Author’s response to reviews

Title: Neonatal, Infant, and Child Mortality Among Women Exposed to Intimate Partner Violence in East Africa: A Multi-Country Analysis

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The Point by Point Response document has been uploaded.
Also pasted here but without the proper formatting. Please find the letter attached.

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Neonatal, Infant, and Child Mortality Among Women Exposed to Intimate Partner Violence in East Africa: A Multi-Country Analysis

Point By Point Response:

Thank you for taking time to review our manuscript. We appreciate you time for helping us improve the quality of this manuscript.
KATHERINE IVERSON, PhD (Reviewer 1):

Comment      Action Taken

Please list the sample size in the abstract - the large sample size is a strength
Acknowledged this has been updated

Adjust language in Abstract and elsewhere regarding more likely to die BY or BEFORE age 5
(as opposed to 'at age 5')    Acknowledged this has been updated

Please confirm whether all data were from the survey. I was confused at times by language such as 'perceived' and 'actual' birth weight. It made me wonder if there was another data source involved    Yes, this was from the survey- the question was what was their perceived weight of the children

In Introduction, line 18-21 (first paragraph), please modify language such that women experienced one or more of the various events during their lifetime. Currently read as if only occurred once. Acknowledged this has been updated

In the Introduction, lines 6-7 (4th paragraph), the authors state research 'is limited' on whether IPV and neonatal, infant and child deaths are associated. Is it limited or non-existent. The Discussion section implies that such studies exist. Please integrate a summary of relevant studies on this link into the Intro and explain how this study contributes new knowledge to the literature in terms of scope, content, methodology, etc. This study certainly looks at a lot of multilevel variables of relevance, which may be a contribution if clearly integrated into discussion section.    Acknowledged this has been updated.

In description of study variables (lines 33 and 34), is it possible to change the labels "success" and "failure" to something more neutral/trauma-informed. Perhaps labels aren't necessary or simply use 'present' or 'absent.'    Acknowledged this has been updated.

Methods section

Please provide additional details about the questions themselves related to each variable, as well as the time frame they are referring to. What is the time for the health factors? When the IPV occurred?    Acknowledged this has been updated. Table 2

Please clarify which variables were included in the adjusted analyses presented in Table 5. This has been updated on section on results
The discussion could be more succinct and focused on current findings and their implications. Their is some review provided that can be removed or placed in the introduction. It is also important to tone down the possible mediators of the linkages as they are not examined in this study. Similarly, the authors may unintentionally blame the women for the children's death. They argue that IPV impacts women's capacity to care for their children and leads to 'poor use' of maternal health services. This is not clear from these data - perhaps abusive partners deny access to care. The language should be adjusted throughout to be more tentative given the study design.

Acknowledged this has been updated.

ANGELA TAFT (Reviewer 2):

COMMENT ACTION TAKEN

Abstract

Background - please use 'low-middle' income countries rather than 'developing' (and in body of text)  Acknowledged this has been updated.

Methods - you do not need to describe the format of variables in an abstract nor say that they were extracted from a database. However, for your major exposure variable - IPV, you do need to say whether it included physical, sexual and/or emotional abuse. Acknowledged this has been updated

You do not need to say what software package (STATA) you used in the abstract. You do need to describe what analytic method you used - multivariable logistic regression to generate your adjusted ORs and preferably what you adjusted for  Acknowledged this has been updated

Did you check for modelling with goodness of fit testing, given the complexity of the model across countries and number of variables? If so, this should be stated. If not, why? "Backward stepwise elimination, with a significance level for removal from the model set at p-value >0.200, was used on the saturated model to find the best fitting model"

Results - start with your primary outcomes not with SES and other data. So begin with your final sentence and report the other factors that also remained significant after the regression modelling. Suggest you do not include BMI as higher or lower than an BMI of 18 seems quite arbitrarily low and you do not justify, especially in Africa. Acknowledged this has been updated

Conclusion - suggest 'preventing and reducing IPV should be considered etc  Acknowledged this has been updated

Background
Penultimate paragraph, suggest you alter sentences that say By 2030, all forms of discrimination, gender mutilation, and all forms of VAW 'will be eliminated' to 'By 2030, it is hoped that all forms of etc…' Acknowledged this has been updated

Final para, 'change 'the reflection of mother upon child' to 'the impact of mothering on child development' or similar. Acknowledged this has been updated

Methods

Suggest DHS study design first or just describe the DHS before your methods of secondary data analysis. Explain that each country may have different years that they conduct DHSs. Acknowledged this has been updated

Please have a separate section describing how the DHS's include a module on IPV and describe how IPV is measured (generally use version of the WHO instrument), as it is your primary exposure variable. Acknowledged this has been updated

Sample size and sampling techniques - this is where you need to explain that often only married women were interviewed for the IPV section and by women and in private (if this is true) or describe the differences. Please say whether all surveys included the IPV subsection. Please use country name first and then n= for the number of women. Please include these in the tables, so that we can see the proportion of women who were abused in the sample. Did you mean that criteria for women included were based on exposure variable (i.e IPV or outcome variables of reproductive outcomes? This needs to be clear. Acknowledged this has been updated

Conceptual framework and study variables. This section is confusing - I suggest that you begin with the framework, and then describe how you define the study outcome variables. I also strongly recommend you do not use 'success' as a neonatal death (it sounds a little insensitive, but I suspect this is a second language issue) but use 'present' and 'absent'. Acknowledged this has been updated

With the IPV variable, you need fewer words if you explain that three questions were asked and then list them. You should then explain how you constructed your variable, do you include any incident as IPV being present? Acknowledged this has been updated.

You do not explain why you have included BMI in this study (yes, relates to birth outcomes but reference) and also explain why you chose under or over 18, as this seems very low and you should have at least three levels (<18, 19-25, ≥26?). Good comment. BMI is included as Anthropometric indicator for nutritional status of women (https://dhsprogram.com/data/DHS-Survey-Indicators-Maternal-and-Child-Nutrition.cfm). This cut off has also been used in other peer reviewed similar studies including. Ezeh et al, Determinants of neonatal mortality in Nigeria:

evidence from the 2008 demographic and health
survey; 2014;

Please comment on levels of missing data for your major variables. Good comment. This was based on the respondents that answered questions based on our outcome variable IPV.

Results

Please put the n for each country at the top of Table 3 and give more prominence to the proportion for IPV - place at top of maternal factors and make bold. This exposure variable is fundamental to your research question. Note that it increases with age of child, as well as birthweight of child. Acknowledged this has been updated.

Table 4. Add Pearson Chi2 instead of 'test statistic' as value and only give number and p-value in columns. It is a very large table and could be omitted and a description of major significant factors made. Acknowledged this has been updated. We kept the table because it’s the only descriptive table that fully describes our population.

Discussion

State that the WHO multi-country study measured intimate partner and sexual violence against women. Acknowledged this has been edited and reworded.

You mention your findings on BMI - how do they compare with other studies?? Please cite and reference. Acknowledged this has been edited.

I am surprised that you don't mention the obvious implications from your study, being that health providers (especially midwives and TBAs) require regular training and support to identify IPV and that the health system around the providers need to be IPV ready. See Garcia-Moreno et al in the LANCET.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61837-7/fulltext

Acknowledged this has been updated. Thank you for sharing the resource.