

Review of: "Risk Factors and Predictors of Severe Acute Malnutrition Among 6-59 Months Children in Lumbini Province, Nepal: A Facility-Based Cross-Sectional Study"

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Potential competing interests: No potential competing interests to declare.

This study aimed at bridging the existing knowledge gap in the evidence on SAM by investigating the factors and predictors of SAM among children under 5 years of age attending Outpatient Therapeutic Centers (OTCs) and Nutritional Rehabilitation Home (NRH) in Lumbini province of Nepal. Below are some comments and concerns for consideration in revising the work:

Abstract:

1. How were the 278 children selected? Which sample technique(s) was/were used?
2. The sentence should be "Risk factors of SAM identified in this study included place of ..."
3. Add the respective p-value next to each listed out risk factor.
4. Add one key recommendation under the conclusion part of the abstract.

Introduction:

5. A conceptual framework for known SAM factors is needed under the introduction section.

Methodology:

6. Were the children aged 6-59 months who were admitted in the OTCs and NRHs admitted due to malnutrition only or other illnesses in general? More information is needed on the study participants' inclusivity.
7. How were the 278 children selected? Which sample technique(s) was/were used? Also, were these 278 children diagnosed with malnutrition of which a certain portion were diagnosed with SAM and the other portion with non-SAM? All these need to be further clarified in the paper.
8. Under the data analysis and management section, there is a need to explain why two different logistic models (cOR and aOR) were fitted in one or two sentences.
9. What are these "independent and dependent variables" in this study?

Results:

10. The respective table number reference(s) needs to be added alongside their interpretations for easy navigation and cross-referencing of the result interpretations, given that this paper has more than 1 table.

11. Any particular reason why n=162 for the Birth interval variable instead of the n=278 sample size, besides the possibility of more than one child having the same mother? There is a need to explain this in the paper.

12. All p-values of 0.000 in both tables 1 & 2 should be changed to the universally accepted "<0.001".

13. The cOR & aOR values of the identified risk factors need to be interpreted as well, as it would also be advantageous to know whether these identified risk factors in this study were coming with high or low risks on SAM among the children.

Discussion:

14. "Furthermore, the odds of being SAM were higher among younger children aged 12-23 months and 6-11 months compared to older children aged 24-59 months..." This is not correct. Looking at the information shown in table 2, it shows that the odds are in fact lower and not higher.

15. As per the first key part of the study's title, not much was mentioned & discussed about the risk level of the identified risk factors of SAM among the children under the discussion section, only the associations were enormously covered.

Strengths and limitations:

16. Shouldn't all the limitations be about SAM and not acute malnutrition as per the title of this study?

Conclusion:

17. What about the conclusion from the risk factors - i.e., the risk level of the identified risk factors of SAM among the children as per the first key part of the study's title?

18. Any recommendations from all the findings of this study? Recommendations are very important in an empirical, cross-sectional oriented study and, thus, need to be added in this paper.

Overall, the paper is relevant and can be published after addressing the above mentioned comments, concerns and suggestions.