

Review of: "Effectiveness of a Father-Inclusive Parenting Intervention on a Child's Diet, Early Stimulation, and Father Involvement in Childcare in Rural Malawi: A Study Protocol for a Four-Arm, Cluster-Randomized Controlled Trial"

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Potential competing interests: No potential competing interests to declare.

Congratulations to the authors on focusing on an important topic in child nutrition and development. Hopefully, the suggestions here can improve this manuscript and future related work. I have grouped the questions into 10 main areas for improving the future publication.

First, a solid round of English copy-editing is needed. The grammatical errors are too many to point out (e.g., timeline instead of time in multiple places; missing/extra articles – a, an, the), but there are several places where the language errors make the content wrong or difficult to understand. For example, on page 2 in the last paragraph, “by engaging fathers has not fully adapted to behavior change interventions” when it should be the opposite: “behavior change interventions have not yet been adapted to engage fathers.”

Second, in some places, there are gaps in logic. For instance, on page 3 in the first paragraph, you argue that engaging fathers in SBCC has been positively associated with child diets but that we don't have impact evaluations yet. This is fine, but then why the additional sentence of “Thus, designing... diet and feeding practices” (presumably, this is what the prior sentence said we don't know?)

Third, your intro is too generic. Rather than focus on all LMICs, can you just hone in on sub-Saharan Africa, which is more relevant to the context of your study? Similarly, I'd suggest getting through the “father is important for child nut and dev” writing in 1-2 paragraphs and then focus on what we do/don't know.

Fourth, the study design seems weak. Why would the intervention only be for 8 weeks? This needs to be justified throughout the intro based on what studies there already are. Similarly, have you done power calculations? I'm surprised that this study would have less than 200 families per arm. You say later that it is for a 0.31 dietary diversity difference, but did this assume 4 arms being tested (rather than just intervention and control), and importantly, why a 0.3 DD score difference? Is that meaningful? And why do you have multiple “primary outcomes,” but then chose only this one for power calculations? Lastly, why this specific place of Malawi, or why Malawi? For study inclusion criteria, what was the child age focus? Anything else such as no physical/mental disabilities prohibiting ideal practices?

Fifth, much more information is needed on the actual intervention. What is this parenting intervention including content –

for example, “eat” or “diet” is not telling us exactly what was being focused on among the different IYCF practices. What kind of BCC (there is HUGE variation in the literature), frequency/duration, delivery platforms (e.g., groups of how many people? Single or multiple sex? Already a group before or new group for this intervention? Etc.), design rationale/references, etc.

Sixth, for data collection, please be clear about who translated and back-translated and whether it was the same person for the two tasks or different.

Seventh, for outcomes, you need to be clear who (mother or father) provided the data for the primary and secondary outcomes and why. Also, if both answered (e.g., parental involvement outcome), what did you include in the analyses and why. For both early stimulation and father involvement, it is not clear how these were measured, whereas for dietary diversity you have made it clear that there is a scale. Please provide more details on the measurement. For IYCF, why was it only mothers’ knowledge (surprising given the point of this study), and which IYCF variables was it?

Eighth, for ethics, please specify that written consent was obtained from all participants – “prior to data collection” – and separately for baseline and endline (assuming this is the case).

Ninth, the timeline is unclear. You say “Oct 5, 2022,” is when trial enrollment began and that data collection was completed “May 9, 2023,” but the intervention was only 2 months. Please specify the start and stop of baseline data collection, the start and stop of the intervention, and the start and stop of endline data collection. Please also reflect on any potential seasonality and how it would affect your outcomes (e.g., in some contexts, what you can grow or purchase to eat varies by month of the year).

Tenth, in your “strengths and limitations” sections, please carefully check what these are for the study vs. for the intervention, as right now it is a difficult section of the paper to follow because everything is mixed together conceptually.

Lastly, the discussion section needs a lot of work. It should not be a repeat of study justification or methods but should really discuss our key findings. If that is not available yet (because this is protocol documentation), perhaps each paragraph could be a discussion around an important aspect of this research and what the hypotheses are, why based on other literature, and so on.