

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Conceptualizing cultural safety at an Indigenous-focused midwifery practice in Toronto, Canada: Qualitative interviews with Indigenous and non-Indigenous clients
AUTHORS	Churchill, Mackenzie; Smylie, Janet; Wolfe, Sara; Bourgeois, Cherylee; Moeller, Helle; Firestone, Michelle

VERSION 1 – REVIEW

REVIEWER	Catherine Chamberlain La Trobe University, Australia
REVIEW RETURNED	24-Mar-2020

GENERAL COMMENTS	<p>Understanding the perspectives and experiences regarding cultural safety of Indigenous mothers attending an Indigenous midwifery service is important for improving care. Congratulations to the authors in collating these perspectives. I have attached some reflections and comments for the authors consideration. And recommend that this be reviewed by someone with specific qualitative research expertise as well.</p> <p>Comments for authors</p> <p>Important paper describing perspectives of ‘culturally safe’ Indigenous midwifery model of care. I am not an expert in qualitative methodology and methods so suggest someone with this expertise address those elements. However please see my comments below for the authors to consider if helpful.</p> <p>Abstract</p> <p>The results section reads more like a conclusion than result. Eg “The study found that, while having room to grow, this particular Indigenous -focused midwifery practice is a leader in delivering culturally safe care.” And the following observations are very general in nature. Can the authors provide some specific answers to the research question in the results? E.g. “how participants conceptualized and experienced culturally safe care”.</p> <p>In the conclusion, is it possible to state what some of the ‘broad implications’ for policy educators etc are?</p> <p>Article summary: can some of the findings be included? Or the main one?</p>
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Background

Im not quite sure about the description of Brian Sinclair's death and what that adds to the argument being made the subsequent lines? One could argue that lots of individuals die because they are ignored and not treated in emergency departments. So I wonder if the subsequent papers that cite comparative disparities are more valid?

In the first para about cultural safety I cant see a definition or reference about what it actually is defined as in this paper. Can you add that in early, and then the rest of the info in this para related to that. The subsequent para talks about what it isn't and 'what it inherently is' (ie anticolonial etc)...but an explicit clear definition of what it is would help underpin all these other important points.

Is it worth noting there are many other terms used and how this relates? Eg cultural security, cultural competence etc?

Please consider if this sentence is actually true? "Although all midwives practicing in what is now known as Ontario are committed to cultural safety" - or does it refer to Indigenous midwives? I'd be a little surprised if it was all midwives given social diversity.

Methods

There is a good description of the overall evaluation with mixed data etc, but it wasn't clear to me how the questions, methods and findings outlined in this paper fit into the overall evaluation. Can the authors make this clearer in the study overview?

Can you outline any criteria used for purposive sampling to represent "diversity of needs, choices, identities, and experiences observed at SGMT"?

I couldn't see ethics approval cited – apologies if Ive missed this.

Reflexivity considerations: Can the authors describe the relationship between the participants and the researcher? And any possible bias with reflections on care at the service they were attending? Were the participants current service clients and how was any potential bias here considered or addressed?

I don't quite understand the rationale for asking non-Indigenous participants about their experience of culturally safe care in an Indigenous midwifery service. Are you able to explain the rationale for this and how those perspectives address the research question?

Results

	<p>The list of domains and themes are really helpful and suggest these at least are listed in the abstract.</p> <p>It took me a little while of reading into the results that the domains all related to cultural safety. It might help readers to make this explicit in the first section and signpost it a bit more clearly.</p> <p>I do wonder if the wording can be refined a little to be more informative (eg whether they are important or negative or positive or something?) e.g. 'respect and support for choices is critical for women' or something that describes the importance (or lack of) of 'respect and support for choices'?</p> <p>The 'themes' referred to in the first para appear to be referred to as 'subthemes' in subsequent paras. This is a bit confusing and would help to ref to consistently throughout, whatever term is chosen.</p> <p>There are no participant quotes at all to support the theme of 'logistics of pregnancy birth etc'. And I couldn't understand what this theme was actually about. This needs more detail and supporting quotes. Especially as the previous theme was 2 pages long. Authors may want to consider balancing quotes across themes where possible.</p> <p>Discussion</p> <p>The authors need to justify the evidence for the main finding in the abstract and discussion "In this study, we found that while SGM has room to grow, the practice is leader in delivering culturally safe care in their community." While this may be true, I couldn't see where this evidence was in the results presented. This section should reflect what can be justified in the results.</p> <p>Wondering if the second sentence appears to be more reflective of the actual results so this section could start there?</p> <p>It was difficult to determine from the results the differences between indigenous and non-indigenous perspectives as outlined in the discussion. Im wondering if the discussion can be tightened a bit more to reflect on what is presented in the results? It is currently very long and seems to bring in quite a bit of new material and it didn't seem to all be directly related to reflections on the main findings.</p> <p>Was a reporting checklist used (e.g. COREQ)?</p> <p>Conclusion</p> <p>Would help to clarify what the 'uniqueness of Indigenous cultural safety' is? Does this simply its different from other types of cultural safety? Or is this referring to the perspectives of cultural safety from Indigenous clients of an Indigenous midwifery service. I was a bit confused here and wondering if may help to focus on a</p>
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	<p>succinct response to the research question and the implications or something?</p> <p>Well done to the authors on sharing perspectives of Indigenous and non-Indigenous clients of an Indigenous midwifery service.</p>
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REVIEWER	<p>Neti Juniarti, S.Kp., M.Kes., MNurs., Ph.D Department of Community Health Nursing, Faculty of Nursing, Universitas Padjadjaran Indonesia</p>
REVIEW RETURNED	01-Apr-2020

GENERAL COMMENTS	<p>Thank you for the opportunity to review this paper. Cultural safety is an important topic for people from all cultural background. This paper is well written; however, there are some aspects that could be improved, as follow:</p> <ol style="list-style-type: none"> 1. Abstract: major themes could be presented in the results section of the abstract so that the readers would get overall view about the results of the study. Also, specific implications or recommendations in the conclusion section would improve the clarity of the abstract. 2. Introduction: research question and objective of the study are missing in the introduction section. The flow of introduction section needs some improvement, as currently it seems like the sub-sections are not linked together. The last sentence in the introduction section should be moved to the methods section. 3. Methods: Did the authors use a specific theoretical perspective to analyze and conceptualize cultural safety? If yes, please give a brief explanation of the theoretical perspective being used. 4. Results: In the results section, the authors used the term "cultural safety", while the participants used the term "culturally appropriate care". Are these terms interchangeable? Most of the results refer to the culturally appropriate care that is relevant for all cultural backgrounds, not just for indigenous people. This need to be clarify in introduction section based on the theoretical perspective. 5. Discussion: the discussion section presented some indigenous cultural terms that was not mentioned in the results section. It would be better to include quotes from participants who used this terms. Therefore, the discussion will follow on the findings. 6. Conclusion: the conclusion section needs to addressed the research question or research objective about cultural safety. A more specific implications of the study and recommendation would help the reader to implement the conceptual of cultural safety. Currently, the implication is unclear.
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REVIEWER	<p>Luke Molloy The University of Wollongong, Australia</p>
REVIEW RETURNED	19-May-2020

GENERAL COMMENTS	<p>The statement "In this study, we found that while SGMT has room to grow, the practice is leader in delivering culturally safe care in their community' should be removed from both the abstract and the discussion, as you have not found clearly found this or at least, cannot justifiably make this statement based on the data provided.</p>
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VERSION 1 – AUTHOR RESPONSE

REVIEWER 1

Abstract

- 1.1. The results section reads more like a conclusion than result. Eg “The study found that, while having room to grow, this particular Indigenous -focused midwifery practice is a leader in delivering culturally safe care.” And the following observations are very general in nature. Can the authors provide some specific answers to the research question in the results? E.g. “how participants conceptualized and experienced culturally safe care”.

Response: Thank you for catching this. The results section has been rewritten in the Abstract (see p.3).

- 1.2. In the conclusion, is it possible to state what some of the ‘broad implications’ for policy educators etc. are?

Response: Thank you for noting this. The conclusion section has been rewritten in the Abstract to include broad implications, e.g., “We hope that the positive impacts documented in this study motivate evaluators and health care providers to work towards a future where “cultural safety” becomes a standard of care” (p.3).

Article Summary

- 1.3. Can some of the findings be included? Or the main one?

Response: The subheading has been updated to read “Strengths and Limitations of the Study” as per BMJ Open requirements. The bullets have been refined to reveal more about the findings as per your comments (see p.3).

Introduction

- 1.4. I’m not quite sure about the description of Brian Sinclair’s death and what that adds to the argument being made the subsequent lines? One could argue that lots of individuals die because they are ignored and not treated in emergency departments. So I wonder if the subsequent papers that cite comparative disparities are more valid?

Response: We agree that the description of Brian Sinclair’s death could have been written with greater clarity. The description has been updated (see p.4). We also agree that many Indigenous and non-Indigenous people have likely died as a result of negligence in the emergency department. That said, there is strong legal evidence that Mr. Sinclair’s negligent death was linked to incorrect and stereotyped assumptions that Mr. Sinclair was intoxicated by alcohol and homeless, both of which were incorrect assumptions (one of the lead authors was expert witness at Mr. Sinclair’s inquest). The interim report from the [Brian Sinclair Working Group](#) and the [policy changes that have been made since his death](#) describe and reflect how anti-Indigenous racism, such as stereotypes regarding Indigenous people and alcohol abuse, can lead to missed diagnoses and inadequate medical care. We chose to include Brian’s story because it is a clear and widely cited Canadian example of the harm that is occurring due to anti-Indigenous racism in health care. Because cultural safety was designed to ameliorate and prevent these harms, we believe his story strengthens our argument.

- 1.5. In the first para about cultural safety I can't see a definition or reference about what it actually is defined as in this paper. Can you add that in early, and then the rest of the info in this para related to that. The subsequent para talks about what it isn't and 'what it inherently is' (ie., anticolonial etc)...but an explicit clear definition of what it is would help underpin all these other important points.

Response: We agree that a more explicit definition of cultural safety, and more information about what distinguishes cultural safety from cultural awareness, sensitivity, and competency approaches were needed. We have rewritten the paragraphs on cultural safety to address these comments (see p.4, para.2-5). For example, we have included the new sentence: "...cultural safety is both a process and an outcome; it encompasses the planning, delivery, evaluation, and outcomes of health care (12,18). While culturally *unsafe* care includes "any actions [or omissions] that demean, diminish, or disempower the cultural identity and well-being of the individual" (19, p.5) and is enabled by systems of oppression, culturally *safe* care is the outcome of feeling comfortable, respected, and safe in one's cultural identity.

- 1.6. Is it worth noting there are many other terms used and how this relates? Eg cultural security, cultural competence etc.?

Response: We agree that there was room to distinguish cultural safety from other terms. This has been updated in the Introduction beginning with: "Several approaches have been proposed to improve how Indigenous and racialized peoples are treated in the health care system" (p.4, para.2). However, reflecting on what has already been published and the intended scope of this paper, we do not feel it is necessary to explicitly define cultural awareness, cultural sensitivity, and cultural competency beyond their limitations. Other papers have explored the differences in depth and have been referenced for readers to review (12–17).

- 1.7. Please consider if this sentence is actually true? "Although all midwives practicing in what is now known as Ontario are committed to cultural safety" - or does it refer to Indigenous midwives? I'd be a little surprised if it was all midwives given social diversity.

Response: Indigenous and non-Indigenous midwives are both committed to cultural safety. We have clarified this by adding the following new sentences:

"In what is now known as Canada, Indigenous midwives are leaders in delivering culturally safe care. The National Aboriginal Council of Midwives (NACM) defines "cultural safety" as a core value; as Indigenous midwives 'create and protect the sacred space in which each woman, in her uniqueness, can feel safe to express who she is and what she needs' (24, p.3)." (p.5, para.2)

"Respect for client dignity, autonomy, cultural safety, and experience as central to decision-making are core values of Ontario Midwives (28)" (p.5, para.2)

Methods

- 1.8. There is a good description of the overall evaluation with mixed data etc, but it wasn't clear to me how the questions, methods and findings outlined in this paper fit into the overall evaluation. Can the authors make this clearer in the study overview?

Response: We have rewritten the first paragraph of the methods section to include more information about the evaluation, specifically: the evaluation purpose, questions, and

components, and how exactly this study fits within the evaluation (see p.6, para.1). For example, a new sentence reads: “Evaluation questions included: (1) What are the maternal, child and family birth outcomes for SGMT clients? (2) What are the key prenatal, birthing and reproductive health needs of our clients and how are we meeting these needs? (3) How do our clients define culturally secure reproductive health care? And (4) Is SGMT contributing to changes in attitudes and behaviours regarding Aboriginal peoples, knowledge, and practice, and how?” (p.6, para.1)

- 1.9. Can you outline any criteria used for purposive sampling to represent “diversity of needs, choices, identities, and experiences observed at SGMT”?

Response: We agree that more detail needed to be included. This has been clarified on p. 6., para 4: “Potential participants were identified using purposeful sampling (47) to best represent the diversity of needs, choices, and health care experiences observed at SGMT. SGMT midwives compiled a list of clients who were ≥ 18 years old, gave birth in 2014, and represented different social locations – including age, family structure, socio-economic status, education level, Indigenous/non-Indigenous identity, race, and birth outcomes – to be potential participants.”

- 1.10. I couldn't see ethics approval cited – apologies if I've missed this.

Response: No problem – the ethics approval is on p.2.

- 1.11. Reflexivity considerations: Can the authors describe the relationship between the participants and the researcher? And any possible bias with reflections on care at the service they were attending?

Response: The Methods have been updated to answer these questions (see p.6-7, para.4): “MC is a white settler cisgender woman who at the time of the study was a novice researcher completing her Master of Public Health. She had no previous relationship with SGMT, midwifery, childbirth, or the participants. MC received training and mentorship from the SGMT midwives and WLH researchers to prepare for participant contact and interviewing.” Any possible bias would have been reduced by the Indigenous-led, mixed academic and community research team involved in the study design, conduct, and analysis.

- 1.12. Were the participants current service clients and how was any potential bias here considered or addressed?

Response: The participants were not current service clients of SGMT. Participants were reassured when learning about the study/before being invited to consent that their participation or lack thereof would have no impact on their future care relationship (if any) with SGMT. We have noted this at the end of p.6., para.1.

- 1.13. I don't quite understand the rationale for asking non-Indigenous participants about their experience of culturally safe care in an Indigenous midwifery service. Are you able to explain the rationale for this and how those perspectives address the research question?

Response: Thank you for this comment. To clarify, SGMT serves Indigenous and non-Indigenous clients and is staffed by Indigenous and non-Indigenous midwives. This has been added to the Introduction (p.5, para.4). Because SGMT strives to provide culturally safe care to its entire clientele and because this study was nested in an evaluation of the entire practice, it was appropriate to ask both Indigenous and non-Indigenous clients about cultural safety. While the concept of cultural safety was originally rooted in efforts to enhance Indigenous experiences of health and social services, our hypothesis is that it may also be relevant to culturally diverse populations, including racialized populations who may also experience social exclusion and racism and clients of white/European identities who may want to contribute to more inclusive and equitable sharing of health and social resources. It was also an opportunity to demonstrate that the skills and knowledge inherent to providing culturally safe care is

relevant and beneficial to clients from all backgrounds and thus should be a core competency of all healthcare providers. Determining how clients from different backgrounds/communities conceptualized and experienced cultural safety was the research question/purpose of this study. This is why we asked the question to both Indigenous and non-Indigenous clients.

Results

- 1.14. The list of domains and themes are really helpful and suggest these at least are listed in the abstract.

Response: The domains and themes have been added to the Abstract (p.3).

- 1.15. It took me a little while of reading into the results that the domains all related to cultural safety. It might help readers to make this explicit in the first section and signpost it a bit more clearly.

Response: The Results section now reads: “Three domains of cultural safety emerged from the analysis: (1) Relationships and communication, (2) Sharing knowledge and practice, and (3) Culturally safe space. Several themes were identified in each domain. The themes are presented below, supported by quotes from the Indigenous and non-Indigenous participants” (p.8, para.2).

- 1.16. I do wonder if the wording can be refined a little to be more informative (eg whether they are important or negative or positive or something?) e.g. ‘respect and support for choices is critical for women’ or something that describes the importance (or lack of) of ‘respect and support for choices’?

Response: We agree. In the Results section, some themes have been reworded so grammatically they finish the sentence “Cultural safety is...” (e.g., Personalized, continuous relationships => Personalized, continuous relationships with midwives”).

- 1.17. The ‘themes’ referred to in the first para appear to be referred to as ‘subthemes’ in subsequent paras. This is a bit confusing and would help to ref to consistently throughout, whatever term is chosen.

Response: We have now used “themes” and “domains” throughout the article.

- 1.18. There are no participant quotes at all to support the theme of ‘logistics of pregnancy birth etc’. And I couldn’t understand what this theme was actually about. This needs more detail and supporting quotes. Especially as the previous theme was 2 pages long. Authors may want to consider balancing quotes across themes where possible.

Response: We agree and have added in quotes to better explain this theme (see p.12).

Discussion

- 1.19. The authors need to justify the evidence for the main finding in the abstract and discussion “In this study, we found that while SGMT has room to grow, the practice is leader in delivering culturally safe care in their community.” While this may be true, I couldn’t see where this evidence was in the results presented. This section should reflect what can be justified in the results. Wondering if the second sentence appears to be more reflective of the actual results so this section could start there?

Response: We agree with this comment. The Discussion now begins as: “This study found that Indigenous and non-Indigenous midwifery clients conceptualized and experienced cultural safety at SGMT in different ways” (p. 15, para.2). The Discussion, Conclusion, and Abstract have all been updated to reflect these changes and align more clearly with the results.

- 1.20. It was difficult to determine from the results the differences between indigenous and non-indigenous perspectives as outlined in the discussion. I'm wondering if the discussion can be tightened a bit more to reflect on what is presented in the results? It is currently very long and seems to bring in quite a bit of new material and it didn't seem to all be directly related to reflections on the main findings.

Response: The Discussion (see p.15-18) has been refined and condensed to improve readability and comprehension. We have clarified the links between the results and the discussion and the differences between the Indigenous and non-Indigenous participants' conceptualizations of cultural safety. Some key concepts, e.g., Indigenous understandings of culture, were clarified in the Introduction and related to the original definition of cultural safety. Other concepts, such as cultural continuity, have been removed for adding additional concepts to the Discussion.

- 1.21. Was a reporting checklist used (e.g. COREQ)?

Response: We used an Indigenous research methodology and methods, that built upon previous works by the senior author (JS) – these works are cited in the manuscript. While we appreciate the COREQ checklist and the role that could play in advancing quality assurance in qualitative research, it is a bit dated and misses key elements that are essential in Indigenous qualitative research – for example, self-location of the researchers; Indigenous governance and leadership in the research; and the need to ensure that research about Indigenous peoples is viewed as valuable and meaningful by the people who are the subject of the research. All the key elements of the COREQ checklist have been met.

Conclusion

- 1.22. Would help to clarify what the 'uniqueness of Indigenous cultural safety' is? Does this simply differ from other types of cultural safety? Or is this referring to the perspectives of cultural safety from Indigenous clients of an Indigenous midwifery service. I was a bit confused here and wondering if may help to focus on a succinct response to the research question and the implications or something?

Response: We have answered these questions in the revisions made to the Discussion, and updated the Conclusion to reflect these changes and address these comments (pp.15-18). For example, the Discussion now reads:

"...there were aspects of cultural safety that were almost exclusively identified by the Indigenous participants. The conceptualization of cultural safety as having reciprocal kin-based relationships with midwives, access to Indigenous knowledge protocols, and relationships being connected to the space suggests that the Indigenous participants shared a distinct understanding of relationships, knowledge, and space. These conceptualizations resonate with overarching Indigenous social constructs that exist and have always existed across Indigenous communities (51–55)." (p.15, para.3)

REVIEWER 2

- 2.1. **Abstract:** major themes could be presented in the results section of the abstract so that the readers would get overall view about the results of the study. Also, specific implications or recommendations in the conclusion section would improve the clarity of the abstract.

Response: We agree and the results and conclusion sections of the Abstract have been updated accordingly.

- 2.2. **Introduction:** research question and objective of the study are missing in the introduction section. The flow of introduction section needs some improvement, as currently it seems like

the sub-sections are not linked together. The last sentence in the introduction section should be moved to the methods section.

Response: Thank you for highlighting the gaps in the flow. The introduction has been edited to improve cohesion. What was formerly the last sentence in the introduction has been updated to communicate the research question/purpose more clearly and read less like the methods section:

“SGMT initiated its first practice evaluation in 2014. In this qualitative study, we present findings from interviews with clients that were conducted as a part of this evaluation. The purpose of this study was to determine how Indigenous and non-Indigenous clients at SGMT conceptualized cultural safety, and the extent to which their experiences at SGMT aligned with these conceptualizations.” (p.5, para.6)

- 2.3. Methods:** Did the authors use a specific theoretical perspective to analyze and conceptualize cultural safety? If yes, please give a brief explanation of the theoretical perspective being used.

Response: We used a critical, naturalizing, and decolonizing interpretive lens throughout this study. This approach has been used in similar contexts and is based on a thorough list of key assumptions that centre Indigenous realities and challenge settler colonialism. These assumptions have been published in other work so we have added the sentence: “This lens is based on key assumptions that have been detailed elsewhere (41, p.437-438).” (p.7, para.3)

- 2.4. Results:** In the results section, the authors used the term "cultural safety", while the participants used the term "culturally appropriate care." Are these terms interchangeable? Most of the results refer to the culturally appropriate care that is relevant for all cultural backgrounds, not just for indigenous people. This need to be clarify in introduction section based on the theoretical perspective.

Response: Thank you for this question. Upon review of the manuscript, only one participant quote in the Results section uses the term “culturally appropriate care.” Cultural safety was explained to All participants as “what makes you feel comfortable, respected, and able to be yourself as a starting point for the interviews (See p. 7, para.2). When talking about culturally safe care, each participant used different terms to describe their experiences and perceptions relative to their cultural identity. For this reason, we do not believe it is necessary to differentiate between culturally safe/culturally appropriate care because in the case of participant explanations they are interchangeable. Further, in the introduction (see p.4), we have clarified our explanation of what distinguishes cultural safety from cultural awareness, sensitivity, and competency. There is rich scholarship on the differences between the concepts that have been referenced in the text should readers have further questions/interest in learning.

- 2.5. Discussion:** the discussion section presented some indigenous cultural terms that was not mentioned in the results section. It would be better to include quotes from participants who used this terms. Therefore, the discussion will follow on the findings.

Response: We appreciate that some additional Indigenous references and constructs are included in the discussion section, understanding that the discussion is a place where one can contextualize results within larger scholarly and policy landscapes. The constructs and references that we have included in the discussion are part of the current landscape of Indigenous studies – for example, the term *wahkootowin* and the accompanying references help to contextualize the finding regarding the importance of “kinship” type relationships to

Indigenous midwifery clients within current Indigenous scholarship regarding kinship. We note that Indigenous scholarship includes both what has been published, but also knowledge held by community knowledge keepers and elders. Wahkootowin is “represented” in English by the term kinship. It is a foundational construct in Indigenous studies and Indigenous science. Rather than introducing a new cultural concept in the discussion, we are contextualizing what the client said, drawing on the rich existing scholarship both published and held by our community elders and knowledge keepers. In this way, our discussion is indeed following up on the findings. Midwifery clients who are the participants of this study would not necessarily have the same ability to articulate cultural constructs as our elders, knowledge keepers and full time Indigenous scholars – thus we have drawn on this later group to help contextualize and follow-up on participant perspectives.

- 2.6. Conclusion:** the conclusion section needs to address the research question or research objective about cultural safety. A more specific implications of the study and recommendation would help the reader to implement the conceptual of cultural safety. Currently, the implication is unclear.

Response: We have rewritten the Conclusion so the implications are more explicit.

REVIEWER 3

- 3.1. The statement "In this study, we found that while SGMT has room to grow, the practice is leader in delivering culturally safe care in their community' should be removed from both the abstract and the discussion, as you have not found clearly found this or at least, cannot justifiably make this statement based on the data provided.

Response: We agree with this comment. The Discussion now begins as: “This study found that Indigenous and non-Indigenous midwifery clients conceptualized and experienced cultural safety at SGMT in different ways” (p. 15, para.2). The Discussion, Conclusion, and Abstract have all been updated to reflect these changes and align more clearly with the results.

VERSION 2 – REVIEW

REVIEWER	Catherine Chamberlain La Trobe University Australia
REVIEW RETURNED	02-Jul-2020
GENERAL COMMENTS	I have read the responses to the comments and am satisfied the issues raised have been addressed.
REVIEWER	Neti Juniarti Universitas Padjadjaran, Indonesia
REVIEW RETURNED	16-Jul-2020
GENERAL COMMENTS	Thank you very much for the revision. I think all of my comments have been address by authors.