Author's response to reviews

Title: Infant feeding practice and associated factors of HIV positive mothers attending prevention of mother to child transmission and antiretroviral therapy clinics in Gondar Town health institutions, Northwest Ethiopia

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Author's response to reviews: see over
Dear Lars Thore Fadnes

First we would like to express our thanks for your constructive comments and questions. We have tried to incorporate and address the comments. The answer for questions and some issues that need explanation are written in blue font color following questions below.

In your conclusion, you present number adhering to guidelines. Unless you present the feeding patterns by age, it is difficult/impossible for the reader to assess whether this is true.

- If your concern is to which age group do different feeding patterns are explained, we have tried to explain in the operational definition and we also stated EBF in the first 6 months of age in the conclusion part.

Regarding the checking of assumptions for logistic regression:
- What about factor independence, collinearity etc?
  - First we tried to see the association between the independent variables. We run correlation analysis and it was not significant i.e. the two sided p value was greater than 0.05. There was no correlation between the independent variables with each other. Secondly we also used the stepwise regression method (Backward LR) which also controls the effect of multi collinearity besides control of confounding effect.

In the regression analysis, the stratification of occupational status includes groups which are too small to be presented independently. Please combine groups to form larger groups if the factor should be presented in the table.

- Each group of occupational status has different characteristics which have different effects on the choice of infant feeding practice. Hence it is difficult to merge occupation with no similarity in characteristics.

Table 2 is still very unclear. Does it refer to feeding patterns at different time points, preferences or retrospective feeding patterns? Please clarify.

- The purpose of table 2 is to show the knowledge of study participants about the presence of different options of HIV exposed infant feeding practice apart from their practice. Some participants respond that EBF is the only option; some other participants said EBF and ERF are the only options and some other participants said ERF is the only option. Therefore based on their response we try to display in table form which shows the
knowledge of participants about the options available for HIV exposed infants will be determined.

Sampling is not well described. Was it consecutive sampling? Convenience sampling? Please describe more thoroughly.

- We didn’t use consecutive sampling or Convenience sampling. We have tried to indicate in sampling procedure that we took all subjects who are registered for follow up and those who fulfilled the inclusion criteria.

“In this study, the proportion of mothers practicing EBF (83.7%) was comparatively higher than”

At which time point do you describe EBF?

- We have stated in the operational definition part that EBF is defined as giving the infant no other food or drink, not even water, apart from breast milk (including expressed breast milk), with the exception of drops or syrups consisting of vitamins, mineral supplements or prescribed medicines up to six months.

Please explain the word “kebeles”

- Kebele - is the lowest administrative unit in the area. If it needs operational definition we have placed in the operational definition part.

Regarding the language

- We gave the paper for those linguistic professionals and they have assessed it.