

REVIEWER'S REPORT

Manuscript No.: IJAR-54243

Title: ORAL HEALTH CARE FOR REFUGEES: “ SMILES WITHOUT BORDER” A NARRATIVE REVIEW

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYes.....

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	•			
Techn. Quality	•			
Clarity		•		
Significance		•		

Reviewer Name: Dr. Sireesha Kuruganti

Date: 10/09/2025

Detailed Reviewer's Report

Title, Abstract, and Introduction

Title: The title (line 1) is suitable and informative.

Abstract: The manuscript does not contain a separate, clearly defined abstract section. A structured, concise abstract summarizing the objectives, key findings, and conclusion should be included for better accessibility.

Introduction (lines 3–25): The introduction outlines the humanitarian and health context of refugees, highlighting relevant recent statistics and the vulnerability of this population. However, the text is somewhat repetitive in terms of themes and phrases, which could be streamlined. The introduction would also benefit from a clearer, explicit statement of the manuscript's objectives.

Methods (lines 27–31)

The methods section is overly brief, merely stating databases searched and timeframe, with no information about specific inclusion/exclusion criteria or methodological rigor. There is no mention of review protocol, selection process, number of articles included, or risk of bias assessment, which impacts transparency and reproducibility.

Main Content and Synthesis

Country, Diet, and Cultural Factors (lines 32–49)

The review provides examples of dietary and cultural habits of refugee groups that influence oral health, such as the use of chewing sticks (lines 33–36) and bottle feeding (lines 38–42). The discussion of

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acculturation and its effects on health literacy and preventive behavior (lines 44–48) is relevant, but the narrative sometimes lacks coherence and transitions are abrupt.

Epidemiology and Findings from Studies (lines 59–147)

The manuscript summarizes findings from numerous studies about oral health status, caries prevalence, and clinical needs among refugees in different countries (lines 60–123). The presentation is data-rich and thorough, detailing unique challenges across populations. However, the formatting and organization could be improved—for example, by introducing summary tables or figures to reduce textual overload and better compare results.

The section on oral health-related quality of life (lines 125–147) importantly integrates psychosocial perspectives but often presents study outcomes in a disjointed manner and without sufficient context about assessment tools.

Access, Utilization, and Barriers (lines 148–199)

The review addresses the “inverse care law” (lines 149–150) and models of healthcare access, using examples to highlight barriers like affordability, awareness, and accommodation (lines 153–161, 167–169). Study summaries in this section provide valuable practical insight and policy relevance but could use more critical comparison and synthesis to identify common themes.

Discussions of knowledge, attitudes, service utilization, and outcomes are helpful, but at times narrate findings without integrating them or explaining their broader significance.

Acculturation and Health Literacy (lines 200–224)

These lines explain the concepts of acculturation and health literacy (lines 201–211) and relate both to oral health behavior and outcomes in refugees. Specific studies and their findings are recounted. However, the writing sometimes jumps between points, making the section less cohesive. Stronger links between these determinants and practical strategies for intervention would increase the manuscript's utility.

Innovative Approaches – Telehealth (lines 225–243)

The inclusion of telehealth as a tool for providing urgent oral care during the COVID19 pandemic (lines 225–239) is topical and adds originality to the review. The discussion covers benefits and logistical challenges from real-world intervention. More systematic assessment of outcomes could improve its impact.

Conclusion (lines 244–251)

The conclusion restates the key message: that refugees experience high rates of oral health problems, with limited access to care exacerbating inequities. It encourages policymakers to address these gaps. However, the discussion of policy implications and directions for future research or practice is too brief and should be expanded.

The article finishes with disclosures (lines 252–256) and contains no major ethical or procedural concerns in these statements.

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Novelty, Organization, and Writing

Novelty: The manuscript's topical focus and broad, international coverage are strengths, especially its inclusion of telehealth and psychosocial perspectives.

Weaknesses: Major weaknesses throughout the file include:

1. Absence of an abstract.
2. Too cursory methods section.
3. Repetition and abrupt transitions in several places.
4. Lack of summary tables and diagrams to clarify complex or voluminous data.
5. Occasional minor language, grammar, and formatting errors (e.g., runon words, inconsistent heading structure).
6. Discussion is more descriptive than analytical, with missed opportunities for synthesis and critique.

Recommendations

1. Add a structured abstract summarizing objectives, key findings, and implications—placed before the introduction.
2. Substantially expand the methods section to describe review strategy, search terms, inclusion/exclusion criteria, and synthesis methods.
3. Reorganize major results, especially prevalence figures and study summaries, into tables for clarity and ease of comparison.
4. Revise the manuscript for repetitiveness, abrupt transitions, and general writing clarity.
5. Expand the discussion on practical implications, research gaps, and recommendations for policy and practice.
6. Thoroughly proofread for typographic, grammatical, and formatting issues.