

Response to Reviewers

We thank the editor and reviewers for proving their valuable feedback and the opportunity to revise our manuscript.

Reviewer's comments	Authors' response
Reviewer 1:	
This manuscript offers valuable insights on obesity and diabetes among Indian adolescents. Its methodology is robust, with a large and representative sample. However, it has limitations due to its cross-sectional design, measurement concerns, and absence of key data. Improving upon these weaknesses, providing deeper analysis of the findings, and clearer policy suggestions can enhance the study. Specifically, longitudinal studies could help track changes over time, while addressing measurement issues and collecting additional data could strengthen the conclusions. Ultimately, this work highlights the need for comprehensive approaches to tackle obesity and diabetes among adolescents in India, and offers a foundation for future research and policy interventions.	We thank you for the constructive feedback. Complying with the feedback, we have now elaborated more on the limitations of our study and discussed how future research can be conducted on this topic.
1. The use of cross-sectional data limits the ability to establish causality. While the associations observed are valuable, the study cannot definitively determine whether the identified factors cause obesity or diabetes. Longitudinal studies would be more appropriate for this purpose.	Complied. We have mentioned the need for longitudinal studies in future research.
2. The reliance on self-reported data for certain variables, such as diabetes diagnosis and treatment, introduces potential recall bias. Additionally, the use of random blood glucose levels instead of more sensitive measures like glycated hemoglobin (HbA1c) or fasting blood glucose levels may lead to underestimation of diabetes prevalence.	We agree and have already acknowledged this limitation in the manuscript.
3. The study does not differentiate between Type 1 and Type 2 diabetes, which are distinct conditions with different etiologies and management strategies. This limitation reduces the clinical relevance of the findings.	Thank you for pointing this out. We have acknowledged this limitation.
4. While the study addresses socio-demographic and lifestyle factors, it lacks data on physical activity and diet, which are critical determinants of obesity and diabetes. Including such data would provide a more comprehensive understanding of the risk factors.	Yes, this has already been acknowledged as a limitation due to the use of secondary data lacking information on these risk factors.
5. The manuscript places significant emphasis on statistical significance without sufficient discussion of the clinical relevance of the findings. For example, the observed associations, while statistically significant, may have limited practical impact due to small effect sizes.	We agree that clinical relevance of the study is limited as this is primarily an epidemiological study focusing on disease

	prevalence. Nevertheless, we have added some action points for primary care physicians in the penultimate paragraph and the core tip.
6. Although the study highlights regional variations in diabetes prevalence, it does not delve deeply into the potential causes of these discrepancies. Further analysis of local factors, such as healthcare infrastructure or cultural practices, would strengthen the conclusions.	Thank you for your constructive feedback. In response, we have added a discussion in the manuscript that acknowledges the role of local factors, such as healthcare infrastructure and cultural practices, in shaping these regional differences.
7. While the manuscript touches on public health implications, it lacks a detailed discussion on how the findings could inform specific policy changes or interventions. More concrete recommendations would enhance the practical utility of the research.	We have added context on actionable interventions but considering this was an observational study, we have deliberately refrained from suggesting generic recommendations that were beyond the scope of the study.
EDITORIAL COMMENTS	
Author, Contribution, Keywords, Tables, References, Core Tip, Conclusion	We have rectified these errors and omissions as per your instructions
The language classification is Grade B. Please provide the latest language certificate after Return the Manuscript to Author for Revision. Please visit the following website for the professional English language editing companies that we recommend	We understand that the manuscript required minor language polishing. The senior and corresponding author with experience of published over a 100 research articles including two in the World Journal of Diabetes has now comprehensively edited the manuscript to remove the language errors. He also has an IELTS score of 8 (2019) indicative of near native English language fluency. Kindly consider our humble request to accept the language of the revised

	<p>manuscript. We are also unable to afford professional English language editing services as this manuscript was developed as part of routine work and was not associated with any funding.</p>
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