Reviewer's report

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

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Reviewer: Rodolfo Pena

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GUIDELINES
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BMC Pediatrics currently considers the following article types: Database, Debate, Research, Software, Study protocol and Technical advance articles. We do not currently consider review articles.

When assessing the work, please consider the following points:

1. Is the question posed by the authors new and well defined?

The research question was posed and well defined; “..Is it that intimate partner violence increases the frequency of common childhood illnesses that eventually lead to death?” However it suggests the association between two variables, which should be answered by an analytical study (case-control, cohort). And it has been not the designed use in this study. Furthermore the way that the sample size was set-up, is in concordance with the objective to assess or investigate the prevalence of intimate partner violence, rather than to looks with associations (see page 6 para 2 in methods), thus it is suggested to rephrase the research question--- (major compulsory revision)

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

2.1 The study area was described. However, despite that the 4 counties are mentioned, there is not any information in the total number of villages in the Mbale district? Moreover, only Mbale town and the surroundings of Bungokho county were “purposively” selected; without further information why? Because they had better accessibility? How much do they differ from the two others which were not selected? Which were the reasons not to enrolled Bubulo and Manjiya? And it should be add important piece of information on prevalent diseases especially among small kids. (major compulsory revision)

2.2 The target population was not properly described, since it is mentioned that “Only households that fulfilled the selection criteria were selected. The women who resided in the selected households in Mbale town or Bungokho county and who were 18 years and above with a child aged one year or less were invited to participate in the study” (see page 4 last para and page 5 first para in methods). What was the age-range for the selected women? Does a woman of 60 or 80 years could be included? Moreover, there is an important contradiction between the data shown in table 1 and the criteria of selection above. In table 1 the age of the mothers was dichotomized in 15-24 and 25-45. There is not a single line of information on the number of children less than one year of age in the Mbale district too. This information should also be giving either estimated or projected. Finally, there is not any information what to do if a mother had two kids less than one year of age? Either because very short birth spacing or for having twins. How this was handel? (major compulsory revision)

2.3 The study period has not been mentioned at all! Only in table 1 and 4…Mbale Uganda 2003? (major compulsory revision)

2.4 Sample size:
In the article it is state that “We based our sample size calculations of the prevalence of intimate partner violence in rural and urban women in Mbale. We used an expected proportion of intimate partner violence of 0.15 and a total width of 0.10 (see page 6 para 6 in methods). Here there are several concerns: it is expected to have the same prevalence of IPV in urban and rural areas? There is not any difference? What ever the answer will be it needs to be supported; thus, the expected and selected proportion of intimate...
violence of 15% and a total width of 10%, is not clearly described
(Discretionary revision)
My calculation of the sample size gave 392 subjects and not 397 as you're reported
(minor essential revision)

2.5 Plan of Data Analysis
2.5.1 A detailed description of all independent variables used in the study was done; however there is not
any description on how the dependent variables were operationalized, e.g. : IPV (how it was defined; and
what and why the classification used as presented in table 2), socioeconomic status, mother education
among others.
(major compulsory revision)
2.5.2 Justify why of the use of a bivariate and multivariate analysis. Is it for confounding control? It is the
need to explained which and why statistics were used (OR and adjusted OR) and its respective 95%
confidence intervals. In pag 6 at the end of para 2, it is state "For each dependent variable, all the
independent variables were then entered into a model for logistic regression", such stamen needs to be
clarified by which criteria were used in order to entered a dependent variable into the model? Especially if a
bi-variate analyses was performed previously and it may tell whether there is or not any relation between
dependent and independent variables; or if there is any reason to be a potential confounder factor?
(major compulsory revision)
2.5.3 The phrase in page 6 para 2 in methods: “When ILL was used as the dependent variable, its
component variables (fever, cough, fast breathing and diarrhea) were not included in the analysis”, it is not
consistent with this: “The variable ILL was dichotomized into not/mildly ILL consisting of 0 or 1 symptom or
moderately ILL consisting of 2 to 4 symptoms. It needs more explanation why? How did arrived to a
sensitivity of 57% and specificity of 59%? What was the gold standard for it?
(major compulsory revision)
2.5.4 In phrase as this: “A separate analysis was performed for each dependent variable against the
independent variables that included the characteristics of the women, men and infants", the word men refers
to the husband’s woman interviewed?
(minor essential revision)

2.6 Results
2.6.1 In table 1, there are the following recommendations:
- The title has to be adjusted in relation whether there is only the first descriptive table of the baseline
characteristics of women, husbands and children; or a regression logistic model results or both?
(minor essential revision)
- The table present a bi-variate and multivariate analyses, having several missing Adjusted OR, it is not
cleared what is in the model or what was adjusted for?
(major compulsory revision)
2.6.2 Table 2 and 3 can be collapsed in one. It could a descriptive initial table as recommend in the item
2.6.1 above. Moreover, it is important to clarify that the column percentage does not sum 100% due to
multi-chooses.
(major compulsory revision)
2.6.3 Table 4, which is the core one in the paper, needs the following revision:
- Since in this table are all the variables used to adjust model. It is important, in the first place to clarify that
lifetime IPV was used as the major exposure variable.
- It is not clear which are the adjusted variables used in the model? Thus, it is strongly recommend
specifying in the bottom of this table the variables used for adjust the relation between life IPV and the
dependent variables, showing in the table 4.
(major compulsory revision)

3 Are the data sound and well controlled
Yes, there is information on. However it is recommended to add more information how the data quality
control was performed. In other words, do they performed cross-checking during data collection, whether
data checking rules were build in EPIDATA for data entering control?
(minor essential revision)

4 Does the manuscript adhere to the relevant standards for reporting and data deposition
In general the manuscript is showing adherence to standards. However the tables have to be adjusted
according to the above suggestion giving (see section 2.6 in this report).
(minor essential revision)
5 Are the discussion and conclusions well balanced and adequately supported by the data?
5.1 The main findings were presented, comparison with other studies was done, and limitations were reported. But, it was not presenting any discussion on which are the potential biases in the study, and how they can affect these findings.
(major compulsory revision)
5.2 It is recommended to use only significance, if there is any; and not to use statistical significance, since the word statistical is redundant.
(minor essential revision)

6 Do the title and abstract accurately convey what has been found?
Title: “Intimate partner violence and infant morbidity: Evidence of an association from a population base study in eastern Uganda”. It is clear and contains the key words of the study, the only recommendation is to add the study period: 2003.
(Discriontary revision)
Abstract: it is structured, which I guess in accordance with the requirement of the journal. Thus: Background and Methods are Ok. In the results section it is mentioned the mean age of women and the mean age for infants, however in the results section of the article page 8, the only reported mean age is for the children.
(minor essential revision)

6. Is the writing acceptable?
Yes, it is. However it is always recommend sending the final version for English language revision.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests, with this paper at all!