2017 ACC/AHA Hypertension Clinical Practice Guidelines and Seventh Report of the Joint National Committee Guidelines to Estimate Prevalence of Postmenopausal Hypertension in a Rural Area of Bangladesh: A Cross-Sectional Study. <i>Medicina</i> (Kaunas, Lithuania), 55(7), 315. https://doi.org/10.3390/medicina55070315</p>	<p>12. For comparable to other national-level studies in Bangladesh we used JNC7 guidelines</p>
<p>13. In all the Tables, kindly add 95% CI.</p>	<p>13. 95% CI is added in all the tables.</p>

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
14. In the risk factors table, the authors showed categories of BMI. However, in the association table, they used continuous variables. Kindly use categories of BMI in the association table.	14. Following the feedback, we used categories of BMI in the association table (table#2, page 23).
C. Minor 15. Discussion: rewrite the sentence “In another study overweight and obesity among males and females university students in Bangladesh was 23.5%, 0%, 3.3%, and 2.9%, respectively, which was lower than that reported in our study” (Line 251-253).	15. The sentence has been modified and rewritten.
16. Conclusion: it seems recommendation. Re-write based on findings.	16. Conclusion has been rewritten (page# 14, lines#353-358).
17. Reference: Websites were not listed properly. Re-check.	17. References modified accordingly (page#17).
18. HIGHLIGHTS should inform the readers about i) Single line key finding addressing the title ii) What is known and what is new? iii) What is the implication, and what should change now?	18. Highlights have been rewritten following the suggestions. (page#4).
Reviewer’s Recommendation: Revisions required	
Executive editor’s name: M Mostafa Zaman	
ORCID: 0000-0002-1736-1342	
Do you have any conflict of interest with the author/s?	
No	
Do you wish to be disclosed to the author?	
Yes	
Comments sent to author (Date: 23-Mar-24)	Date: 15-May-24
1. Title: I suggest to report the study for hypertension because there are enough number of such students	1. We revised and used the JNC 7 guideline for the hypertension category. Considering the new number, we used High blood pressure.
2. Introduction: The Introduction should have the objective as the concluding sentence.	2. Objective added as the concluding sentence (line 93, page 5).
3. Subject recruitment: The method is not clear. How many students were there in 3rd year in three medical colleges? The flowchart should provide numbers at all stages (all boxes).	3. Total number of students in the 3rd year is mentioned in the methodology (line 106) as well as in the flow chart (figure 1, page 24).
4. There are confusing statements between texts and tables about the history of antihypertensive medication and pregnancy.	4. This paragraph has been modified.
5. The most problematic area of this manuscript is the definition used for categorizing the BP levels. The reference used for this is not appropriate (Ref 10). I suggest using the definition from the WHO Global Report on Hypertension 2023. The classical definition of raised or high BP (.140/90 or medication) is used here.	5. Following these suggestions, we used the definition for Pre-hypertension; systolic 120–139 mmHg and diastolic 80-89 mmHg) and hypertension: systolic ≥ 140 mmHg or diastolic ≥ 90 mmHg, or use of antihypertensive medication. (Page # 8, lines 168-172).

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
All STEPS surveys used this definition. The global (as well as Bangladeshi) baseline is set for this cut-off point. By 2030, the nation is to reduce the relative prevalence of high BP by 30% by 2030. This is very much embedded in the global NCD monitoring framework. The study under review should contribute to this target. Therefore, the Discussion section should cover how this study is going to contribute to the achievement of the target	Added this part in line 349.
6. Statistical analysis addressed the sex differences. How do the authors justify this? If it is not their objective?	6. Sex differences are not used in the revised version
7. The ethical clearance should be in a single place. Remove it from the Methods (lines 181-187).	7. It was removed from the methods section.
8. Line 183: The present student participation should be in the Methods section. I wish to see the numbers (both numerator and denomination).	8. In the method section we mentioned that the “total population size 680 medical students across Dhaka Medical College (n=220), Sir Salimullah Medical College (n=220), Shaheed Suhrawardy Medical College (n=174), and Mugda Medical College (n=65) per academic session” line 106-108, and % mentioned in the flowchart (page 24).
9. Discussion: a. Studies without referring to the methodological differences cannot be directly compared. Please if your definitions are different from others, with respect to BP and other risk factors. b. Limitations of your definition of the risk factors have to be addressed. c. Family history should not be a limitation. d. What is the implication of your findings?	9. a. The definition changed accordingly b. Limitation of our definition of the risk factors addressed in lines 335-343 c. Deleted family history from the limitation section d. The implication of our findings is mentioned in lines #345-351.
10. Follow the Journal's style for author contribution.	10. The journal's style for author contribution has been followed.
11. Provide the Memo number and date of funding.	11. Information has been provided.
12. The list of acronyms is ridiculous! You have provided the author's name and initials.	12. This section has been deleted.
13. List all authors in the list of references. Reference 10's corporate author name is wrongly written.	13. References modified accordingly.
14. The table should be revised based on the comments given by the reviewer and editor above on the definition of BP categories.	14. Tables have been changed (pages 21-24).
15. Table 3: Use normal and overweight categories only, use this category for the logistic model. Merge this table with Table 4. Remove sex stratification because you are using sex. Take mean BMI data to Table 1. By doing this, you will have only the categorical variables here.	15. Following this suggestion all tables have been modified (pages 21-24). Following this suggestion all tables have been modified (pages 21-24).
Executive editor's decision: Revision required	

ROUND 3

REVIEW COMMENTS	AUTHOR RESPONSE [Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
Executive editor's name: M Mostafa Zaman	
ORCID: 0000-0002-1736-1342	
Do you have any conflict of interest with the author/s?	
No	
Do you wish to be disclosed to the author?	
Yes	
Comments sent to author (Date: 15-May-24)	Date: 21-May-24
1. The flowchart indicates a response rate of 43%, which is very low for drawing a valid conclusion.	1. We inadvertently omitted the number of invited and responding participants, leading to the perception of a 43% response rate based on the total population size of 735. However, in our study, the actual response rate was approximately 66%. Specifically, out of the 445 students who were present in class during the data collection period and were invited to participate, 293 completed both the questionnaire and anthropometric measurements, resulting in a participation rate of 66%. This information is detailed in lines 115-117 and is visually represented in Figure 1.
2. I suggest you convert it to a Research Letter.	2. Thank you for your suggestion to convert our manuscript into a Research Letter. However, we, the authors, respectfully request you to consider our manuscript as an original article considering the significance of our study, being the first of its kind among public medical college students in Bangladesh, as well as the notable response rate achieved. We firmly believe that the findings of this study hold substantial importance within the global and national context, particularly in the pursuit of reducing hypertension prevalence by 25% by 2030, as articulated in the Non-Communicable Diseases Global Monitoring Framework.
3. The information in Table 1 can easily be inserted into a column in Table 2. Then, the manuscript will have one table but transmit the same message without losing any information.	3. Unanswered.
Executive editor's decision: Revision required	
ROUND 4	
Reviewer's name: B	
ORCID: -	
Date assigned: 21-May-24	
Date submitted: 24-May-24	
Do you have any conflict of interest with the author/s?	
No	
Do you wish to be disclosed to the author?	
No	
Comments sent to author (Date: 1-Jun-24)	Date: 4-Jun-24
How would you rate the originality and depth of the manuscript?	-
7	

REVIEW COMMENTS		AUTHOR RESPONSE
		[Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]
Is the manuscript written in a scholarly manner?	7	-
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	6	-
Does the manuscript meet ethical standards?	8	-
<p>Although the authors successfully addressed all the issues, the response rate is an important issue that makes the result questionable. I think the current form of the manuscript unnecessarily increased the volume. It seems the authors could merge Table 1 and Table 2 to make a single one. I am requesting to resubmit the manuscript as a Brief article.</p>		<p>Thank you so much for giving us the opportunity to resubmit the manuscript as a Brief article. We have revised the manuscript following the criteria of a brief article.</p>
<p>Reviewer's Recommendation: Revisions required</p>		
<p>Final editorial decision: Accepted 4-Jun-24</p>		