Reviewer’s report

**Title:** Feeding Practices, Dietary Intakes and Anthropometric Status of Lactating Women in Samre Woreda, South Eastern Zone of Tigray, Ethiopia

**Version:** 2 **Date:** 19 July 2012

**Reviewer:** Susan Whiting

**Reviewer’s report:**

**Major Compulsory Revisions**

1. The authors present data on dietary intakes and body composition of the women. While interesting, there’s not a lot to be said. Unfortunately they indicate that intakes were obtained during a time of fasting (refraining from meat) and so data may not reflect usual intakes.

2. The authors conclude (more strongly so in the Abstract) that nutrition education is needed, i.e., “Therefore, sustained health and nutrition education is recommended to the women regarding increased food intake, proper dietary practices and dietary diversification during their lactation time in order to improve their” however, there are many components to why intakes do not meet dietary goals. The authors have no proof that knowledge was lacking. There seems to be a clue in terms of antenatal care (ANC). It was more often used in higher income homes- so shouldn’t there be a recommendation to improve ANC services? (It is not stated whether these cost the recipient). Also, the education recommendation is directed only at the women, but the problem is for the family, and it is alluded to that most of these Ethiopian homes are “male-headed households”; this use of language (and the patriarchal nature of Ethiopia) implies a degree of control by the husband, such as money spent on food, and food for whom. What education efforts can be directed in their direction?

3. The value for iron intake needs to be corroborated as it is unusually high. I found that it is similar to a study in Tigray reported as 110 +/- 120 mg for children by Adish AA, Esrey SA, Gyorkos TW, Johns T: Risk factors for iron deficiency anemia in preschool children in northern Ethiopia. Public Health Nutr 1999 2:243-52. This is the paper that should have been cited, not reference 22.

4. The authors confuse the difference between absolute chemical intake of a nutrient and bioavailability – whether foods contain enhancing factors makes no difference to iron intake that one gets using tables of food composition. If there were clinical (biochemical) assessments of iron or zinc status, then bioavailability would be an important determinant of whether the nutrient intake was poorly absorbed or utilized. In Table 4, for instance, the footnote “Low bioavailability of calcium and zinc was assumed” does not mean anything.

**Minor Essential Revisions**
1. Authors need to define abbreviations when first used, ANC in Abstract. ENA is never defined.

2. The references cited in the Introduction are for the most part general and not specific to the topic. In references 1 to 8, numbers 2, 3 and 4 are very general and quite old (> 10 years), 5-7 are good, and 8 is not something a journal article should cite.

3. “Operational definitions” do not appear to be needed. These can be incorporated into text.

4. In the results, the authors repeat data that is in the tables. There is no need to put all the numbers in the text, just the highlights.

5. Table 1 - Is marital status needed? How can 369 be married yet only 353 have male-headed household?

6. Table 2 – the question regarding “Practiced Exclusive Breast Feeding” needs clarification. This has to be in the context of the child’s age. If the baby is over 6 months, one expects to give complementary foods.

7. Websites should be provided for references 9-16, when possible, as a reader cannot find these easily.

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

**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