Reviewer's report

Title: Determinants of suboptimal breastfeeding practices in Nigeria: Evidence from the 2008 Demographic and Health Survey

Version: 4 Date: 1 December 2014

Reviewer: Nemat Hajeebhoy

Reviewer's report:

1. The authors have responded to most recommendations of the reviewers and the paper reads much stronger. However to improve the paper further, recommend the following (note these are not major compulsory revisions, but neither are they minor) and I hope that the authors will give due thought to the same:

2. The abstract needs to be edited to reflect results more clearly. The conclusion section especially is still very broad and needs to be made more specific.

3. Use of predominant breastfeeding as an indicator can be confusing as it's not clear whether the authors see it as a desirable or un-desirable behavior. The authors may want to consider dropping this indicator per se, and instead using the rates of pre-dominant breastfeeding to explain why exclusive breastfeeding rates are low.

4. The authors may want to consider including continued BF at 1 and 2 years and median duration of BF as alternative indicators (instead of pre-dominant breastfeeding) – this would help complete the picture of what is now being referred to as the 1-6-24 – early initiation within an hour, exclusive BF upto 6 months and continued BF upto 24 months.

5. The authors may want to include a figure for their conceptual framework. Either create a new one showing how individual, health service and socio-economic factors influence BF, or use a model that has been previously developed e.g. Hector et. Al, etc.

6. Since the authors mention 3 levels of determinants, it would be good to see the discussion section, reorganized to reflect how each of these 3 levels influences/does not influence each key outcome behavior (EIBF, EBF, PBF and Bottle Feeding). Currently the discussion section tends to jump between levels of influence and key outcomes. Recommend looking first at Early Initiation of BF and seeing how it is influenced by individual, health sector and socio-economic level factors, then move on to EBF, etc.

7. Suggest authors use the most recent Lancet 2013 series as reference #10

8. It appears in Nigeria as in some other parts of the world that more educated mothers are more likely to EBF, but at the same time also bottle feed. Given this
it would be good to see the bottle feeding analysis run for 2 separate age groups of children 0-5 months and 6-23 months to see at what age group bottle feeding is happening.

9. Line 228-230 – please explain in methodology why there were more children from certain regions, was this part of the sample design?

10. Line 280-283 – as mentioned by a reviewer earlier, the fact that those with 4 or more ANC visits were more likely to bottle feed is an odd result – it would be good if authors could provide greater explanation for this finding in the discussion section.

11. Line 291-294 – Says that bottle feeding and predominant BF was higher… compared to what? If EBF is 13%, a predominant BF rate of 48% would be expected.

12. Lines 328-332 – please check this statement – seems like maternal education as opposed to SES is related to EBF.

13. Line 338-340 – not clear what this finding adds to the discussion, as it appears from other analysis that ANC visits (contacts with health facilities) do not lead to optimal BF practices.

14. Lines 344-355 – shouldn’t this finding suggest that the quality of ANC counseling needs to be substantially improved, so that it can counter socio-cultural beliefs?

15. Lines 388-396 – Given the high rates of home deliveries in Nigeria, think authors first need to talk about home deliveries – and how EIBF rates differ if assisted by TBA or no TBA. Then transition to talking about HF based deliveries and how EIBF rates differ depending on type of delivery – vaginal or c-section. Would be good to see here how ANC visits affect EIBF and similarly if wealth quintiles have any bearing on EIBF.

16. Lines 402-404 – believe improving quality of ANC visits is more critical than number of ANC visits – no? Suggest also a recommendation be included for ensuring that early essential newborn care guidelines are included. With respect to BFHI, current thinking is that BFHI principles be incorporated into routine hospital certification criteria instead of creating parallel certification systems. How many health facilities (what % of health facilities) are BFHI certified in Nigeria?

17. Lines 412 – not sure how assumption is made that mothers from higher SES more likely to be employed – suggest this be verified by data

- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1. Line 36 – Edit “Among children aged 0-23 months….. 38% were breastfed”
2. Line 41-42 – Suggest deleting – “Predominant BF….. antenatal visits”

3. Line 66 – Reference #3 – appears to be an old reference, please look at the recently released UNICEF Landscape analysis


5. Line 70 – add word some …..“which resulted in SOME improvement”

6. Line 77 – goal for Nigeria or global or both – please specify

7. Line 80 - ‘regional Nigeria” perhaps you mean “These studies were conducted in certain regions of Nigeria”

8. Line 88 – “predominant BF” is not necessarily considered a key outcome variable


10. Line 289-290 – Please edit as follows – “Optimal BF rates (EIBF and EBF) are very low (38% and 13% respectively), indicating that most children under 6 months are given other…….”

11. Line 319 – Similar studies in Nigeria and Canada reported lower maternal age as a …. 

12. Line 324-325 – these approaches could be employed...

13. Line 336-337 – should be ‘lack of family support”

14. Line 367 – is it paid or unpaid maternity leave?

15. Line 369 – not sure underpin is appropriate word, please edit, perhaps ‘support’ -

16. Line 442 – focused ANC and quality early essential newborn care (instead of caesarian sections)

17. Line 445 – implementation of BF promotion and support.

- Discretionary Revisions
  None

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published
**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'