

審査の結果の要旨

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This study exploratorily examined the socioeconomic conditions that affect the health care utilization in marital violence. The thesis consists of two sections. The first section is on the development of scales that measure intimate partner violence (IPV) in a community survey, the Japanese Version of Revised Conflict Tactics Scales Short Form (J-CTS2SF). The second section is on the secondary analysis of the Japanese Study of Stratification, Health, Income, and Neighborhood (J-SHINE), in which the J-CTS2SF was used to measure marital violence.

1 . The Revised Conflict Tactics Scales Short Form was translated into Japanese with the approval of the original author and the publisher. The internal consistency of the J-CTS2SF was generally low because of the small number of items that measure different levels/types of IPV. The test-retest reliability was high. Concordance with related scales generally indicated good concurrent validity; expect the negotiation subscale. Negotiation items in this short version may need further scrutiny on its accuracy to assess IPV related behaviors and incidences in a Japanese population.

2 . Secondary analysis was conducted on the data derived from the Japanese Study of Stratification, Health, Income, and Neighborhood (J-SHINE). The likelihood of using health care among those experiencing marital violence was 1.36 higher than that among those without marital violence ( $p = 0.002$ ).

3 . The association between marital violence and health care utilization significantly differed by employment status in the total sample at the 0.01 level. The odds ratio of health care utilization in the presence of marital violence to the absence of marital violence were 1.52 times higher among those who were employed compared to those who were not employed (95% CI = 0.94-2.44,  $p = 0.086$ ). The association between marital violence and health care utilization did not significantly differ by the level of educational attainment ( $p = 0.544$ ) and household income ( $p = 0.661$ ).

4 . None of the mastery, health literacy, instrumental support, and informational support explained the differential association by socioeconomic conditions in the total, male, and female

samples.

5 . The association between victimization in marital violence and health care utilization differed by gender on the basis of statistical interaction at the 0.10 level. Gender-subgroup analyses found that the presence of marital violence had positive association with increased health care use in men (OR = 1.69, 95% CI = 1.25-2.27,  $p < 0.001$ ), but not in women (OR = 1.18, 95% CI = 0.90-1.55,  $p = 0.222$ ). The moderating effect of employment on the association between any victimization and health care utilization differed by gender at the 0.10 level; the likelihood of health care use in the presence to the absence of victimization was 1.67 times higher among men out of employment than among women out of employment (95% CI = 0.97-2.86,  $P = 0.067$ ).

6 . The internet survey demonstrated that the fair reliability and sound validity of J-CTS2SF. However, the interpretations of results require careful consideration to make conclusion about the association of perpetration and victimization with outcome measures and its gender differences. The J-CTS2SF lacked the assessment on the heterogeneous experience in mutual violence (respondents experienced both perpetration and victimization), which accounted for the majority of positive responses to having marital violence. It was also suggested that more detailed assessment of marital violence should be incorporated with the J-CTS2SF to reflect possible differentials in the patterns and impacts of marital violence between men and women.

In summary, this study found that the presence of marital violence was associated with the increased use of health care and that employment status moderated the association among community residents in Japan. This study addressed the effect of socioeconomic condition on the care-seeking behaviors in marital violence, which had been scarcely examined in previous studies. Thus, this study has been approved as a PhD dissertation.