April 16, 2023

To the Journal of Transcultural Nursing,

We appreciate your reconsideration of our manuscript and reviewed the comments and feedback from the editor and reviewers. We hope the revisions we made address the issues that were raised.

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| **Reviewer 1** | **Author’s Response** |
| Overall: -       Please check the manuscript throughout following the APA guidelines, including the list of references. | Hila |
| Abstract:  -       Design “An online cross-sectional questionnaire based on the Health Belief Model.” I don’t think the questionnaire can be a study design. This is the method, data collection tool, used in the study. I would suggest being explicit about the study design. | Revised to “cross-sectional study” |
| Methods: Design & Measures -       It is not clear who developed the questionnaire and how those 38 statements were identified, please clarify. -       Did the research team pilot test the tool/questionnaire before implementing to the study sample? It looks like Cronbach’s alpha was reported but it is not clear with how many participants the tool was pilot tested to assess the reliability.  -       Further description is needed about the questionnaire. It is not clear how many statements are included in each section. -       It is not clear where the BMI information for each participant was coming from. Was it self-report and asked in the questionnaire? If so, please note that in the methods section when describing the data collection tool(s). -       It is not clear what variables were assessed by using t-tests or one-way ANOVA. Please explain. | -Development of the questionnaire  -Testing the questionnaire  -Cronbach’s alpha pilot testing- לא נעשה  -Number of questions in each section  -BMI was self-reported as part of the individual’s health information, which has been added to the text.  -Variables for statistical tests |
| Results: -       Move the description of the study sample and Table 1 from results to the methods section. -       Some of the significant findings between Jewish and Muslim participants might be because of the different sample size. How did you address this issue? | -The total sample size and religious identification were shifted to the methods section with an explanation that the proportions are similar to the national distribution. |
| Overall, I am not sure this study has an explicit statement that addresses the "so what?" question. Maybe, I am missing something here. | Obesity is a disease whose prevalence has been increasing in recent years. Raising awareness and sharped of health professionals that people with overweightwant can make a change and it connect on cultural perceptions and barriers.  The findings of this study show that proper mediation of healthy behaviors according to culture and religion in the context of obesity can be beneficial and develop culturally adapted and accessible health programs.  therfor, a study that deals with perceptions of healthy behaviors among people without serious co-morbidity can open the thinking of health professionals to invest in prevention and changing perceptions and behaviors |
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| **Reviewer 2** | **Author’s Response** |
| 1.      The report titled "Preventive Health behavior, BMI and Covid 19 among culturally diverse adults in Israel lacks conceptual clarity and consistency. The stated purpose of the study, as it appears on the abstract,  pertain to "examining perceived health risks, health behavior and obesity among culturally diverse adult”. The purpose later shifts to asking the primary question as to whether there was a difference in perceived health between Jewish and Muslims during CONID 19 pandemic in Israel. Emphasis on cultural diversity later shifted to religion. It is conceptually erroneous to suggest that religion is the indication of cultural diversity. It seems also that religion was added as an afterthought,. Based on the title and stated purpose of the study,  one expects to learn about  participants' culturally specific perceptions of health and  preventive health behaviors. | -Revised title and objective for consistency  -Changed cultural diversity to religious diversity with an evidence-based note about the connection between religious identity and culture in Israel. |
| 2.      The Author’(s) seem to have used the Health Belief Model to construct the survey tool but have not provided any detail on how the Health Believe Model had informed, shaped, or added insight into the  study' findings. | -Add more |
| 3.       It seems that the tool was reviewed by a group of health professionals for content validity followed by minor modifications. It is important to know if those health professionals are content experts in the field and to report the kind of modifications made and the rationale for the changes. | -Add |
| 4.      Reliability of the tool is low; How did this affect the results? | -The reliability of the tool based on the Cronbach’s alpha was 0.74 which is acceptable for using the tool. |
| 5.      The numbers under results do not add up. Under results the numbers should be 484+181=665. | -check |
| 6.      The demographics of the sample should have been addressed. the sample is predominantly women, mostly married. highly educated, over half of the sample are health professionals with no or minimal comorbidities. | -Added לא בטוחה שמספיק |
| 7.      Conclusion is asserting recommendations that have not been proven to be the case | -Conclusion section revised to reflect the results of the study in a more direct manner. |
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Thank you, again, for reconsidering our manuscript.

Please let us know if you have additional questions or comments.

Thank you,