

Review of: "Demographic and Clinical Characteristics of Refugee Children Utilizing Healthcare Services of Türkiye (2021-2022): A Single-Centre Study"

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Potential competing interests: No potential competing interests to declare.

This article deals with an important problem whose significance has been growing simultaneously with the number of local conflicts and humanitarian crises. The burden posed by the millions of refugees is not only economic or humanitarian but also has its healthcare aspect. In this context, the manuscript presents valuable results that can be helpful for better policy in the field. It is written in a very comprehensive and accessible manner.

I have only a few minor revision suggestions:

1. The second and third paragraphs of the Introduction section present data and statements without citation support.
(„However, amongst this refugee population, pregnancy and birth patterns include high numbers of teen pregnancies, birth intervals of less than two years between children, and large numbers of children in families. Breastfeeding may be initiated but is discontinued early. Formula feeding is often started, and complementary feeding is initiated too early (<17 weeks) or too late (>26 weeks). Consequently, many of these children have acute or chronic malnutrition. Other factors of concern include premature birth, congenital anomalies, and a high risk of child abuse and neglect. In older children, higher rates of certain infectious diseases, anemia, dental caries, and malnutrition (undernutrition, overweight, obesity) have been described in the literature.“)
- Authors have to supply some evidence for this. Otherwise, in the current version, the listed facts sound less or more as prejudgments.
2. The study population is well described (exclusion criteria), but what means “other immigrant children were excluded from the study”?
3. Malnutrition examination needs more details. It will be helpful to have a reference to the Turkish growth standards.
4. I think it's better to present the median age for the three groups. “The average age of the children was 5.2 ±4.9 ... The majority of the population was under age 5 in each service” doesn't sound correct.
5. How was the Covid-19 infection detected? Rapid tests at admission or PCR? Please specify this in the Methods section.
6. It is not clear if the children included in the group ‘inpatient service’ are also included in the ED group. Usually, a significant part of hospitals' admissions results from ED visits, and there is a probability of doubling the hospital record for the same patient.

7. I cannot see the reference for Figure 1 in the Results section.