

Dear Editor and Reviewers

We thank you for the positive comments and suggestions. They have all been considered in our revised manuscript.

Yvan Vandenplas

Reviewer 1	
Describe the universe of pediatricians: general pediatricians, primary health care, neonatologists?	It are "general" pediatricians. This has been highlighted in the revised version.
- To better understand the meaning of the answers, the questions should be - at least partially - detailed. The answers could have different meanings, depending on how the questions were formulated, and this should be carefully discussed. For instance: ? Were there questions about age range at which most patients of the pediatricians were diagnosed, and about which proportion presented with complications/fecal impaction? ? Was the possible confusion of the term encopresis (often used for non-retentive incontinence) made clear in the questionnaire? ? Which options were offered about the treatment to be given? Was the option 'normal' dietary fiber intake given, and was 'normal' defined? How? Were questions separated for children with or without evidence of fecal impaction?	The questionnaire was added to the manuscript
How was decrease in frequency of bowel movement with a mean 3.59 days between 2 defecations obtained? If possible, present mean (SD), or median (25-75%).	3.59 was the "median" duration between two defecations reported by the respondents to be considered as constipation
Straining and difficulty in defecating are both included in the questionnaire, but the latter does not appear in results. In fact, both could clinically overlap (when straining appears in the text it should be corrected).	We deleted straining and replaced it by "difficulties in defecation"
Association of symptoms: it seems that any of the symptoms would make pediatricians suspicious of constipation. If so, and/or	"And/or" was used

<p>should be used in the text, instead of and</p>	
<p>The series of questions about treatment includes duration of treatment and outcome, but results do neither contemplate outcome, nor overall duration of treatment (except that non-pharmacologic treatment was recommended for 1 to 2 weeks by 68%).</p>	<p>This information is now included in the manuscript</p>
<p>Table 1 does not correspond to Rome III. It corresponds, instead, to the % of answers</p>	<p>We agree with the reviewer and deleted the sentence</p>
<p>Discussion is quite incomplete. It focuses mainly on the topic whether the answers were in accordance with Rome III, without any discussion about the meaning of the answers. For instance, a high-fiber diet without pharmacological treatment for a short period, does not conform to Rome III, but cannot be considered 'wrong' a priori (no evidences have shown this), depending on absence of fecal impaction/complications, what was considered a high-fiber diet (increase of DF intake for a child considered with a 'low' intake, inclusion of supplements, or...), etc. In fact, Rome III has been disputed (Rome IV has been published since, but did not change substantially) and important papers were omitted in the discussion. Therefore, among others, the following papers should be approached: Yang CH, Punati J. Practice patterns of pediatricians and trainees for the management of functional constipation compared with 2006 NASPGHAN guidelines. JPGN 2015;60(3):308-11. Sood MR. Evidence-based diagnosis and treatment of functional constipation: "are we there yet?" JPGN 2015;60(3):288-9. Rajindrajith S, Devanarayana NM, Crispus Perera BJ, Benninga MA. Childhood constipation as an emerging public health problem. World J Gastroenterol 2016 14;22(30):6864-75.</p>	<p>These references were added to the manuscript</p>

<p>The title of the paper and the conclusion of the main text are somewhat in contrast with the Abstract's conclusion which is "Although almost all pediatricians are aware of important aspects in treating constipation, further education is needed in order to provide comprehensive and effective diagnosis and treatment for pediatric constipation" This affirmation could better show up in the discussion, in which mainly the negative aspects are stressed. In the conclusions of the text it says that knowledge about appropriate diagnosis and treatment is weak among young pediatricians.</p>	<p>We adapted title and conclusion</p>
<p>Reivewer 2</p>	
<p>Key words and core tips are missing.</p>	<p>They have been added</p>
<p>The title of the subsections should be changed according to the rules of the journal.</p>	<p>Has been changed</p>
<p>Standard deviation scores should be given when mean values are used</p>	<p>Has been done</p>
<p>Generic name or its content should be given instead of "Microlax".</p>	<p>Has been adapted</p>
<p>Introduction" should be preferred instead of background according to journal guidelines</p>	<p>Was changed</p>
<p>It is stated that constipation prevalence changes depending on multiple variables. What are these variables? This sentence should be clarified. (first paragraph, line 4</p>	<p>Has been changed</p>
<p>Reference should be given for the guidelines mentioned in the second paragra</p>	<p>Done</p>
<p>This part of the manuscript should be written more clearly and in details.</p>	<p>We added the questionnaire</p>
<p>Questions should be defined more clearly. It is hard to understand what is asked. Participants are asked to choose one or more symptoms, but either number of bowel movements or consistency of the stool is a symptom</p>	<p>As said, we added the questionnaire to the manuscript and hope this will naswer most of the suggestions and comments</p>
<p>In the results it is said that there are five symptoms, but in the methods six are</p>	<p>Starining was deleted, as requested by another reviewer</p>

stated. Is straining and difficulty in defecating accepted as one? These all should be defined clearly in methods	
Later in the result part a mean value is given for days between two defecations. This question should be given in methods also	This is clarified since teh questions are added to the manuscript
The questionnaire is distributed to 103 pediatricians. Is the total number of pediatricians? If not, why and how this number of pediatricians are chosen	The questionnaires were distributed during a scientific meeting. This has been clarified.
General" may be deleted throughout the manuscript as pediatrician is sufficient	Anothe reviewer propsoed to clarify throughout the manuscript that the information is obtained rom "general" pedaitricians and not from subspecialists
Participant" or "pediatrician" is more appropriate instead of "respondent	Respondent was deleted
It is stated that "the respondents were recognized" (line 2). The meaning of this phrase is not clear.	This has been changed
o Is fecal staining or straining meant in the 3rd paragraph, line 2	This has been changed
Standard deviation scores should be given when mean values are used.	The standard deviation are added
In the first paragraph it was stated that constipation according to Rome III criteria is given in Table 1. However, table 1 is about the results of questionnaire. If Rome III criteria will be given it should be for toddlers and children separately, and reference should be given	This has been adapted.
Reference 5 and 6 are not for Rome III criteria. This sentence should be made clear	Has been changed
Pediatricians had advised to increase fiber end fluid intake. How is it decided that they advised to increase intake above the recommended values? Patients may be taking less than they should. ?	We adapted the manuscript. Pediatricians recommedn "high fiber" and "increased fluid" intake. But there is no infomation on the fibre and fluid intake at baseline. This has been added as a weakness of the study in the discussion section.
References should be written according to journal guidelines	Adapted
Is reference 11 an article, a book or a website? This should be corrected	Reference has been changed
Reference 12 is not appropriate for children. There are many publications that can be used instead.	Has been replaced

Figure legends should be written under figures not above.	Done
Refernce 13 should be corrected, name is missing	Done
Reviewer 3	
How did you derive the questionnaire? Did you use the Rome III guidelines for functional constipation to design questions or the NASPGHAN/ESPGHAN guidelines? If not, was your questionnaire validated?	The questionnaire was not validated - this has been added to the manuscript
How many pediatrians identified all criteria for functional constipation into their diagnosis of constipation?	14 % (figure is in manuscript)
What other treatment modalities were used by pediatrians (miralax, mag citrate, etc)?	In fact, the therapeutic options in Indonesia are limited to the options provided
Overall, I think you should emphasize the difference between current practice and current recommendations in this community of pediatrians. Finally, there were some issues with language, specifically in the discussion, that could be reworded, but these were minor issues and the manuscript overall had excellent flow.	We thank the reviewer