Author’s response to reviews

Title: UPTAKE OF MINIMUM ACCEPTABLE DIET AMONG CHILDREN AGED 6-23 MONTHS IN ORTHODOX RELIGION DURING FASTING SEASON IN RURAL AREA, DEMBECHA, NORTH WEST ETHIOPIA

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Author’s response to reviews:

Point by Point Response

dear editor, reviewers we try to addressed all issues raised as comment and which needs clarification. all comments are included as track change on manuscript.

Answer for reviewer 1

1. Grammatical errors

Answer: we try to go through all the manuscript and corrected as track change on the manuscript.

2. Split the first sentence into two, will be easier to read

Answer: it is corrected as per your comment as track change on the manuscript.

3. Reword that sentence. Cultural practices or belief are not the only barriers to successful child feeding practices

Answer: it is corrected as per your comment as track change on the manuscript.

4. Please specify in the methods section how was MAD defined? A sentence with just "as defined by the WHO" will be fine, but that detail should be mentioned in the abstract.
Answer: Minimum Acceptable diet: as defined by the WHO Proportion of children 6–23 months of age who receive a minimum acceptable diet (both minimum dietary diversity and the minimum meal frequency) during the previous 24 hour. And it is included in the abstract.

5. Repetition of the results. What are some of the implications of the results?

Answer: it is mentioned as conclusion and we try to correct the repetition in the manuscript.

6. Are there any other studies that looked at fasting and child feeding practices in Ethiopia or in any part of the world? Why is that important? Why do we need to study this? What can be done with the results of this study

Answer: mentioned studies are done not for fasting season and minimum acceptable diet is studied in directly through studding of diet diversity and meal frequency. But our study directly addressed MAD for orthodox religion followers in fasting season. The rest comments are corrected as track change in the manuscript.

7. In the method part line 14-19 not needed.

Answer: corrected.

8. The total number of children under five…this statement needs reference

Answer: Dembecha Woreda annual report, 2018. It is corrected on the manuscript

9. Participants, Sample size explanation should be included here.

Answer: corrected as per comment

10. Independent variables, Define ANC, PNC at first use.

Answer: ANC: antenatal care

PNC: postnatal care

And it is corrected on the manuscript

11. Explain more the multistage sampling technique
Answer: the sampling technique was random sampling technique. At first seven kebeles was randomly selected from total kebeles. In each kebeles mothers with children less than five are registered. This used as sampling frame. This is corrected in the manuscript (figuer1)

12. Operational definition could be explained in the "dependent variable" section and the "independent variable" section

Answer: corrected based on comment

13. What does "focused antenatal care service" mean?

Answer: focused antenatal care service means any pregnant mother without medical complication should attend at least four times in the three triministers i.e., before 16 weeks, 24-28 weeks, 32-36 weeks and above 36 weeks as defined by WHO. This is minimum requirement.

14. How was education on dietary diversity and meal frequency asked?

Answer: Is there any education or information you get on the Importance of feed the child with diversified food and feeding frequency?

15. What is considered "satisfactory media exposure"?

Answer: Consider listening radio, and watch television per a week. Women aged 15–49 years at least once a week listen to radio, or watch television.

16. Comments on discussion are corrected on the manuscript

Answer for reviewer 2

All comments like spelling, capitalization, references are corrected as commented on the manuscript by track change.

1. Comment on topic

Answer: it is corrected as you suggested in the manuscript.

2. Page 1, line 17: The definition of minimum acceptable diet should follow immediately after "WHO developed eight core Infant and Young Child ……"
Answer: it is corrected as commented.

3. **What do you mean by "implementing complementary feeding"?**

Answer: there is guideline in IYCF for complimentary feeding (Introduce adequate, safe, soft, semi-solid diversified complementary foods at six months of the child’s age and Continue breastfeeding until two years of age or beyond, responsive feeding…….) So ask mother about this whether they are practicing it.

4. **What about the following: "ANC, PNC, Growth monitoring and promotion service, vaccination service." Did you collect data on how these were practiced or you measured the mother's knowledge on them?**

Answer: Data was collected for ANC, PNC, GMP and vaccination by asking the mother or caregivers on ANC during Pregnancy of the child, follow up after delivery {PNC}, monthly monitoring of weight of children, vaccination status of the child as starting the vaccine, not started and finish all vaccine.

5. **Describe the data collection methodology and tools. How did you collect the data used in deriving minimum acceptable diet? Mention the tools used in the collection of data used to generate minimum acceptable diet**

Answer: Primary data were collected on interview administered questionnaire from mothers or caregivers 24 hours recall who had child aged 6-23 months and followers of orthodox religion. The data collection tool regarding the various dietary diversity and meal frequency was adopted from WHO IYCF indicator assessment tool.

6. **Which household items were used in generating the household wealth index? Was the scale used in deriving the household wealth index validated?**

Answer: Household conditions, water source, electricity, livestock, agricultural products, farm land, income were collected as household wealth assets collected by using WFP tools of wealth index Validated previously.

7. **It is not clear how the variables used in the logistic regression were selected, could you please provide more information on how the models were built?**

Answer: Independent variable which show association in binary logistic regression and have P value less than 0.25 entered in to multivariable logistic regression model for further analysis to control confounding variables and identify significant factors associated with outcome variable.
Then factors were identified based on AOR with 95% confidence level and P value less than 0.05 was taken as significant association limit. The dependent variable is minimum acceptable diet (good meal frequency plus good dietary diversity)

8. Reference on discussion are corrected as suggested