

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Eid-al-Fitr festivity and Ramadan fasting attitude among individuals with diabetes from Saudi Arabia and Pakistan: a cross-sectional study
AUTHORS	Gazzaz , Zohair; Baig, Mukhtiar; Kanpurwala, Muhammad; Jamil, Tahir; Mojaddidi, Moaz; Murad, Manal

VERSION 1 – REVIEW

REVIEWER	Mohamed H Ahmed Milton Keynes University Hospital NHS Foundation Trust
REVIEW RETURNED	05-Sep-2021

GENERAL COMMENTS	<p>General points</p> <ol style="list-style-type: none"> 1. The paper need revision by English language expert 2. Data need to be revised any how to be presented in very succinct way 3. Figures not needed, please remove them 4. The whole paper need to be rewritten and data presented again 5. I will recommend authors to be given 3 months to complete such work 6. The idea is good <p>Special points</p> <ol style="list-style-type: none"> 1. Please locate the affiliation of author Kanpurwala (no numbers attached) 2. Eid-al-Fitr Festivity among people with diabetes: a comparison of Saudi and Pakistani diabetic subjects' perspective- change it to (The attitude of individuals with diabetes from Saudi Arabia and Pakistan towards diabetes during Eid-al-Fitr) 3. Please use individuals with diabetes rather than diabetic patients 4. It is not Ramazan , it is Ramadan (see line 12 in the abstract and also used data collection in line 38) 5. In line 22 under introduction , please delete sweet day as this not widely used in other countries 6. Line 36 under introduction please delete brotherly 7. Rather in line 36 start with prevalence of diabetes in KSA and followed by prevalence in Pakistan (please delete line 43-46 8. Methods – in line 10 what is KAU stand for -how many completed the whole questionnaire 9. Methods -please check with statistician if addition methods can be used rather than just Chi-square test – can the attitude changed to likert scale and then logistic regression analysis can be used 10. In table 1 please note that the percentage in some items when added together it is not 100% please check 11. For cholesterol why the authors used cut off 5.4 mmol/L it should be 4 mmol/l
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	<p>12. In the comment about that triglyceride is less than in Pakistani population the opposite is true</p> <p>13. In table 3 the use of white or brown sugar can be one question</p> <p>14. Fizzy drinks can be with or without sugar it is not clear</p> <p>15. Rather than repeating the same question (you using white sugar to tea or coffee on Eid ul-fitr? – Just add artificial sweeteners , chocolate , candies</p> <p>16. Figures not clear and not done properly please delete</p> <p>17. Avoid using & and +</p> <p>18. Saudi participants were more disciplined in monitoring DM compared to Pakistani subjects (the use of English is not correct as disciplined can be replaced by compliance – please use Saudi participants were more compliance in monitoring DM compared to Pakistani subjects-</p> <p>19. Please try to make the discussion shorter and with few sentences that contains authors reflections</p> <p>20. I am happy to review this manuscript again , the idea is excellent and with above changes can be improved</p>
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REVIEWER	Saloua Elamari mohammed 6 of health of sciences, Department of endocrinology, diabetology, metabolic diseases, and Nutrition
REVIEW RETURNED	06-Sep-2021

GENERAL COMMENTS	<p>In the introduction it is important to mention the differences between the 2 countries on the socio-economic and health plan.</p> <p>In the methods: it is necessary to concentrate on the analysis of the eating habits of the days of the aid or on the fasting and its complications.</p> <p>We put both there too much information.</p> <p>In the questionnaire is hypoglycemia defined?</p> <p>Why weren't we asked for the other fasting complications?</p> <p>For the biological parameters, how did you collect them?</p> <p>The question on self-monitoring, depression and stress is ambiguous and does not allow conclusions to be drawn.</p> <p>The difference between the characteristics of the patients in the 2 groups was not discussed.</p> <p>The chart of the differences in eating habits during the days of aid is important.</p>
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REVIEWER	Mina Ostovari Christiana Care Health Services Inc
REVIEW RETURNED	17-Dec-2021

GENERAL COMMENTS	<p>BMJ Open Review 12-6-2021</p> <p>The title describes the study as a comparison of Saudi and Pakistani diabetic subjects' perspectives on Eid-al-Fitr Festivity; however, in the Abstract and the Introduction, the study goal is written as "...investigate diabetic care during the month of Ramzan and their dietary pattern on Eid days."</p> <p>&</p> <p>"We designed this study to explore and compare the experience of Type 1 & 2 DM patients from these two different Muslim countries having distinct cultural and social peculiarities during the month of Ramadan."</p> <p>Based on the survey questions, it appears that the study focus was not only on Eid-al-Fitr experience but also on participants' perspectives about their experience during Ramazan. You could</p>
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	<p>modify the title to reflect the study goal and contents more accurately. For example, you may use “Eid-al-Fitr Festivity and Ramazan fasting experience among people with diabetes: a comparison of Saudi and Pakistani diabetic subjects’ perspectives.” The study population includes patients with Type I & II diabetes. Could you please clarify the rationale for including both groups? Patients with Type I diabetes are at higher risk of developing complications when fasting. Please see below: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2909082/ https://www.niddk.nih.gov/health-information/professionals/diabetes-discoveries-practice/fasting-safely-with-diabetes You may need to address this in the article. Was the consent taken verbally? Or a consent form was designed and signed by all participants? Could you please include the consent form? In the abstract, you describe the objective of the study as: “We aimed to describe the behavior of Saudi and Pakistani diabetic patients...”. In the Methods section and under Patient and Public Involvement, you wrote “No patient involved”. This could be confusing for the readers.</p> <p>Data Collection section, the first paragraph: “The questionnaire was circulated via various social media, and DM subjects were requested to participate.” Are you referring to the pilot data collection? Or the data collection for the finalized questionnaire. If the latter, could you please clarify what social media platforms were used to distribute the survey? Different social media platforms appeal to various age groups. In addition, in the Study Design and Setting section, you mention: “Data were collected from Jeddah (Saudi Arabia) and Karachi (Pakistan)”. If the data was collected through social media, you had no control over where the participants were in the two countries, so how did you know if they were in the two cities? Could you please clarify?</p> <p>Did you receive more than 405 responses to your questionnaire and choose specific ones based on some selection criteria?</p> <p>Could you include the questionnaire as a supplement? Could you please clarify the rationale behind choosing the questionnaire sections/questions? Was there any other study that this questionnaire was designed based on that?</p> <p>Major concerns: The study population is small compared to the number of individuals living with diabetes in the two countries. In Pakistan and Saudi Arabia, a large percent of the population lives with diabetes (19% and 15% respectively): https://data.worldbank.org/indicator/SH.STA.DIAB.ZS?locations=PK I suggest that in the introduction, you bring examples of other studies that used a similar process and sample sizes for such comparisons. Your methodology section is not well described, for example, you have not explained the study variables and have not clarified the ones that are categorical vs. continuous. You should also explain the hypotheses you are testing in the method section.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Mohamed H Ahmed, Milton Keynes University Hospital NHS Foundation Trust

Comments to the Author:

General points

1. The paper need revision by English language expert

Response:

A professional editing service has done the manuscript's language edition.

2. Data need to be revised any how to be presented in very succinct way

Response:

The data has been revised wherever possible. pls check tables 3 and 4.

3. Figures not needed, please remove them

Response:

Both figures have been removed as suggested.

4. The whole paper need to be rewritten and data presented again

Response:

The manuscript has been revised substantially, and data have been presented again.

5. I will recommend authors to be given 3 months to complete such work

Response:

Thank you

6. The idea is good

Response:

Thank you

Special points

1. Please locate the affiliation of author Kanpurwala (no numbers attached).

Response:

Thank you for pointing out this. The number has been written.

2. Eid-al-Fitr Festivity among people with diabetes: a comparison of Saudi and Pakistani diabetic subjects' perspective- change it to (The attitude of individuals with diabetes from Saudi Arabia and Pakistan towards diabetes during Eid-al-Fitr)

Response:

The tile has been modified as suggested.

“Eid-al-Fitr Festivity and Ramadan fasting attitude among individuals with diabetes from Saudi Arabia and Pakistan.”

3. Please use individuals with diabetes rather than diabetic patients

Response:

All over the manuscript, the “diabetic patients” have been replaced by “individuals with diabetes.”

4. It is not Ramazan, it is Ramadan (see line 12 in the abstract and also used data collection in line 38)

Response:

Thank you. We have replaced Ramazan with Ramadan.

5. In line 22 under introduction, please delete sweet day as this not widely used in other countries

Response:

Modified as suggested.

6. Line 36 under introduction please delete brotherly

Response:

Modified as suggested.

7. Rather in line 36 start with prevalence of diabetes in KSA and followed by prevalence in Pakistan (please delete line 43-46)

Response:

Modified as suggested.

8. Methods – in line 10 what is KAU stand for

Response:

The KAU stands for King Abdulaziz University. We have mentioned this in methods.

-how many completed the whole questionnaire.

Response:

We only included those subjects who completed the whole questionnaire; those were 405 individuals.

9. Methods -please check with statistician if addition methods can be used rather than just Chi-square test – can the attitude changed to likert scale and then logistic regression analysis can be used.

Response:

We asked the statistician, and he replied that we have categorical variables and are using two groups, so the Chi-square is the most appropriate test. We don't have continuous variables, so an independent t-test or ANOVA is not applicable.

The attitude can't be changed to the Likert scale because our responses are in "Yes" and "No" format, and we can't expand our responses to five or more levels. So, the regression analysis is not applicable.

10. In table 1 please note that the percentage in some items when added together it is not 100% please check

Response:

Thank you for pointing out this. We have corrected all percentages.

11. For cholesterol why the authors used cut off 5.4 mmol/L it should be 4 mmol/l.

Response:

Thank you for raising this question. Actually, in our laboratory serum cholesterol level below 5.18 mmol/L is considered desirable that's why we have written it.

12. In the comment about that triglyceride is less than in Pakistani population the opposite is true.

Response:

You are right. By mistake, we have written a few values of Pakistani individuals with diabetes in the column of Saudi subjects in table 1. Now we have corrected it.

13. In table 3 the use of white or brown sugar can be one question

Response:

Yes, you are right, it can be one question, but now it's difficult to change these two questions to one.

14. Fizzy drinks can be with or without sugar; it is not clear

Response:

Yes, you are right. We have included this point in the limitations.

15. Rather than repeating the same question (you using white sugar to tea or coffee on Eid ul-fitr? – Just add artificial sweeteners, chocolate , candies.

Response:

A nice suggestion, we have modified our questions as suggested; pls check table 3.

16. Figures not clear and not done properly please delete

Response:

Both figures have been deleted as suggested.

17. Avoid using & and +

Response:

Modified as suggested.

18. Saudi participants were more disciplined in monitoring DM compared to Pakistani subjects (the use of English is not correct as disciplined can be replaced by compliance – please use Saudi participants were more compliance in monitoring DM compared to Pakistani subjects-

Response:

Modified as suggested.

19. Please try to make the discussion shorter and with few sentences that contains authors reflections

Response:

Modified as suggested. Few sentences with different results have been added to the discussion.

20. I am happy to review this manuscript again, the idea is excellent and with above changes can be improved

Response:

Thank you very much.

Reviewer: 2

Dr. Saloua Elamari, mohammed 6 of health of sciences

Comments to the Author:

1. In the introduction it is important to mention the differences between the 2 countries on the socio-economic and health plan.

Response:

There are significant differences in socioeconomic status and health care expenditure in both countries. According to a world bank document, Pakistan's gross domestic product (GDP) was 262.61 billion USD in 2020, and it is included in lower-middle-income countries. In comparison, SA is considered a high-income country with 700.118 billion USD GDP in 2020.¹¹ Pakistan's health care expenditure in terms of % of GDP was 3.8 in 2019, while Saudi Arabia's was 5.69.¹²

2. In the methods: it is necessary to concentrate on the analysis of the eating habits of the days of the aid or on the fasting and its complications. We put both there too much information.

Response:

Modified as suggested.

3. In the questionnaire is hypoglycemia defined?

Response:

We are sorry that there was no such definition given. It was assumed that all were diabetic subjects, so they had the idea of hypoglycemia.

4. Why weren't we asked for the other fasting complications?

Response:

Yes, you are right that we didn't ask about risks related to fasting in individuals with diabetes like hyperglycemia, diabetic ketoacidosis, dehydration, and thrombosis because the questionnaire was already three pages. The inclusion of more questions could have increased its length. So, we avoided including more questions and focused on the hypoglycemia that is usually common in diabetic subjects.

5. For the biological parameters, how did you collect them?

Response:

We didn't collect blood samples. We just ask the patient to tick the given values.

6. The question on self-monitoring, depression and stress is ambiguous and does not allow conclusions to be drawn.

Response:

We are agreed with the reviewer. There was a need to use specific inventory to record depression and stress among study subjects. We didn't use a specific inventory that make our research questionnaire lengthy and measuring depression and stress was not the study's objective. We have removed a sentence about depression and stress from our conclusion.

7. The difference between the characteristics of the patients in the 2 groups was not discussed.

Response:

You are right. The present study aimed to assess the attitude of Saudi and Pakistani individuals with diabetes regarding Eid-al-Fitr festivity and investigate diabetic care during the month of Ramadan and their dietary patterns on Eid days. Therefore, we didn't discuss table 1.

8. The chart of the differences in eating habits during the days of aid is important.

Response:

Yes, you are right. But the way data was collected is not suitable to present in chart form showing differences in eating habits during the days of Eid.

Reviewer: 3

Dr. Mina Ostovari, Christiana Care Health Services Inc

Comments to the Author:

BMJ Open Review

12-6-2021

1. The title describes the study as a comparison of Saudi and Pakistani diabetic subjects' perspectives on Eid-al-Fitr Festivity; however, in the Abstract and the Introduction, the study goal is written as "...investigate diabetic care during the month of Ramzan and their dietary pattern on Eid days."

&

"We designed this study to explore and compare the experience of Type 1 & 2 DM patients from these two different Muslim countries having distinct cultural and social peculiarities during the month of Ramadan."

Response:

Thank you for pointing out this. We have modified the title as, "Eid-al-Fitr Festivity and Ramadan fasting attitude among individuals with diabetes from Saudi Arabia and Pakistan."

Also modified the objective by writing attitude that seems more comprehensive.

1. Based on the survey questions, it appears that the study focus was not only on Eid-al-Fitr experience but also on participants' perspectives about their experience during Ramazan. You could modify the title to reflect the study goal and contents more accurately. For example, you may use "Eid-al-Fitr Festivity and Ramazan fasting experience among people with diabetes: a comparison of Saudi and Pakistani diabetic subjects' perspectives."

Response:

Yes, you are right. The tile has been modified as suggested.

“Eid-al-Fitr Festivity and Ramadan fasting attitude among individuals with diabetes from Saudi Arabia and Pakistan.”

2. The study population includes patients with Type I & II diabetes. Could you please clarify the rationale for including both groups? Patients with Type I diabetes are at higher risk of developing complications when fasting. Please see below:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2909082/>

<https://www.niddk.nih.gov/health-information/professionals/diabetes-discoveries-practice/fasting-safely-with-diabetes>

You may need to address this in the article.

Response:

Yes, you are right that Type I diabetes are at higher risk of developing complications when fasting.

The present study aimed to assess the attitude of Saudi and Pakistani individuals with diabetes regarding Eid-al-Fitr festivity and investigate diabetic care during the month of Ramadan and their dietary patterns on Eid days. Therefore, we included both types of diabetic individual. The complication was not our focus.

However, as suggested, we have included following paragraph in the discussion “The primary risks related to fasting in individuals with diabetes are hypoglycemia, hyperglycemia, diabetic ketoacidosis, dehydration, and thrombosis.²² However, type I diabetic individuals with poor glycemic control are more likely to suffer problems when fasting.²²”

3. Was the consent taken verbally? Or a consent form was designed and signed by all participants? Could you please include the consent form?

Response:

It was an online questionnaire so written consent was not taken but a consent statement was written at the start of the questionnaire.

4. In the abstract, you describe the objective of the study as: "We aimed to describe the behavior of Saudi and Pakistani diabetic patients...". In the

Methods section and under Patient and Public Involvement, you wrote "No patient involved". This could be confusing for the readers.

Response:

Thank you for pointing out this. We have modified the statement.

5. Data Collection section, the first paragraph: "The questionnaire was circulated via various social media, and DM subjects were requested to participate." Are you referring to the pilot data collection? Or the data collection for the finalized questionnaire. If the latter, could you please clarify what social media platforms were used to distribute the survey? Different social media platforms appeal to various age groups.

Response:

The final data was collected by online questionnaire. Yes, you are right that different social media platforms appeal to various age groups.

Therefore, to clarify this point, we have included the following paragraph in methods, "The different social media platforms appeal to various age groups. Therefore, the study questionnaire was circulated via various social media (Facebook, Instagram, WhatsApp, Twitter) to overcome this limitation and DM subjects were requested to participate."

6. In addition, in the Study Design and Setting section, you mention: "Data were collected from Jeddah (Saudi Arabia) and Karachi (Pakistan)". If the data was collected through social media, you had no control over where the participants were in the two countries, so how did you know if they were in the two cities? Could you please clarify?

Response:

We used separate link for both countries. So, data was automatically identified.

We have included the following sentence in the methods to explain this point "Saudi and Pakistani participants were sent a separate link to collect their data independently."

7. Did you receive more than 405 responses to your questionnaire and choose specific ones based on some selection criteria?

Response:

No, we didn't receive more responses. So we included all.

8. Could you include the questionnaire as a supplement? Could you please clarify the rationale behind choosing the questionnaire sections/questions?

Response:

We are uploading the questionnaire as supplementary material. The main rationales behind choosing the questionnaire sections were our study objectives.

9. Was there any other study that this questionnaire was designed based on that?

Response:

We searched but could not find exactly the same type of study. Data are scarce on this topic, especially on Eid festivity.

Major concerns:

10. The study population is small compared to the number of individuals living with diabetes in the two countries. In Pakistan and Saudi Arabia, a large percent of the population lives with diabetes (19% and 15%, respectively):

<https://data.worldbank.org/indicator/SH.STA.DIAB.ZS?locations=PK>

Response:

Yes, you are right, but its according to the calculated sample size.

11. I suggest that in the introduction, you bring examples of other studies that used a similar process and sample sizes for such comparisons.

Response:

There is a scarcity of data on this Eid festivity and dietary patterns topic among people with diabetes. So we are unable to cite many articles. Few related articles have already been cited.

12. Your methodology section is not well described, for example, you have not explained the study variables and have not clarified the ones that are categorical vs. continuous.

Response:

We have included details in the methodology. The following paragraph has also been included in the methodology.

In our study, the most important exposure or independent variables are diabetes, Ramadan, and Eid ul Fitr, and the important outcome variables are the Eid-al-Fitr Festivity and Ramadan fasting attitude among individuals with diabetes, glycemic control, sugar consumption, use of fizzy drinks, stress and others.

13. You should also explain the hypotheses you are testing in the method section.

Response:

The following study hypotheses have been included.

Study hypothesis

Is there any significant difference in diabetic care during Ramadan among Saudi and Pakistani diabetic individuals?

Is there any difference in dietary patterns on Eid days among Saudi and Pakistani diabetic individuals?

VERSION 2 – REVIEW

REVIEWER	Mina Ostovari Christiana Care Health Services Inc
REVIEW RETURNED	25-Apr-2022

GENERAL COMMENTS	<p>Thank you for responding to my comments. While the manuscript is improved, I believe it still requires major revisions, particularly in the introduction and discussion sections. Please see my comments below.</p> <p>In the abstract objectives, please change diabetic care to diabetes care.</p> <p>In the Strengths and limitations section, in the last bullet point, remove “Besides”.</p> <p>The first sentence of the introduction: “Ramadan fasting is proven to be a pleasant experience for Muslims with diabetes”. I suggest editing the sentence to something like studies have shown Ramadan fasting could be a pleasant experience for Muslims with diabetes. Plus, I suggest adding a couple of more references for this statement.</p> <p>In the second paragraph of the introduction, please change diabetic subjects to individuals with diabetes.</p> <p>The third paragraph of the introduction: “Healthcare providers are deeply concerned about Ramadan because most individuals with diabetes fast.” Please edit or remove this sentence. I believe healthcare providers are not concerned about Ramadan, but about their patients.</p> <p>The introduction needs more work. My suggestion is to reduce the length of the second paragraph, particularly the details explaining Ramadan. Break the second paragraph into two and combine the second half with the third paragraph. You can start this paragraph by talking about the percentage of individuals with diabetes who fast (the second sentence of the third paragraph) and then mention the associated risks.</p> <p>In the last two paragraphs of the introduction, you talk about the differences between Pakistan & Saudi Arabia, but you do not justify the reason for choosing these two countries. Please rewrite these paragraphs.</p> <p>Study Hypothesis: Please change diabetic care to diabetes care. Also, these are research questions, not hypotheses. I do not recall the journal having a requirement for a separate hypotheses section. Instead, you can add these to the end of the introduction. For example, we investigated whether there was a significant difference between X & Y...</p> <p>In the last paragraph of the Data Collection section, please rewrite the paragraph. Instead of “the important outcome variables”, please</p>
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	<p>write: main outcomes are X, Y,...</p> <p>Please clearly explain what the outcome is. This paragraph is not clear. Is the outcome the attitude toward fasting? If so, please rewrite it to something like the main outcome was participants' attitude toward Eid-al-Fitr Festivity and fasting during Ramadan.</p> <p>Could you please clarify this sentence: “among individuals with diabetes, glycemic control, sugar consumption, use of fizzy drinks, stress and others.”</p> <p>My understanding is that your study population includes individuals with diabetes. But I am not sure what you mean by “glycemic control, sugar consumption, use of fizzy drinks, stress and others”.</p> <p>In the last paragraph of the results, when you mention: “Renal and foot complications were more common among Saudi diabetics compared to Pakistanis”, please provide percentages.</p> <p>In the first paragraph of the discussion, please change diabetic individuals to individuals with diabetes. “Most participants admitted that”, please change it to most participants stated that/reported that.</p> <p>Second paragraph. Please remove: “The educated people take better care of their problems because they are more cautious and have access to knowledge resources. Due to the reasons mentioned above, Saudi participants were more compliant in monitoring DM than Pakistanis.” You can explain health literacy differences between the two countries instead and how it impacts the self-management of diabetes.</p> <p>“One-quarter of the participants felt stressed or... and enjoy festivals and festivity.” Please avoid phrases such as: “people should, individuals must, individuals with diabetes should be educated that they don’t need to be depressed and enjoy festivals and festivity.” Instead, you can talk about the importance of health literacy.</p> <p>Your discussion section is too long. Please rewrite it, focus on interesting results only. Limit it to 3 to 4 paragraphs. For example, you can remove this paragraph: “People with diabetes should be more concerned... avoid long-term complications.”</p> <p>Each point that is explained in the discussion should be compared to previous literature and relevant recommendations can be made.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 3

Dr. Mina Ostovari, Christiana Care Health Services Inc

Comments to the Author:

Thank you for responding to my comments. While the manuscript is improved, I believe it still requires major revisions, particularly in the introduction and discussion sections. Please see my comments below.

Reply:

Thank you for your insightful comments. We revised our manuscript as suggested, and we believe its quality has improved significantly over the previous version.

Q1. In the abstract objectives, please change diabetic care to diabetes care.

Reply:

Changed as suggested.

Q2. In the Strengths and limitations section, in the last bullet point, remove "Besides".

Reply:

Removed as suggested.

Q3. The first sentence of the introduction: "Ramadan fasting is proven to be a pleasant experience for Muslims with diabetes". I suggest editing the sentence to something like studies have shown Ramadan fasting could be a pleasant experience for Muslims with diabetes. Plus, I suggest adding a couple of more references for this statement.

Reply: The statement has been rephrased and two more references have been added.

Q4. In the second paragraph of the introduction, please change diabetic subjects to individuals with diabetes.

Reply: Modified as suggested.

Q5. The third paragraph of the introduction: "Healthcare providers are deeply concerned about Ramadan because most individuals with diabetes fast." Please edit or remove this sentence. I believe healthcare providers are not concerned about Ramadan, but about their patients.

Reply: Rephrased as suggested.

Q6. The introduction needs more work. My suggestion is to reduce the length of the second paragraph, particularly the details explaining Ramadan. Break the second paragraph into two and combine the second half with the third paragraph. You can start this paragraph by talking about the percentage of individuals with diabetes who fast (the second sentence of the third paragraph) and then mention the associated risks.

Reply:

The length of the second paragraph has been reduced. First, we have mentioned the percentage of individuals with diabetes who fast and then mentioned the associated risks as suggested.

Q7. In the last two paragraphs of the introduction, you talk about the differences between Pakistan & Saudi Arabia, but you do not justify the reason for choosing these two countries. Please rewrite these paragraphs.

Reply:

A sentence about the reason for selecting participants from two countries has been included in the last paragraph. "The participants were chosen from two countries because both have more than 90% Muslim populations and similar Eid-al-Fitr and Ramadan fasting behavior among individuals."

Study Hypothesis:

Q8. Please change diabetic care to diabetes care. Also, these are research questions, not hypotheses. I do not recall the journal having a requirement for a separate hypotheses section. Instead, you can add these to the end of the introduction. For example, we investigated whether there was a significant difference between X & Y...

Reply:

You are right that there is no requirement of the journal regarding research hypothesis or question, so we have deleted this because it is already being covered by the study objectives.

Q9. In the last paragraph of the Data Collection section, please rewrite the paragraph. Instead of "the important outcome variables", please write: main outcomes are X, Y,...

Reply: Modified as suggested.

Q10. Please clearly explain what the outcome is. This paragraph is not clear. Is the outcome the attitude toward fasting? If so, please rewrite it to something like the main outcome was participants' attitude toward Eid-al-Fitr Festivity and fasting during Ramadan.

Reply: Modified as suggested.

Q11. Could you please clarify this sentence: “among individuals with diabetes, glycemic control, sugar consumption, use of fizzy drinks, stress and others.”

My understanding is that your study population includes individuals with diabetes. But I am not sure what you mean by “glycemic control, sugar consumption, use of fizzy drinks, stress and others.”

Reply: You are right. It was a confusing statement. We have modified it and deleted unnecessary information.

Q12. In the last paragraph of the results, when you mention: “Renal and foot complications were more common among Saudi diabetics compared to Pakistanis”, please provide percentages.

Reply:

The percentages have been mentioned. “Saudi individuals with diabetes had a higher rate of renal (11.3% vs. 4.5%) and foot (17.2% vs. 7%) complications than Pakistanis.”

Q13. In the first paragraph of the discussion, please change diabetic individuals to individuals with diabetes. “Most participants admitted that”, please change it to most participants stated that/reported that.

Reply: Both have been modified as suggested.

Q.14. Second paragraph. Please remove: “The educated people take better care of their problems because they are more cautious and have access to knowledge resources. Due to the reasons mentioned above, Saudi participants were more compliant in monitoring DM than Pakistanis.”

You can explain health literacy differences between the two countries instead and how it impacts the self-management of diabetes.

Reply:

Thanks for the suggestion. We have replaced the sentences with health literacy data.

“This disparity could also be attributed to differences in health literacy. According to the literature, 37.1% of Saudi individual with diabetes had adequate health literacy,¹⁸ while 15.2% had adequate health literacy in Pakistan. ¹⁹”

Q15. “One-quarter of the participants felt stressed or... and enjoy festivals and festivity.”

Please avoid phrases such as: “people should, individuals must, individuals with diabetes should be educated that they don’t need to be depressed and enjoy festivals and festivity.”

Instead, you can talk about the importance of health literacy.

Reply:

Few sentences have been deleted and a new paragraph has regarding health literacy has been added. “There is a need to improve the diabetic people health literacy knowledge. It is reported that individually, adequate health literacy enables people to properly understand and implement their doctors' recommendations, contributing to a higher quality of life.²⁴ According to a systematic review, low health literacy is associated with poor health outcomes and less use of health care services.²⁵ It is suggested that more health-literate individuals with diabetes may exhibit more optimistic attitudes and behaviors, practice better self-care, and thus experience better health outcomes.”

Q16. Your discussion section is too long. Please rewrite it, focus on interesting results only. Limit it to 3 to 4 paragraphs. For example, you can remove this paragraph: “People with diabetes should be more concerned... avoid long-term complications. ”

Reply:

Few paragraphs and sentences have been removed, and only important results have been represented.

Q17. Each point that is explained in the discussion should be compared to previous literature and relevant recommendations can be made.

Reply:

Wherever it was possible, the results have been compared with the literature and relevant recommendations have been made.