Author's response to reviews

Title: Intimate partner violence among pregnant women in Rwanda

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Author's response to reviews:

Dear Editor

We are pleased to submit a revised manuscript following our revisions and corrections based on the comments from the reviewers. Our responses are as below:

Reviewer’s comments/ Responses in italic

Reviewer: Ann L Coker

Major Revisions
How is it possible that 100% of women agreed to participate in the study? What written consent obtained?

Yes, 100% agreed to participate; it may be unusual but we should not expect a refusal rate that is high when better services are being provided within a research program in resources limited. Certainly this is a current debate among bioethicists and researchers in resource-limited settings as to the high, sometime unexpected consent to participate in studies. Informed verbal consent was obtained before administering the survey to study participants.

If the authors used the Conflict Tactic Scale, then reference this scale. Don’t reference other studies that used this tool.

We have noted this. In our methods we have made a reference to a primary article regarding this tool (see ref 24).

Include the variables you adjusted for when calculating adjusted ORs in the legend for the relevant table. The tables should stand on their own thus the legend would indicate those confounders included in the modeling.

As stated in the text when multiple logistic regression analysis was conducted, each of the explanatory variables was individually treated as main exposure while the other all the other variables were considered potential confounders.
Reviewer's comments/ Responses in italic

Reviewer: Fariyal F Fikree

The authors have revised the manuscript based on earlier comments. In this revised manuscript the following items need clarifications/ editing:

Para 4, para 3, line 19: the authors state “Consecutive antenatal clinic attendees were the sample was from urban area while the other was from rural areas”. It is not clear from this statement whether the recruitment process (consecutive antenatal clinic attendees) were similar in the urban and rural sites. If not, what was the recruitment process in the rural site. Why was the recruitment process different. Will the variation in the recruitment process affect the study? If no, why not, it yes why?

The recruitment process was the same in urban and rural setting; we have re-worded the statement as follows: “Consecutive antenatal clinic attendees from urban (300) and rural (300) areas were recruited into the study”. We thank the reviewer for such an important observation.

We believe we have addressed all the concerns raised. Thank you and kind regards.

Adamson Muula

September 18, 2008