Author’s response to reviews

Title: Analysis of low birth weight and its co-variants in Bangladesh based on a sub-sample from nationally representative survey

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Author’s response to reviews:

Editor’s comments and suggestions:

Abstract:

Last sentence of the conclusion should be revised as this discusses a result not specified in the result section:

“there has been a notable fall in LBW prevalence in Bangladesh since the last comparable survey, and an elimination of rural/urban disparities” should be moved up to the result section.

Response: Thanks for your comments. We have revised the abstract as per suggestions (Pages 2-3, Line: 40-42, 46-50).

Minor comments/errors that should be corrected in the manuscript:

Introduction (line 55):

Low birth weight (LBW) remains a leading public health problem especially in developing countries, but in both the developed and developing world LBW remains associated with cardiometabolic [1,2] psychiatric disorders [3], and mortality both in infancy [4] and adulthood
Response: We have addressed this in Page 3, Line: 55.

Introduction (line 86):
By contrast, in most developing countries, early pregnancy resulting from early marriage is frequently identified as significant causal factor in birth of infants with LBW

Response: We have addressed this in Page 4, Line: 85.

Methods (line 130):
Levels of household wealth should be described as low, middle, high rather than poor, middle and rich.

Response: We have addressed this in Page 6, Line: 129. For this we also revised the interpretation page 8, line 176-178 and page 9, line 198-199 and page 213, line 300-301 and Table 1 and Table 2.

Discussion line 211:
Our findings based on sub-sample reveal that about 20% of the children are born as low birth weight babies, which is consistent with the reported prevalence of low birth weight (22%) in Bangladesh. However, this represents a significant decline in the rate of LBW since the last comparable study.

Response: We have addressed this in Page 9, Line: 210-211.
Discussion line 212:

Our sub-sample based estimate of prevalence may not be an accurate estimate of the population prevalence due to the large amount of missing information and this is not the prime focus of this study. Instead, this study identifies key variables associated with LBW…

Response: We have addressed this in Page 9, Line: 212-215.

Discussion line 267: The added section is confusing. This study reports results from the MICS 2012-2013- so what do the authors mean “have also been eliminated in…”? Suggestions for revision below but should be confirmed if this is the author’s intended meaning:

Our figures based on sub-sample suggest that both figures have now dropped to around 20%, perhaps indicating that rural-urban disparities in LBW prevalence have been improved in the Bangladesh MICS 2012-13. Although given that the frequency of children being weighed at birth vary significantly between urban and rural areas, and that our study is limited by potential selection bias, conclusions about rural-urban disparities cannot be made based on these data.

Response: We have addressed this in Page 11-12, Line: 266-272.

Conclusion- the revised conclusion is too long and introduces many new concepts and speculations. These should be moved into the Discussion section and the conclusions should be revised to be succinct and summarize the take home points of the manuscript.

Response: Thanks for your valuable comments. As per suggestions we have revised conclusion section in page 14.