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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Author's response to reviews: see over
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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 4th version of the above-mentioned manuscript after making the suggested changes to the format. The references have been written to include all authors (30 or below) and et al has been omitted. The tables have been revised to include cells and Table 2 has been cited on page 9 (4th line from the bottom). We also made corrections to the numbers and percentages in Table 4 for the columns “Violence” and “No Violence” for the following variables:
Is child on exclusive breastfeeding?
Complete vaccination for age
Is child wasted?
Is child underweight?
Is child stunted?
Has child had fever in past two weeks?

We thank you for 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.
The section on Conclusions has been included (Page 12).

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.