Author’s response to reviews

Title: Prevalence of Intimate Partner Violence Against Women in the Arab World: A systematic review

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The Editor

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We are pleased to know that the two initial reviewers have approved the revised version of our manuscript “Prevalence of Intimate Partner Violence Against Women in the Arab World: A systematic review.” We also appreciate the thoroughness of the additional reviewer who gave us nearly 70 comments and suggestions. We carefully examined every comment, and agreed with almost all of them, making changes to the manuscript accordingly.

We were asked to clarify certain terms, such as Arab League/Arab region, intimate partner violence/partner violence; to provide additional information regarding our findings (such as by including percentages and additional details); and to clarify the methodology, the risk of bias, selection criteria and scoring. We were also given suggestions to strengthen the discussion and conclusion sections. We believe that we have addressed all the comments and that the manuscript has been improved as a result.
A point-by-point response is included below. The revised manuscript is also attached, with track changes.

We hope you will agree that the manuscript is now suitable for publication in your journal.
We thank you in advance for your consideration.

Sincerely

Prof. Carla Makhlouf Obermeyer

Abstract

P2 line 34: Is this PRISMA guidelines or PRIMSA guidelines (as mentioned in the body text)?
Typo corrected: PRISMA not PRIMSA.

P3 line 4 include the percentage where you refer to 'more than half (physical)'.
Added: (59%)

P3 line 9 Given wide variation in definitions you could hint how this impacts comparability (e.g. "limiting comparability").
Added: “limiting comparability.”

P4 line1 Arab Leagues should be Arab League (singular).
Typo corrected.

P4 line1 In the paper Arab League and Arab region are used interchangeably. You could clarify this for the readers by adding something like "also referred to as Arab region in this paper".
Added: “(also referred to as the Arab region)”

P4 Minor: it will be helpful to have a listing of all 22 countries of the Arab League (e.g. in footnote) so that readers understand the geographical scope of the region.

Footnote added as suggested.

P5 line 24-31 P5 line 24-31 refers to 'intimate partner'. Subsequent sentences use 'partner'. Knowing that in particular in the Arab region the concept of 'partner' is misunderstood and its use contested it may be good to upfront give a definition of partner and indicate that partner and intimate partner are used interchangeably in this paper and in the Arab context mainly refers to spouses.

We added this sentence to the definitions section on the following page (page 6): “Most sources defined an ‘intimate partner’ as a husband, but a few included cohabiting partners; this article uses ‘intimate partner’ and ‘partner’ interchangeably.”

P5 line 31-41 include reference year or period for the WHO regional estimate.

Added: “In 2013”

P5 line 56. Instead of 'To date' could you indicate 'By… (give the date when this data was checked).

Done: “As of July 2019,”

P5 line 58. Could you include the names of the three Arab countries?

Added: “Comoros, Egypt and Jordan”

Methods

P6 line 29: "Researchers define and measure IPV in diverse ways". Would be good to add ‘partnership’ because currently the para only talks about types of violence.
Added: “Most sources from the region defined an ‘intimate partner’ (also referred to as a ‘partner’) as a husband, but a few included cohabiting partners.”

P6 line 41-44 can you expand on the number of cases where controlling behaviour was considered separate to IPV and in what way? You also may want to refer to the UNSD operational definition of psychological violence, breaking it down in two domains: emotional and controlling.

Sorry. We do not have this information.

P7 line 7-9: PRISMA or PRIMSA?

PRISMA is correct.

P7 line 7-9: Could you briefly expand on what these [PRIMSA] guidelines are?

We looked at systematic reviews previously published in this journal and could not find any that provided a textual explanation of PRISMA guidelines. Some included a citation, but at least half did not. If journal editors feel we need to add a citation, we can do so, but it would require manually renumbering about 90 references, which we would prefer not to do unless it is necessary.

P7 line 7-9: What are MeSH terms?

We added: “Medical Subject Headings” (MeSH)

P7 line 21 can you clarify screened for what? For meeting the inclusion criteria?

We added “for eligibility”

P8 line 12 could briefly mention why these sources were excluded.

We added the following to the beginning of the sentence/paragraph: “Because the principal aim of the search was to identify surveys that gathered IPV prevalence data,”
could you briefly expand on why systematic reviews were treated this way.

We combined this sentence with the previous one, so the rationale added above (“Because the principal aim of the search was to identify surveys that gathered IPV prevalence data”) also applies to the treatment of systematic reviews.

Minor: please briefly mention why limit the search to studies done before 2016?

This was due to delays in analysis, writing and the submission process. We prefer not to take up space in the paper with this information, however.

Minor: year of data collection is a study characteristic rather than part of the article identification.

Moved as suggested.

should you add under d) 'and composite IPV measures as published'?

Added: “and composite measures as published.”

There is quite a gap between the introduction of the Risk of Bias assessment approach and to seeing the scores used in Table 3a. Can you include some examples of a final score in this earlier part of the paper (e.g. possible range of scores 0-11, with 11 meaning least bias'.)

Added to the text: “The possible range of scores was 0-11 with 0 meaning the least risk of bias and 11 meaning the highest.”

… and a reminder of the possible range of scores and how to interpret (high/low) in a footnote at the table?

We added a similar footnote to all the tables with Risk of Bias scores.
could you add a brief explanation as to why 300 is an adequate sample size

All 11 criteria – including this one - were adapted from the five published tools and guidance documents already cited in this paragraph. Ellsberg and Heise (2005) mention 300 as an example, but – like the other four sources— note the importance of an “adequate” sample size based on a precision calculation (which was the other part of this criteria).

In a systematic review, an “adequate” sample size is a judgment call. Some global prevalence reviews (e.g. one by WHO) have used cut-offs as high as 1000 (http://apps.who.int/violence-info/Violence%20Info%20Methodology%20October%202017%20-%20b13deb6.pdf), but that would have excluded many of the facility based studies. Others have also used 300 (e.g. Loney PL, Chambers LW, Bennett KJ, Roberts JG, Stratford PW (1998) Critical appraisal of the health research literature: prevalence or incidence of a health problem. Chronic Dis Can, 19(4):170-176.)

Given that the sample size for all studies is provided in the text, this criterion is fairly transparent. We are not sure that it makes sense to provide additional text to summarize the reasons for our choice for this one –but not any of the other 10 criteria.

explain how you use 'dataset' here, e.g. by adding '(i.e. individual survey)'

Added: “(i.e. individual survey)”

Results

Point out very clearly each time totals numbers (of studies, articles etc.) are used to refer to which category of studies and to give an explanation where numbers do not match.

We have tried to do this through the revisions noted elsewhere in this matrix.

Figure 1

Please give Fig 1 a title (assuming this is the result of the search of peer review articles).

Added: “Flowchart: Systematic search for eligible, peer reviewed journal articles (records) with prevalence estimates of violence against women by intimate partners from the Arab region, January 2000-January 2016”
Figure 1 Please indicate in the figure for the last box (n=63) that this refers to articles (rather than individual surveys).

We added “records” to this box, and we added “articles (records)” to the title for clarification.

P10 line 24. Nine were excluded: is this '9 out of the 63' or 'nine that were not included in the 63’?

The 9 articles were NOT included in the count of 63. We revised that paragraph. We added another sentence (“In addition, full text review excluded nine articles that duplicated DHS datasets retrieved in the second arm of the search…”) and moved the final total of eligible 63 to the end of the paragraph (“After full text review was complete, 63 articles that met inclusion criteria remained.”) We hope this makes it clearer.

P10 line 34. You may want to finish this para by concluding how many individual studies were included in the first search arm?

Added: “After full text review was complete, 63 articles that met inclusion criteria remained.”

P10 line 46-48. For clarity may add that the excluded studies were not part of the 11 identified in the first line.

Added: “...not included in the group of 11 eligible national surveys”

P 11. Table 1. I note here 56 individual surveys. Additional File 1 has 45 surveys. For the reader this is confusing. Clarify for example that Additional File 1 contains only the surveys in peer reviewed articles, if that is the case? Note that page 18 (line 46) speaks of 46 studies.

Yes, File 1 is only for the journal literature, as noted in the title. However, to clarify this further in the title, we added “peer reviewed articles from…”

File 1 has 45 rows describing 46 individual surveys because there are two articles that correspond to Haj Yahia 2000 that present two national surveys from different years in Palestine—using the same definitions.
P11 line 43  could you briefly expand on "except in pregnancy", e.g. do you mean 'except for studies measuring prevalence of IPV in pregnant women'

Deleted because –if it causes confusion— we would rather delete it than add additional text.

P11. Line 45  'all national surveys'. You may want to add here (n= xxx) for clarity.

Added: “All 11 national surveys”

P11 line 45- 48  'Distribution by type' -- add 'of study' for clarity.

Added: “of survey”

P12 line 17-22 you refer to 'ever or currently-partnered' here. As commented for p5, I have experienced that in some Arab contexts, the word 'partner' was NOT understood as meaning 'husband' and in most cases using ever-married would make more sense.

“Ever married” would not be accurate, because several studies included fiancés and/or other types of partners.

P12 line 17-22 In this paper the term ever-partnered is used from global measurement perspective. It may thus be good to refer early on to Tables 2a and 2b here where the partnership definition for each study is indicated. [I see this is addressed in the section on operational definitions, later in the paper, p 15].

The text already refers to Tables 2a and 2b as an introduction to this section. It reads: “Characteristics of eligible surveys from both search arms are presented in Tables 2a and 2b, and described below.”

Also, as noted above, we added a sentence to page 6: “Most sources defined an ‘intimate partner’ as a husband, but a few included cohabiting partners; this article uses ‘intimate partner’ and ‘partner’ interchangeably.” And as mentioned, it was already addressed on page 15.

We are not sure what else to do without sounding too repetitive.

P15 line 32.  The majority (n=32) of studies… As I am trying to follow what is what it would be good to indicate here out of how many studies.
Added: the number of surveys: “of the 46 surveys reported in journals”

For clarity, we also replaced the word “studies” with “surveys” and revised the sentence to read: “The majority (n = 32) of the 46 surveys reported in journals were published with descriptions of how each form of violence measured was operationally defined…”

P15 line 34. Seven additional studies: additional to what? to the 32?

Yes, that is correct. Seven in addition to the 32.

We revised this sentence, so it now reads: “Articles reporting on seven additional surveys named or described instruments used but did not provide detailed operational definitions.”

P15 line 34. If so, explain the relevance of stating that they name or describe the instruments. E.g. you may add 'and thus operational definitions could be derived'

We revised this sentence so it reads: “Articles reporting on seven surveys did not provide operational definitions but did name or describe instruments used; this information provided a general idea of how violence was defined, but could not account for changes that may have been made during adaptation or translation...”

P17 line 56 on controlling behaviours. The (older) WHO-based surveys would have done the same, yes?

Yes, that is correct.

P18 line 14. Heading. Would it be clearer to change into 'Prevalence indicator construction'? Change made as suggested.

P18 line 26 'disclosed emotional, but no physical or sexual abuse' not clear if this is 'only emotional without other physical or sexual violence', please describe clearer.

Yes, that is correct. As suggested, we changed the wording to: 'disclosed emotional abuse only but no physical or sexual abuse’
similarly, 'emotional abuse only, with no physical IPV'. Do you mean emotional abuse only, when occurring without physical abuse? Please describe clearer.

Yes, that is what we mean. We are not sure how to make it clearer.

Add space in of any

Fixed.

For clarification, those 12 out of 46 studies are only those from peer reviewed journals?

Yes. To clarify this further, we added “reported in journals”

Table 1 has 56 studies/surveys. What about the reports?

Good point. We added: “Among the 11 reports presenting findings of national surveys, four affirmed adherence to WHO guidelines; four did not describe field procedures that met those recommendations; two did not provide enough information to assess; and one from Morocco [53] described field procedures that did not correspond with WHO guidelines (e.g. more than one in five women may have been interviewed in front of a third person).”

include percentage when you refer to 'more than half'

Added: 59%

- consider including a footnote with short explanation of risk of bias score

Added to all tables with risk of bias scores: “Risk of bias was scored from 0-11, with 0 meaning the least risk of bias and 11 meaning the highest.”

Have you explored whether perhaps 'ever' was calculated by using 'before last 12 months'? Not sure if you can check that from the paper, but I have seen this happening.

Yes. We read all operational definitions carefully to avoid that problem.
could remind readers at this point why so few studies measured sexual IPV given it is a standard component of the WHO, DHS methods (cultural reasons as stated earlier in the paper). Although, this is discussed later in the paper (P24 line 14-19).

We agree, but feel this paragraph is not the right place for that discussion. It is discussed elsewhere in the text. We are concerned about duplication and interrupting the flow of the text.

Discussion

could comment briefly on which countries did VAW prevalence surveys and which not (and perhaps possible reasons for this?)

We added a bit more information to this paragraph about which countries have data and which do not (moving some text from elsewhere to this spot). We are hesitant to add much more for fear of duplication – given how much information on this has already been presented in the paper.

Readers may expect some more in-depth commentary on the patterns of violence across region, so could remind them that that was not the purpose of this paper.

We added: “Cross-national comparisons may not be feasible until countries develop more comparable prevalence estimates.”

could remind at this point the impact that being facility-based is likely to have on estimates of IPV during pregnancy. Not only recall but also selection bias (age, social class etc.).

We added “or selection bias among women seeking prenatal care”

P24 line 53:   Typo: indicators should be indicator (singular)

Fixed
Among the barriers could also mention political-religious barriers underlying the reluctance to measure or address VAW in general (not sure how to word this properly but there is a certain denial of the relevance of VAW in some Arab countries saying that Islam is protecting women and thus VAW is not happening). This could also be referred to in the limitations section.

We added: “lack of national commitment to address VAW”.

Reluctance to report and disclose violence is not just a possibility. It is actually true in all regions and all VAW prevalence studies. It is the nature of measuring sensitive issues.

We agree.

The sentence about reporting quality and other risks of bias is unclear. What do you mean to say here? Can you review and make this clearer?

“Basic reporting quality” was defined in the inclusion criteria, but we added this information again here so it reads: “while basic reporting quality (clear description of research design, study population, sample size and respondent selection)”

We added “given the scope of this paper”

Conclusions

rather than 'more high quality data collection' suggest you call for strengthening skills for better data production, hand-in-hand with data literacy and use to shift emphasis from data collection to include analysis and effective understanding and use of statistical information.

We added “and analysis” so it reads…“There is also a need for more high-quality data collection and analysis…”

We hesitate to claim that there is a lack of data literacy or use of statistical information, since we did not gather any evidence on how these data were used once they were published. These may indeed be problems in the region, but our study doesn’t shed light on those aspects.
it would be valuable to also recommend dedicated surveys using the WHO methodology as internationally recognized gold standard as usually providing higher quality data than recurring modules in the DHS. The former has the advantage of providing more reliable estimates and usually includes gathering of qualitative information that can be used to triangulate and contextualize the results.

We added a mention of the WHO study to this sentence, so it reads: “Countries need more nationally-representative IPV estimates, such as dedicated violence surveys modelled on the WHO multi-country study or from violence modules embedded in recurring surveys such as the DHS”

We hesitate to depreciate the DHS relative to WHO studies. In fact, there are reasons why expanding DHS type modules may offer the best way forward for some Arab countries, including: a) SDGs require recurring data collection which has rarely been achieved through dedicated surveys; b) DHS modules in the three Arab countries which have used them seem to be producing high quality estimates that rival the quality of the dedicated surveys from the region (even those that use the WHO questionnaire); c) evidence suggests DHS modules have improved in quality; and d) given the sensitivity of topic, it is possible that DHS modules – rather than dedicated surveys – may offer the best way to increase national estimates in the region.

It could be useful also to stress in the conclusions which areas would need most work to improve comparability for international comparison (e.g. psychological violence?).

This may be true at the global level; but in the Arab region, we feel that physical and sexual IPV may be a greater priority from a policy and programs point of view.

Finally, it would be good to refer also to the value of better comparability for SDG monitoring (and thus not only to achieve SDG goals). [You are actually saying this in the abstract!]

We adjusted the wording so it reads: “helping countries monitor progress towards achieving the SDG vision of healthier, more peaceful families and societies.”