OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
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Peer Review Report for "The Effect of Pretreatment Conditioning by Mothers on Dental Behavior of Children: A Randomized Clinical Trial"

Author(s): Nahid Ramazani, Hedyeh Mohsenzadeh

Review Timeline:

Submit Date: 9 Mar 2020
Revised Date: 26 Jan 2021
Accepted Date: 5 Feb 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) 30 Mar 2020

Dear AE,
This study aimed to evaluate the effect of pre-treatment on children performed by mothers before a dental procedure. This is a RCT study and the manuscript has significant scientific contributions.
However, the manuscript has important limitations that should be considered by the authors. In addition, it presents a very confusing text, particularly in the Method section. I make some contributions as a manner of improving the quality of the manuscript.
General questions:
- The introduction is clear, but I would suggest inserting the hypotheses at the end of this section.
- The text at the Method section is very confusing, as there are no subtopics. I recommend inserting some topics to help the understanding of the manuscript. I had to read the methodology a few times to look for information that is in the middle of a long and unique text.
- I suggest the following topics:
- Study design (description of the RCT and how participants were allocated.
- Participants (description of participants + inclusion and exclusion criteria)
- Instruments: describe the instruments used to assess the data)

- Intervention: (describe the intervention, history + brochure)
- Procedures (describe the logistics of the study)
- Data analyses

Specific Issue

- I understand that the most limitation of the study refers to the control of the groups, which can lead to some bias in the result or in the interpretation of the data. The authors should show that the groups were both equivalents in relation to socio-demographic characteristics that may interfere in the outcomes.
- For example, I understand that mothers with a lower level of education may have more difficulties following the instructions and this should be presented in the group. In addition, the authors evaluated the level of education only classifying it as low, moderate, or high, and did not explain how they performed this classification.
- Thus, I understand that the interpretation of the data is very limited and the authors need to present in detail the equivalence of the groups. In Table 3, the levels of education were presented but comparing cooperative and non-cooperative children, which does not guarantee the hypothesis of bias.
- Translated with www.DeepL.com/Translator (free version)

Thanks.

REFEREE: Reviewer | **Revision** (0) 3 Aug 2020

Dear AE,

Comments for the authors:

Background

- The scientific background of the intervention must be defined.

Methods

- What was the reason for mothers to be 20 to 24 years old?
- Most of the items written as exclusion criteria are in fact non-entry criteria. For example, if the mother was illiterate or the child had a disorder, they would not enter the study at all.
- What was the criterion for diagnosis of the “physical, behavioral, emotional, communicative or developmental disorders”? What about “bad medical experience”?
- The writers emphasized that “children who presented uncooperative behavior during clinical examination” were excluded from the study, while their intervention conducted to evaluate cooperative child dental behaviors. Therefore, it seems that the main outcome measure is considered with a bias.
- The brochure contents need to be explained or at least briefly mentioned.
- Has the validity of the educational content of the intervention been determined? If yes, in which way?
- What was the plan of authors for preventing information contamination between the two groups?
- It is not specified how many times the mother should tell the story for child and also with what intervals?
- The Franckle behavior scale and its validity and reliability are not explained. Is there an Iranian version for this scale?
- Matching the groups in respect to child’s age, gender and cooperation which is mentioned is not basically correct for this kind of trial and is in contrast with random allocation.

Tables

- Statistical tests related to each table are not written.

Thanks.

REFEREE: Associate Editor | **Revision (0)** 17 Aug 2020

Dear EIC,

Respected reviewers have carefully described all the issues, only a few points need to be added, which I will mention:

1- Is the word “child dental behavior: defined in dentistry?

2- The title is long and confusing

3- The keywords need correction.

4- It needs a strong English edition.

Thanks.

Mehran Zarghami: EIC | **Revision (0)** 29 Aug 2020

Dear Author,

Your paper has been evaluated by external peer reviewers. Please do your revisions according to the reviewers’ comments. I appreciate you to do the revisions as soon as possible by using the track changes mode in MS Word and using colored text.

After revision authors are obliged to upload reviewers’ comments word file in which they have replied to all comments one by one.

Besides, please pay attention to the word count limitation:

Word count limits are declared in this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear editor in chief

Thanks respected reviewers and editors due to positive attitudes and constructive comments regarding the manuscript entitled "**The Effect of Child Pretreatment Conditioning Delivered by Mothers on Child Dental Behavior during Dental Operation: A Randomized Clinical Trial**". Reply to the comments are as below:

Reviewer 1:

This study aimed to evaluate the effect of pre-treatment on children performed by mothers before a dental procedure. This is a RCT study and the manuscript has significant scientific contributions.

However, the manuscript has important limitations that should be considered. In addition, it presents a very confusing text, particularly in the Method section. I make some contributions as a manner of improving the quality of the manuscript.

General questions:

The introduction is clear, but I would suggest inserting the hypotheses at the end of this section. It was inserted at the end of introduction part.

The text at the Method section is very confusing, as there are no subtopics. I recommend inserting some topics to help the understanding of the manuscript. I had to read the methodology a few times to look for information that is in the middle of a long and unique text.

I suggest the following topics:

Study design (description of the RCT and how participants were allocated.

Participants (description of participants + inclusion and exclusion criteria)

Instruments: describe the instruments used to assess the data)

Intervention: (describe the intervention, history + brochure)

Procedures (describe the logistics of the study)

Data analyses. It was applied in the method section as much as possible by adding some related subtitles.

Specific Issue

I understand that the most limitation of the study refers to the control of the groups, which can lead to some bias in the result or in the interpretation of the data. The authors should show that the groups were both equivalents in relation to socio-demographic characteristics that may interfere in the outcomes. Department of Pediatric Dentistry of ZUMS is the only university affiliated center in the province. We selected all our dyads from this one center, then divided them into two groups. So the distribution of socio-economic status in the two groups was the same. Furthermore, random group allocation ensures uniform distribution of socioeconomic

status in two groups. In the study, we matched the groups in regard to child's age and gender. Matching more was impossible and in contrast with random allocation.

For example, I understand that mothers with a lower level of education may have more difficulties to follow the instructions and this should be presented in the group. In addition, the authors evaluated the level of education only classifying it as low, moderate or high, and did not explain how they performed this classification. One of our goals was to examine the relationship between the outcome (cooperative or uncooperative child dental behavior) and parents' level of education. To achieve this goal, we had to rank the level of education of parents. In many studies, the level of education has been divided as we did. For example, in one Iranian study, educational level were divided into 3 groups of "Illiterate and elementary school", "Middle and high school" and University. (Reference: Rezapour Aziz, Ebadifard Azar Farbod, Yusef Zadeh Negar, Hasanpour Fatemeh, Bagheri Faradonbeh Hossein, Ansari Nosrati Saeideh, Asemaneh Zahra, Ghafoori Mohammad Hossein. The Socio-Economic Determinants Of Health Care Utilization: A Cross-Sectional Survey In Tehran Metropolis. Journal of Payavard Salamat).

In our study, educational level was defined as “low”, “moderate” and “high” according to overall education years spent by higher-educated parent. So that, 12 years or less and 13-15 years fell into "low" and "moderate" education respectively. Equal or more than 16 years of education was considered as "high". 12 years is equivalent to a diploma, 13 to 15 is the equivalent of the above diploma and 16 is equivalent to a bachelor's degree.

If I understand correctly, the opinion of the respected reviewer is that educational level of all participants should be the same. It must be said that there was no such possibility and the sample size could not be obtained.

The less educated mother may or may not prepare the child better. That was the question we were looking for. Another point is that mothers with less education have more time for education. However, by conducting this study, we intended to answer these questions.

Thus, I understand that the interpretation of the data is very limited and the authors need to present in detail the equivalence of the groups. In Table 3, the levels of education were presented but comparing cooperative and non-cooperative children, which does not guarantee the hypothesis of bias.

Our efforts to make the groups equivalent included:

- Obligation to strictly control the inclusion and exclusion criteria.
- Sample Recruitment from attending dyads to one center.
- Using table of random numbers for finalizing sample population.
- Random allocation into two groups.
- Matching in regard to child’s gender and age.
- Unification of dental treatment (according to guidelines, by one experienced pedodontist, …as stated in the text)
- Blinding and study supervision and etc.

We think considering more than these controls, makes it impossible to conduct a trial.

Reviewer 2:

Background

- The scientific background of the intervention must be defined. Although there is word count limitations, we explained more in the introduction part about one related paper means Chinese-written published study assessed the effect of pretreatment education of parents on behavior of child during dental treatment.

Methods

- What was the reason for mothers to be 20 to 24 years old? The inclusion criteria for mothers were being 20-40 years old. The respected reviewer wrote incorrectly as 20 to 24. The reason for choosing this age range was that it was difficult to find a mother under the age of 20 who also had a child aged 3 to 6 years old. The probability of training efficacy over 40 years also decreases. In fact, this age range is the most common age for a mother to have a 3-6 years old child and at the same time willing to participate and accompany.

- Most of the items written as exclusion criteria are in fact non-entry criteria. For example, if the mother was illiterate or the child had a disorder, they would not enter the study at all.

It was written in the text like this. "The inclusion criteria for mothers were being of Persian speakers, 20-40 years old, able to understand the protocol and willing to participate in the study. The exclusion criteria for child-mother dyads fall within the following items: mothers being illiterate, children diagnosed with physical, behavioral, emotional, communicative or developmental disorders (Children who, according to their parents, have the history of frequent visits to the doctor or referral to medical centers or have the history of taking certain medications for a long time), needed multiple dental appointments, children with bad medical experience and children who presented uncooperative behavior during clinical examination."

We didn't write "literacy" and "systemically healthy child "as inclusion criteria. So "mothers being illiterate" and "the child had a disorder" is not incorrect in exclusion criteria list. Hence we didn't change these in the text.

- What was the criterion for diagnosis the "physical, behavioral, emotional, communicative or developmental disorders"? What about "bad medical experience"? It was corrected in the text. It means Children who, according to their parents, have the history of frequent visits to the doctor or referral to medical centers or have the history of taking certain medications for a long time.

Children with bad medical experience means children who have a history of things like accidents, diagnostic procedure or treatments intervention or other such things.

- The writers emphasized that "children who presented uncooperative behavior during clinical examination" were excluded from the study, while their intervention conducted to evaluate cooperative child dental behaviors. Therefore, it seems that the main outcome measure is considered with a bias.

We excluded children who presented uncooperative behavior during clinical examination. This is because these are actually require general anesthesia (GA) for dental rehabilitation. These children are not suitable candidates for conventional in-office treatments and are more safely and effectively treated under GA. Another reason was moral and ethics considerations. If we included the children who was unable to cooperate during examination session, it was against the rules of ethics. Moreover, it overshadowed the results of the research.

- The brochure contents need to be explained or at least briefly mentioned.

The content of the brochure was placed at the end of this file. Since all this content are in the main text, we think there is no need to insert it in the text. Another reason is the limited words count. However, it will be inserted as ordered by the respected reviewer.

- Has the validity of the educational content of the intervention been determined? If yes, in which way? It was added in the text.

- What was the plan of authors for preventing information contamination between the two groups? Due to the limitation in word counts, we entered it briefly in the text and explain more here.

The subjects of intervention group were contacted and reminded by telephone in order to provide opportunity to ask any question and to ensure compliance with the protocol. During the call, the supervisor told them not to give the interventions done at home to the mothers of other children who need dental treatment. Also, at the treatment session, the mothers of both groups were asked to ensure of preventing information contamination between two groups. It was ensured that the mothers of the intervention group did not provide information to others, as well as the mothers of the control group didn’t received interventional information.

- It is not specified how many times the mother should tell the story for child and also with what intervals?

The number of times was already stated in the text: 4 times.

Interval was added now: once a week

- The Franckle behavior scale and its validity and reliability are not explained. Is there Iranian version for this scale? Due to word count limitation which is mentioned below by EIC, we just gave the detailed description in the form of a table named table 1. Accordingly, the number assigned to each table was corrected.

The Frankl method has been a popular research tool and it also lends itself to a shorthand form that can be used for recording children’s behavior in the dental office: positive cooperative behavior can be jotted down as “+” or “++” and uncooperative behavior as “_” or “_ _”. In other words, in this method, the behavior is divided into 4 categories. Definitely positive, positive, negative and definitely negative.

There is no need to compile an Iranian version nor measuring its validity and reliability. It merely describes the child's dental behavior.

The following list refers to some studies in the field of behavioral management in pediatric dentistry.

• Jyoti Mathur, Amish Diwanji, Bhumi Sarvaiya,Dipal Sharma. Identifying Dental Anxiety in Children's Drawings and correlating it with Frankl's Behavior Rating Scale. Int J Clin Pediatr Dent. 2017 Jan-Mar; 10(1): 24–28.

• ScaleHicham Riba, Saleha Al-Zahrani, Noura Al-Buqmi and Azzam Al-Jundi. A Review of Behavior Evaluation Scales in Pediatric Dentistry and Suggested Modification to the Frankl. EC Dental Science 16.6 (2017): 269-275.

• Mehrsa P, Arab Z. The effect of Filmed modeling on the anxious and cooperative behavior of 4-6 years old children during dental treatment: A randomized clinical trial study. Dent Res J (Isfahan). 2014 Jul-Aug; 11(4): 502–507.

• Sexton J, Mourino AP, Brownstein MP. Children's behavior in emergency and non-emergency dental situations. The Journal of Clinical Pediatric Dentistry, 01 Jan 1993, 17(2):61-63

• Rajwar AS, Goswami M. Prevalence of dental fear and its causes using three measurement scales among children in New Delhi. J Indian Soc Pedod Prev Dent 2017;35:128-33

- Matching the groups in respect to child's age, gender and cooperation which is mentioned is not basically correct for this kind of trial and is in contrast with random allocation. It was corrected in the text.

Tables

- Statistical tests related to each table are not written. Due to word count limitation, name of statistical tests were not added in the result part. Hence, it was only added below the tables.

Associate Editor 1:

1- Is the word "child dental behavior: defined in dentistry? "Child dental behavior", "child dental fear" and "child dental anxiety" are well known and common in pediatric dentistry. The dental behavior management literature are filled with this terminology. The following is a list of some of the numerous articles in this field which have the term in the article title.

- Xia B, Zhang S. [Effect of pretreatment education of the guardians of children's behavior during dental treatment]. Beijing da xue xue bao Yi xue ban = Journal of Peking University Health sciences. 2012;44(1):125-9.
- Pai R, Mandroli P, Benni D, Pujar P. Prospective analysis of factors associated with dental behavior management problems, in children aged 7-11 years. Journal of the Indian Society of Pedodontics and Preventive Dentistry. 2015;33(4):312-8.
- Gunilla Klingberg, Anders G. Broberg. Temperament and child dental fear. Pediatric Dentistry. 1997:20(4):237-43

- Suprabha BS, Rao A, Choudhary S, Shenoy R. Child dental fear and behavior: The role of environmental factors in a hospital cohort. J Indian Soc Pedod Prev Dent 2011; 29:95-101.
- Gunilla Klingberg, Ulf Berggren, Sven G. Carlsson, Jorgen G. Noren. Child dental fear: cause-related factors and clinical effects. European Journal of Oral Sciences. 1995.
- Klingberg G. Dental fear and behavior management problems in children. A study of measurement, prevalence, concomitant factors, and clinical effects. Swedish Dental journal. Supplement, 01 Jan 1995, 103:1-78.

2- The title is long and confusing. The title was shortened as much as possible to be at the same time informative and smooth.

3- The keywords need correction. Keywords were again checked in Mesh. I think keywords are appropriate and that's why I didn't change them.

4- It needs a strong English edition. English editing was done and the related certificate was uploaded in the site.

EIC comments:

Besides, please pay attention to the word count limitation: The word counts was reduced as much as possible.

Best Regards,

Brochure provided to the mother

In the name of God
Zahedan University of Medical Sciences

Dear mother

Hello

Thank you for participating in the present research project. We plan to conduct a study on the evaluation of the effect of child pretreatment preparation by mother on the child's dental behavior during dental treatment. As you are aware, the best possible treatment cannot be achieved except with the help of mothers along with dental team. Mothers have an important role to play in increasing the level of cooperation of the child during dental treatment and thus improving the quality of the treatment provided.

To run the intervention during one month period before the treatment session, please warm tell your child a 10-minute story in a quiet place at home that reflects the dental treatment session. The

main character in the story is a doll who comes to the dentist with his or her mother for dental treatment. Four times once a week, tell the story by targeting the child, inviting him or her to listen, and applying slightly different scenarios and at the same time focusing on the following parameters as the content of story:

- using suitable dialogue (for example using statements like “nice dentist”)
- presenting the dentist as the authority figure who speaks directly to the child, not through parents
- describing the parents as silent but supportive component
- no discussing about “not being afraid of dentistry”
- offering nothing about “needle”, “painless shot" or “No tears”
- Applying tell show do technique to introduce some dental instruments given to the mother like dental suction tip and bite opener using a doll to demonstrate.

Help us in the implementation of this research in detail by correctly and accurately considering the above requirements. Thank you very much in advance for your sincere cooperation.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 19 Dec 2020

Dear AE,
The comments of the previous reviewers have been well applied. But the following comes to mind.
1. It is suggested to be mentioned "by mother" in the title. Thus the title changes to “The Effect of Pretreatment Conditioning by mother on Child Dental Behavior: A Randomized Clinical Trial”
2. In the abstract, in the conclusion, section, it should be mentioned that mothers should be involved in preparing the child. So the conclusion changes to “Based on the results, dental practitioners can promote child behavior by engaging mothers to prepare their child prior to dental procedures.”
3. In the background part, the third line from the end, “guardian pretreatment education” needs to be changed to “guardians’ pretreatment education”.
4. In the intervention part, the fifth line from the end, why do you write: “During these phone calls, the supervisor asked the mothers not to discuss the intervention content with the mothers of other children, who required dental treatments?”
Best regards

REFEREE: Reviewer | **Revision** (1) 28 Dec 2020

Dear AE,
The article is well written and one of the few works in the field of behavior control in pediatric dentistry.
Thanks.

REFEREE: Reviewer | **Revision** (1) 31 Dec 2020

Dear AE,
The authors addressed all questions and revised the manuscript properly according to the Reviewers’ comments.
- Title: It prefers to use " … conditioning on dental behavior of children" instead of " … conditioning on child dental behavior". Or use … conditioning on dental behavior management in children".
- Parenting styles may also affect child behavior. Positive behavior has been associated with children of authoritative parents. It would be better to ask parents about parenting style

so that this factor is evenly divided among the groups.
- Many mothers introduce dentistry to the child through mobile apps, cartoons, and stories before treatment without the dentist asking them to do. In the control group, mothers may have used these methods. During the treatment session, the mothers of the control group should be asked whether they have used a method to prepare the child for dental treatment or not during this month. Then we can be sure that there is a difference between the control group and the intervention.
- Please check table 4; parent's education in the control group: why the number of participants is 35?
- I would suggest the publication of this paper in Iran J Psychiatry Behav Sci.
Thanks.

REFEREE: Associate Editor | **Revision (1)** 21 Jan 2021

Dear EIC,
Thanks for the recent revisions.
This paper has now been evaluated again by the external peer reviewers. Unfortunately, the authors have not done all of the requested revisions, nor have they responded to all of the reviewers' comments.
Thanks.

Mehran Zarghami: EIC | **Revision (1)** 21 Jan 2021

Dear Author,
Thank you for your recent revisions.
Your paper has now been evaluated again. According to the reviewers' and associate editor's comments, it needs some more revisions. Please do your revisions according to these comments. I appreciate you doing the revisions as soon as possible by using the track changes mode in MS Word and using colored text.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Hi dear editor in chief

I would like to thank you for the careful assessments and constructive comments on the manuscript entitled “The Effect of Child Pretreatment Conditioning Delivered by Mothers on Child Dental Behavior during Dental Operation: A Randomized Clinical Trial”. We have made all possible effort in order to address the concerns raised by the respected reviewers. The responses to the reviewers’ comments are provided as below:

Sincerely yours

Reviewer 1:

The authors addressed all questions and revised the manuscript properly according to the Reviewers’ comments.

- Title: It prefers to use " … conditioning on dental behavior of children" instead of " … conditioning on child dental behavior". Or use … conditioning on dental behavior management in children". It was applied in the main text.

- Parenting styles may also affect child behavior. Positive behavior has been associated with children of authoritative parents. It would be better to ask parents about parenting style so that this factor is evenly divided among the groups. Of course, this variable is important and effective. We have also referred to several studies that have addressed this issue in various parts of the present article. Unfortunately, this variable was not included in the methodology of the current study. We will be evaluated in future studies as proposed in this article. In the second paragraph from the end of discussion part, further research on variables such as parenting style had been suggested. All of these are highlighted in the text.

- Many mothers introduce dentistry to the child through mobile apps, cartoons and stories before treatment without the dentist asking them to do. In the control group, mothers may have used these methods. During the treatment session, the mothers of the control group should be asked whether they have used a method to prepare the child for dental treatment or not during this month. Then we can be sure that there is a difference between the control group and the intervention. Thanks for pointing out this important issue. Since neither intervention nor control groups should have seen mobile applications, cartoons, etc.; this criterion was included in the inclusion criteria of all sample size and not only for control group. Also, the importance of excluding children with a history of introduction to dentistry through these media was also highlighted in the strengths part of our study.

- Please check table 4; parent's education in the control group: why the number of participants is 35? Thank you for remarking this point. It was corrected.

- I would suggest the publication of this paper in Iran J Psychiatry Behav Sci.

Reviewer 2:

The comments of the previous reviewers have been well applied. But the following comes to mind.

1. It is suggested to be mentioned "by mother" in the title. Thus the title changes to “The Effect of Pretreatment Conditioning by mother on Child Dental Behavior: A Randomized Clinical Trial”. It was added.

2. In the abstract, in conclusion, section, it should be mentioned that mothers should be involved in preparing the child. So the conclusion changes to “Based on the results, dental practitioners can promote child behavior by engaging mothers to prepare their child prior to dental procedures.” It was applied.

3. In the background part, the third line from the end, “guardian pretreatment education” needs to be changed to “guardians’ pretreatment education”. It was corrected.

4. In the intervention part, the fifth line from the end, why do you write: “During these phone calls, the supervisor asked the mothers not to discuss the intervention content with the mothers of other children, who required dental treatments?” It was explained in the text.

Reviewer 3:

Greetings and politeness

The article is well written and one of the few works in the field of behavior control in pediatric dentistry.

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision** (2) 5 Feb 2021

Dear Author,
We have completed our review of your manuscript and are pleased to inform you that it is considered for publication in the IJPBS. Note that the publication of your article will only be finalized upon your cooperation with the editorial processing.
Thank you for your fine contribution. On behalf of the Editors of IJPBS, we look forward to your continued contributions to the Journal.
Thanks.