

LETTER TO THE EDITOR

Re: Agreement between current status and retrospective data for prevalence and duration of exclusive breast feeding from low- and middle-income countries surveys

The letter from Shokri and Sabour¹ points out a research question that was beyond the scope of the study. Essentially, their comments were based on a misunderstanding of our data. The objective of our study² was to assess whether current status and retrospective recall data would produce similar estimative of prevalence and median duration of exclusive breast feeding, since both data are widely available in large surveys. The retrospective data are a quantitative variable (age in months of food introduction, in our analysis) and

allow us to assess duration of breast feeding in individual and population levels. The current status is a binary variable (yes/no) calculated in aggregate way and does not express length. Therefore, we have two different kinds of variables and one strategy to compare them was transforming retrospective variable into an equivalent dichotomous variable. After this process, current status and retrospective data were binary variables, and thus, Kappa coefficient³ is an appropriate test to answer our research question. The weight Kappa test, as suggested by Shokri and Sabour, is applied for ordinal variables or when the categories of the variable should be considered. In 2×2 table with symmetrical assignment of weights (data showed in Table 1 of our manuscript), weight Kappa produces same estimative from Kappa. The intraclass correlation coefficient is proper to compare within and between shared variance among two quantitative variables, but and thus, not applicable for our data.⁴

The World Health Organization⁵ recommends to apply current status data to estimate exclusive breast-feeding status despite it is far from being considered a gold standard. Shokri and Sabour¹ presumed that we were estimating a validity of a test measure, which was not the case. We did not aim to assess validity because we did not have a gold standard to assess prevalence and duration of exclusive breast feeding.

In our manuscript, we highlighted these issues *as follows*: "The cross-sectional design of all datasets does not allow us to compare the age of introduction of foods longitudinally (gold standard data). Therefore, it was not possible to conclude whether current status data under- or overestimate the prevalence and medians. We could, however, assess if these estimates are similar or different." (*Limitation of the data, page 6*).

Despite the agreement between the two widely available measures, we cannot assure that they are valid. We were very careful regarding this issue in our discussion and conclusion. Future studies that have longitudinal data should look into the validity of these two measures to better guide the research on the field.

TABLE 1 Prevalence of exclusive breast feeding (EBF) using current status and retrospective data by country for infants under 6 mo, and the agreement (kappa) between these two estimates. DHS, Phase II

Countries	Retrospective data (%)	Current status data (%)		Kappa
		No	Yes	
Burkina Faso (LCI)	No	92.6	1.9	0.25
	Yes	4.3	1.2	
Malawi (LCI)	No	98.0	0.8	0.64
	Yes	0.3	1.0	
Egypt (LMIC)	No	55.5	6.9	0.85
	Yes	0.4	37.3	
India (LMIC)	No	56.4	3.4	0.90
	Yes	1.4	38.8	
Morocco (LMIC)	No	49.0	7.6	0.81
	Yes	1.7	41.6	
Pakistan (LMIC)	No	72.4	5.2	0.73
	Yes	4.3	18.2	
Philippines (LMIC)	No	72.5	2.3	0.91
	Yes	1.3	23.9	
Colombia (UMIC)	No	88.7	2.2	0.78
	Yes	3.6	7.5	
Namibia (UMIC)	No	86.3	0.2	0.94
	Yes	1.1	12.3	
Peru (UMIC)	No	67.7	0.6	0.91
	Yes	3.1	28.6	


Note: DHS refers to Demographic Health Survey.

Abbreviations: LIC, low-income country; LMIC, lower middle-income country; UMIC, upper middle-income country.

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