


# Formula Feeding Practice and Associated Factors Among Mothers Who Visited Health Facilities for Their Infants Aged Below 6 Months in Bahir Dar City, Northwest Ethiopia, 2020 [Letter]

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## Dear editor

I have read a research article entitled

Formula Feeding Practice and Associated Factors Among Mothers Who Visited Health Facilities for Their Infants Aged Below 6 Months in Bahir Dar City, Northwest Ethiopia, 2020

by Alemu et al.<sup>1</sup> I congratulate the authors on this successful article and make some contributions. There are three strengths of this research: 1) this research emphasizes the importance of strengthening pregnancy consultation services, including improving the quality of breastfeeding counseling. This is considered crucial to eliminate inappropriate formula feeding practices and their impact on health, thereby advancing the welfare of mothers and children. 2) the need for increased health communication focusing on changing attitudes in the practice of formula feeding and its health consequences. This is more efficient in supporting the habit of exclusive breastfeeding, which in turn will improve the baby's health. 3) development of evidence-based policies in understanding the factors that contribute to the use of formula milk and developing specific intervention strategies to encourage exclusive breastfeeding.

However, I identified two limitations of this study that need to be addressed in future research: 1) recall bias and response bias. Recall bias occurs when participants in a study do not remember past events accurately, causing inaccuracies in the data collected. This is especially relevant in retrospective studies where participants are asked to recall past behaviors, experiences, or exposures. Recall that bias can significantly affect the validity of research findings. Future research could employ real-time data collection methods, such as digital diaries or ecological momentary assessments (EMA), in which participants report their behavior and experiences in real-time or near the time of the event. Additionally, longitudinal study designs involving multiple follow-ups with the same participants over time can help verify the consistency of reported information and reduce recall bias. Response Bias relates to participants' tendency to answer questions in a way that is not completely accurate, often due to social desirability or misunderstanding of the question. This can distort the results and produce conclusions that do not accurately reflect reality. Future research using more objective measurement techniques, such as direct observation or validated questionnaires, may help minimize response bias. Additionally, ensuring anonymity and emphasizing the importance of honesty in responses during data collection can encourage more accurate reporting from participants.<sup>2,3</sup> 2) the impact of COVID-19 on food insecurity and health service utilization. The COVID-19 pandemic has had a major impact on global health systems, food security, and individuals' ability to access necessary health services. These impacts may change formula feeding practices and the overall well-being of infants and families. Future research should explore the broader context of how a pandemic or global health crisis affects formula-feeding practices and the subsequent impact on health service utilization. This



includes examining changes in access to health services, changes in feeding practices due to supply chain disruptions, and the psychological impact on caregivers. Quantitative analysis can be complemented with qualitative research to better understand individual experiences and coping mechanisms during such crises. Given the ongoing and evolving nature of the global health emergency, research in this area must be adaptive and include consideration of rapidly changing circumstances. This may involve developing models to predict the impact of crises on health behavior and service utilization, thereby enabling more proactive and responsive health service planning.<sup>4-6</sup>

## Disclosure

The author reports no conflicts of interest in this communication. The author alone is responsible for the content and writing of the letter.

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