Author's response to reviews

Title: Correlates of intimate partner violence among pregnant women in Rwanda

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Author's response to reviews: see over
Dear Editor,

We are pleased to resubmit our manuscript. Find below the reviewer’s concerns and our remarks/responses to those concerns:

Ann L Coker

Reviewer’s comments/ Responses in italic

1. The issue regarding the study design is not resolved in this revision. If you sampled such that half the population was HIV+ then you must have been interested in HIV status as research question. I would state that you have a case-control study and your primary research question is “Are women who are HIV+ more likely to have a history of partner violence?” Currently the manuscript lacks focus. Directly stating and hypothesis would be better shape the manuscript.

We agree with the reviewer: the focus was, comparing HIV infected women to women who are not HIV infected, which group has a higher odds of reporting history of intimate partner violence. We have specifically stated the hypothesis in this regard. We have also restated the way that power calculations could be done using nQuery software.

2. Add response rates. What proportion of women refused participation?

All women who were invited agreed to participate in the study (page 4)

3. Include the measures of partner violence used and reference these

On page 6 we stated “The demographic characteristics of interest were age, education (no formal education, elementary education, high school and beyond), marital status, sexual abuse before the age of 14 years, alcohol use by male partner, male partner having other wife or sexual partners, and HIV status. The choice of explanatory variables included in the univariate analysis was based on the literature on intimate partner violence [20-28]

4. Decide on terms. Either use intimate partner violence or domestic violence; do not both interchangeably. I still found examples of partner violence and domestic violence in this version.

We have used intimate partner violence throughout the manuscript.

5. Results should be presented to address the primary research question. If it is HIV and partner violence then rates of IVP should be presented by HIV status.

We have presented the rates of IVP by HIV status (please see Table 2)

6. There is no discussion in the methods section of what variables are included in models to result in adjusted ORs. How did you decide that factors were or were
not confounders. Those variables included in multivariate models need to be listed in Table 2.

On page 6 we stated “The choice of explanatory variables included in the univariate analysis was based on the literature on intimate partner violence [20-28]. The criterion for a variable to be an important confounder was a 15% change in OR when included in the model.”

Variables included in multivariate analysis are also listed in Table 1.

7. I still think a conceptual model would help the author and reader focus on the analysis and important of this work.

Finally, the discussion must include specific ways in which these study findings may affect prenatal care in Rwanda. What are the implications of thigh prevalence of PPV during pregnancy? We know that both IPV and HIV have significant implications for maternal and infant health. This needs to be discussed. While calling for universal screening may address IPV in the long term, are these services to address IPV in Rwanda. Further, are these efforts to prevent IPV? What might these be? How might prenatal care providers use the data in this report?

The possible policy implication of this work is to highlight the prevalence of IPV among pregnant women. Furthermore, from the findings of this work, it is evident that IPV is associated with being HIV infected. We are however unable to assign causation; we do not know whether HIV infection, for whatever reason caused IPV or being a victim of IPV may result in HIV infection. More importantly perhaps is the association only which is that; women identified as having HIV may also be suffering from other problems apart from just HIV. Prenatal care providers therefore must have a high index of suspicion.

Fariyal F Fikree

Reviewer’s comments/ Responses in italic

1. The paper will greatly benefit from an extensive revision with respect to scientific writing style
   We have revised the manuscript with regard to scientific style and format of the journal.

2. Please mention (page 4, end of second para) that this paper is based on a sub-set analysis of a larger study
   We have made the recommended change.

3. The description of the sample size calculation is still not clear. From my reading of the manuscript, I am not sure what variable the “P” that was used in the sample size formula reflects. Is it the proportion of women using antenatal services, HIV testing (86%) or adherence to the PMTCT program
The decision by the study investigators to increase the total sample size to 600 with equal proportion of HIV+ and HIV- pregnant women will have increased the power of the study. However, the authors did not mention what the power of the study sample is?

4. In the response letter, the authors describe the recruiting process but have not included this in the revised text.

We have included (page 5) the following statement on the recruitment procedure:
“ In each clinic, there is a health education group session before the provision of the ANC services. Women were informed for the research during that session. Participation was voluntary and women were informed that there will be no consequence for those who decide not to participate in the study; they will receive ANC services as usual. HIV+ pregnant women have a “liaison card” that allow clinic staff to identify them. The card is presented during the registration phase at the ANC clinic. ANC services are provided 3 days per week. We decided to enrol maximum 25 HIV-women per day in order to have variability in our sample. All HIV+ women present were automatically enrolled as the prevalence is much lower. None of the recruited women refused to be interviewed.”

5. For the readers who are not familiar with Rwanda it will be helpful if you mention on page 4 (lines 4-5) the location of the antenatal clinics (all urban, or some urban and some rural). How many of the 600 women were from the three sampling sites.

We have clarified on page 4 that participants were recruited from “two urban antenatal clinics in Kigali, one rural antenatal clinic in South Province and another rural antenatal clinic in North Province. Half of the sample was from urban area while the other half was from rural areas.”

Adamson Muula
12 August 2008