Author’s response to reviews


Authors:

Ramesh Adhikari (rameshadhikaria@gmail.com)
Manisha Shrestha (mshrestha@fhi360.org)
Ajay Acharya (ajaya@student.unimelb.edu.au)
Nawaraj Upadhaya (navarajtpo@gmail.com)

Version: 2 Date: 24 Apr 2019

Author’s response to reviews:

24 April 2019

Kathmandu, Nepal

The Editor-in-Chief,

BMC Nutrition,

Dear Editor,

Thank you for the opportunity to revise the manuscript. Please accept herewith the revision of the following manuscript: "Determinants of stunting of children aged 0-59 months in Nepal: Findings from Nepal Demographic and Health Survey, 2006, 2011 and 2016".

[signature]
We appreciate the valuable feedback from the reviewers, which helped us improve the manuscript. Please find below point by point response to the reviewer’s comments.

Sincerely,

Yours Sincerely,

Ramesh Prasad Adhikari, M. Phil (Corresponding Author)
Manisha Laxmi Shrestha, MPH
Ajay Acharya, MPH
Nawaraj Upadhaya, MSc. MA

rameshadhikaria@gmail.com
Padma Kanya Multiple Campus, Tribhuvan University, Kathmandu Nepal and
Research Manager, Helen Keller International, Lalitpur, Nepal

Reviewer number: 1

Reviewer's report:

Reviewer n1

The discussion can be more enriched if you provide more evidence and interpret the data accordingly.

Response: We have re-arranged the discussion section and included additional evidences to interpret the study findings.
Reviewer n2

Discussion

This discussion should be a succinct summary of evidence around the issue of stunting and its determinants in view of these results. Re-write this section putting into account these comments.

Line 153 of the discussion page talks about the decline of stunting in Nepal. Give specific examples of the nutrition-specific and culturally sensitive interventions that have contributed to this decline. explain what is in the MSNP that could have contributed to this change. see typing error on line 157 "stunning". do you mean stunting? This and other errors should be thoroughly corrected in the whole manuscript. Avoid using no for "number" in scientific writing. Write out the full word.

The discussion section should provide incites with evidence from literature about the observed predictors of stunting. For example, what are the reasons why the number of children in the family, anemia, maternal BMI etc are predictors of stunting. Explain each one of these from literature. For example, what is happening to the anemic child that can impact on their growth? what does maternal education have to do with children care practices? what about household wealth? Does maternal education have anything to do with household wealth in Nepal? are more educated mothers possibly living in higher income households and therefore correlations with these two variables with stunting?

Discuss how complementary feeding practices may impact on a child's stunting outcome from other studies that provide this evidence.

Line 180 in the results section, the authors state that health of a child is largely dependent on household socioeconomic status. Give evidence for this statement.
Line 189 - explain why anemia was not a significant predictor of stunting in this study which is contradictory to other findings. Are the anaemia levels exceptionally different in Nepal compared to other countries? Was the anaemia seasonal while stunting is more long term outcome?

Response: Thank you.

Now, we restructure the discussion section and the following text are added in discussion section to address the reviewer’s comment.

“The Nepal government implemented the Multi-Sectoral Nutrition Plan (MSNP) in 2012 with the key objective of improving nutrition status among adolescent girls, pregnant and lactating women, and all children under 24 months. The MSNP is an evidence-based, cost-effective nutrition intervention that integrates both national and community priorities. The plan outlines the roles of key health, education, and agriculture sectors in implementing policies and strategies. Thus, decreases in stunting may be attributable to the implementation of the MSNP in Nepal [14, 19-21]”

“The study analyses identified significant determinants of stunting present across all three surveys; household wealth status, number of years of mother’s schooling, age of child, size of child at time of birth, and child anemia were all associated with stunting. Children from the poorest households were more likely to be stunted than children from middle income, richer, and richest households. This reflects findings from a systematic review conducted in sub-Saharan Africa by Akombi and colleagues [22, 23]. Likewise, a study based on the Bangladesh Demographic and Health Survey 2011 similarly found that wealth index was significantly associated with child stunting [22, 23].

“Child anemia was another determinant for stunting; results suggest that anemic children were 1.3 to 1.6 times more likely to be stunted than non-anemic children. Other studies have similarly found childhood anemia to be a significant determinant for stunting [40-43]. The link between anemia and stunting may be caused by anemia’s role in limiting children’s physical growth [44, 45] and iron supplementation could be used to reduce childhood stunting [46].
Reviewer n3

In discussion section. In general, the way to explain your finding is poor quality. It lacks comparison studies and plausible evidence of your justifications.

Response: We have included new evidences and re-structured the discussion section to address reviewer’s comment.