

Peer Review

Review of: "Simultaneous Wasting and Stunting (WaSt), Wasting and Anaemia (WaAn), and Wasting, Stunting, and Anaemia (WaStAn) Among Children Aged 6–59 Months in Karamoja, Uganda"

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Concurrent wasting, stunting, and anemia (WaStAn) remain an under-explored issue, yet they significantly exacerbate under-five mortality. This study is distinctive in addressing that gap. I have a few suggestions or insights that I think may be valuable.

- Was age collected in completed months? If so, the results should include a description of the study population. While we know the age range is 6–59 months, additional details—such as mean, median, and range—would provide a clearer picture of the distribution.
- Regarding this part of the conclusion: “The study also demonstrated that the prevalence of wasting was highest among young children aged 12–23 months, while stunting manifests later at 24–35 months. This shows that early interventions for this younger age group are crucial.” – Given that wasting results from acute malnutrition and stunting from chronic undernutrition, it makes sense that wasting appears earlier while stunting emerges later. If this is already well established, the study is not necessarily demonstrating something new but rather reinforcing what is already known, which is also okay; it just needs to be written that way.
- The study misses out on making some key citations – Here are a few missing ones – “The stunting, wasting, and anaemia levels in Karamoja are much higher than the national ones.” – Reference needed and possibly the national figure. – “These findings are not surprising considering the

multiplicity of deprivations faced by the children in Karamoja, including chronic food insecurity, inadequate consumption of quality diets, and a high level of malaria, diarrhoea, and other common childhood illnesses.” Reference needed.

- Paragraph 4 of the discussion may not be needed; this could help shorten the length.
- Paragraph 5: The initial increase in all outcomes by age group, followed by a decline, raises questions. Notably, the 12–23 month group shows a peak in all outcomes except stunting. While similar trends have been reported in other studies, plausible explanations remain unexplored.

1. Could it be that children with WaStAn experience higher early mortality, limiting the number who survive to older age groups?
2. Does nutritional status improve over time, leading to a reversal of some outcomes in later months?

Paragraph 7 - The statement “However, further research is needed to explore the reasons why this is the case” is valid. However, research elsewhere has suggested preferential feeding patterns, where girls may be prioritized over boys. Even if this is not the case in Karamoja, it could be useful to highlight this possibility in the discussion. Additionally, since this comparison is between two groups (male and female), the correct form should be comparative (higher) rather than superlative (highest).

Paragraph 8 - Were there differences in district-level food access dynamics that could explain the observed variations? The discussion could benefit from the researcher's local knowledge of the area.

Any study limitations to acknowledge?

Thanks, Mokori and team.

Declarations

Potential competing interests: No potential competing interests to declare.