Author’s response to reviews

Title: Factors associated with infants' and young children's (6-23 months) dietary diversity in Pakistan: Evidence from the Demographic and Health Survey 2012-13

Authors:

Sarosh Iqbal (sarosh.iqbal@gmail.com)
Rubeena Zakar (rubeena499@hotmail.com)
Muhammad Zakar (mzzakir@yahoo.com)
Florian Fischer (f.fischer@uni-bielefeld.de)

Version: 3 Date: 12 Oct 2017

Author’s response to reviews:

Editor’s comment # 1:

As indicated previously, the manuscript needs to be checked throughout for correct use of English. Review and correction before resubmission by a native English speaker will ensure appropriate use of language and achieve necessary clarification. Particular attention is needed to amend the Abstract – so that it can be understood without reference to the paper.

Unfortunately the addition of over-nutrition as an example of malnutrition (line 36) changes the sense of the text that follows, as it implies that both over- and under-nutrition are equal issues in developing countries and in Pakistan. The original text suggested that undernutrition itself was a principal public health challenge in the age range 6-18 months. Please check this.

Authors’ reply:

Thanks for the suggestions. The manuscript has been reviewed by a native English speaker for language correction and clarity. Moreover, authors have also revised the abstract as advised.

As indicated by the editor, we have also revised the text in line # 36-37 as follows:

“Hence, inappropriate feeding practices may cause malnutrition, leading to stunting, wasting and underweight amongst infants and young children”.

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Editor’s comment # 2:
I’m afraid that the results are still not clear. For example for the breastfeeding finding something such as: ‘in a multivariate model that included child’s age, still breastfeeding was inversely related to dietary diversity’. Please clarify whether adjusted or unadjusted associations are being reported.

Authors’ reply:

Regarding results, the status of ‘still breastfeeding’ has significant, but negative association with child’ dietary diversity score in all of three models (A, B & C), and mentioned likewise in the results. Moreover, the unadjusted association between DDS and various factors has been reported in this research.

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Editor’s comment # 3:

Unfortunately, as a result of the amendment, the sentence that follows ‘merely breastfeeding in this time is not enough to meet the child’s nutritional requirements’ is incorrect (line 34). This needs to be changed.

Authors’ reply:

Authors revised the text in line # 35 as follows:

“Therefore, quality diet with adequate nutrient intake is fundamental along with breastfeeding, starting from the first 6 months after birth, to meet the nutritional requirements of young children”

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Editor’s comment # 4:

The point raised was to define the % of eligible children (i.e. last born child aged 6-23 months) who were recruited to the study. From this explanation it sounds as though all (ie 100%) of eligible children were studied?

Authors’ reply:

Yes, this research included all the last born youngest child between 6-23 months, yielding the sample size of 1,102 children. Kindly see line # 98 as given below:

“The standard women’s questionnaire was administered to the ever-married women of reproductive age (15–49 years). Of the eligible women, a total of 13,558 ever-married women were successfully surveyed through face-to-face interviews, giving the response rate of 93 percent. The component of child’s health was part of woman’s questionnaire, which was asked only to the women who had at least one child during the last five years preceding the survey,
giving the number of 7,461 women [28]. Out of these, the research selected the mothers having last born child between 6-23 months of age. Hence, this analysis was limited to the youngest infant and child aged 6–23 months, yielding a sample size of 1,102 children.”

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Editor’s comment # 5:

At first review, the reviewer asked: ‘(lines 85-89), please make clearer how the dietary data were collected. Were women asked whether children had consumed each of the food groups in the past 24 hours using the 15 food groups as a checklist, or were women asked to recall all of the foods consumed by the child in the past 24 hours? Who conducted the interviews? Were all of the data collected by interview?’ This information needs to be added.

Authors’ reply:

Authors have revised as suggested. The dietary diversity data was collected through recall method. NIPS field teams collected the data through face to face interviews of the mothers. The same has been revised as follows:

“During interview, the mothers recalled multiple food items, consumed by their child in last 24 hours, preceding the survey. NIPS field teams (interviewers) noted the responses against the food items available in the PDHS dataset, which were later grouped into 7-food groups as recommended by WHO. The food items mentioned other than the listed ones were recorded as ‘other foods’. Once the mother finished recalling the food items given to the child, the interviewers read out those food items from the questionnaire, which were not mentioned earlier by the mothers to facilitate their recalling”.

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Editor’s comment # 6:

It needs to be clear to the reader how the categorization is done; line 114 states that ‘all food items’ were categorized into the 7 groups. Were there other foods consumed that did not fit into these groups?

Authors’ reply:

Authors have explained this in line # 126, as follows:

“However, in case of any of the food item consumed by the child did not fit into the above food groups as recommended by WHO, was labelled into ‘other foods’.”

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Editor’s comment # 7:
Unfortunately Table 1 still requires clarification. The numbers of children in each age group need to be added to the table so that the reader can understand the % figures given. The % figures appear to show the distribution of consumption across age groups. For example, 829 children ate staple foods – with 29.1% of these children in the youngest age group, 45% in the middle age group and 25.9% in the oldest age group. However, as the groups differ in size, these figures partly represent the distribution of children across the groups. Taking the numbers of children consuming staple foods, and the numbers of children in each of the 3 age groups from Table 3, the % values would be 269 of 400 (67.3%) aged 6-11 months, 333 of 407 (81.8%) aged 12-17 months, 227 of 295 (76.9%) aged 18-23 months. These figures are quite different from those presented in the table and change the meaning of the findings. Please comment.

Authors’ reply:

Authors have revised the Table 1 as advised by the worthy Editor.

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Editor’s comment # 8:

Please review in light of comments on Table 1 above.

Authors’ reply:

Authors find this explanation appropriate as per revised Table 1.

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Editor’s comment # 9:

The Abstract requires further amendment to make the findings clearer (please see above) – and consistency is needed in the models reported. To include findings for age, breastfeeding, education and services, these all need to be from the multivariate model (model C)

Authors’ reply:

Authors have revised the findings in abstract and also the results section based upon the multivariate analysis of Model C.