



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_33877
Title of the Manuscript:	Complementary feeding practices among children aged 6-24 months in rural area, Southern Benin: Challenges and Opportunities
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	General: There are some grammatical mistakes. The manuscript should be copy edited by a native English speaker who is familiar with professional medical writing. Abstract: What is IYCF? Although explained later, it should be explained within the abstract. What is CF? – is it complementary foods? It is not clear and should be explained the first time it appears. Results: You should not repeat data that appears in tables and figures also in the text	General: Yes, I agree. It's done now in the whole text. Native English speaker has contributed to editing language. Abstract: IYCF: Infant and Young Child Feeding Yes; CF: Complementary food ; CFs : Complementary foods Results: Yes, I agree. It's done now in the whole text. Comment for table 1: Socio-demographic characteristics of the study participants are presented in Table 1. Aged distribution revealed that 37.6%, 32.8% and 29.6% were aged 6-11 months, 12-17 months and 18-23 months, respectively. The sex ratio (male: female) equals 1.07. Most of the mothers (67%) did not have formal education with the highest proportion observed in Bopa. The proportion of women who delivered at home is significantly higher in Bopa than Houeyogbe (24.2% vs 1.8%; P= .001). Comment for figure 1: Figure 1 shows the distribution of children based on the time of introduction of complementary foods. Most of the children (78%) had the incorrect timely complementary feeding practice. Overall, 20% had timely initiation of complementary feeding, whereas 41%

Comment [au1]: This is not clear on the fig 1



SDI Review Form 1.6

	and 17% had early and delayed initiation of complementary feeding respectively. The mean age of introducing solid foods was 4.9 ± 2.3 months (data not shown). Comments for Table 2: The majority (82%) of children consumed maize paste followed by rice (26%) and red cowpea (20%) (Table 2). Three in four children received flesh food with predominance of fishes. Conversely, whilst eggs (2%) and dairy products (2.7%) are scarcely consumed (Table 2). Fruit consumption was almost absent in the diet, through the very low consumption (orange: 3.6% and banana: 1.4%). The use of diversity of leaves vegetables leafy vegetables was wide spread in the both districts. Vitamin A-rich fruits and vegetables groups were more consumed in Bopa than Houeyogbe (27% vs 23%; $P = .001$). Two categories of CFs were provided to children: Cereal porridges and extracts from family diets. No specific CF were given to infants and young children. Complementary feeding was mostly initiated using locally prepared maize porridges ("Koko" or "Godo" in Saxwe, local language). Only 15% of children received enriched porridges. Besides porridges, mashed extracts from family dishes, were provided to children during the complementary feeding period. Besides porridges, extracts of family diets were often made up of staple foods and traditional sauces or mixed recipes (mixture of cereals and/or legumes with crushed condiments/spices). Cultivated leaves vegetables leafy vegetables (eg. <i>Corchorus olitorius</i>, <i>Solanum macrocarpon</i>, <i>Moringa oleifera</i>) and Neglected Used Species (NUS) ones (eg. <i>Cleome rutidosperma</i>, <i>Launaea traxacifolia</i>, <i>Ipomea aquatic</i>) were consumed individually or mixed with others leaves as described in Table 2. <i>Chorchorus olitorius</i> commonly called "Ninwi" (Saxwe) or "Crincrin" (French) remains the most leafy vegetable frequently consumed by infant and young children. Comment of table 3: Prevalences of MDD, MMF and MAD was 60%, 71% and 46%
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SDI Review Form 1.6

	Discussion: Recommendations (lines 206-209) should be in the last part of the discussion. I failed to find any paragraph dealing the limitations of the study.	respectively (Table 3). The proportion of children who achieved MDD was significantly higher in <i>Bopa</i> than <i>Houeyogbe</i> among children in the two age categories: (48.6% vs 38.7%; $P= .038$) for 6-11 months. ~~and (73.8% vs 62.1%; $P= .024$) for 12-17 months.~~ ~~Inversely, the proportion of children who met MMF was higher in <i>Houeyogbe</i> than <i>Bopa</i> (74.4% vs 66.8%; $P= .004$).~~ About 40% of mothers started earlier complementary feeding following the advice from parents and healthcare workers. Discussion: Yes, I agree. It's done (see lines 243-246) Limitations of study done 5. LIMITATIONS OF STUDY Due to the cross-sectional design utilized in this study, the possibility of recall bias could exist. The answers given depends on the memory of respondents. However, the 24-hours recall used is a validated method. Again, the survey was conducted after the short rainy season which corresponds to the period of medium food availability. The study did not take into account the seasonal variation that could influence the availability and accessibility of households to local food resources. It would therefore be interesting to carry out another study during dry season characterized by food shortage.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		