Author's response to reviews

Title: Prevalence and socio-demographic correlates of stunting and thinness among Pakistani primary school children

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Author's response to reviews: see over
Honorable

Editor-in-Chief

BMC Public Health

Re: MS 1078053693570407 revision

We are pleased to submit the revision for our manuscript titled “Prevalence and socio-demographic correlates of stunting and thinness among Pakistani primary school children.”

The paper has been thoroughly revised according to the reviewers’ comments. We have tried to address all the comments and questions, especially the methodological queries. We hope the revised version will be up to the editorial standards of publications.

For your convenience, we have marked the major changes made in red. The manuscript has been proofread carefully for language issues. The paper had been written in US English and was reviewed by a native English speaker from United States for accuracy of language.

We highly appreciate the time and efforts of the reviewers and editorial team. We believe that this paper will be valuable addition in literature. Under-nutrition cluster in the South Asian children but the data on under-nutrition estimates among school-aged children is difficult to find, and no study has reported the estimates according to the WHO reference 2007.

Regards

Authors

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Response to reviewer’s comments: Reviewer 1

Thank you for considering the potential importance of the findings reported. We are highly grateful for your valuable time and comments for the improvement of this manuscript. We have tried our best to address the concerns raised and hope the revised version is suitable for publication.

Major Compulsory Revisions

- Title

Title has been updated as suggested (Prevalence and socio-demographic correlates of stunting and thinness among Pakistani primary school children).

- Methods
  - Design, setting and sample
“Unable” meant those children who were absent on data collection day. We are sorry for this typographical error. Since the inclusion criteria include only the present children, the exclusion criteria are updated and manuscript is updated as:

For each of the selected sections, first 31 children on the section attendance register, present on data collection day and aged 5-12 years, were included in the study. Children not willing to participate in the study were excluded.

- Data Collection

The questionnaire was tested for reliability by one-week test-retest method and that school was excluded from sampling. Manuscript is updated accordingly. Results

It was stated as “child’s living room” to indicate persons living with the child in his/her room. Few children (6%) had no person with them in their living room as they had no siblings, houses were large and both parents might be working most of the time.

**Minor Essential Revisions**

- Methods
  - Design, setting and sample

The reference to urban-rural population distribution in Lahore is updated as:


That is the latest census report in Pakistan and current estimates are based on population projections.

- Tables

Table 6 is updated for p-values.

We are indebted to you for your time and comments to make this manuscript much more clear and comprehensive.

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**Response to reviewer’s comments:** Reviewer 2

Thank you for considering the potential importance of the findings reported. We are highly grateful for your valuable time and comments for the improvement of this manuscript. We have tried to address all the comments and questions, especially the methodological queries. The paper has been revised according to your comments and we hope that the revised version will be up to the editorial standards of publications.
**Methods**

- Out of the 12 initially sampled schools, three schools refused to participate and the next school was selected randomly from the respective stratum. Manuscript is updated accordingly.

- Twenty trained senior medical students including 10 males and 10 females, lead by the Principal Investigator, collected the data. Manuscript is updated accordingly.

- Data collection (including anthropometric measures) was completed in May-June 2009. Data collection activity in each school was completed in two working days and it took almost four weeks to complete the data collection. Manuscript is updated accordingly.

- No measurements were collected during the first two weeks of a new school term or immediately after a major holiday. Manuscript is updated accordingly.

- The instruments were checked and calibrated on a daily basis. Manuscript is updated accordingly.

- The study was not funded by any agency and was conducted with a minimal financial support from Allama Iqbal Medical College, Lahore, Pakistan (Approx. US $ 650). The survey was made possible by personal expense and untiring efforts of the investigators and technical support from the Punjab Departments of Health and Education and Allama Iqbal Medical College, Lahore, Pakistan. The scales used for routine growth monitoring in pediatric and primary care clinics at all tertiary, secondary and primary care health facilities in Punjab, Pakistan were used for the survey. These have an accuracy of 0.5 kg and that is mentioned in the methods with reference to the manufacturer’s website.

- School heads and class teachers were contacted before the work of survey team and were explained about the study. They obtained consent from the parents of sampled students and only the students whose parents were willing were included in the study. However, we had no encounter with the parents and obtained consent from the school principals and teachers as they are usually considered guardians in school-based initiatives in South Asia.

- The questionnaire was pre-tested and the questions on which younger children were not able to give answers were excluded (for example, parental exercise behavior). Only the questions that children were able to answer were included in the final questionnaire. The questionnaire was tested for reliability by one-week test-retest method and that school was excluded from sampling. Manuscript is updated accordingly.

- Smoking was defined as smoking tobacco by cigarette, cigar, pipe or hookah. Hookah is a water pipe that is a single or multi-stemmed instrument for smoking tobacco in South Asia. The question on smoking was qualitative and it was not defined quantitatively. Manuscript is updated accordingly.
Neighborhood income estimate is not available in census or official statistical data for Pakistan. The division in low-, middle- and high-income neighborhood was based on the approximate income estimate of child's residential area obtained from the Revenue Department of City District Government Lahore, Pakistan. It was roughly monthly per capita income <3500 PKR = low-income, monthly per capita income 3500-7000 = middle-income, and monthly per capita income >7000 PKR = high-income.

It has been explained in limitations.

- **Results**
  - Table 6 is updated for p-values.
  - Titles for figures 1-6 are provided.

- **Discussion**
  - Discussion is clarified with reference for the statement: “significant improvement in nutritional status in the present study”.

  In Pakistan, previous studies among urban school-aged children reported the prevalence of stunting and underweight, using the World Health Organization/National Centre of Health Statistics (WHO/NCHS) reference, as 17% and 30% respectively in 1990-94 (urban NHSP, n=1670) that decreased to 14% and 27% in 2004-05 (Karachi survey, n=1381) [13]. Significant improvement in nutritional status was observed in the present study, and 8% of the children were stunted and 10% were thin.

  - The recommendation on use of the WHO standard instead of IOTF cut-offs is omitted as suggested.

- **Conclusions**

Conclusions section is updated as suggested being a brief summary avoiding discussion sentences.

Manuscript is revised according to the suggested changes. We are indebted to you for your time and comments to make this manuscript much more clear and comprehensive.