

REVIEWER'S REPORT

Manuscript No.: IJAR-57179

Title: Health Communication in the Digital Era: New Media Influence on Knowledge, Attitudes, and Practices of University Students in Khyber Pakhtunkhwa Province of Pakistan,

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's ID: JPR-094

Detailed Reviewer's Report

1. Overall Assessment

The manuscript addresses an important and timely topic at the intersection of **health communication, digital media, and youth behaviour in a developing-country context**. The study contributes region-specific insights from Khyber Pakhtunkhwa (Pakistan), which is underrepresented in existing literature.

However, the manuscript requires **major revisions** due to issues related to structure, clarity, methodological rigor, and academic presentation.

☐ **2. Strengths**

2.1 Relevant and Timely Topic

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* Focus on **digital health communication and youth** is highly relevant in the current era.

* Addresses a **research gap in developing countries**, especially Pakistan.

2.2 Adequate Sample Size

* Sample size (**n = 636**) is reasonably strong for a cross-sectional study.

* Inclusion of multiple universities increases diversity of respondents.

2.3 Mixed-Method Approach

* Combines **quantitative (survey)** and **qualitative (interviews)** methods.

* Enhances depth and triangulation of findings.

2.4 Practical Implications

* Findings have **policy relevance**:

- * Health campaigns

- * Media strategies

- * Public health awareness programs

3. Weaknesses

3.1 Poor Language and Grammar

* Numerous grammatical errors and unclear sentences.

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- * Inconsistent formatting (spacing, punctuation, headings).
- * Reduces readability and academic quality.

□ 3.2 Weak Study Design Justification

- * ****Convenience sampling**** is used but not justified adequately.
- * Authors themselves admit:

> “The purpose was never to produce unbiased or generalizable results”

This weakens scientific credibility.

□ 3.3 Lack of Statistical Rigor

- * No advanced statistical analysis:
 - * No regression analysis
 - * No hypothesis testing
 - * No p-values or confidence intervals

Claims (e.g., KAB model effectiveness) are ****not statistically validated****.

□ 3.4 Overly Descriptive Results Section

- * Excessive tables and frequency data.

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- * Limited ****analytical interpretation****.
- * Results are ****reported but not critically discussed****.

□ 3.5 Literature Review is Weak

- * Mostly descriptive, lacks:

- * Recent references
- * Critical comparison
- * Theoretical depth

□ 3.6 Conceptual Confusion

- * Uses both:

- * ****KAB model****
- * ****KAP model****

Without clear distinction or theoretical grounding.

□ 3.7 Formatting & Structural Issues

- * Line numbers present (not required for submission).
- * Figures/tables poorly integrated.
- * Inconsistent referencing style.

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□ 3.8 Overgeneralization of Findings

- * Conclusions sometimes extend beyond data.
- * Sample limited to university students → not representative of all youth.

4. Key Points / Major Issues to Address

1. ****Revise language thoroughly**** (professional editing required)

2. ****Strengthen methodology****:

- * Justify sampling technique

- * Clearly define variables

3. ****Add statistical analysis****:

- * Correlation / regression for KAB relationships

4. ****Condense results section****:

- * Focus on key findings

5. ****Improve literature review****:

- * Add recent (last 5 years) studies

6. ****Clarify theoretical framework****:

- * Properly define KAB/KAP model

7. ****Standardize references and formatting****

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8. ****Improve discussion section****:

- * Compare findings with previous studies**

****5. Significance of the Study****

Academic Significance

- * Adds data from an ****understudied region (KPK, Pakistan)******

- * Contributes to ****health communication and media studies******

Practical Significance

- * Useful for:**

- * Public health policymakers**

- * Media organizations**

- * NGOs and health educators**

Societal Relevance

- * Highlights:**

- * Low use of media for health information**

- * High trust in doctors and family**

Important insight for designing **effective health campaigns******

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6. Recommendation

Decision: MAJOR REVISION REQUIRED

The manuscript has potential but **is not suitable for publication in its current form**.

7. Specific Reviewer Recommendation

The authors should:

- * Perform **major language editing**
- * Improve **methodological rigor**
- * Include **inferential statistics**
- * Refine **discussion and conclusions**
- * Align manuscript with **journal formatting guidelines**

Major Revision Justification

Overall Reason for Major Revision

The manuscript has **good research potential**, but it suffers from:

- * Poor language and grammar

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- * Weak methodological rigor
- * Lack of statistical validation
- * Overly descriptive results
- * Structural and formatting inconsistencies

Therefore, ****major revision is required before it can be considered for publication****.

**TITLE & ABSTRACT (Lines 1–35)**

□ Issue 1: Title is too long and verbose

- * “Health Communication in the Digital Era...” is descriptive but lengthy
- **Revision needed:**** Make it concise and focused.

□ Issue 2: Abstract lacks structure

- * No clear sub-sections (Background, Methods, Results, Conclusion)
- * Some sentences are overly long and unclear

Example problem:

- * “behaviouraloutcomes” (spacing/typing error)

****Required Fix:****

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* Use structured abstract format

* Include key statistical findings

****INTRODUCTION (Lines 42–111)****

☐ **Issue 3: Grammatical and sentence construction errors**

Examples:

* “As developing country...” → missing article

* “world Health Organization” → incorrect capitalization

****Impact:**** Reduces academic quality

☐ **Issue 4: Weak logical flow**

* **Jumps between:**

* healthcare statistics

* media discussion

* training issues

****Required Fix:****

* **Organize into clear paragraphs:**

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1. Health system context

2. Media landscape

3. Research gap

☐ Issue 5: Unsupported claims

Example:

* “media can altruistically be presumed...”

No citation or weak citation support

****LITERATURE REVIEW (Lines 112–158)****

☐ Issue 6: Descriptive, not analytical

* Only definitions are provided

* No comparison of previous studies

****Required Fix:****

* Add critical analysis:

* What previous studies found

* What gap exists

☐ Issue 7: Outdated references

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*** Many citations are old (1990s–early 2000s)**

****Required Fix:****

*** Include recent studies (last 5–10 years)**

**SIGNIFICANCE & PURPOSE (Lines 160–213)**

□ Issue 8: Repetition and verbosity

*** Same ideas repeated multiple times**

****Required Fix:****

*** Make concise and focused**

□ Issue 9: Weak theoretical clarity

*** KAP/KAB model mentioned but not properly explained**

****Required Fix:****

*** Clearly define theoretical framework**

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**RESEARCH DESIGN & METHODOLOGY (Lines 223–270)**

□ Issue 10: Methodology lacks rigor

*** “Convenience sampling” used without strong justification**

****Critical Problem:****

*** Authors admit:**

> “not to produce unbiased or generalizable results”

****Impact:** Weakens scientific validity**

□ Issue 11: No clear hypothesis

*** Research questions exist, but:**

*** No hypothesis testing**

*** No analytical model**

□ Issue 12: Lack of statistical methods

*** Only descriptive statistics used**

Missing:

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- * Correlation
- * Regression
- * Significance testing

SAMPLING & POPULATION (Lines 248–297)

☐ Issue 13: Limited generalizability

- * Only university students included

****Problem:****

- * Cannot represent entire youth population

☐ Issue 14: Sampling bias acknowledged but not addressed

- * Bias is accepted instead of minimized

RESULTS SECTION (Lines 299–684)

☐ Issue 15: Overly descriptive

- * Too many tables and percentages
- * No deep interpretation

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Example:

*** Gender, age, income → described but not analyzed**

☐ Issue 16: No linkage to research questions

*** Results not tied clearly to RQ1–RQ4**

☐ Issue 17: No statistical validation

*** Claims like:**

> “KAB model effectively predicts...”

☐ No statistical evidence provided

☐ Issue 18: Redundant figures

*** Many graphs repeat table data**

****Required Fix:****

*** Keep only essential visuals**

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**DISCUSSION & CONCLUSION (Lines 685–736)**

□ Issue 19: Weak discussion

*** No comparison with previous studies**

*** Mostly descriptive summary**

□ Issue 20: Overgeneralization

*** Conclusions applied broadly despite limited sample**

□ Issue 21: Lack of critical insight

*** Does not explain:**

*** WHY media use is low**

*** HOW findings differ from other regions**

**LIMITATIONS (Lines 737–763)**

□ Issue 22: Limitations acknowledged but too late

*** Major flaws (sampling, bias) should be addressed earlier**

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****REFERENCES (Lines 805+)****

☐ Issue 23: Inconsistent referencing style

* Mixed formats

* Missing details

****Summary of Critical Issues****

Area	Problem	Severity
-----	-----	-----
Language	Poor grammar	High
Methodology	Weak sampling & no hypothesis	High
Statistics	No inferential analysis	High
Results	Descriptive only	High
Literature	Outdated & weak	Medium
Structure	Disorganized	Medium

****Final Recommendation****

****MAJOR REVISION REQUIRED****

The manuscript ****cannot be accepted in current form**** because:

* Scientific rigor is insufficient

* Writing quality is below journal standards

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*** Analytical depth is lacking**

☐ **What Authors Must Do (Essential Revisions)**

- 1. **Language editing (mandatory)****
- 2. **Add statistical analysis (correlation/regression)****
- 3. **Rewrite methodology section****
- 4. **Strengthen literature review****
- 5. **Reduce descriptive content****
- 6. **Improve discussion with comparison to studies****
- 7. **Standardize formatting and references****