Author's response to reviews

**Title:** Intimate partner violence against women in rural Vietnam: different socio-demographic factors are associated with different forms of violence. Need for new intervention guidelines?

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**Author's response to reviews:**

To the Editors,

BMC Public Health
BioMed Central Ltd, Middlesex House, 34-42 Cleveland Street, London W1T 4LB
United Kingdom

Hanoi 03rd September 2007

Dear Editor,

We hereby are happy to resubmit our paper on

Intimate partner violence against women in rural Vietnam: different socio-demographic factors are associated with different forms of violence. Need for new intervention guidelines? to be considered for publication in BMC Public Health.

MS: 8317342351393759

Nguyen Dang Vung, Per-Olof Ostergren and Gunilla Krantz

Thank you very much for your consideration of our manuscript, we would like to answer your questions as follows:

1) Address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.

We have done in a separate letter (to be attached).

2) The paper has been through a language editing process where we used Proof-reading services a company based in UK for this.

3) Ethical approval for this study.

This project was approved of by the Ethics committee of Gothenburg University. Our ethical clearance was achieved on the 3rd Sept 2001. It was given to us from the Ethics Committee at Gothenburg University by the chairman, professor Calle
Bengtsson. It has a reference number which is Ö 258-01.

4) Competing interests

We have no competing interests

5) Authors’ contributions

Each author did the following:
Design and planning of the study: Gunilla Krantz, Nguyen Dang Vung and Per-Olof Ostergren.
Data collection: Nguyen Dang Vung, Gunilla Krantz and other Vietnamese people involved
Data entry and management: Nguyen Dang Vung
Data Analysis: Nguyen Dang Vung and Gunilla Krantz
Writing the ms: Nguyen Dang Vung, Gunilla Krantz and Per-Olof Ostergren
Conclusions and discussions: Nguyen Dang Vung, Gunilla Krantz and Per-Olof Ostergren
Approving the final version: Nguyen Dang Vung, Gunilla Krantz and Per-Olof Ostergren

6) Our revised manuscript conforms to the journal style.

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Authors’ response to reviewers of our manuscript titled:

Intimate partner violence against women in rural Vietnam: different socio-demographic factors are associated with different forms of violence. Need for new intervention guidelines?

Thank you very much for very valuable comments to our manuscript. Here follows a detailed description of how these comments have been handled.

1. Reviewer Jacquelyn Campbell

Abstract: the issue of using prevalence or risk is raised here. This subject has been much debated between the authors during manuscript preparation. We have now finally agreed to use prevalence instead of risk and the manuscript is now adjusted according to this recommendation.

The prevalence of physical and physical/sexual violence is now given in the abstract and the expression psychological violence has been changed to psychological abuse throughout the ms.

Page 5-6: Information about Bavi district has been added, also educational levels and information on polygamy and patriarchal norms
The exact wording of the WHO definition of IPV is now in the ms (page 6).

Measurements
Back translation of the WHO questionnaire was not done. We did exclude sections of items from the original WHO questionnaire, such as the sections dealing with socio-economic factors and also financial outcome as this data was at our disposal from the Filabavi database (the demographic surveillance site) and in this way we could shorten the questionnaire and the time demanded to respond to this comprehensive questionnaire. Further, we did remove items on respondent and her community, items on dowry related issues, some of the items relating to pregnancy and also to the children.

We did not change the wording of any of the items included in our version of the questionnaire. This means that some items were excluded and some of this information was replaced by information from the Filabavi database. This data has been subject to evaluation and found to be very reliable.

Page 8: In this ms - when reporting on prevalence - any incident of violence is included. However, when analysing associations with possible risk factors, those with only one incident of violence experience over the life time were excluded to sharpen the criterion of violence exposure. This is explained on page 8.

One of the objectives of this paper was actually to investigate whether there would be any support for the notion that physical and/or sexual violence is different from psychological abuse and we did find some support for this. We therefore decided to report on this as it is an important finding and not exclude psychological abuse entirely from the ms.

Page 9-10 on ethical guidelines. The interviewers were trained by the main responsible Vietnamese researcher after careful instructions from the co-researchers following the guidelines issued by WHO. It did not however, include bringing another household survey for other members of the household. This was due to the fact that our interviewers were well trained in general as they do perform household interviewing every third month for the demographic surveillance site. For this occasion they introduced the project as a women’s health project, not informing about the violence focus until alone with the respondent, who then was free to withdraw from the interview of course.

Page 9, correlation cut off point. .4 is often used as it is recommended by text books on Epidemiology and a reference is added in the ms.

Page 10, two-child policy. In Vietnam, there used to be an open policy that a family should not have more than two children and at least one should be a boy. This is now abandoned officially but still exists in people’s perceptions of the ideal family. The two-child policy refers to couples as divorce is uncommon, but it is the women who are responsible for upholding this tradition.

Results
The first paragraph has been revised in line with the suggestions given by the reviewer as we agree on the importance of being able to compare figures. Now physical and phy/sex prevalence figures are given and the reporting on the three combined is deleted.

In this ms, we did not separate moderate and severe psychological abuse as this to our knowledge has not been done by other authors. Therefore each item counts the same.

In the Venn diagram the %¿s are displayed for those abused ¿ or do we misunderstand this comment?

Further, it is physical and sexual violence combined that is investigated but as only one woman report being subjected to only sexual violence and not to any other form of violence, she is included in this population. This explains the ¿and/or¿ but we agree this is maybe somewhat misleading and now this has been changed to physical and sexual violence.

Page 12 and Table 3b. The number of children refers to the number given birth to by the woman in the household. In the majority of cases this is the same as the number of children in the household as the divorce rate was extremely low in this population.

Page 13. it is now clearly indicated in the ms that more than one wife was not a risk factor for psychological abuse alone.

Strengths and weaknesses
The last sentence in the first para has been omitted as suggested.

Discussion
The first para has been revised in line with suggestions given here, i.e. to report on physical and phy/sex prevalence

Page 16. For comparisons more data is given from the Chinese study although this was a health care based study and ours was a population based study. This has also been explained in the ms.

Page 17 on marital rape. We agree of course to the fact that in most countries there is no such thing as rape within marriage. However, in Vietnam where sexual violence is considered more sensitive to reveal than physical and psychological abuse, we do believe that we have an underestimation of prevalence here as in one of our earlier studies (a qualitative study) the participating health care staff encountered sexual violence victims in their practice and were of the impression that this was happening in rural parts. A sentence has been added on this in the ms and a reference given.

2. Reviewer Amy Bonomi
1) Editing has been done and we hope this ms is now improved in this respect.
2) What we actually wanted to point at is exactly what the reviewer say, i.e. that most of the studies investigating overlaps come from USA and very few investigated this in a low income setting. This has now been commented on in the ms.

3) Methods. Prevalence is now used throughout the ms as this was also pointed at by the other reviewer and the authors now agree on the benefit of using the same terminology as in comparable studies.

4) The sampling methods are rather extensively described and also that only one woman declined participation. All women except this one completed the interview and this is now stated in the ms.

5) The power calculations were based on ability to detect stable significant risks of IPV occurrence. This is now added to the ms.

6) The participants gave written informed consent; the wording has been changed as suggested.

7) We combined physical and sexual violence for the reason you suggest here. Only 58 women reported sexual violence experience over the lifetime and 19 reported past year exposure. Many other studies also combined physical and sexual violence so data for comparisons are at hand. A reference is here discussing this. We did initially analyse sexual violence separately for risk factors and received the same risk factors as for physical violence but failing to reach statistical significance.

8) Our definition of lifetime violence occurrence has now been revised (bottom page 8).

9) The theoretical support is based within social medicine and public health and somewhat adjusted to Vietnamese conditions. The independent variables are the commonly used socio-demographic and psychosocial variables that are used in such studies. This is not extensively discussed in the paper but one line is added (page 7, Measurements) as we believe it is understood by most readers as this is the normal procedure in population based studies.

In the stepwise regression we actually included variables that were also theoretically important for us to consider. In earlier regressions, where more variables were included, we arrived at the same statistically significant risk factors and therefore decided to reduce the number of included variables to make tables more reader friendly. For psychological abuse we included here polygamy as an independent variable due to theoretical reasons as we really wanted to investigate whether risk factors differed for phy/sex violence and psychological abuse respectively and they actually did!

10) We finally decided to display the dichotomised variables for the multivariate analyses with the exception of women’s educational achievements as this variable proved to be of special interest in earlier analyses where we did not
dichotomise the independent variables. As this gave no more of interesting findings we decided to display the dichotomised variables mainly to reduce number of variables in the analyses.

11) Our data suggest that those with primary and secondary education mainly are engaged within farming as unskilled or semiskilled labourers while those with higher education were professionals (men) and employed or running their own small-scale business such as tailoring (women). This most probably reflects the few options available for making a living in rural areas of Vietnam.

12) We could delete this sentence on sexual violence most probably being underreported but hesitate to do so as we feel this is important to point out. We experienced from our earlier studies, using focus group discussions, that sexual violence was much mentioned but mainly by health care staff, who were of the impression that it was rather common in rural parts. A reference is made here to this study which however, is not a quantitative study. This para is therefore kept until more protests are given.

13) The Table 2 has been adjusted as suggested.

14) This suggestion, to re-construct tables 3a and 3b, we hesitate. This is due to the fact that one of the main objectives of this paper was to investigate our hypothesis that physical/sexual violence is quite different from psychological abuse. If doing as suggested, we believe that these two forms of violence are not separated in line with our theory. We prefer to keep these two entities separate in discussing them and in tables and our findings also support this way of managing the data.

15) We think it should be kept as it is and have made no adjustments.

16) No maybe not, but as analysing your own data you at least believe in them and we believe that recall bias may be more pronounced for lifetime events than for past year events but in the case of violence experience the recall bias might not be as pronounced as when investigating other issues, so no revision has been made here.

17) We have deleted one sentence on this and leave it rather open whether it is an advantage or not that the interviewers were somewhat known to the participants, it is only discussed.

18) A section has been added in the Conclusion section, suggesting actions to be taken at the local and national level considering appropriate for Vietnamese conditions.

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* In summary we have made following changes in the revised manuscript:

- We have now finally agreed to use prevalence instead of risk
- The prevalence of physical and physical/sexual violence is now given in the
abstract and the expression psychological violence has been changed to psychological abuse throughout the ms.

- Page 5-6: Information about Bavi district has been added, also educational levels and information on polygamy and patriarchal norms.
- The exact wording of the WHO definition of IPV is now in the ms (page 6).
- The first paragraph in the result part has been revised in line with the suggestions given by the reviewer. Now physical and phy/sex prevalence figures are given and the reporting on the three combined is deleted.
- Page 13. it is now clearly indicated in the ms that more than one wife was not a risk factor for psychological abuse alone.
- In the strengths and weaknesses part: the last sentence in the first para has been omitted as suggested.
- In the discussion part: the first para has been revised in line with suggestions given, i.e. to report on physical and phy/sex prevalence.
- Page 17 on marital rape. We agree of course to the fact that in most countries there is no such thing as rape within marriage. However, in Vietnam where sexual violence is considered more sensitive to reveal than physical and psychological abuse, we do believe that we have an underestimation of prevalence here as in one of our earlier studies (a qualitative study) the participating health care staff encountered sexual violence victims in their practice and were of the impression that this was happening in rural parts. A sentence has been added on this in the ms and a reference given.
- Titles of Tables have been shortened as suggested.
- What we actually wanted to point at is exactly what the reviewer say, i.e. that most of the studies investigating overlaps come from USA and very few investigated this in a low income setting. This has now been commented on in the ms.
- In the methods section: Prevalence is now used throughout the ms as this was also pointed at by the other reviewer and the authors now agree on the benefit of using the same terminology as in comparable studies.
- The sampling methods are rather extensively described and also that only one woman declined participation. All women except this one completed the interview and this is now stated in the ms.
- The power calculations were based on ability to detect stable significant risks of IPV occurrence. This is now added to the ms.
- The participants gave written informed consent; the wording has been changed as suggested.
- Our definition of lifetime violence occurrence has now been revised (bottom page 8).
- The theoretical support is based within social medicine and public health and somewhat adjusted to Vietnamese conditions. The independent variables are the commonly used socio-demographic and psychosocial variables that are used in
such studies. This is not extensively discussed in the paper but one line is added (page 7, Measurements)
- The Table 2 has been adjusted as suggested.
- We have deleted one sentence on the interview matter and leave it rather open whether it is an advantage or not that the interviewers were somewhat known to the participants, it is only discussed.
- A section has been added in the conclusion section, suggesting actions to be taken at the local and national level considering appropriate for Vietnamese conditions.

We sincerely hope this work will meet the requirements of BMC Public Health and look forward to hearing from you.
Thank you very much.
Yours sincerely,

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