

Partner's Accompanying Perinatal Visit as a Risk Factor of Intimate Violence in Japan

Shunji Suzuki

ABSTRACT

Objective: We examined the relation between partner's accompanying perinatal visit and risk of intimate partner violence (IPV) in Japan.

Methods: Between October 2016 and September 2017, we asked all Japanese women during the first trimester of pregnancy to answer the self-administered questionnaire: the modified Violence Against Women Screen (VAWS) to screen IPV.

Results: Of the total 864 Japanese pregnant women, 41 women had a high score in the modified VAWS (4.8%, IPV group) and 805 women had a low score (95.2%, control group). Using a multivariate analysis, IPV was independently associated with prenatal visit accompanied by partner (51 vs. 29%, adjusted OR 2.19, 95% CI 1.2-4.1, $p = 0.01$).

Conclusions: Partner's accompanying perinatal visit may be a risk factor of pregnant women experiencing IPV.

KEY WORDS

intimate partner violence, pregnant women, partner's accompanying perinatal visit, Japan

INTRODUCTION

To date, male involvement in antenatal care had been believed to have a positive impact on the uptake of maternal health services¹. Because positive benefits of male involvement in maternal health had been observed including allayment of stress, pain and anxiety during delivery, the partners' education has been identified to be one of important factors affecting antenatal care uptake²⁻⁴. Recently, verbal and mental violence has been on the rise more than physical violence, and psychological violence has been also recognized by the world in Japan⁵. In addition, in young Japanese couple intimate partner violence (IPV) with binding and monopolizing their partners as 'controlling behavior toward a romantic partner' has been becoming prominent^{6,7}. The perpetrators of psychological IPV are known to be aggressive and dominant to make up for their lack of self-confidence, have a desire for exclusivity, and fear repulsion from their controlling women⁸. Therefore, they may accompany prenatal visits and may look like a gentle husband at first glance.

Based on these backgrounds, we hypothesized that partner's accompanying perinatal visit is associated with the risk of IPV in Japan. In this study, we examined the relation between partner's accompanying perinatal visit and the risk of IPV.

MATERIALS AND METHODS

The protocol for this study was approved by the Ethics Committee of Japanese Red Cross Katsushika Maternity Hospital. Informed consent concerning retrospective analysis was obtained from all subjects.

Between October 2016 and September 2017, we asked all Japanese women during the first trimester of pregnancy ($n = 848$) to answer the following the self-administered questionnaire; the modified Violence Against Women Screen (VAWS)⁹⁻¹². It has been reported that young people had more violence bounding the partner's mind; however, the multi-

variate analysis showed that it was not related to their age. The current results may indicate that there are many Japanese men who are not mentally mature., a Japanese screening instrument for IPV to identify women experiencing abuse during pregnancy and postpartum, and 846 women (99.8%) gave us analyzable answers. The following questions were asked in a quiet private room away from their companions.

- Feel frightened by what he does or said (= psychological violence)
- Hit the wall or thrown objects (= psychological violence)
- Forced you to have sex (= sexual violence)
- Pull your arm, pushed, slapped you (= physical violence)

The modified VAWS is scored using a 3-point Likert scale (0 = none, 1 = sometimes, and 2 = often; for physical violence, 0 = none, 2 = sometimes, and 3 = often). A score ≥ 2 indicates positive for IPV (total scores ranged: 0-9).

In this study, we compared the following factors in the women with a score ≥ 2 in the modified VAWS as IPV group with those with a score

Table 1: Clinical characteristics in Japanese women with and without intimate partner violence

	Control group	IPV group	P-value
Total	805	41	
Nulliparity	396 (49)	15 (37)	0.12
Maternal age ≥ 35 years	272 (34)	16 (39)	0.49
Partner's age ≥ 40 years	301 (37)	12 (29)	0.046
prenatal visit accompanied by partner	231 (29)	21 (51)	< 0.01

Data are presented as number (percentage).

Received on December 7, 2021 and accepted on January 12, 2022

Department of Obstetrics and Gynecology,

Japanese Red Cross Katsushika Maternity Hospital

Tokyo, Japan

Correspondence to: Shunji Suzuki

(e-mail: czg83542@mopera.ne.jp)

Shunji Suzuki: 0000-0002-3996-2624

0-1 as control as follows: maternal age, parity, partner's age, and prenatal visit accompanied by partner at the time of the question.

For statistical analysis, the χ^2 test was used and $p < 0.05$ was considered significant. A multivariate logistic regression model, with backward elimination, was constructed in order to find independent factors associated with IPV. The odds ratio (OR) and 95% confidence interval (CI) were calculated.

RESULTS

Of the 846 Japanese women, 41 women had a score ≥ 2 in the modified VAWS (4.8%, IPV group), and 805 women had a score 0-1 (95.2%, control group).

Table 1 shows the clinical characteristics of the women in the both groups. Using a multivariate analysis, IPV was independently associated with prenatal visit accompanied by partner (adjusted OR 2.19, 95% CI 1.2-4.1, $p = 0.01$).

DISCUSSION

In this study, the frequency of Japanese women experiencing IPV (4.8%) seemed to be same as some earlier reports in Japan^{9,13,14}. In addition, partner's accompanying perinatal visit seemed to be associated with the risk of IPV as expected.

IPV may not be just violence, it may be a variety of violence used in combination to move intimate partners as they wish, which may be also a problem in romantic relationships⁶⁻⁸. In Japan, it has been reported that only 5% of pregnant women consulted about IPV by themselves at the time of prenatal visit¹⁵. The reasons for the trends are reported to be due to the fear of secondary damage and giving up on the reality affected by IPV¹⁵. To date, it has been reported that young people had more violence bounding the partner's mind⁶⁻⁸; however, the multivariate analysis showed that it is not related to their age. The current results may indicate that there are many Japanese adult men who are not mentally mature. In Japan, since mental stress has been increasing due to the complicated social structure and diversification of values, similar adult men may increase in the future.

Pregnant women experiencing IPV will need nonjudgmental, compassionate, confidential and trauma-informed care. Although there has not been sufficient evidence to assess the effectiveness of interventions for IPV on perinatal care⁹, it will be important to find IPV early to build the support system for protection against IPV sufferers. In addition, a screening for IPV may be necessary in all pregnant women even in couples who look happy at first glance at a place away from their partners like our institute.

CONCLUSION

Partner's accompanying perinatal visit may be a risk factor of pregnant women experiencing IPV.

ETHICAL STATEMENT

The study protocol was approved by the Ethics Committee of the Japanese Red Cross Katsushika Maternity Hospital.

INFORMED CONSENT

Patients' informed consent for publication of this report was obtained.

CONFLICT OF INTEREST

The author declares no conflict of interest relevant to this article.

REFERENCES

1. Aguiar C, Jennings L. Impact of Male Partner Antenatal Accompaniment on Perinatal Health Outcomes in Developing Countries: A Systematic Literature Review. *Matern Child Health J.* 2015; 19(9): 2012-2019.
2. Simkhada B, Tejjlingen ER, Porter M, Simkhada P. Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature. *J Adv Nurs.* 2008; 61(3): 244-260.
3. Yargawa J, Leonardi-Bee J. Male involvement and maternal health outcomes: systematic review and meta-analysis. *J Epidemiol Community Health.* 2015; 69(6): 604-612.
4. Suandi D, Williams P, Bhattacharya S. Does involving male partners in antenatal care improve healthcare utilisation? Systematic review and meta-analysis of the published literature from low- and middle-income countries. *Int Health.* 2020; 12(5): 484-498.
5. Tanebe K. Role required for women's medical care (in Japanese). *J Jpn Menopause Women's Health.* 2017; 24(2): 264-268.
6. Kataoka S, Sonoda N. The influence of separation anxiety, love, and relationship length on controlling behavior toward a romantic partner (in Japanese). *Jpn J Personal.* 2014; 23(1): 13-28.
7. Ozawa M, Hasegawa H. Awareness and fact-finding survey on dating DV in adolescence (in Japanese). *Jpn Psychiatr Nurs Soc.* 2013; 56(2): 311-315.
8. Yamaguchi N. Protecting mothers and children by knowing the perpetrators of DV (in Japanese). *Jpn J Midwives.* 2018; 72(5): 335-339.
9. Kataoka Y, Yaji Y, Eto H, *et al.* Domestic violence against women during pregnancy (in Japanese). *Jpn J Pub Health.* 2005; 52: 785-785.
10. Imazeki M, Kataoka Y. Diagnostic accuracy of the modified violence against women screen (in Japanese). *J Jpn Acad Midwif.* 2013; 26: 122.
11. Kataoka Y, Imazeki M, Shinohara E. Survey of intimate partner violence before and during pregnancy among Japanese women. *Jpn J Nurs Sci.* 2016; 13: 189-195.
12. Kataoka Y, Yaju Y, Eto H, Horiuchi S. Self-administered questionnaire versus interview as a screening method for intimate partner violence in the prenatal setting in Japan: a randomised controlled trial. *BMC Pregnancy Childbirth.* 2010; 10: 84.
13. Suzuki S, Eto M. Domestic violence against women during pregnancy in Japan. *J Matern Fetal Neonatal Med.* 2017; 30: 497-498.
14. Suzuki S, Yamada F, Eto M. Influence of intimate partner violence on mental status in Japanese women during the first trimester of pregnancy. *J Matern Fetal Neonatal Med.* 2018; 31: 1524-1526.
15. Iijima A, Takahashi M. Support of midwives during IPV-damaged pregnant women and maternity health checkups (in Japanese). *J Jpn Assoc Forensic Nurs.* 2021; 7(2): 3-16.