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:** 14 November 2012

**Reviewer:** Susana Matias

**Reviewer's report:**

This is an interesting manuscript that describes the application of qualitative methods to provide answers for the low rates of exclusive breastfeeding observed in Kenya. This is an important research question, given the potential of exclusive breastfeeding to reduce infant mortality, particularly in developing countries.

Below are some specific suggestions that could help to improve the manuscript.

**Major Compulsory Revisions:**

1. As part of the ‘Design’ section, the authors need to describe the data collection techniques in more detail. For example, an explanation of the procedures or instructions given for the free-listing and ranking exercises needs to be included.

2. Also, make sure that any description of the data collection methods is described in the ‘Design’ section; currently some of these descriptions are given under ‘Data analysis’, for example the anthropometric measurements and lab tests are briefly described in that section, and the goal of the free-listing exercise is also stated under ‘Data analysis’.

3. Under ‘Design’: It would be very informative to describe in more detail (maybe with examples) how the triangulation of data was done.

4. Under ‘Results’: A description of the sample is needed. The reader needs to know who these people were to have a better idea to whom these findings could be applied to. Even though this qualitative study included a small sample, the reader needs to know the sample, as any study is conducted with the expectation of using its results to benefit a larger population.

5. The prevalences listed under ‘Overall nutritional status of the children in Kwale’ in the ‘Results’ section do not match the information in Table 1 (including its footnote). Please verify and correct any calculations.

6. Inclusion of more vignettes from the participants would inform the reader about how the authors analyzed and interpret these qualitative data.

7. Under ‘Discussion’: The ethnomedical explanatory model provides an interesting interpretation of the results. However, unless the knowledge of the
value of exclusive breastfeeding was also explored, the statement connecting both should be reworded. Based on the results presented there is no support for such interpretation. If knowledge of the value of exclusive breastfeeding was explored please include the procedures used and the findings.

8. No limitations of the study have been listed under ‘Conclusions’.

Minor Essential Revisions:

1. In the Abstract, under ‘Methods’ it is not clear to whom the n=32 refers to. Please revise the wording.

2. In the last sentence in the ‘Background’ section, consider revising the verb used (“ensure”).

3. Spell out the acronym HDSS the first time it is used (in section ‘Ethical approval’), and use the acronym from there on.

4. Under ‘Design’, correct the subscripts used (the ones in the text do not match those at the end of the manuscript).

5. Correct the acronym in the ‘Acknowledgement’ sentence.

Discretionary Revisions:

1. Consider describing under ‘Results’ the information linking child’s age and kinds of food and drink given (table 6). Basically, from the ages and numbers who were exclusive breastfeeding vs. no an expected trend is observed.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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.