

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.

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

General comments

Congratulations to the authors for choosing this issue and for the efforts and dedication to conduct such a study.

It is not easy to perform such a big study like this, at community base, in a developing country.

Unfortunately, severe acute malnutrition (SAM) is still a major problem in many countries of our rich planet. Identification of situations and risk factors for SAM are very important to help finding out solutions for a serious problem that affects young children and their families worldwide.

My brief comments, trying not to repeat other reviewers, are a contribution to improve even more the presentation of your work.

Once again, congratulations to all the team.

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- Value of income – suggest including the equivalent of Nepal Rupee in US dollars, for comparison.
- Data collections – how the process of “random selection” was performed? There is no comment on the paper about this. The first appointments in a certain day? Every two day? By aleatory sortition of numbers?
- There might have a selection of most severe cases of malnutrition since the locations where the study was conducted (Outpatient Therapeutic Centers (OTCs) and Nutritional Rehabilitation Home (NRH) and not at a Health Center. Please comment this as a possible bias of the sample.
- The definition of “duration of breastfeeding” and “type of breastfeeding” were those suggested by WHO/UNICEF (exclusive, predominant, mixed)? (https://www.researchgate.net/figure/The-WHO-classification-of-infant-breastfeeding-practices_tbl2_269773007)
- Results – you found out that the prevalence of SAM was more prevalent in younger children. That might be logical, since older children might have recovered from this situation. Can you discuss that? Was any nutritional rehabilitation

program occurring before or alongside your study that might reflect in a better nutritional status of older children?

- Age of the mother – the presumption that younger mothers are weaker is based in your observation? What is the reason for assuming this affirmation?
- Nutritional status of the mother / prematurity of the children in the sample / previous health conditions of the children that might have influenced their nutritional status (like acute diseases, respiratory/gastrointestinal infections, hospital internment) – all these situations (and maybe others) influence and impact nutritional status. Please review the health status of your sample of children – and mothers – and comment those situations, if they happened.
- Limitations of the study – that is always important and truthful to mention and describe those events of a study. It's honest with the readers and there is no problem to do so.
- Comment the use of Shakir tape as a method of classification of malnutrition. Despite this simple and useful method has been validated, mainly for screening, it does not substitute the real evaluation of weight and height with a scale and stadiometer. I may infer that that equipment were not available on your facilities – no problem with that. It in fact empowers the goals of your study and the efforts of the team to make it happen. Any comment on that?

Hope to have helped to make your paper even better.

All the best to the team.

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