Review of: "Road Safety Perceptions and Practices among Undergraduate Medical Students"

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Potential competing interests: No potential competing interests to declare.

Using survey-based inferential statistics, Vandana **Valluri**, Mary Moses **Pidakala**, and Nihal Kumar **Singh** examine undergraduate medical students' perceptions of roadway safety issues. Based on my perspective, the authors conduct excellent research and the manuscript sheds valuable light on a controversial topic related to youth-involved crashes, but the current version is merely a starting point for further study. The findings of the study confirmed existing knowledge and conclusions regarding young adults' challenges, including driving under the influence of Alcohol and using a cell phone while driving in comparison with older adults. It is therefore necessary to undergo some major revisions. The authors should propose an innovative method for demonstrating the practical value of their research. Consequently, the authors are able to elaborate on their justifications in order to provide substantive implications for policy, research, or practice that specifically relate to undergraduate medical students. The following are my suggestions. I hope the authors will find them constructive:

1. In the "Background" section, the authors specifically referred to a certain age range between 5 and 29. While it appears that the manuscript intends to raise awareness of the existing knowledge gap among young adults. Young adults are generally described as being between the ages of 18 and 25. The exact age group on which this research was focused is not yet clear. Previous literature, for example, classified road users between the ages of 10 and 19 as adolescents. Considering that each age group has its own unique physical characteristics and vulnerabilities in the road network, it would be beneficial if the authors narrowed down their focus age group or classified them into separate age groups for further analysis.
2. In the "Abstract," the contribution of the research cannot be highlighted. For instance, is there a particular reason for selecting undergraduate medical students over other majors? Furthermore, the aforementioned sample does not appear to be a random sample of the population, which could lead to biased conclusions.
3. What does the abbreviation "RTA" mean in the "Objectives" section? All abbreviations that appear for the first time in the manuscript should be expanded.
4. This material appears to have been derived from a questionnaire-based survey. To elaborate on the method of survey design as well as the detailed structure of the questionnaire, further explanation is required.
5. Previous research indicated a significant correlation between alcohol abuse and age. The problem of alcohol and drug abuse is more prevalent among youth, and it is evident that this leads to Driving Under Influence (DUI) as well as road traffic accidents. Thus, the results confirmed the existing knowledge and are not capable of filling the gap or providing practical solutions for this challenging problem. Similarly, the aforementioned concern applies to young adults who use

their mobile phone while driving.

6. The explanations provided in the "Observation" section mostly repeat the information provided in "Table 1". I believe they are not necessary, and the authors should instead provide their understanding and practical suggestions regarding the findings.
7. In Table 1, the "attitude domain" section of the questions raises significant concerns! The questions were closed questions (Yes/No) with only two possible answers. Due to the nature of attitude domain questions, it is necessary to provide more complex responses in order to represent the actual respondent's attitude. In the current format, the questionnaire could easily lead to biased results. As an example, almost everyone responds "Yes" when asked if pedestrian safety should be given first priority. Participants' attitudes can be better assessed using a Likert scale, for example.