Author’s response to reviews

Title: Factors associated with minimal meal frequency and dietary diversity practices among infant and young children in the predominantly agrarian society of Bale zone, at southeast Ethiopia: A community based cross sectional study

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Title: Factors associated with minimal meal frequency and dietary diversity practice among infant and young children at Southeast Ethiopia: A community based cross sectional study

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With Regards!!

From: Haile Woldie (E- mail: yalewhaile28@gmail.com)

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Author's one by one response to reviews:

To: Archives of Public Health Editorial Team

Subject: Submitting a revised version of the manuscript:
Object: Manuscript ID = (AOPH-D-17-00005R1) Factors associated with minimal meal frequency and dietary diversity practice among infant and young children in the predominantly agrarian society of Bale zone, southeast Ethiopia: A community based cross sectional study

Point by Point Responses:

Once again, we authors want to thanks the reviewers for their constructive comments for further advancement of our manuscript. All the given comments were very important for our work. Dear editorials; authors point–by–point responses for each given comments on the second versions of our manuscript have provided one by one in the following pages.

Authors’ point by point response for the manuscript reviewers’

Reviewer–One (1)

Comments given by reviewer–One (1)

Answers given by the authors

☐ My comments have been addressed in the manuscript. Dear reviewer, We authors want to forward our unlimited appreciation for your motivational feedback for our responses on your previous important views.

Reviewer–Three (3)

Comments given by reviewer–Three (3) Answers given by the authors’

☐ Dear authors and Editor, please find below my responses while reading the manuscript.

1. Even if authors try to respond all the concerns about the paper, the corrections made are sometimes confusing. For example, about Ethiopia the author speaking about the MMF and DDS before explaining that malnutrition is a problem in Ethiopia. Authors’ claims that studies are sparse but 4 studies were cited in the previous paragraph. Justification about this novel study is
still not clear in the background: please provide evidences that the studied area is different that the area studied by others. Moreover, factors associated with MMF and DDS found by others may be briefly introduce in the background.

2. The manuscript need a language and hypo correction by a native English speaker.

3. IYCF is not defined in the background or in abstract before the first use of this acronym.

4. Even if authors suppress the mention about the importance of the 1st 1000 days, if this is an important fact, why the study was design with children between 6 to 23 months and not 6 to 36 months? I understand that this point is well investigated as pointed by authors in the response so I don’t understand how the selections of participant were done?

5. In the discussion, the authors argued that the minimum meal frequency is lower in this study than in national study because of the difference in SES: why the authors think that in this region the SES is lower than in a national sample?

6. If others have found that home gardening can be associated higher DDS, authors may try to found a similar association in the studied population. However, if results showed no explain lower DDS in their population because this hypothesis has been rejected by results. Because the data about Home gardening is available in the study, authors may be more clear in their conclusions. Why this point was not evaluated in the analysis, if this is an important point?

Dear reviewer; We authors want to forward our grateful thanks for your time devotion and constructive comments on our second versions of the manuscript. Dear reviewer; We authors tried to respond one by one all of your concerns in the following ways like;

1. Dear reviewer; According to your concerns given at the “Background Part” of our manuscript, we authors tried to consider one by one all your concerns in the following ways. Dear reviewer; the issue of childhood malnutrition in Ethiopia has clearly indicated accordingly. In addition, the
core rationales initiated (justification) to carry out the study in the study are have briefly indicated. Furthermore; the issue of possible risk factors for MMF and DDS also shown and included in this latest version of the manuscript like;…”The cause of inappropriate IYCF practices is multi-factorial and has diverse contributing factors (5). Previous studies that aimed at revealing the determinants of inappropriate IYCF practices among infants and young children reported that socio-economic and demographic characteristics [age and sex of the child, residence, mothers level of education and occupation, occupational and educational status fathers, household family size, household wealth index]; cultural and traditional beliefs related factors [traditions, cultural beliefs, maternal perception IYCF, taboos on IYCF]; co-morbidity and health care utilization characteristics of children and mothers’ [child illness in the past one week, child growth monitoring participation, antenatal (ANC) and mothers’ counseling on IYCF during PNC service visits] (23–32) were factors influencing IYCF practices. Thus, all these factors impacted minimum meal frequency and dietary diversity practices (33–34).

It has been well concluded that any interventions that occur after the first two years of a child’s life have no significant impact on the growth and development of children (35). Improving the quantity and quality of a child’s food in this critical windows period is among the most cost effective strategies to improve overall health and ensure nutritional wellbeing (36). There are strong evidences that appropriate meal frequency and dietary diversity practices lead to better health and growth outcomes among children (37–40). The role of evidence based health and nutrition information as predictors of minimum meal frequency and dietary diversity practices is significant in improving the levels of inadequate IYCF practices (41), and reducing childhood malnutrition (42). However, studies are scarce in the predominantly agrarian society of Bale zone, southeast Ethiopia. With this background in mind, the present study was carried out to identify the determinants of minimum meal frequency and dietary diversity practices among children aged 6–23 months in the zone. The findings the study meant to provide evidences to programme managers and policymakers to design and implement appropriate interventions to improve the levels of inadequate meal frequency and poor dietary diversity practices and reduce childhood malnutrition, morbidity and mortality in the predominantly agrarian society of Bale zone, southeast Ethiopia.”

2. Dear reviewer; As a result of your important recommendation, more work has done to improve the language problem of our manuscript accordingly.
3. Dear reviewer; We authors defined the abbreviation of IYCF in the “Abstract Section” of the manuscript.

4. Dear reviewer; Once again, we authors want to add our thanks for your 4th important comments. Dear reviewer; Even if we suppressed the information about the importance of the 1st 1000 days in the child’s development process; we authors’ tried to show something about your issue by supporting strong evidences, why and how the first 1000 days of infant and young child’s life are important windows period for growth and development. Such as, "The first 1000 days of child’s life mean is the time from the first day of pregnancy until 2 years of age, So-called ‘first, 1000 days’ (Save the children: Nutrition in the first 1,000 days. State of the world’s mothers’. 2012). This period is characterized by rapid rates of neuronal proliferation (cell members, growth and differentiation (complexity), myelination, and synaptogenesis (connectivity) process of the human brain (Alive and Thrive: Nutrition and Brain Development in Early life. Washington DC; 2012). The first 1000 days’ windows period in child’s life is unique opportunity for the foundation of optimal health, growth and neurodevelopment across the lifespan of children (Food and Nutrition Technical Assistance (FANTA)–2 project. Preventing malnutrition in children under 2 years of age approach). Academy for Educational Development: Washington Dc. 2009. Now’s a day, improper infant and young child feeding practices in the first two years of child’s age are well recognized important determinants of neonatal, infant and young child morbidity, mortality, and childhood malnutrition (Walker SP, Wachs TD, Gardner JM, Lozoff B, Wasserman GA, Pollitt E, Carter JA: International Child Development Steering Group. Child development: Risk factors for adverse outcomes in developing countries. Lancet: 2007; 369(9556): 145–57). As a result, improving nutrition in 1st two years of infant and young child’s age yields real payoffs both in many lives saving and building healthier, more stable and productive nation (Black, Robert E., Lindsay Allen, Zulfiqar Bhutta, Laura Caulfield, Mercedes de Onis, Majid Ezzati, Colin Mathers and Juan Rivera: Maternal and child undernutrition). Therefore, knowledge on predictors of inappropriate infant and young child feeding practices have a crucial role to design appropriate measures to save the lives of many infants and young children and childhood malnutrition reduction. Hence, our study was aimed to reveal factors negatively influencing minimum meal frequency and dietary diversity practices among infants and children. Due to the above strong evidences for the 1st 1000 days of child’s life, importance of evidence based information on predictors of IYCF practices and objectives of the our study, those infants and young children aged 6–23 months were source population for our study".
5. Dear reviewer; We authors’ have a response for your 6th issue in the following ways. Dear reviewer; the study area is one of the predominantly agrarian society living area of southeast Ethiopia. In addition, it also one of chronically food insecure regions in Ethiopia. As a result of this information, we authors’ indicated SES as a possible reason for difference of our finding with the previous one.

6. Dear reviewer; Based on your important issue for “having of household home garden and more likely of practicing dietary diversity for infants and young children”…..actually, there are many works showing for the presence of significant association between the above two variables. However, for the better status and understandability of the information, now we removed all the information on the two variables accordingly.

Thank you!!!!