

## Overlooked aspects of nutritional status

Sir,

The research article on nutritional status brought out the need for timely complementary feeding in our country [1]. The authors deserve credit for highlighting the sorry state of malnutrition, even after so much emphasis on infant and young child feeding throughout the country.

However, few things are not clear in the article. For example, factors like number of breastfeeding, type of complementary feed were not considered in the definition of adequate feeding practices. A common practice in India is to give *dal ka pani* that is not correct [2]. Guidelines on infant and young child feeding stress on the preparation of energy dense, thick feed [3]. It would have been better if authors clarify how they addressed such issues. In the discussion, the solid/semi-solid food was mentioned from a previous study. Were similar data collected in present study?

Second, information was collected on so many socio-economic factors, but those were not used in predicting/finding an association with nutritional status. The absolute/relative effect of different predictors would have identified the possible ways to enhance the optimal feeding for children in the Indian perspective. The status of Nutrition Rehabilitation Centre in Allahabad could be discussed in this regard to identify the gap at present.

Third, the working definition of adequate immunization would have made the description clearer. In my opinion, taking control (like children of same socio-economic class) would explain whether the difference of weight between two groups could ascribe solely to feeding practices or not.

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## Author's Reply

With reference to your query, I thank you for taking an interest in article "Association of feeding practices and immunization with nutritional status of infants in Jasra block of Allahabad district" [1]. The present study was a part of a larger ongoing study in which issues like number of times breastfeeding was done, and type/frequency of complementary feeding is being addressed. The data were collected on so many socio-economic factors just to give a brief outline of the background of the study area. Complete data on various variables were collected but due to word limitations all of them could not be discussed in a single article.

In the entire article, immunization has been discussed as fully or partially immunized only. The term adequate/inadequate (feeding practices and immunization) has been used throughout for grouping of the subjects into two groups wherein adequate corresponds to adequate feeding and full immunization while inadequate corresponds to either inadequate feeding or partial immunization [2,3]. However, the status of Nutritional Rehabilitation Centre in Allahabad could have been discussed, and I consider it to be a gap area where further research could still be done.

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