



A Sociological Examination of the Relationship Between Social Commitment and Health Literacy Among Blood Donation Participants in Tehran

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R e v i e w e r s

Reviewer 1: Masoud Asadi^{id}
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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction states, "Blood donation, as a humanitarian act, not only meets medical needs but also serves as a symbol of social solidarity and individual responsibility." While this is a well-established claim, it lacks references to support this perspective. Consider citing sources to strengthen the argument.

In the literature review, you mention that "Mauka et al. (2015) investigated the factors affecting blood donors' behavior..." but do not elaborate on whether their findings align or contradict your study. It would be beneficial to discuss how their results compare to yours.

The hypothesis formulation section does not clearly justify the selection of social commitment as the primary independent variable. Consider explaining why social commitment was chosen over other possible predictors of health literacy in blood donation.

The methods section states, "The statistical population included all individuals aged 20 to 60 in Tehran in 2024, from whom 323 participants were selected through convenience sampling." The use of convenience sampling may introduce bias, limiting the generalizability of results. Consider acknowledging this limitation or discussing potential alternative sampling methods.

The data analysis section states that "Data were analyzed using SPSS v16 and Smart PLS software." However, Smart PLS is typically used for structural equation modeling (SEM). If SEM was employed, consider specifying the model fit indices used to evaluate the adequacy of the model.

In Table 1, the significance levels for the Kolmogorov-Smirnov test suggest normality, but the large sample size may impact the interpretation of normality tests. Consider supplementing these findings with skewness and kurtosis values.

The findings section states, "Hypotheses 1 through 8 clearly confirmed that social commitment in its emotional, cognitive, and practical dimensions plays a significant role in enhancing individuals' ability to read, access, comprehend, evaluate, make decisions, and utilize health information." The phrase "clearly confirmed" is overly strong. Consider using more cautious language such as "provided strong evidence supporting the relationship."

The Fornell-Larcker matrix (Table 4) is used to assess discriminant validity, but the diagonal values are not explicitly compared to the off-diagonal values. Consider explicitly stating whether discriminant validity is supported based on these comparisons.

In Table 5, the R^2 value for "understanding health literacy" is 0.376, which is relatively low. Consider discussing the implications of this weaker explanatory power and whether additional variables could enhance the model.

The hypothesis testing results (Table 7) show strong support for all hypotheses. However, the absence of non-significant findings raises concerns about potential model overfitting or omitted variable bias. Consider discussing whether multicollinearity or other factors were tested.

The conclusion states, "Future research should consider longitudinal studies to better understand the causal relationship between social commitment and health literacy." Consider specifying what methodological improvements could be implemented in a longitudinal study to address causality concerns.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The data collection instruments section states that "both standardized questionnaires demonstrated a Cronbach's alpha greater than 0.70." While this supports reliability, it would be helpful to specify the exact values for each questionnaire to provide greater transparency.

In the validity assessment, you state, "The validity of the measurement tool for assessing the research variables was confirmed by consulting experts and academic professionals." Consider elaborating on the process, such as the number of experts consulted, their expertise, and the criteria they used for evaluation.

In Table 3, the factor loading for the item "My attachment to societal issues motivates me to solve problems" is 0.535, which is relatively low. Consider discussing whether this item should be retained or modified to improve the model's validity.

The discussion section states, "These findings hold considerable theoretical and practical significance." While this is a valid claim, consider elaborating on the specific practical applications of the findings, such as how they could inform policy or public health initiatives.

The limitations section mentions, "The study's reliance on self-reported data may introduce response bias." It would strengthen this section to discuss how response bias might have specifically influenced the results (e.g., social desirability bias).

The implications section suggests that "educational, social, and cultural programs" should be implemented to increase health literacy through social commitment. It would be beneficial to provide concrete examples of successful programs or policies that align with this recommendation.

The structural model assessment states that "the model achieves significance for T-values, and since the T-statistic values for all dimensions and indicators are above 1.96, the significance of the questions and relationships between variables can be confirmed at a 95% confidence level." However, model fit indices such as SRMR, NFI, or RMSEA are not mentioned. Consider including these indices for a more rigorous evaluation.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.