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| Journal Name: | [**European Journal of Nutrition & Food Safety**](https://journalejnfs.com/index.php/EJNFS) |
| Manuscript Number: | **Ms\_EJNFS\_139307** |
| Title of the Manuscript: | **Consumption of Vitamin-A Biofortified Sweet Potato Among Agricultural Educators in Tertiary Institutions of Ondo State, Nigeria** |
| Type of the Article | **Original Research Article** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | **This manuscript highlights the gap between awareness and actual consumption of vitamin A-rich OFSP among agricultural educators. It provides important insights into the behavioral barriers to adopting biofortified crops, despite high knowledge and positive perceptions. The findings are valuable for developing targeted strategies to improve nutrition through increased OFSP adoption.** |  |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | **Yes** |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | **Yes, the abstract is comprehensive. However, I suggest removing the bolded subtitles and presenting the content as a single cohesive paragraph. This is more typical of standard abstract formatting, though the final structure should align with the specific journal’s preferences.** | The journal format given was followed except this has been changed |
| Is the manuscript scientifically, correct? Please write here. | Yes, here are some areas of improvement.   1. In the introduction section, please integrate more recent and region-specific data (especially for Ondo State, if available) to strengthen the local relevance of the study. 2. In Section 2.2, it is stated that participants were “purposively selected based on their awareness of vitamin A biofortified sweet potato.” This introduces selection bias, which may compromise the generalizability of findings. Please clarify this. 3. Justify 150 respondents were selected or provide information on the total academic population across the three institutions to strengthen the study’s representativeness and credibility. 4. The of ordinal data is appropriate, but the manuscript should clarify if normality assumptions were tested to justify non-parametric analysis. Additionally, the interpretation of the correlation results requires more critical discussion considering the low r-value reported. 5. The introduction outlines the HBM well, it is not clear how this model was operationalised in the survey instrument. Were constructions like perceived susceptibility or barriers directly measured? If so, those measures should be detailed. 6. In the result section, provide statistical results (e.g., actual frequencies, means, standard deviations, or correlation coefficients) to support claims.   *For example:*  *What were the exact values of Spearman’s correlation coefficients between knowledge/perception and consumption?*  *Were any of these findings statistically significant?*  *Were any confidence intervals or p-values reported?*   1. Avoid redundancy across sections (Sections 3.2 and 3.3 repeat similar points about the gap between awareness and behaviour). 2. The discussion does not mention whether demographic or contextual variables (e.g., income, urban/rural location, gender) were controlled for in the analysis. This limits the depth of interpretation and leaves questions about what other factors may have influenced consumption behaviour. 3. Although the Health Belief Model is frequently cited, it is unclear whether all five constructs (perceived susceptibility, severity, benefits, barriers, and cues to action) were measured through the questionnaire. The discussion assumes their presence without reporting how each was assessed. This should be clarified or acknowledged as a limitation. 4. The study mentioned null hypotheses in the Introduction, but no results related to hypothesis testing are directly addressed here. Were the null hypotheses rejected or retained? The correlation results should be explicitly connected back to these hypotheses. 5. Avoid Phrases like “moderate levels of awareness” or “notably lower”; they should be supported with quantitative thresholds or comparative benchmarks. | These has been done 2. Yes, we cannot ask about the frequency of consumption or knowledge of benefits from those who are not even aware of a product. Awareness should lead to a desire to try it out/consume the product. Now it is when awareness does not translate to consumption that we can find out why? So I do not think there is any bias. Rather, a bias will be introduced when you ask those who are not aware of a product why they are not consuming or even the knowledge of the benefits of the product  3. On this I made an error, the sample size is actually 75 and not 150. I have done the correction. The sample size is based on those who were aware and were willing to partake in the study. The researcher however, got 30% of academic staff in FUTA, and 15% of the academic staff in Rufus Giwa and FECA. These have been reflected in the write up.  4. With the ordinal measurement of variables, the spearman rho (non parametric test) is the only suitable option for this analysis. The sample satisfies the independence of chosen samples and the assumption that there is no normality of distribution as this data is skewed to those who are aware.  4b. The r values were not discussed further as they were not significantly correlated at the level of significance chosen. Though very low, which further shows low significance, there will be no merit discussing a non-significant variable.  5. Not all the subsets of the HBM model were adapted for the study. Only measures of perception and knowledge were focused on in the study. The detailed way they were operationalised are well stated in the methodology. This has been beefed up in the write up  6. These are presented on Table 2 in the write up and discussed adequately  8. Since the study was based on the HBM, the study assumed all other factors were under control and focused on the two most important variables for this category of respondents. Moreso, when issues like gender, income and other socioeconomic variables were correlated with the consumption of OFSP, they were not significant, so the focus Knowledge and Perception.  9. This has been included in the write up as a limitation.  10. this has been reflected in the write up |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | The manuscript includes only about 15 references; the recommendation is 25–50 for original research. Please add more recent and relevant sources, ideally from the past 5 to 10 years, to strengthen the study’s foundation. | 14 more has been added. Highlighted in Yellow |
| Is the language/English quality of the article suitable for scholarly communications? | Yes |  |
| Optional/General comments | **None** |  |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* |  |