Author’s response to reviews

Title: Malnutrition in Chakradharpur, Jharkhand: an anthropological study of perceptions and care practices from India

Authors:
Ipsha Chaand (ipsha.28@gmail.com)
Minashree Horo (minashree20@yahoo.co.in)
Mohit Nair (msfe-delhi-research@barcelona.msf.org)
Amit Harshana (msfe-delhi-MEDCO@barcelona.msf.org)
Raman Mahajan (msfe-delhi-epidem@barcelona.msf.org)
Vivek Kashyap (kashyaprms@gmail.com)
Fernanda Falero (Fernanda.FALERO@barcelona.msf.org)
Montse Escruela (montse.escruela@barcelona.msf.org)
Sakib Burza (sakib.burza@barcelona.msf.org)
Rajib Dasgupta (dasgupta.jnu@gmail.com)

Version: 1 Date: 18 Apr 2019

Author’s response to reviews:

Please note that we have submitted a supplementary file entitled "Response to Reviewers" indicating point-by-point responses to all comments, in case the formatting is askew in this section.

Dr. Sakib Burza
Medecins Sans Frontieres-OCBA
C-384, Defence colony,
New Delhi

18 April 2019

NUTN-D-19-00020; BMC Nutrition

Dear Dr. Nurshad Ali,
We thank the reviewers for their detailed comments with respect to our manuscript entitled “Malnutrition in Chakradharpur, Jharkhand: an anthropological study of perceptions and care practices from India.”

We have provided a point-by-point response to the comments made by the Editor and reviewers below:

Editor Comments

Authors’ responses

1. The manuscript text should be revised to avoid the grammatical errors.

The manuscript has been extensively edited and grammatical and other language errors have been addressed accordingly.

2. There are some repetitive text/para which should be reduced. Reviewers also suggested to shorten the length of the manuscript.

The manuscript is now substantively reduced in length from over 13,000 words to approximately 8000 words.

Reviewer 1 Comments

Authors’ responses

1. This was a descriptive study, so no controls were included or needed.

We agree with these observations.

2. There were some English errors that need to be corrected, especially in the introduction.

The entire manuscript has been extensively edited and grammatical and other language errors have been addressed accordingly.

3. The sentences starting on lines 125 and 128 are confusing and should be re-written.

The sentences in lines 125 and 128 have been re-written, and the entire manuscript has been edited extensively.

4. Generally, I would like to see more context for your findings. You could provide more references to compare your findings with. For example, you might compare diet and food security to previous publications or explore why animal-sourced food consumption is rare.
We have added additional references in the discussion section to better contextualize our findings (please see lines 1059 to 1090). This has also been specifically referenced (see references 17-19) in lines 729-736.

5 You have done a very good job clarifying the topic and giving examples. The methods are well described.

Gratefully acknowledged.

6 It seems as though the discussion focuses only on the final objective, and does not put the first 3 objectives into context. Adding more about the first 3 objectives provides a place to compare them to previous publications. The discussion about the 4th objective is well done.

We accept this valid criticism. We have made suitable corrections. In lines 1059 to 1090, we detail the community perceptions of malnutrition, causes and social determinants of malnutrition, and continuum of care elements.

Reviewer 2 Comments

Authors’ responses

1 This is a well-written manuscript that describes a study investigating the knowledge, perception and practices related to health, nutrition, care practices, and their effect on nutrition health-seeking behavior in a poor area of India, Chakradhapur, a district of Jharkhand. In this part of India, despite the government providing services aimed at treating childhood malnutrition, relapse rates in malnourished children are high, especially among infants and young children. Moreover, there was a decline in adequate infant and child feeding practices since the last national survey. Thus, understanding the drivers behind these observations is important in order to improve community-based services.

We gratefully acknowledge these observations.

2 The manuscript describes a large and well-conducted anthropological study; the data was analyzed to assess differences and similarities in perception, knowledge and practices across stakeholders. While the manuscript is very well written and extensively describes the study and the findings, it is not clear who the stakeholders that provided the data were.

We thank the reviewers for noting this in the manuscript. Stakeholders have now been detailed more clearly in Tables 2 (pp. 10-11) and Table 3 (p. 12).
The manuscript provides important information on causes of severe and chronic malnutrition regarding the availability, the local customs and culture, and lack of awareness of where to seek help for ill or malnourished children, as well as lack of availability of sufficient governmental services.

We gratefully acknowledge these observations.

However, there are shortcomings in the manuscript which include insufficient description of the difference between the governmental services provided to the population. Thus, the study describes the location and the services offered to the population under the ambulatory therapeutic feeding centers (ATFC) and functional Malnutrition Treatment Centers (MTC); however, there is no explanation of the difference between the two services or description of the practices of these services, including the size of the population they serve.

We have revised the manuscript and included additional details about the CMAM program, including the difference between ATFCs and MTCs, in lines 159-167.

Moreover, the manuscript is describing ATFC clusters without any explanation or definitions of these clusters.

We have revised the manuscript to define the coverage of ATFC clusters in lines 166-167.

While available and willing mothers participated in the study, the manuscript does not provide the statistics as to the representativeness of the stakeholders and the mothers interviewed for the study. Some statistics on participants vs those not willing to participate would be helpful.

As we note in the manuscript, we have adopted a maximum variation sampling approach in order to purposefully sample for population heterogeneity and maximum representation.

Another shortcoming of the manuscript includes an apparent lack of back-translation of the interviews with the participants and the health-care workers, which were translated into English; however, it does not appear that they were back-translated ensuring accuracy of the translation.

We thank the reviewers for noting this in the manuscript. The data was indeed back-translated for quality assurance which has now been explicitly mentioned in lines 230-231 in the manuscript.

Overall, this is an excellent manuscript, although too lengthy; it would be helpful if the authors could considerably shorten it, particularly the parts that are repetitive.

The manuscript has been extensively edited and grammatical and other language errors addressed. The length has been substantially shortened from approximately 12,000 words to just under 8,000 words.
We hope you will find the revisions acceptable and we look forward to a final decision regarding the manuscript.

Sincerely,

Dr. Sakib Burza