Reviewer's report

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

Version: 1 Date: 31 March 2008

Reviewer: Ann L Coker

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This is potentially an important manuscript which could influence efforts to address IPV in prenatal populations. However, several methodologic issues need to be addressed.

In general there are several typos or incorrect words which need identified and corrected.

In neither the abstract nor the methods do the authors clearly present, purpose for the study or provide the study hypotheses. I believe that the study’s main objective is to correlated partner violence prevalence by type (physical, sexual, verbal / psychologic abuse) with HIV status. I am guessing this is the primary goal because the “cross-sectional” study included a half sample of HIV+ women. If you are sampling on HIV status this suggests a case-control study design. Is the research question, for example, “is the incidence of partner violence greater in HIV+ pregnant women relative to HIV-women?” What attributes of partners influence HIV status as well as IPV status. The major problem with this manuscript is the lack of clarity in the question being asked.

In the introduction, provide a reference for the cost of partner violence.

In the methods, include the study design and justify this design to address the study question. Depending on how the study design issue is resolved, justify the half sample as HIV+.

Include the response rate (or at least the refusal rate) for study participation.

Include the measures of partner violence used and reference these.

Decide on terms. Either use intimate partner violence or domestic violence; do not both interchangeably.

There is no discussion in the methods 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. I’d like to see a justification for including confounders because many of the factors identified are very correlated and may act synergistically to result in IPV in pg. For example, men who drink heavily and/or have multiple sex partner may be more likely to infect women with HIV. They may also be more likely to be abusive to their partners in ways beyond sexual abuse to include physical and psychologic abuse. I would encourage the authors to develop a working model to think through how the variables of interest may individually or in combination interact to affect risk of IPV in the past 12 month among pregnant women.
Finally, the discussion must include specific ways in which these study findings may affect prenatal care in Rwanda. What are the implications of the high prevalence of IPV 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 there services to address IPV in Rwanda. Further, are there efforts to prevent IPV? What might these be? How might prenatal care providers use the data in this report?

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

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

I declare that I have no competing interests.