



**SDI Review Form 1.6**

Journal Name:	<a href="#">Advances in Research</a>
Manuscript Number:	2014_AIR_15164
Title of the Manuscript:	Assessment of Health Hazards of the Goldsmiths in Tantibazar Area of Dhaka, Bangladesh
Type of the Article	Original Research Article

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<ol style="list-style-type: none"> <li>1. Page 2, line 59- Objective should be mentioned more clearly</li> <li>2. „ lines 64- 68 Literature review in the introduction is meant for finding out the gaps of study where the present study objectives fit in.</li> <li>3. Page 2, lines 73-79 Individuals involved in cluster and units in a particular cluster is not important, how many individuals are involved to provide you the data is important and how you have selected them (those individuals out of so many)</li> <li>4. Page 3, line 89-93 Focus group discussion is not the proper way to look the health hazards objectively. Some objective health examinations would give more insights into the problem. However, how many individuals from each step of manufacturing was involved in the FGD</li> <li>5. Page 4, figure 2, It would be more interesting as how many individuals (male or female) are involved in each of the steps of manufacturing—there may have some overlapping areas also such where many individuals may be involved in many steps of manufacturing. Without mentioning number, percentage has no meaning.</li> <li>6. Page 5, line 149 what is meant by the word “Matrix”</li> <li>7. It would have been better to provide morbidity data with frequency of suffering for one or two months for a number of individuals involved in ornament manufacturing. However, you have not mentioned how you have collected those data presented in table 1. You have noted few diseases and others are ailments—present separately.</li> </ol> <p>Page 7, Discussion should be more precise, short and comparing with other published literatures. Your citations are mostly with text books not with original scientific work (articles of Journals). Modify the</p>	<ol style="list-style-type: none"> <li>1. Addressed in page 2 from line 59 to 62</li> <li>2. There is no available studies in this issue on the study area and even on anyplace over the country. This present study is innovative in Bangladesh context, so there was no option for us to find gaps in previous researches.</li> <li>3. Addressed in the section 2.2 from line 97 to 100.</li> <li>4. We have inspired health examination on this issue for next studies and mentioned about it in the scope of the study in line 70-74. The number of individuals from each step of manufacturing involved in the FGD has been addressed in Page 4 at Table 1 in the line 102.</li> <li>5. Addressed. The total number of artisans and their sex composition is given in the section 2.1, in line no. 80. Using this total number of artisan and the unitwise percentage of the artisan provided in figure 3 of page 6, it can be deduced the actual number of the</li> </ol>



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	<p><b>discussion. Try to avoid subheadings. Highlight findings at the beginning</b></p>	<p>artisans in each type of units. That's why authors did not repeat these data. In case of overlapping, 1 person has been repeatedly counted. The study focused on the unitwise health hazard on its workers.</p> <p>6. Matrix meant the web of interrelation of different unit vs. health hazards.</p> <p>7. The authors appreciate the reviewer's comments and suggestion. But, here in this study it is totally out of scope to include morbidity data and segregated data on diseases and other ailments for this time. We must incorporate his suggestion in our future research. However, the table 1 in earlier manuscript as been changed to table 2 in present manuscript. And in the methodology part, it has been said (line 105 to 107) that FGD will disclose those data which were presented in table 2. There is no available studies in this issue on the study area and even on anyplace over the country. This present study is innovative in Bangladesh context, so there was no option to do a comparative study with reference to published scientific journals.</p>
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<b><u>Minor</u></b> REVISION comments	<ol style="list-style-type: none"><li>1. Check spelling</li><li>2. Page 5, line 129 What do you mean by SPMs</li><li>3. Line 131 H<sub>2</sub>SO<sub>4</sub> mention clearly Sulphuric Acid</li><li>4. Line 132 HNO<sub>3</sub> mention clearly Nitric Acid</li></ol>	Meaning of SPM is given in Acronym section.
<b><u>Optional/General</u></b> comments	<ol style="list-style-type: none"><li>1. Page 3, Map may be deleted</li><li>2. Page 4, Figure 2 may be deleted better to provide each step with individuals involved in a tabular form</li><li>3. Figure 3, 4, 5 may be deleted unless numbers are mentioned somewhere in the table or text</li></ol>	Thank you a lot for your valid suggestion. But we would like to keep these figures for the sake of easy interpretation of the paper.