

Review of: "Nutritional Status and Dietary Patterns of Children Aged Ten Years and Below In the Buea Municipality, South West Region Cameroon"

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Potential competing interests: No potential competing interests to declare.

1. I have noted that this is a good paper that could inform further studies on infant and young child feeding.
2. The age categories should be revised to 0-6 months, 7-23 months, 24-59 months and 60-120 month. However, a child of 120 months is considered an adolescent so can not be lumped in the school going child category, their growth milestones are different so revise.
3. Stunting, wasting and underweight are more suitable for children below 5. Consider revising results for children above 5 years to BMI for Age z-scores as they more accurately reflect their nutritional status.
4. BMI results are not recommended for children below 5 years. I suggest that the writer only uses the z-scores for this age category and BMI for Age for children that are older.
5. A validated method for classification of the dietary diversity scores as well as standard food grouping should be used.
6. Reflecting on the study title; which is nutritional status and dietary patterns, the writer failed to clearly provide the methods for data collection. First, we see the aspect of nutritional status; whereby the reader cannot identify assessment methods used on each age category.
7. The social demographic data of the infants indicated that only those between 0 to 59 months from the category 0 to 120 months participated which raises a query on population representation and sampling technique(not mentioned in the report) used .
8. For the dietary assessment, the writer talks about dietary practices in the abstract and introduction providing less information on intake, feeding frequency and dietary diversity. Despite mentioning dietary practices as a subject in the paper, we do not observe any methods available to assess this aspect.
9. We also have Buea health district being abbreviated as BHD in absence of a list of abbreviations.
10. The four parts of Buea health district where the study took place are not provided and how participants were selected from these places is a mystery to the reader. The methods for data collection provided in the abstract and further in the paper are mismatched for dietary pattern assessment.
11. Analysis and Results of aspects like vaccination and sources of water were provided but a preamble on them was not provided in the introduction of the paper. From my assessment, I believe multi-methods were used for data collection therefore improvement in the reporting of the paper methodology and flow of information could boost its value.