Author’s response to reviews

Title: Dietary diversity and associated factors among children aged 6-23months in Sinan Woreda, Northwest Ethiopia: 2016: Cross-sectional study

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Version: 1 Date: 27 Oct 2017

Author’s response to reviews:

Date 27 Oct 2017
To: BMC Nutrition Editorial
From: Habtamu Temesgen
Subject: A letter Accompanying Revision in Response to Reviewers Comments

Dear Editors,


The comments of the Editors and the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages, we have addressed yours’ concerns in a point by point format by highlighting (color change) the response and those points that addressed were highlighted throughout the manuscript.

We look forward to hearing from you at your earliest convenience.

With regards,
Habtamu Temesgen
On the behalf of other authors.
Reviewer 1 comments and authors justifications

1. There are some minor grammatical and sentence structure errors throughout the paper that need to be revised.

Thank you these have been addressed

2. Methods:-Please clarify how respondents were selected from the health information system.

Thank you for your concern. We described on the sampling and sample size part of the document at page 5 lines 2-8 how were the respondents selected.

3. Ethical considerations:-Please provide more information about the following statement: page 6; line 27-28. How was confidentiality maintained? A description of the process of voluntarism and anonymity would be helpful to maintain transparency/report of detailed methods.

Confidentiality of information was maintained by omitting any personal identification especially name of the respondents from the questionnaires. Chance was given to ask anything about the study and make free to refuse or stop the interview at any moment. After data collection the collected data were kept on secured place to maintain the confidentiality. We included the above sentences on page 6 Ethical considerations part line 5-7.

4. Results:-why were there only 155 respondents for the question regarding media exposure status? Was this due to a study-related collection error, lack of responses, or something else?

From the total respondents only 155 had media source during data collection period and we were assessed the exposure status from respondents that had media source. From 155 respondents who were available media source only 16 were exposure status (they listen or watch audio-visual media sources)

5. It would be helpful to know which responses were self-reported vs. which ones were collected. Were they all self-reported? If so, please be clear about it.

Yes, self-reported with strong probing especially on dietary diversity questionnaires to get appropriate data from caretakers.
6. It is not clear what is meant by some of the variables (e.g., table 4, what is meant by "availability of media sources")?

It means availability of media for source of information especially electronic media like radio, television…b/c nutrition information advertises via those electronics.

7. I think tables should be able to stand-alone. Please provide some additional clarifying information about these variables.

Acceptable comment

8. Discussion:-the structure of discussion should allow for improved flow of the information; it reads a little choppy at the moment

- It would be helpful if more details were provided about the comparative studies (instead of simply saying it was consistent)

Thank you. We tried to address at the discussion part.

9. Conclusion:-perhaps it would be useful to offer some ideas or theorize about how the suggested ideas could be turned into action items (e.g., how should the government strengthen maternal health service utilization?)

Acceptable comment, we made correction at page 14 lines 5-7.

Reviewer 2 comments

1. In the abstract, the authors mentioned that strengthening women involvement at household decision making Maternal and improving health care utilization could contribute for optimum dietary diversity practice to children aged 6-23 months. However, from their results, more than these two factors were significantly related to dietary diversity, and these two factors were not even with the strongest effect size. I would suggest the authors modifying their conclusion in the abstract.

Thank you very much, we modify according to the result. Page 4 at conclusion part.
2. Page 4 line 12, "Place of residence, age of the child, low level of the mother's education .... Were some of the factors which determine minimum dietary diversity ", should be considered to change to "level of the mother's education".

Ok thank you we changed it. Page 4 line 5.

3. I am wondering if the authors performed any quality control to the collected data, e.g. repeating the interview using randomly selected subjects to validate the data they collected.

The quality of data was checked during data collection periods. The supervisor’s cross-check already collected data at the time of data collection.

4. In Table 1, mother's occupation was missing.

Yes really we missed it and we corrected it on the table one.

5. In Table 3 what dose HEWs mean?

HEW (health extension workers)-those are low level community health workers in Ethiopia. All are females and they work especially on the prevention aspect of community health. The program has been implemented since 2005.they work about 75% of their working time by visiting the household at assigned kebele kebele (the smallest administrative unit in Ethiopia.)

6. In the results, the authors only reported that children who fed four or more food items within 24 hours preceding data collection were 12.8%. I would suggest they report the rates of children who fed 0, 1, 2 and 3 food items, respectively.

We reported the rate of children who feed 1, 2 and 3 food items on page 9, line 2 at dietary diversity practice part.

7. When describing the results, I would suggest to always clarifying the direction of the association to make it clearer.

Thank you for your concern. We did not include on the bivariate part of the result. If it is important we will included.
8. The authors found that women who live far away from the health center were more likely to feed their children with optimum dietary diversity. And they discussed the possible reason might be due to frequent visit by health extension workers that is nearer to health post than health centers. I am wondering if they collected the data on the frequency of vising by health extension workers, or if there is any evidence could support this point.

In Ethiopia there is health extension program on health sectors.it is preventive aspect. In one woreda there are at least five health centers and within one health center catchment area there are five health posts that established on 5km radius.in the health post there are health extension workers that works on prevention aspects. Those households that are relatively far from health centers are closest to health posts. The HEWs visits and educate their catchment area populations. Health extension workers are currently working 75% at the field during their working time. And in the study area community based nutrition was implemented and conducted by health extension workers at health post (counseling on nutrition). That is why we said health extension workers frequently visits the

Editor’s comments

If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English.

Thank you for your suggestions, those things have been tried to address throughout the manuscript.

Declarations section is not relevant to your study design or article type, please write "Not applicable" in these sections

Thank you

'Availability of data and materials' section, please provide information about where the data supporting your findings can be found.

We mentioned it, thank you for your concern.