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Journal Name:	Asian Journal of Research in Nursing and Health
Manuscript Number:	Ms_AJRNH_99632
Title of the Manuscript:	Factors Predisposing Children Under Five To Malnutrition at Kampala International University Teaching Hospital Bushenyi Districts, Western Uganda
Type of the Article	

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<ol style="list-style-type: none"> 1. This manuscript is of interest to the scientific community, particularly in countries with high rates of malnutrition. However, it lacks scientific rigor in the formulation of the manuscript. 2. The title of the article is suitable. 3. It is necessary to explain the methodological procedures. 4. The subsections and structure of the manuscript are appropriate. 5. The manuscript is not yet scientifically correct. 6. The references are sufficient and recent. <p>Additional suggestions/comments</p> <ol style="list-style-type: none"> 1. Abstract This is not a correlational study. "In addition, mother's education is associated with good nutrition practice" <p>Although it was mentioned in the abstract "In addition, mother's education is associated with good nutrition practice", the manuscript is characterized by a descriptive study, as described in the item Materials and Methods, that is, "The study employed a cross-sectional descriptive study" I suggest correcting the abstract.</p> 2. Introduction There are not any commentaries. 3. Materials and Methods <ol style="list-style-type: none"> a) The description of the mentioned methodological procedures mentions the reliability and validity of the measurement instrument. However, the methodology does not describe such procedures. If it is a new instrument created for this purpose, it is very important that the validity and reliability of the instrument be verified. If it is a previously validated instrument, there are two possibilities. b) a) Instrument in the language of the respondents. Indicate the bibliographic references of the validation and reliability studies and the authors' permission to use the previously 	

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	<p>validated questionnaire.</p> <p>c) b) Instrument in a language different from those surveyed. Carry out a cross-cultural study and indicate validity and reliability parameters.</p> <p>I suggest reading the following references:</p> <ol style="list-style-type: none">1.Herdman M, Fox-Rushby J, Badia X. A model of equivalence in the cultural adaptation of HRQoL instruments: the Universalist approach. <i>Qual Life Res</i> 1998; 7:323-35.2. Reichenheim ME, Moraes CL. Operationalizing the cross-cultural adaptation of epidemiological measurement instruments. <i>Rev Saúde Public</i> 2007; 29; 41:665-73.3. Streiner DL, Norman GR. <i>Health measurement scales: a practical guide to their development and use</i>. Oxford University Press. 4 ed. 2008.4. Epstein J, Santo RM, Guillemin F. A review of guidelines for cross-cultural adaptation of questionnaires could not bring out a consensus. <i>J Clin Epidemiol</i> 2015; 68:435-441.5. de Figueiredo Ferreira M, de Souza Mezzavilla R, Vasconcellos de Barros Vianna G, Quaresma Paolino L, Serrão Lanzillotti H, Lindsay AC, Hasselmann MH. Cross-Cultural Adaptation of the Brazilian Portuguese Version of the Caregiver's Feeding Styles Questionnaire. <i>Int J Environ Res Public Health</i>. 2020 Aug 11;17(16):5814. doi: 10.3390/ijerph17165814. PMID: 32796737; PMCID: PMC7459806.6. Collins, D. Pretesting survey instruments: An overview of cognitive methods. <i>Qual. Life Res</i>. 2003, 12, 229–238. <p>As a contribution I translated part of the article written in Brazilian Portuguese.</p> <p>Koury JC, José MER, Carvalho AB, Canella DS, Lanzillotti HS. HortEnsiA: adaptação transcultural do Garden Resource, Education, and Environment Nexus e estudo fatorial de validação. <i>Cad Saúde Colet</i>, 2023; Ahead of Print. https://doi.org/10.1590/1414-462X202331010159. Psychometric study p. 4/15.</p> <p>Construct validity was performed using Explanatory Factor Analysis. The test Kaiser-Mayer-Olkin (KMO) was estimated to assess the adequacy of the sample for factor analysis, using the cut-off point $\geq 0.50^{10}$, values $> 0.80^{11}$ being considered excellent.</p> <p>The exploratory factorial structure of the "HortEnsiA" construct was verified through the Principal Components Analysis (PCA). In order to establish the number of components, we opted for the Kaiser-Guttman rule, which recommends eigenvalues >1. Once the number of components was defined, the analysis continued using the Principal Factor Analysis, using the likelihood ratio as an estimator ratio (LR). Analogously to the PCA, the Kaiser-Guttman rule was used, which, in this case, allows identify the possible number of dimensions of the construct. To the model restricted to n factors, Promax oblique rotation method was applied. The input matrix and the standard matrix (output) were generated and examined. In addition, the factor loadings were analysed according to the minimum level criterion for the interpretation of the factorial structure ≥ 0.50, since they are taken as significant ($\sigma = 0.05$) for samples of size equal to 120.¹². Factor loadings negative indicate</p>	
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	<p>inverse associations. Variables with cross loads were considered those with similar factor loadings on two or more factors in the same variable and whose difference between loads was $< 0.10^{13}$. The variance of the error (uniqueness) $(1 - \text{commonality})$ it was considered adequate when $\leq 0.70^{11,12}$. Commonality is a useful index for assessing how much variance in a given variable is explained by the factorial solution. Expressive commonalities values indicate that a large amount of variance in a variable was extracted by the factorial solution. The commonalities with smaller values show that a large part of the variance of a variable is not explained by the factor structure¹¹. Commonalities with values < 0.50 have no explanation enough to represent the amount of variance explained by the factorial solution¹². The convergent factorial validity was evaluated by the Mean Variance Extracted (MVE), which represents the average percentage of variation explained by the variables referring to the construct, varying between 0 and 1. MVE values ≥ 0.50 suggest that the items share a high variance in common¹².</p> <p>The discriminant factorial validity is given by comparing the square root of the MVE of the factor and the correlations with other factors of the system. If the square root of the MVE of a factor is greater than the correlations between this and the other factors, said discriminant validity will be confirmed^{11,13}. To check the internal consistency of each dimension, alpha was used Cronbach's and its confidence intervals (CI = 95%), being considered for research exploratory acceptable value of 0.60^{13}. To calculate the confidence interval, we used the bootstrap method with 5000 replications.</p> <p>Analyses were performed using the STATA/SE 12 software.</p> <p>I suggest lecture</p> <ol style="list-style-type: none">10. Brown TA. Confirmatory factor analysis for applied research. New York: The Guilford Press; 2006.11. Hair JF Jr, Black WC, Babin BJ, Anderson RE & Tatham RL. Análise multivariada de dados. 6ª ed. Porto Alegre: Bookman; 2009.12. Bonfim CB, Santos DN, Menezes IG, Reichenheim ME, Barreto ML. Um estudo sobre a validade de constructo da Parent-Child Conflict Tactics Scale (CTSPC) em uma amostra populacional urbana do Nordeste brasileiro. Cad Saude Publica. 2011;27(11):2215-26. http://dx.doi.org/10.1590/S0102-311X2011001100015. PMID:22124499.13. Maroco J. Análise de equações estruturais: fundamentos teóricos, software & aplicações. Pêro Pinheiro: Report Number; 2010. <p>In the introduction the reader will read: "In addition, mother's education is associated with good nutrition practice".</p> <p>However, the methodology does not make reference to the association between education and good nutrition practice. I point out that the practice of education is not nutritional status. Later in the results, the Odds Ratio is used. It is necessary to describe the Odds Ratio in the methodology.</p> <p>Confidentiality and anonymity was ensured throughout the execution of the study and informed</p>	
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	<p>that no adverse consequences would arise if they refused to participate and that data collected was to remain private and be used for research study purpose. This helped to eliminate bias and doubts about the aim of the study.”</p> <p>This concept of reliability is not what is required in the validation and reliability of measurement instruments. Then I suggest reformulating the text.</p> <p>If estimates of the results obtained are not made, the manuscript loses much of its consistency to assess the situation in focus.</p> <p>4. Results</p> <p>Tables 1 and 2:</p> <p>The procedure used to assess the nutritional status of the population of interest must be reported in the Materials and Methods topic (Table 2).</p> <p>WHO Anthrax and WHO Anthrax Plus are free applications, developed by the World Health Organization (WHO) to facilitate the application of growth reference curves for children from 0 to 5 years old (Anthro) and from 5 to 19 years old (Anthro Plus).</p> <p>For the age group above 20 years, use WHO Body Mass Index BMI categories were applied to classify participants in the select when using weight and height ratio Percentile. For adults, BMI cut-offs are defined as:</p> <p>Underweight (BMI < 18.5), normal weight (BMI 18.5 to < 25), overweight (BMI 25.0 to 29.9), and obese (BMI ≥ 30.0) (WHO, 2010).</p> <p>An update of the WHO classifications added categories to identify severe underweight (BMI < 16.5 kg/m²) and to further define obesity risk in adults as class I (BMI 30.0–34.9 kg/m²), class II (BMI 35.0–39.9 kg/m²) and class III (BMI ≥ 40.0 kg/m²) (WHO Expert Consultation, 2004); Gonzalez et al., 2017).</p> <p>Reference: Dietary Reference Intakes for Energy. This reference is available at http://nap.nationalacademies.org/26818 (2023). Cap. Development of Prediction Equations for Estimated Energy Requirements.</p> <p>Table 2: Rate of malnutrition among children under five years at KIU-TH and Figure 1: Table showing rate of malnutrition among children under five years</p> <p>Authors should choose to use Table 2 or Figure 1. It is not recommended to use the same information in the text.</p>	
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	<p>Table 3. Bivariate of maternal factors predisposing children less than five years to malnutrition</p> <p>“According table 3 below employment status and education had values with p-value < 0.2 thus were proceed to the multivariate stage.</p> <p>The text is not clear it mixes result with methodological procedure (thus was proceeding to the multivariate stage.). The <i>p</i> valour of the Odds Ratio significant (<0.05) is Employed status (p=0,039) and Education level (0,002).</p> <p>I suggest another title for Table 3.</p> <p>Table 3: Maternal risk factors (Odds Ratio) for malnutrition in children under five years of age at KIU -TH, period from ... to ...,</p> <p>Table 4: Multivariate analysis of maternal factors influencing completion of immunization schedule by mothers of children under two year</p> <p>It should be noted that the Employment status was not significant.</p> <p>I suggest another title for Table 4.</p> <p>Table 4: Maternal risk factors (Odds Ratio) influencing completion of immunization schedule of children less than two year of age at KIU -TH, period from ... to ...,</p> <p>Table 5 Bivariate of child factors predisposing children less than five years to malnutrition</p> <p>“According table 5 below “child’s age”, “child’s sex”, “had values with p-value < 0.2 thus been proceeding to the multivariate stage.”</p> <p>The text is not clear, it mixes result with methodological procedure (thus were proceed to the multivariate stage. In this item, only the results should be explained.</p> <p>I suggest another title for Table 5.</p> <p>Table 5: Risk factors (Odds Ratio) of the child predisposing the children under five year to malnutrition at KIU -TH, period from ... to ...,</p> <p>Table 5 shows that both the child's age and gender corroborate the outcome of malnutrition in children less than 5 years of age.</p>	
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	<p>Table 6: Multivariate analysis of child factors predisposing children less than five years to malnutrition</p> <p>Table 5 Bivariate of child factors predisposing children less than five years to malnutrition</p> <p>Why was multivariate analysis performed on the data in table 6 and bivariate analysis on table 5?</p> <p>It is necessary to clarify.</p> <p>5. Discussion</p> <p>” In this study, there was a no significant association of malnutrition status with “age of the child”, and “sex of the child”, since all P-value > 0.05.”</p> <p>Please authors see table 5 and table 6.</p> <p>6. Conclusion</p> <p>“The rate of malnutrition in this study is low and malnutrition rate was seen change from place to place, time to time and from on population to another. In addition, mother’s education is associated with good nutrition practices.”</p> <p>“The rate of malnutrition among children under five years was 28.3%.”</p> <p>It was estimated that in 2021, 45 million children under 5 years of age would suffer from acute malnutrition, which increases the risk of death for children by up to 12 times (WHO). So 28, 3%% of malnutrition must be considered a very alarming number.</p> <p>“In addition, mother’s education is associated with good nutrition practices.”</p> <p>The study did not allow us to conclude that there was a relationship between mother’s education and good nutrition practices. The authors did not carry out consumer studies that would allow such an allusion.</p>	
<p>Minor REVISION comments 1. Is language/English quality of the article suitable for scholarly communications?</p>		
<p>Optional/General comments</p>	<p>The manuscript is interesting but lacks methodological procedures for assessing the nutritional status of children and health measurement instruments.</p>	

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

Name:	Haydee Serrão Lanzillotti
Department, University & Country	State University of Rio de Janeiro, Brazil