



SDI Review Form 1.6

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| Journal Name: | Asian Journal of Medicine and Health |
| Manuscript Number: | Ms_AJMAH_47334 |
| Title of the Manuscript: | PREVALENCE, PATTERN AND CORRELATES OF INTIMATE PARTNER VIOLENCE AMONG POSTPARTUM WOMEN IN OSOGBO, NIGERIA |
| Type of the Article | Original Research Article |

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

| | Reviewer's comment | Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
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| Compulsory REVISION comments | <p>This is a well-researched, and generally well-written paper about an important topic. I applaud the authors on the comprehensiveness of the background section.</p> <p>My main comment is that it is not clear, as currently written, what gap in the literature this paper fills, nor what is learned from this study that is not already known. The authors do a good job of showing how the findings from this investigation agree with other papers. They do not, however, do as good a job of saying how this paper is different.</p> <p>Next, it is not clear to my why this population was selected. If the idea is to do early screening to, in part, protect against the listed negative effects of IPV to the fetus, surely ante-natal screening would be better than post-natal.</p> <p>It is noted that some participants filled the survey themselves, while others responded to an interview. Was any analysis conducted to see if these sub-samples were different in any way? Did they differ on any demographic variables, or on any of the outcomes?</p> <p>How was support during pregnancy determined?</p> <p>How is the CAS scored? I understand that the cut-off of 7 was used to determine IPV yes/no, but not how that number would be derived.</p> <p>Table 3 needs to be re-formatted. It is nearly impossible to read in its current format.</p> <p>Why wasn't multivariate regression used to analyse these data?</p> <p>There are a few sentences in the discussion section which are almost word-for-word from the background.</p> | <p>Comment noted with thanks</p> <p>The gap in the literature that the paper fills, what is learned from this study and how the findings differ from other paper have been clearly written and highlighted in yellow</p> <p>The population was selected because no previous studies in the catchment area of the study was among postpartum women, Also, the postpartum period provides an opportunity to screen women who bring children to hospital for immunization which is a free service. This set of women comprises of women who might not have presented for antenatal and might have delivered at home due to financial constraints too.</p> <p>No analysis was conducted to compare the two groups neither was the questionnaires marked separately. This has been included as a limitation of the study</p> <p>Support during pregnancy was determined by asking a direct question in the questionnaire (Did you have support during pregnancy? From whom did you get support?)</p> <p>CAS scoring has been specified and highlighted in yellow</p> <p>Table 3 reformatted</p> <p>Logistic regression was used to analyse the data</p> <p>Correction noted and effected</p> |
| Minor REVISION comments | <p>In the background section, I would suggest a sub-heading for the measures used rather than discussing them in the "types of IPV" section. This could perhaps best be described in the methods section.</p> <p>I would also suggest discussing primary versus secondary versus tertiary prevention strategies in the "prevention of IPV" sub-section.</p> <p>Also in that section, it is noted that empowering women is a strategy to reduce IPV. There is some evidence that these strategies can backfire and actually expose women to higher levels of IPV.</p> <p>It is noted that post-natal screening is "early" screening. Earlier than what?</p> <p>I am confused by the intervals for the days of the week. Where, for example, do babies who are aged 14 weeks to 9 months go for their care?</p> <p>How was the sample size determined?</p> <p>The limitations section should really be written as a paragraph and not as bullet points.</p> | <p>Correction noted and effected</p> <p>Correction noted and effected</p> <p>Correction noted and effected</p> <p>Correction noted and effected</p> <p>The infant welfare clinic is for immunization. The immunization schedule for babies is four contacts and the target ages are at birth, 6 weeks, 10 weeks, 14 weeks and 9 months. There is no specified immunization for babies between 14 weeks and 9 months. Thus no specific clinic day for the interval and any child that fall within the interval and has missed the right timing could present on the allocated days. For general complaints, the children are attended to at the paediatric emergency or clinic.</p> <p>Sample size was determined using the prevalence of IPV among postpartum women in a study by Hind et al</p> <p>Correction noted and effected</p> |



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| Optional/General comments | | |
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PART 2:

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| | Reviewer's comment | Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i> |
| Are there ethical issues in this manuscript? | <i>(If yes, Kindly please write down the ethical issues here in details)</i> | |