Reviewer’s report

Title: Food taboo among pregnant Ethiopian women: magnitude, drivers, and association with anemia

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Reviewer: Sara Wuehler

Reviewer’s report:

Manuscript presents a nice first step to identifying whether food taboos specific to pregnancy could be a factor in whether these pregnant women have anemia. In general, the approach is well done, just requires some clarifications and simpler text in some places.

Overall, the authors should add more on the actual taboo foods, and which actually have potentially biologically plausible links to anemia. If all taboos are include, you risk using food taboos as an actual confounder of a lot of other practices that might be the cause of anemia, other than the taboos. For example, are the taboos actually among those who also have other adverse practices in general, or are they a marker of poorer or less educated women rather than an additional contributor. Some is included here in the adjusted OR, but please spend a bit more time discussing and explaining this.

You also did not discuss whether you collected list of foods that replaced those foods that are avoided… e.g. do women replace raw meat with cooked meat?

The grammar is generally very good, but a few mistaken items such as "voidance" (abstract and later) and "green paper" (P9), and sentences that just don't quite say what they should

Methods:

P5 L52-54: what is the cutoff used for anemia in these women? Stated later, but please pull forward to here where you talk about the study groups and their characteristics.

P 6 L10: okay to use case and control, but its use in all following is sometimes confusing, particularly in things like tables that should be stand-alone. Perhaps use 'anemia' 'no-anemia' in more of the case-control discussions.

P6 L37-57: this section talks about ANC, but does not specify who collected the blood for Hb analyses; were these data from the hospitals, or did the survey team collect a separate sample and measure?

P6 L45-47: who uses the samples to check the clients' medical condition? The survey team or the ANC team?
you say you did not include 'unsafe' foods, yet you included raw meat in the list of taboo foods. Raw meat is more "unsafe" than cooked meat, even if it is commonly consumed in Ethiopia.

Did you ask women what they ate in place of the taboo foods? For example did they eat less meat because they avoided raw meat, or similar amounts of meat, but only cooked meat?

why were no ‘non-poor’? please give some explanation of how these were calculated/ divided

what is the reason/ justification for selecting p<0.25?

cases were more educated… you seem to be mixing which group is 'more educated', Table 2 seems to show that the controls (non-anemic) were more educated than cases (anemic)…

could be rewritten more simply… something like the following, as appropriate: In the second trimester there were more controls (38.3%) than cases (10.7%) (p-value?)…

what was the purpose in including these data? Most are fairly common findings, and in the case of L56-58: the hematocrit is expected to fall during the third trimester due to hemodilution, this is not a finding worth noting. The rest must have a value to the paper to be included, …" Please explain in the methods and discussion: what is the value to this paper? Are these to demonstrate similarities to other populations? Are they identifying something else of interest? Don't just add because you ran the calculations.

beef and lamb (rather than lamp)

this is a complicated sentence and hard to figure out what you are trying to describe; please simplify

it is not appropriate to "presume" that a diet is poor just because there are taboos, particularly the ones you listed. It would be good to avoid raw meat during pregnancy if that meat could potentially be unsafe or if that meat is replaced with cooked meat.

what "propositions"? do you mean these "findings"?

which dark leafy vegetables? With bioavailability problems, it's hard to call these good iron sources… also when using comparative adjectives or adverbs, you always need to include the other side of the comparison "meat, legumes,… are of BETTER iron profile… THAN what… other foods consumed? … than other taboo foods,… ?

please rewrite, to a more direct sentence; Are you trying to say that the proportion of anemia that is IDA is actually closer to one-quarter than to one-half?
P14 L32: the national food consumption survey report would be a more appropriate reference, covering all of Ethiopia

P14 L39: you only have a few items avoided that are iron rich, you cannot lump them all together, especially because

P14 L42: what is the "assumption"?

P13 L47-50: Could you please add some suggestion about how you envision ethically conducting a study that would assess causality? If you have none, please adjust your references to this here and later

P14 L52: less than what?

P14 L59: again, please simplify … for your double negative: "not non-existent" are you trying to say that there ARE dieticians in the system?

P15 L4: "less doable": can you find a simpler way to express this, and remove the "less" unless you have a comparison term "less doable than…" and 'less doable' by whom? By the health workers, by women who receive the counseling?...

P15 L19-21: based on what proof do you have that pregnant women are receptive to nutritional advice and to changing their diets? Their adherence to taboos is not listening to nutritional advice.

P15 L31: "exiting PRFT from the rank of neglected…" double negatives tend to be confusing, particularly when you are trying to push a point. Direct is much easier to get across your message "…draw PRFT into the ranks of PH problems that are being addressed…"

P15 L46-49: of course women who attend ANC are different than those who do not attend ANC. Please clarify what you mean. … the PRFTs of women who do not attend might be different…?

P15 L56-59: could you please clarify this by rewriting more simply?

P16 L17-22: requires clarification. As above, what ethical method are you proposing Instead, it seems you could delve more into other factors surrounding PRFT, or whether some PRFT have more impact than others, or what are the biologically plausible pathways, or what are the replacement foods, for example is raw meat just replaced by cooked meat? Note that raw meat could do harm so should be avoided during pregnancy… please address this

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