Reviewer’s report

Title: Perception of caregivers about health and nutritional problems and feeding practices of infants: a qualitative study on exclusive breast-feeding in Kwale, Kenya

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Reviewer: Laura C Altobelli

Reviewer’s report:

In this second version of the paper, much improved in style and form, there is still insufficient discussion of more recent scientific literature on exclusive breastfeeding in relation to the basic design of this research as well as to the findings presented. In this new version, some literature is now cited but is from the early 1980’s and 1990’s and relies heavily on anthropological literature which does not take into consideration the new science of breastfeeding as a biological process based on demand and supply indeed with a heavy overlay of cultural beliefs and perceptions that impact on the demand. A reliance on the perceptions and values of mothers in a framework of purely cultural determinants can lead to a study that can potentially be off-mark in the basic design of the research, the research question and the types of qualitative data that is collected. For example, none of the study subjects had children less than 3 months of age. Most problems with exclusive breastfeeding initiate in the first days, weeks and months when the mother begins to introduce other liquids due purely to cultural habit, and that leads to decreased milk production and the start of breastfeeding failure. We don’t know when or even why the mothers in this study started introducing non-breastmilk liquids because the questions were not asked.

The scientific community now knows that the "insufficient milk " is a biological reaction to decreased suckling at the breast, and that increased suckling can produce more breastmilk. It is mother’s perception that the baby is not getting enough to eat that leads her to attribute the problem to a host of other causes. This is a circular problem that could begin with introduction of liquids leading to less suckling leading to decreased milk production leading to introduction of remedies leading to even less suckling at the breast and even less milk production. Or it could begin with infant illness leading to introduction of remedies (liquids and other foods) leading to less suckling at the breast and therefore decreased milk production and so on.

The authors do not discuss the known need to focus on preventing insufficient milk production by proper teaching of mothers on the art of breastfeeding, i.e. correct breastfeeding technique (frequency, position of baby’s mouth over the breast, position of mother and position of baby in mother’s arms while breastfeeding) for prevention of basic problems with nipple pain and decreased suckling, and a plethora of known factors that work against breast milk production, only some of which are considered in the questions asked by the
researchers in this study.

The study conclusions in the abstract state that the solution for exclusive breastfeeding is to counsel mothers “relative to their concerns about the health and nutritional problems of children”, without mentioning the need to focus on primary prevention of breastfeeding failure.

This study is a contribution to anthropological literature on some aspects of what mothers believe in relation to young child feeding and illness, as suggested by the first half of the title of this article. Unfortunately the interview questions were not sufficiently grounded in current scientific knowledge on exclusive breastfeeding to be able to call this “a qualitative study of exclusive breastfeeding” that could provide suggestions for the design of effective health interventions to improve its practice that would make it eligible for publishing in a medical journal.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

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.