Author's response to reviews

Title: Problem drinking and physical intimate partner violence against women: Evidence from a national survey in Uganda

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Version: 3 Date: 12 April 2012

Author's response to reviews: see over
Editorial Office
BMC Public health

Dear Editor,

We thank you again for giving us an opportunity to revise and resubmit our manuscript “Problem drinking and physical intimate partner violence against women: Evidence from a national survey in Uganda”. We have revised the paper given and provided point by point response to the comments. We have attached the revised manuscript.

Sincerely,
Nazarius Mbona Tumwesigye, PhD
Grace Bantebya Kyomuhendo, PhD
Thomas Kennedy Greenfield ,PhD
Rhoda K Wanyenze, MD PhD
Reviewer’s report:

Comments to the Author
I am appreciative of the effort the authors went through to address the comments provided by the reviewers for the previous submission. I have reviewed these responses and please with the authors responses. In light of this I have reviewed the revised publication as a new publication.

The paper presented is valuable given the lack of population-based data on this topic available for Uganda. As noted by the authors the UN have asserted the need to eliminate IPV; the paper helps boost the country level information about this. And given this i support it’s publication.

Concerns:

Comment 1: P4, L1: ‘one of the most commonest definitions’ what are you providing a definition of – IPV, PIPV, GBV?

Response 1: We have added the definitions of both PIPV and IPV. We have also added the justification for focusing on PIPV for this paper.

Comment 2: P4: I feel the first paragraph is a ‘shot-gun’ of facts – and the authors should be systematic in the grouping of information. I.e., break it into themes and have linking sentences. For example WHO/UN drive, definitions, and measurements. The end of the first paragraph belongs in the methods/sample

Response 2: We have divided the paragraph into three sections-Definitions, UN/WHO position and measurements

Comment 3: P4: As with the previous comment this paragraph needs restructuring. My suggestion: Alcohol consumption reduces self control and affects cognitive and physical functioning which reduces the ability of an individual to negotiate non-violent conflict resolution[12]. Alcohol consumption has been found to increase the occurrence and severity of domestic violence [10]. In addition, alcohol consumption by partners may cause financial problems, aggressive behavior, childcare problems and other related problems which can lead to violence against women [13-15]. A study in the USA found that 30 to 40% of the men and 27 to 34% of the women who perpetrated violence against their partners were taking alcohol at the time of the event [16]. A multi-country study in Chile, India, Egypt and the Philippines identified regular alcohol consumption by the partner as a risk factor for any life time PIPV against women across the four

Response 3: Thank you for the suggestion; we have incorporated it

Comment 4: P5 L1. You paper is not about Women-to-men IPV and as such it is not necessary to raise in the introduction or throughout (as you do).

Response 4: We have removed the reference to PIPV and drinking among women in the introduction and discussion.

Comment 5: P5 p1 17: You say ‘define drinking’ as gotten drunk. This needs a definition to what is ‘gotten drunk’ – even if you say it is subjective.

Response 5: This refers to those partners whose women detected and reported that they got drunk, and has been clarified in the paper. We also noted this as a limitation, due to its subjectivity

Comment 6: P5 p2 2: you say ‘harmful or hazardous levels’ provide a measurement of this 5 standard drinks, 20??

Comment 6: We have deleted this phrase.

Comment 7: P5 p3 3: single is not a marital status? (never married, married etc)

Response 7: We have changed this to being single or divorced/separated

Comment 8: P6 p1: I feel this paragraph is not appropriate for the focus of this paper.

Response 8: We have revised the paragraph to ensure focus and appropriateness to the paper.

Comment 9: P7 p1 6: what is the time period of PIPV (12 months?)

Response 9: We have added ‘in previous 12 months’

Comment 10: Methods: I think you over emphasis too much ‘weighting/weighted data’. Simply state that your analyses is based on weighted results (unless otherwise specified).

Response 10: The text on weighting was replaced by “Computation of the prevalence of PIPV and significance testing of its variation by different background characteristics were based on weighted data” We have also reduced the repeated reference to weighting.

Comment 11: The UDHS response rate is amazing! However, after reading the UDHS report your response rate of women (in scope) is 95% not 98%.

Response 11: This has been corrected.
Comment 12: Measures: this is where all the ‘definitions’ mentioned in the intro should be relative to your study.

Response 12: We have shifted the detailed description of the PIPV to the measures section.

Comment 13: Analysis strategy: this is appropriate but too detailed.

Response 13: We have revised and condensed the analysis section

Comment 14: P9 p2 l16: please inform the reader why you choose a .1 criteria?

Response 14: The p-value of 0.1 was chosen because it was in between a common more inclusive criteria of 0.2 and common least inclusive criteria of 0.05. We have added this rationale to the analysis section

Comment 15: What statistical package did you use?

Comment 15: I have added statistical package STATA V10

Comment 16: P11 p1 l8: I disagree with your interpretation of PIPV trends in age: looking at the percentage it goes up from young to middle aged then down – the trend would still be significant (but marginally).

Response 16: I have added the word “on average” to cater for a slight decline in 41-45 age group

Comment 17: P11 p2 l3: it is inappropriate to compare the two percentages – they may be related but this was not a subgroup summary. You do this again at the beginning of the discussion.

Response 17: We have corrected this in the opening paragraph of the discussion.

Comment 18: P13 p1 l13: Please provide a justification of why you look at ‘often drunk’ and ‘sometimes drunk’ – what is the purpose of this.

Response 18: We have deleted the sentence..

Comment 19: P14 p1 l2: remove the discussion about women-to-men IPV it is not a focus of this paper.

Response 19: We have removed it

Comment 20: P14 p2 l18: you provide a policy measure ‘drinking to intoxication’ but I am guess much of the drinking by these men is ‘private’ so how would this policy be enforced.

Response 20: We have added the proportion that take alcohol from bars (69%) and described how this provides an opportunity for regulation of excessive drinking (under the discussion section).
Comment 21: P19 t1: I would suggest the counts column of ‘drunkenness’ be moved in front of the ‘partner gets drunk’ frequency column.

Response 21: This change has been effected

Comment 22: P24 f1: the y-axis heading needs PIPV
Response 22: This change has been effected
COMMENTS FROM REVIEWER 2 AND RESPONSE

Comment 1: The text needs a major linguistic revision and the authors are invited to do a thorough review given the all too many typos. The abstract is unclear when reporting the results.  
Response 1: A review has been done.

Comment 2: Justification of the study on p.7 is still scattered and requires more conciseness and clarity.  
Response 2: We have deleted the unnecessary sentences.

Comment 3: In the method section, the levels of stratification in the survey design are ambiguous. This section should be revised to better describe the nature of the clusters. Moreover, the information on the weighted and unweighted samples is not necessary. They add confusion with information that is more peripheral to the main objectives of the study. The information on age subdivisions is also unclear.  
Response 3: We have stated the stratification of district and rural/urban. We have also provided more explanation of the clusters and deleted some of the information on weights.  
On age group the following has been added: ‘The 5 year age group categorisation was meant to allow ease of comparison with previous studies.’

Comment 4: The analysis strategy is presented as a recipe-type list. The information on descriptive statistics is unimportant whereas the reports on the types of analysis should be more concise.  
Response 4: We have revised this section to ensure that the sentences are linked, and have shortened several sentences.

Comment 5: The authors still refer to the partner of the respondent, a type of formulation that makes the text heavier to read. Given that the sample is sufficiently described as well as the measures of partner’s drinking, it is less important to remind the reader that some reports refer to the partner of the respondent.  
Response 5: The sentence with “The partner of the respondent” is no longer necessary and has been deleted.

Comment 6: I am not sure that Figure 1 should be kept in the results section. Besides the fact that covariates are not considered in the results reported in Figure 1, this information duplicates the first result reported in Table 2. Thus, I consider that the information will remain complete without reporting Figure 1.  
Response 6: Figure 1 has been deleted and the text edited to reflect the change.

Comment 7: The authors should also be careful in using the right wording for some of the concepts. In the method section, multivariable and bivariable should be replaced by the words multivariate and bivariate. It is also suggested to use the word deprived instead of poor throughout the text.  
Response 7: multivariable has been changed to multivariate.

Comment 8: it is unclear why heavy drinking consumption was limited to drinking to get drunk, a notion that was not measured in this study.  
Response 8: the phrase drinking to get drunk has been dropped.
Comment 9: Quality of written English: Not suitable for publication unless extensively edited

Response 9: We have reviewed and revised the language for the entire paper.