

November 21, 2021

**Response to Reviewer Comments**  
**Nutrients-1461047**

Dear Editor-in-Chief and Reviewers,

Thank you for your prompt and thoughtful consideration of our manuscript entitled, "Exclusive Breastfeeding Protects Young Children from Stunting in a Low-Income Population: A study from Eastern Indonesia" (nutrients-1461047). We are delighted by the opportunity to revise and resubmit.

We have made modifications to the introduction, methods, results, and discussion sections based on your feedback. We appreciate your effort in helping us to improve our manuscript.

Appended to this letter is our point-by-point response to comments raised by the reviewers. Should you have further questions or concerns, please do not hesitate to contact the corresponding author. We look forward to hearing your decision.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Hamam Hadi', with a stylized flourish at the end.

Hamam Hadi, MD., MS., Sc.D

# Response to Reviewer 1 Comments

**Point 1:** In the abstract, the authors indicate that the study covered children aged 6 to 24 months, while in the chapter "Materials and methods" (2.1. Study Population and Sampling Methods) they indicate that children aged 6 months to 23 months were examined. Please clarify or correct the text.

**Response 1:** We thank you very much for your comments on children age criteria included in this study. The correct criteria is children aged 6-24 months. We have changed the criteria in the section "Materials and Methods" (Line 101).

**Point 2:** In the chapter "Materials and methods" (2.3.4. Birth order) the authors explain that they divided the studied children into two categories in terms of the order of birth in the family: "i) child below or at number 2 or ii) child above number 2". In contrast, in the chapter "results" we see the presented results and the division of children in the order of birth as the first, second, third in the family. I think that it is not worth using the previous classification given in the "Material and methods" section, because the obtained results allow for a more detailed presentation of the results, as the authors did.

**Response 2:** We thank you very much for your suggestion on categories in term of the birth order in the family. We have changed the categories in the "Materials and Methods" section with the more detailed classification as it is presented in Table 1 (Line 151).

**Point 3:** In the "Ethical Approvals" section, it is helpful to include the number or tag of the Ethics Committee approval obtained, if available.

**Response 3:** We thank you very much for your comments on this section. We have added the Ethics Committee identifier in the revised manuscript (Line 184-186).

**Point 4:** Please verify the correctness of the given maximum age of the father and mother participating in the study. I am not saying that there is a mistake, but for the region of the world I come from, it is a high age to be a parent of such young children. That's why it seems unusual to me

**Response 4:** We thank you very much for this reminder. We have double checked our data. The data on the father's age is correct, indeed there is a father who was 76 years old. However, for age of mothers, we should have provided information that age in the table is age of mother or caregiver other than the mother, including grandmother, aunt, and adoptive mother. Therefore, this may explain why there was an older individual included in this group. In the revised manuscript, we have provided a revision by changing the wording to "the mother or caregiver".

**Point 5:** It would be useful to include data on the views and knowledge about breastfeeding of the parents participating in the research. I think you have statistics on the parents' knowledge. The authors presented this information more descriptively without providing specific values.

**Response 5:** We thank you very much for your attention to this particular point. Unfortunately, we did not perform quantitative data on maternal knowledge, so the data we have presented in the manuscript is qualitative based solely on data from our focus group discussions.

**Point 6:** In Table 2 in the line headed "Caregiver Type", the percentages have been mixed up: Caregiver - Mother stunting No 164 is 42.93% (not 61.54% as it is written). Similarly, Caregiver Other than Mother 16 is 61.54% (not 42.93% as it is written). These values are incorrectly converted with each other.

**Response 6:** Thank you very much for your correction. We have rechecked the number; the correct percentage of Mother is 42.93%, and Other than Mother is 61.54%. We have changed the data in the revised manuscript presented in Table 1.

## Response to Reviewer 2 Comments

**Point 1:** The abstract/intro mentions that breastfed infants grow better than non-breastfed. However, formula-fed children often grow very well so this might need to be addressed for LMIC specifically.

**Response 1:** We thank you very much for your suggestion to this particular point. We have addressed this issue in the revised manuscript (Line 55-61).

**Point 2:** Is there any further information available about breastfeeding practise? The authors mention the importance of colostrum intake. Is there data on this practise in the cohort?

**Response 2:** We thank you very much for your comments on this section and we have added the requested information. We do indeed have quantitative and qualitative data regarding colostrum. Qualitative findings based on FGDs have been presented in lines 289-293, while quantitative findings have been added to lines 284-289.

**Point 3:** Paragraph 3.2 mentions caregiver type as an important factor for stunting rates. Is this data significant as the 95% CI includes 1? The data in the table needs more careful analysis and description in the text.

**Response 3:** Thank you very much for your comments. We understand that the 95% CI includes 1. However, the p-value was 0.058 and in this case we would prefer not to be 0.05 minded. Instead, we would tend to accept additional risk by saying that children cared by biological mothers were 2.6 less likely to be stunted than those children cared by others.

**Point 4:** Line 220-223 states 'In addition, children from households with a monthly income of less than the regional minimum wage were more likely to be stunted compared to those from households with a monthly income of greater than or equal to the regional minimum wage (Table 2).' This would be very interesting data to include, but cannot be extracted from Table 2 as it is. Please include.

**Response 4:** We thank you very much for your comments on this section and we have added the requested information. We have added monthly income of less than regional minimum data namely, "Monthly Household Expenditure Based on Regional Minimum Wage" (Last Row of Table 2).

**Point 5:** Line 253: should 60% read 40%?

**Response 5:** We thank the reviewer. We have revised this number based on your suggestion.

**Point 6:** It would be interesting to include data/statistics on substitute feeds given to see if there is associations between the type of feeds infants receive and stunting. Currently very limited info is provided.

**Response 6:** We thank you very much for your attention to this particular point. Unfortunately, we did not measure quantitative data on substitute feeding and its association with stunting. The type of substitute foods we present in the manuscript are based on qualitative findings from the focus group discussions.

**Point 7:** The data in Figure 1 is already available in Table 1. There is no need to duplicate the data (income brackets can be added to the table).

**Response 7:** Thank you very much for your comments. It is true that the data in the graph are the same as that in the table. However, we chose to present it as a graph because we want to show the readers that the relationship pattern between household expenditure quintile groups and stunting was in the form of a reverse U-curve.

**Point 8:** It would be good to include breastfeeding data for every income quintile (currently this is briefly covered in the discussion, but this should be addressed in the results section in more detail).

**Response 8:** Thank you very much for your suggestion. In this revision, we have added a new table on the relationship between household monthly expenditure and exclusive breastfeeding on page 8 (Table 3), and also the description on line 226.

**Point 9:** From line 259 onwards a large part of the text belongs in the discussion. Please reformat this.

**Response 9:** We thank you very much for this reminder. Starting from line 259 (now 257), we intend to present results from the FGDs. In the revised manuscript, we have reformatted according to this

## Response to Reviewer 3 Comments

The paper has several gaps, in many parts. Both at the content level and at the structural level. I recommend a thorough review also according to the following suggestions. Point 1: In the abstract there is no mention of when the interviews were carried out. Furthermore, there is no mention of the methodology used at the data processing level. Above all, the contribution that this paper has to the scientific literature is not mentioned. Does it update existing data, or is it a new study for the topic? If there are other similar studies, what does it bring on a scientific level?

**Response:** We thank the reviewer for the valuable suggestion. We have modified and changed based on your suggestions. Please have a look at the revised abstract and also the revised introduction and methodology.

Point 2: from the introductory point of view, several reports rich in statistical data are inserted. Why are two paragraphs not made to differentiate the already existing studies (literature review) and one where these statistical data are reported? It would be clearer to the reader. Did the authors ask themselves any research questions or research hypotheses? If not present it is recommended to add them.

Response: We thank the reviewer for the valuable suggestion. We have revised the introduction section and added a research hypothesis. I hope the revised manuscript would be clearer to the reader (line 75).

Point 3: There is no paragraph on the study area. The methodology immediately speaks of the subjects interviewed. The subjects, is 408 a significant figure that represents the entire sample? Was the survey carried out before or after the pandemic - there is no reference to the survey year. There are too many subsections within the materials and methods. try to organize better by eliminating some and making the text fluid. There can be no subparagraphs of 3 lines, if anything make a table where the variables described are inserted, such as categories, age and education. Expand the part on data analysis. Make references also at a bibliographic level.

Response: We thank you very much for your important suggestion. We have revised sections of study population and sampling, data collection, variables, and data analysis (line 93-174).

Point 4: In the discussions section, answer the research questions that it was suggested to insert earlier. The conclusions are too short, expand them.

Response: We thank you very much for your important suggestion. We have revised the discussion section (line 306) as well as conclusion section (line 408) as you suggested.

Point 5: in the references Articles partly not updated. Integrate with other recent references.

Response: We thank you very much for your valuable suggestion. We have added some more relevant and updated references.