Author’s response to reviews

Title: Determinants of exclusive breast feeding in Nigeria

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Author’s response to reviews: see over
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Title of MS: Determinates of exclusive breastfeeding in Nigeria
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Author’s response to reviews: see over
Comment

I still disagree regarding the use of "below 6 months" as the indicator. It is true that WHO uses this and this is spelled out in the reference document but western academic audiences are far more familiar with information given at a certain point in time and the WHO itself recommends a breakdown into shorter time periods.

Our target audience is in Nigeria and that is why we selected an open access journal. This information is important for Africa and is only of academic interest in the West if the researcher is interested in looking at EBF rate using cross-sectional national population data to describe national and sub-national comparisons and others (see “Purpose for using indicators” page 2, WHO 2008).

In addition, consensus meetings on the indicator reported in this paper were held in Geneva and Washington, DC in 2006 and 2007 with members of the lactation and paediatric research community in these countries (see, WHO, 2008 for details). Participants and members of the working group that prepared the WHO Infant and Young Child Feeding (IYCF) indicator guidelines are academicians and pediatricians from different universities including USA, India, Philippines, Peru and other countries (see pages 15-17 for details of reference below).

Reference
http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf

Comment

Information about the level of EBF has been provided in the graph in figure 1 and in the result. We have added WHO recommended breakdown into the shorter intervals of 0-1, 2-3, 4-5 and 0-3.

That is correct (see figure 1 for details) and additional text added to the manuscript (the proportion of EBF infants 0 to 1 months of age was 26.1%; 18.5% at 2 to 3 months of age, 7.1% at 4 to 5 months of age and 21.9% at 0 to 3 months of age).

Comments
I assume that the authors feel very
strongly about this. If they do, it is imperative that they spend some time explaining the WHO measures in the methods section.

*We have already defined the indicator used in the methods section of the manuscript and we wrote:*

*EBF rate was defined as the proportion of infants, aged less than 6 months, who received only breast milk and not other liquids or solids except for drops or syrups consisting of vitamins, minerals supplements or medicines [2, 3]. The EBF rate was estimated according to the WHO recommendation definition of this key IYCF indicator [3]*

**Comments**

The informed lactation and pediatric community in the west who will read this IS familiar with WHO definitions of exclusivity and of WHO goals, but they are not familiar with performance indicators

*We think many of the readers in our target audience in Africa will be familiar with the standard WHO indicator we have used. For those not familiar with these methods, we have provided the appropriate reference in the manuscript.*

**Comment**

and if the authors insist on retaining this definition it needs to be spelled out as to why they are using this measure, and the measure itself needs to be explained.

*We do insist on using the standard internationally recommended indicators. These methods are widely used in the literature IYCF and do not see any need to explain why this indicator where developed and recommended by WHO.*

**Comment:**

I maintain that a cross sectional measure

*With apologies we don’t understand this question because we have been undertaking a cross-sectional analysis throughout the paper.*
Comment:

would be equally faithful to WHO guidelines and would make a lot more sense to the reading public. It is not helpful for the authors to respond to the reviewer and not to clarify in the text. You must change the text and define what you mean by "EBF rate among children younger than 6 months of age" because it is not common knowledge.

This definition has been provided in the methods section with the appropriate references (see above).

In the abstract, the stated goal, "to assess the risk factors associated with exclusive breastfeeding" is misleading. It sounds like you mean, you are assessing risks (as in, adverse outcomes) of exclusive breastfeeding. You mean factors associated with NOT breastfeeding exclusively, or some such, correct? Please fix this.

The manuscript has been adjusted as suggested by the reviewer

There are still linguistic errors. Please consistently use Baby-Friendly Hospital Initiative, capitalized, trade marked appropriately, and abbreviated at BFHI.

We are not sure what the reviewer means by “trade marked” appropriately. As can be seen on the WHO website, this is a WHO/UNICEF initiative strategic in 1991, This not a commercial undertaken and we can’t find no trade mark on WHO documents describing this program.