



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

General guideline for Peer Review process:

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	1. Abstract: Inform that the acronym "CF" means "complementary foods". Replace the phrase "There is no specific CF and Cereal porridges and extracts from family diets were two categories of complementary foods" by "There is no specific complementary foods (CF). Cereal porridges and extracts from family diets were two categories of complementary foods". Create keywords that are indexed in the MeSH (Medical Subject Headings). MeSH is the National Library of Medicine (NLM) controlled vocabulary thesaurus used for indexing articles (https://www.ncbi.nlm.nih.gov/mesh). 2. Introduction: is appropriate. 3. Materials and methods Line 46: replace "Methodologie" for "Materials and Methods". In the item "2.3.2 Complementary feeding indicators", inform that the authors also used the "Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access", to classify the food in secure or insecure. 4. Results The abbreviations of the caption in Table 1 do not match the contents of the table. They fit best in Table 3. Only inform the meaning of the abbreviation HFIAS in Table 1. 5. Discussion Discuss what negative effects may be observed on the health of children in Benin as a result of the incorrect timing of introduction of complementary feeding.	1. Abstract: Yes, I agree. "CF" means "Complementary food" "CFs" means "Complementary foods" I agree. It's done. There is no specific complementary foods (CFs). Cereal porridges and extracts from family diets were two categories of complementary foods. Keywords I agree. It's done. <i>Complementary feeding, Child nutrition, Practices, Complementary foods, Foods, diversity, Leaves vegetables, Neglected used species, Recipes, Benin</i> 3. Materials and methods (See line 54) I agree. It's done. 2. METHODOLOGIE MATERIALS AND METHODS 2.3.2 Complementary feeding and Household Food Insecurity indicators The household food insecurity indicator is an ordinal scale variable determined with the Household Food Insecurity Access Scale (HFIAS); method developed by Food and Nutrition Assistance Projects (FANTA) [14]. The construction of the HFIAS was based on the experience and expression of food insecurity (defined as lack of access). Nine brief HFIAS occurrence questions were asked with a recall period of four weeks (30 days). Four domains



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	In relation to porridges, how is the preparation of enriched porridge made? What ingredients make up this preparation? Does the government donate any ingredients? Explain better so that researchers from other countries can understand the feeding of the native population. Despite the consumption of traditional vegetables, sources of vitamins and micronutrients, the authors should report that the consumption of only 2 types of complementary foods is not yet ideal. This may contribute to the monotony of food and low frequency of consumption of essential nutrients for growth and development, such as high biological value proteins, vitamins C, E, B6, B12, calcium, iron, zinc, magnesium and selenium. Not all of these nutrients can be obtained with the consumption of leafy vegetables. It is important to note that despite the benefits of plant leaves, food needs to be more diversified. Consumption of micronutrients will be better when increasing consumption of fruits, red meats and dairy products, and avoiding the exclusive consumption of carbohydrates. If there are no food sources in the region, government programs should be suggested to ensure supplementation. Suggest government interventions that can contribute to improving child nutrition, focusing on providing food for the population, nutritional education for families and training of health professionals. Line 230: cite examples of environmental changes that would be needed to improve local food. 6. Conclusion Inform the meaning of the abbreviation "EBF". 7. References Line 293: Replace "Organization WH" with "WHO". Please clarify the ethical issue if any. Yes. According to the authors, "Ethical approval	and several subdomains of food insecurity were: uncertainty (in the long term) and worry (in the short term) about food; inadequate quality (unhealthy foods and diets, limited variety); insufficient quantity (running out of food, not consuming enough, eating less, disrupted eating patterns); and social unacceptability (unacceptable means of acquiring food, eating foods that cause shame or embarrassment). The respondent was first asked an occurrence question – that is, whether the condition in the question happened at all in the past four weeks (yes or no). If the respondent answered “yes” to an occurrence question, a frequency-of-occurrence question was asked to determine whether the condition happened rarely (once or twice), sometimes (three to ten times) or often (more than ten times) in the past four weeks. Using HFIAS indicators, the collected data was analyzed, and at last each household was categorized according the following scale: food secure and mildly, moderately and severely food insecure. Then, all categories related to food insecurity were grouped in order to keep households under two main categories: food-secure and food-insecure [14-16]. 4. Results I agree. It's done <u>For table 1</u> ~~mo: month ; CFding : Complementary feeding ; MDD : Minimum Dietary Diversity ; MMF : Minimum Meal Frequency ; MAD : Minimum Acceptable Diet ;~~ HFIAS: Household Food Insecurity Access Scale <u>For table 3</u> ~~mo: month ; CF : Complementary foods ; MDD : Minimum Dietary Diversity ; MMF : Minimum~~
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	was obtained from the Benin National Ethics Committee for Scientific Research (N°45/MS/DC/SGM/DFR/CNERS/SA). Thus study only involved parents of children who show complete willingness to participate based on attestation to the informed consent provided. All authors hereby declare that all experiments have been examined and approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki."	Meal Frequency ; MAD : Minimum Acceptable Diet 5. Discussion I agree. It's done This incorrect timing of introduction of CF for children exposes them to the risk of nutrient deficiencies and deterioration of the immune system. A study conducted by Kramer et al [20] demonstrated that early introduction of CF has negative effects on child health with increased risk of diarrhoea, respiratory illness and malnutrition. I agree. It's done Concerning porridges, the majority of children were given maize-porridge and only few (15%) received enriched ones. Indeed, enriched porridges basically consists of cereals (maize, millet, sorghum, wheat-pasta) mixed with roasted legumes (soya, groundnut) and small smoked fish. Then, in 1L boiling water, 200 g of enriched flours previously diluted in water, was added and cooked for about 15 min. Sugar and sometimes milk were added and served to child throughout the day. Moreover no support from government to facilitate access to raw materials apart from maize seeds given to farmers for promotion of value-chain. Also, enriched flours needs more time and financial resource for the supply of raw materials. I agree. It's done Even if plant-based foods were used to feed children, it would be better to also add the use of animal products (potential sources of vitamins and micronutrients) in order to increase the bioavailability of micronutrients and avoid monotonous diet. This may contribute to diversified diet, because all essential nutrients such as high biological value proteins, vitamins C, E, B6, B12,
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		calcium, iron, zinc, magnesium and selenium essential for growth and development cannot not be obtained with the consumption of only leafy vegetable. I agree. It's done (see line 281-283) For improving child nutrition, Government interventions should focused on nutritional education for families and training of health professionals in one hand, and promoting value chain in order to increase food access and availability in other hand. I agree. It's done (see line 246-249) But, for nutrition education to be effective in changing behavior, it is critical to accompany this with environmental changes [26]. This involves promoting self-consumption of agricultural and animal products. For example, the consumption of fruits, eggs, meats, cheese, etc. could be encouraged to improve the quality of diet and the valorization of local resources. 6. Conclusion I agree. It's done "EBF": Exclusive breastfeeding". I agree. It's done See line 351-352.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		