Author's response to reviews

Title: Risk factors of diarrheal disease in under-five children among health extension model and non-model families in Sheko district rural community, Southwest Ethiopia

Authors:

   Teklemichael Gebru (teklemichaelgebru@gmail.com)
   Mohammed Taha (tahamohammed2009@gmail.com)
   Wondwosen Kassahun (wondkyt@yahoo.com)

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Author's response to reviews: see over
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Title: Risk factors of diarrheal disease in under-five children among health extension model and non-model families in Sheko district rural community, Southwest Ethiopia: Comparative cross-sectional study

Authors:
Teklemichael Gebru (teklemichaelgebru@gmail.com)
Mohammed Taha (tahamohammed2009@gmail.com)
Wondwosen Kassahun (wondkyt@yahoo.com)

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We were pleased to have an opportunity to revise our paper and we have greatly appreciated the reviewers’ comments and suggestions were very helpful overall. In revising the paper, we have carefully considered reviewers’ comments and suggestions on our revised submission. As instructed, we have attempted to succinctly explain changes made in reaction to all comments and we hope you agree. After providing a brief overview of ways in which the paper was revised, we reply to each comment in point-by-point fashion as follows:

Referee #1
Major Compulsory Revisions

Comment 1: “I haven’t seen any paragraph that states the prevalence of diarrhea, in the result section please state the prevalence and discuss this prevalence according to the study area relating it with the cultural and social aspects of the study area comparing it with different literatures.”
Response 1: As suggested, the prevalence of diarrhea is stated in the revised version of the paper; however there was no documented previous study on this area and it is difficult to compare with different literature.

Comment 2: “Support your arguments with different literatures. In most of the cases the authors tried to discuss their results comparing with different studies, that is a good effort. However, their assumptions are not well discussed by supporting it with different literatures. For example, in paragraph 2 (the discussion part) the authors tried to discuss why children from those parents who earn a better income is less likely to develop diarrhea, they attached it with a better use of soap, latrine construction, hand washing facilities ….. The question is why these families use these materials better than others? Is that because they have a better income or a better understanding of the materials……. Just try to discuss it deeply by taking other factors in to consideration. Use literatures that are important to the topic which can strengthen your argument. In paragraph 3 it is stated that the contribution of climate zone, availability of latrine,………… are not associated with diarrhea and contrasted with other studies, in their discussion it is again stated that “This might be due their contribution to the occurrence of childhood diarrhoea was small in comparison to other variables”. Why the contribution might be small compared with other variables? This has to be addressed and discussed deeply.”
Response 2: As suggested, discussion part is updated.
Comment 3: “The important finding where “children from non-model families were more likely to develop diarrhea than model families” is not discussed satisfactorily; here the authors can raise many things in relation with model and non-model families. The importance of health promotion and education to prevention of diarrhea... Since the objective of the article is directly related to risk factors between model and non-model families, the discussion has to be elaborated more about model and non-model families. Generally, the discussion which is very important part of an article lacks depth. Hope this paper can be improved if it is formulated as per the comment given.”
Response 3: As suggested, the discussion part is updated in the revised version of the paper.

Minor Essential Revisions
Comment 1: “The figures in Table 2 about “water treatment at home” and the description presented on page 7 are not the same. Please check it”
Response 1: As suggested, corrected.

Referee #2
Major compulsory revisions
Comment 1: “The variable Hand washing at critical time was dichotomized into “all practiced” and “partially practiced” but nothing said about how it was measured. Better if the authors put operational definition for it.”
Response 1: it was defined as, Hand washing at critical time: when a mother/caregiver practiced simple hand washing before food preparation and child feeding, and after latrine visiting and cleaning child bottom.

Comment 2: “Abstract conclusion: better if the conclusion is concluded using the significant variables from logistic regression output (maternal education, income, personal hygiene…..).”
Response 2: corrected as suggested in the revised version of the paper.

Comment 3: “In table 4: the homogeneity test among Model and Non-model families using Chi-square test, I did not see the importance of this test. The authors used logistic regression to see the difference among the many variables in relation to diarrheal disease and household model status (model, non-model) was one of the variables in the model to predict diarrhea disease. Please also exclude the interpretations from the Chi-square test in the results section of the manuscript.”
Response 3: As suggested, the Chi-square test is excluded from the revised version of the paper.

Comment 4: “Methods section: addition of design effect with stratified sampling technique is not logical and it is not supported by evidence. The response from the authors is not convincing, please revise it again.”
Response 4: we agree, but in our previous response we try to show after stratification we did two sampling units (PSU and SSU) accordingly our sampling technique is rephrased as “stratified multistage simple random sampling technique” in addition our sampling unit was household in this case variation becomes more and more.
Comment 5: “Language editing: there are lots of grammar and language issues and unless corrected not suitable for publication.”
Response 5: The paper is checked again to improve its language and grammar.

Comment 6: “The discussion section didn’t address the limitations of the study. Please put the limitation of this study at the end of the discussion section.”
Response 6: the limitation of the study is stated as; “The validity of the study may be limited by a cross-sectional rather than longitudinal design of the study and information contamination. Nonetheless, this is the first study in the area and we believe, it raises awareness in Ethiopia that will add valuable information to the existing healthcare service” in the revised version of the paper.

Thank you, we hope you agree!