Author's response to reviews

Title: Intimate partner violence and infant morbidity: evidence of an association from a population-based study in eastern Uganda in 2003

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Version: 3 Date: 8 October 2007

Author's response to reviews: see over
October 8, 2007

The Editorial Team
BMC Pediatrics

Re: MS: 1541248743125261 - Intimate partner violence and infant morbidity: evidence of an association from a population-based study in eastern Uganda in 2003

We are pleased to submit the 3rd version of the above-mentioned manuscript after taking into account the comments of the reviewers. We would like to thank the reviewers for the valuable and constructive comments and suggestions. We hope that the revised manuscript meets your satisfaction.

We look forward to your kind considerations.

Yours sincerely,

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Reviewer's report: Rodolfo Pena Reviewer

1a. The research question is not related with the study design: it is a cross sectional with the main aim to estimate the prevalence of IPV, however you can consider as a secondary analysis the relation between IPV and infant morbidity.

We have revised the objective to read “As a secondary objective, we set out to explore any association between intimate partner violence and common childhood illnesses namely fever, cough with fast breathing and diarrhoea in a community-based study of rural and urban populations in eastern Uganda”(Page 3, last sentence). We wish to point out that our intention was to establish an association between IPV and infant illness BUT NOT a causal association. As such, the cross sectional study design was appropriate.

1b. The research question says: “Is it that intimate partner violence is associated with common childhood illnesses that eventually lead to death?, however you do not study death, but morbidity (please check the title of the article).

Previous studies have established a link between IPV and infant mortality. One question, which begs, is: what causes child death in such situations? Is it injury or illness or another mechanism? Our study is an attempt to throw some light on this question by exploring the association between IPV and infant illness. Our study did not study death but rather illness (morbidity). Death only featured in the background because previous studies had linked it to IPV.

1c. In the background, second paragraph, line 21, it says: “We therefore conducted a community based study of rural and urban populations in eastern Uganda in order to determine any association between intimate partner violence and common childhood illnesses namely fever, cough with fast breathing and diarrhea”, it is better to replace the word “determine” by “explore”, because the type of study design is a cross sectional one.

The word “explore” has replaced “determine” as indicated in 1a. above(Page 3, last sentence).

2.1 Consider to move the paragraph on “Sample size estimation” before “Variables and instrument.

This has been done (Page 5).

2.2 In the paragraph of the sample size, replace the degree of precision 0.5 by 0.05; it must be 5% and not 50%.

The change has been made (Page 5).

5. You have not conclusions.
6. Here, comments are related to the first question above, title responds mainly an analytical question and not for a study to estimate prevalence.

As explained in section (1a), our study set out to explore an association between IPV and infant illnesses. As such, a cross sectional study design was quite appropriate. We wish to point out that we did not set out to establish a causal association between IPV and infant illness, in which case the cross sectional study design would clearly have been inappropriate.