Reviewer's report

Title: Why is exclusive breastfeeding easy to preach but difficult to practice in Kwale, Kenya? : Perception on health and nutritional problems and feeding practices of children

Version: 2 Date: 9 November 2012

Reviewer: Xiaodong Cai

Reviewer's report:

General comments

The current study qualitatively investigated potential causes of failure to feed infants under six months exclusively with breast milk in Kwale, Kenya. Introduction was clear. Methods were proper and the findings were supported by data. The study provided critical insight into the knowledge, attitude and behavior around the issue of breastfeeding and could be used in designing intervention programs and up-scaled to a larger geographic area if applicable.

The version I received from the editorial office doesn’t have line number or page number in the print out so I will try my best to be specific in identifying where the issues apply.

Major Compulsory Revisions

1. It seemed that this study was an integral part of a larger “Child Cohort Study in HDSS” and quoted findings in the larger study, such as undernutrition prevalence and prevalence of a number of communicable diseases such as malaria, parasite infection and HIV. Were the methodology and results of these prevalence estimates published elsewhere? I understand that they are not the aim of this study and it is ok NOT to describe the methods for assessing the prevalence (e.g. sampling, measurement and calculation, etc.) but proper reference need to be given so as to validate the quoted figures. If not published yet, the authors still need to mention that these are unpublished results so readers can take the face value of the estimates with discretion.

2. Another related issue in methodology is subject selection. How were the 30 informants for free-listing and ranking and 28 households for direct observation selected? Were they merely convenience samples or systematically selected random samples? Since there was no parametric estimates out of the analysis, sample selection method actually didn’t matter but still provide relevant information for result interpretation and generalization. One descriptive sentence in the Methods section would suffice, probably in the Design sub-section.

3. A minor but general issue throughout the manuscript is written English. The manuscript could benefit from some editorial assistance in grammar and citation formatting. I will specify in the next part of the review below, where applicable.
4. 1st and 2nd sentences in Background
There has been a more recent updated to reference [1] quoted here, which stated that 53% of all child deaths can be attributed to undernutrition. In the 2008 Lancet Child Survival series, this figure has been revised to “up to one third” of all child deaths attributable to undernutrition.

5. 2nd sentence in 2nd paragraph of Background
Reference [14] and [15] are not the PRIMARY source for the estimates of stunting and underweight prevalence. Those came from the Demographic and Health Survey (DHS) 2006. In addition, there has been a “new” DHS in Kenya (2008 – 2009) with updated estimates. Please use those instead. The same comment also applies to the next sentence where exclusive breastfeeding rate was quoted. It might also be useful to contrast exclusive breastfeeding in Kenya against regional and global trends, to provide some contextual background.

6. 1st sentence in 2nd paragraph in Discussion
“The ethnomedical explanatory model suggests that rather than a lack of knowledge in caregivers about the value of exclusive breastfeeding, it is the mothers’ perception of insufficient breast-milk and babies’ ill health that results in the use of food and drink other than breast milk.” The current study didn’t show that caregivers were aware of the value of exclusive breastfeeding. Did mothers really know about the benefits of breast milk in increasing immunity against infectious diseases? Lack of knowledge actually cannot be ruled out here. Indeed the value of the current study doesn’t rely on ruling out the lack-of-knowledge factor. Suggest revise the statement as follows:
“The ethnomedical explanatory model suggests that mothers’ perception of insufficient breast milk and the babies’ ill health resulted in the use of food and drink other than breast milk.”

Minor Essential Revisions
1. 6th line in Design sub-section
The footnote here about vital events and data collection is unnecessary. The manuscript reads better without it.

2. 6th line in the 2nd paragraph in Design
“there was 30 informants in each …” Replace “was” with “were”.

3. 10th line same paragraph
The footnote here about direct observation is unnecessary. I found it confusing. The manuscript reads better without it.

4. Entire 1st paragraph in Results
Prevalence estimates from household surveys should not be listed with more than one decimal point. Please round up. In addition, as mentioned in the “General comments”, methodology of these estimates was not given in this
manuscript and was probably published elsewhere. Please give proper citation (if published or separately described elsewhere).

5. Last paragraph in the 1st “Local etiology for feeding baby other than breast milk”

The quoted example here doesn’t support the etiology of “insufficient breast milk” (as the first quoted example does). It should be removed together with the two sentences preceding the quote.

6. In the middle of the 1st paragraph in the 2nd “Local etiology for feeding baby other than breast milk” (this paragraph spans two pages and the issue is on the 2nd page)

The phrase “a baby that was not used to breast-milk, worms in the stomach, or evil eye, including dzongo” is an orphan phrase that doesn’t connect with or complete any sentence. Please revise or remove.

7. 3rd sentence in Discussion

References [20] through [24] were given, after which there is “([9] [10]”. These two additional references don’t seem relevant here. Was this a typo?

8. 1st sentence in the last paragraph in Discussion

“The prevailing taboo in sub-Saharan Africa …” Is there a reference to this statement?

Discretionary Revisions

Another thought on “Discussion”

I understand that Kwale was selected for its higher-than-average child mortality and endemic diseases such as malaria, schistosomiasis, filariasis, HIV and TB. I wonder if the identified factors that contributed to lack of exclusive breastfeeding would apply to other regions in Kenya. If so, a couple of sentences in Discussion would raise the significance (and policy implications) of the current to a higher level.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.