Author's response to reviews

Title: Rural residence and Limited Caretakers' Knowledge of Integrated Management of Childhood Illnesses associated with poor Children's Nutritional Status: A Community-Based Cross-Sectional Survey Northern Uganda

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Author's response to reviews: see over
December 29th, 2013

Victorino Silvestre
Journal Editorial Office
BioMed Central

Dear Sir,

Re: Response to Reviewer’s Comments: Manuscript No: MS: 3200679471026039
Thank you for the communication dated November 29th, 2013 concerning reviewers’ comments. We would like to thank the reviewers for the excellent comments that have enabled us improve the manuscript. Please find below a point-by-point response to the comments

Reviewers’ Comments:

Dr Pascal Besong

1. Feeding practices and recent illnesses not accounted for: These have been addressed in our discussion section, Paragraph 3 and paragraph 6 as limitations.

2. Literature showing Knowledge and Practice of C-IMCI in Gulu: Unfortunately no study has been done in Gulu, or Uganda or East Africa to the best of our knowledge. Studies have been done about knowledge of other pillars of IMCI e.g health worker management of common illnesses, which are very different from the pillar we studied (C-IMCI)

3. Is it possible that observed poor knowledge could be due to the armed conflict? This is a possibility, however C-IMCI was introduced in this area after the war (early 2000’s) and when people were beginning to relocate.

4. Put in limitations that you took anthropometric measures once: This has been addressed in our discussion section paragraph 6 as a limitation.

5. Rephrase Title: We have done so and it now reads as: Knowledge of Community and Family practices of Integrated Management of Childhood Illnesses and Association with Nutritional
Status in Under-five Year-old Children in Northern Uganda: A Community-Based Cross-Sectional Survey.

6. Do English corrections: *We agree with the reviewer and have addressed these throughout the manuscript.*

7. Correct References: *We agree with the reviewer and have done so.*

**Dr. Inguun Engebretsen**

1. Rectify the Plan of Analysis: *We have rewritten this section adding more elaborations. It’s the 7th subsection under the methodology section.*

2. Why didn’t you present the four pillars of IMCI from this population: *Our study was focused on only one pillar which is the C-IMCI. Including the other pillars (Improving case-management skills of health workers, improving health systems support) would have required a different design and resources the authors did not have.*

3. Multivariate Regression explanation and scientific argument: *We have tried to elaborate the multivariate analysis. We emulated what our colleagues did in a similar study which was done in Pakistan. This is the 7th subsection under the methodology section." Factors that had a p value <0.2 and those known from literature review to be associated with nutritional status were included in multivariate analysis “*

4. Literature review In Background needs revision: *We adjusted the literature review as advised focusing our argument more on the Ugandan context. This is under the introduction section.*

5. Methodology section: *This has been rewritten with more elaboration. We added more subsections for clarity like Sampling, anthropometric measurements, Variable definition which are subsection 3, 5, 6 respectively under the methodology section.*

6. Title: *We have rewritten it according to recommendation :”Knowledge of Community and Family practices of Integrated Management of Childhood Illnesses and Association with Nutritional Status in Under-five Year-old Children in Northern Uganda: A Community-Based Cross-Sectional Survey”.*

7. English editing: *We totally agree and have done so as advised.*
8. Include what you will study and where you will study in the background of the Abstract: *We have done so. This can be found in the 7th-9th line of the background.” This study was therefore done to determine the prevalence of stunting and wasting, and its relationship to the caretakers’ knowledge and practices of C-IMCI in Gulu district in Northern Uganda an area recovering from civil strife*.

9. Limit Argument to national scale in the Abstract: *We have done so and deleted the clause referring to East Africa.*

10. Give growth reference system not only cut-offs in the abstract methodology: *We have done so: “respectively according to standard WHO and NCHS protocol”*

11. Include age range of the children: *We have done so in the second line of the methodology section of the abstract: ” pairs with children between 6-60 months”*

12. Define what type of knowledge and practices you are analyzing and how you got the information? *We have done elaborately in the 6th sub-section of methodology (definition of study variables) elaborated this.*

14. Sort out Odds ratio Mishap; this was a huge error we have corrected. *We had interchanged the variables (having and not having knowledge) these corrections have been clearly incorporated starting from the abstract result section to the tables.*

15. 95%C.I is too large for some variables? *We agree with the reviewer concerning this, as he mentioned it could have been due to the way our knowledge variable was assessed.*

16. Drop the p.values? *We have done so.*

17. The second reference is too old: *We removed it and tried to limit the argument to Uganda.*

18. End Introduction with a clear aim: *We have put this in last paragraph of the introduction section.” This study was therefore done to determine the level of knowledge and practices of the C-IMCI and their relationship to the nutritional status of children between 6-60 months in Gulu district, northern Uganda”.

20. Include Publications from the site we are doing the study, background from actual site, literature review starting why it’s important to study anthropometry in this particular area: *Unfortunately C-IMCI has not been well studied in sub-Saharan Africa. We did not find similar research done in this particular area. We however included what is known about the area e.g information from the Uganda Demographic Health Survey.*
21. Why Study Northern Uganda: We studied this region because it was one of the first areas the C-IMCI was introduced and also the fact that it is the poorest region in the country hence the need for the effective yet less costly interventions like the C-IMCI. This has been elaborated in the manuscript starting from the last paragraph of the introduction.

22. Education level in Northern Uganda: This has been put in the discussion section of the manuscript, second paragraph.

23. When was the study done: This has been included under the results section first line (August 2012).

24. Design information lacks references e.g. Kish-Leslie: references have been included i.e reference 17 and 20.

25. Why did the authors mash knowledge in a ¾ way and not look at each of the four scales separately: Actually this is what was done. The ¾ is the overall knowledge of the C-IMCI which deemed adequate if the caretaker had adequate knowledge of 3 of the 4 components that were being studied. This has been well explained in the methodology section under variable definition.

26. Description of co-variates and analysis: The Methodology section has been rewritten to elaborate this; a new section variable definition has been created. The analysis section was also rewritten with clearer description as stated earlier.

27. Describe the sampling methods: We have written a new subsection under methodology describing the sampling technique: subsection 3.

28. Nutritional status result presentation: This was a very big error we missed. It has been corrected. 8.1% (95% CI: 5.56-10.64) for wasting and 21% (95% CI: 17.2-24.8) for stunting as elaborated in the text.

29. Avoid interpretation in the results section: This has been corrected.

30. Correct the association paragraph: This has been corrected as earlier stated.

31. Redesign the discussion: The discussion has been rewritten as advised with much better flow.

32. Include the people who did the data collection in the contribution list: This was an omission that has been corrected under the contributors section.

We hope you will find our responses adequate.
Yours faithfully,

Mukunya David.