

**DEVELOPMENT AND VALIDATION OF  
QUESTIONNAIRE TO ASSESS PERCEPTIONS  
AND ATTITUDES TOWARDS INTIMATE  
PARTNER VIOLENCE AMONG PREMARITAL  
YOUNG ADULTS IN KELANTAN**

**DR WAN SOLIHA BT WAN MOHD HANAFI**

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## LIST OF SYMBOLS

$>$	More than
$<$	Less than
$=$	Equal to
$\geq$	More than and equal to
$\leq$	Less than and equal to
$\alpha$	Alpha
$\beta$	Beta
$\%$	Percentage
$\Delta$	Precision / Delta
P	Proportion
Z	Z statistic for a level of confidence (1.96)
$\chi^2$	Chi-square



## LIST OF ABBREVIATIONS

ABS	Australian Bureau of Statistics
CDC	Centers for Disease Control and Prevention
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CI	Confidence interval
CTS	Conflict Tactic Scale
CVI	Content Validation Index
DVA	Domestic Violence Act
EFA	Exploratory factor analysis
FVI	Face Validation Index
HBM	Health Belief Model
I-CVI	Item-CVI
I-FVI	Item-FVI
IPV	Intimate Partner Violence
IQR	Interquartile range
JAHEAIK	<i>Jabatan Hal Ehwal Agama Islam Kelantan</i>
KMO	Kaiser Meyer Olkin
LR	Logistic regression
MI	Modification index
MY-	Malay version Perceptions and Attitudes towards Intimate Partner
PAIPVQ	Violence Questionnaire
NCAS	National Community Attitudes Towards Violence Against Women Survey
NGO	Non-governmental organisation

NHS	National Health Service
NMRR	National Medical Research Registry
OR	Odd ratio
PAF	Principal axis factoring
PCSQ	Perceived Community Support Questionnaire
RMSEA	Root Mean Square Error of Approximation
ROC	Receiver operation characteristic
S-CVI	Scale-level-CVI
SD	Standard deviation
S-FVI	Scale-FVI
TLI	Tucker Lewis Index
TV	Television
SPSS	Statistical Program for Social Sciences
SRMR	Standardized Root Mean Square Residual
UA	Universal agreement
VAW	Violence against women
WHO	World Health Organisation

## **ABSTRAK**

# **PEMBINAAN DAN PENGESAHAN BORANG SOAL SELIDIK UNTUK MENILAI PERSEPSI DAN SIKAP TERHADAP KEGANASAN PASANGAN INTIM DALAM KALANGAN BELIA DI KELANTAN**

*Latar Belakang:* Keganasan pasangan intim (IPV) merupakan kebimbangan kesihatan awam dan sosial yang berakar umbi di seluruh dunia, menjejaskan masyarakat dari semua kumpulan umur, termasuk golongan belia. Penilaian persepsi dan sikap mereka terhadap IPV adalah penting. Borang soal selidik yang tersedia sama ada terlalu rumit atau tidak mencukupi bagi menilai IPV secara keseluruhan dalam kalangan belia di dalam bahasa tempatan.

*Objektif:* Membina dan mengesahkan borang soal selidik baru yang akan digunakan untuk menilai persepsi dan sikap terhadap IPV, serta mengenalpasti faktor-faktor yang berkait dalam kalangan belia yang berdaftar bagi kursus pra-perkahwinan di Kelantan.

*Metodologi:* Kajian ini terdiri daripada dua fasa dan melibatkan belia yang berdaftar bagi kursus pra-perkahwinan di Kelantan dari bulan Februari 2020 hingga Disember 2021. Fasa 1 melibatkan proses pembinaan dan pengesahan borang soal selidik baru, yang mana mempunyai dua tahap: tahap pembinaan item melalui kajian literatur dan pendapat pakar, dan tahap pembinaan skala yang melibatkan pembahasan bersemuka dan pra-ujian. Proses pengesahan dilakukan menggunakan Analisa Faktor Penerokaan (EFA) dalam kalangan 315 orang belia. dan Analisa Pengesahan Faktor (CFA) dalam kalangan 334 orang belia. Bagi Fasa 2, kajian hirisan lintang telah dijalankan

melibatkan 405 orang belia yang dipilih melalui pensampelan bertujuan dari empat buah daerah di Kelantan menggunakan borang soal selidik yang baru dibina. Kemudian, data dianalisa menggunakan Analisa Regresi Logistik Sederhana dan Berganda dengan pembolehubah bersandar adalah persepsi baik dan sikap baik.

***Keputusan:*** Borang soal selidik baru bernama ‘MY-PAIPVQ’ terdiri daripada 70 item dengan dua domain (55 item bagi domain persepsi dan 15 item bagi domain sikap). Ia mempunyai konsistensi dalaman yang bagus dengan nilai Cronbach’s Alpha sebanyak 0.82 hingga 0.97 dan nilai Raykov’s rho sekitar 0.702 hingga 0.983. Kesesuaian model pada semua lima indeks ( $\chi^2 = 581.05$  (233)  $p < 0.001$ ; SRMR = 0.071; RMSEA = 0.071; CFI = 0.87; TLI = 0.864) dengan nilai pemuatan faktor di antara 0.440 hingga 0.916. Bagi fasa 2, 51.5% peserta kajian mempunyai persepsi yang baik terhadap IPV dengan nilai median skor persepsi 217.00 (IQR  $\pm$  56.00) dan 50.4% peserta kajian mempunyai sikap yang baik terhadap IPV dengan nilai median skor persepsi 55.00 (IQR  $\pm$  9.00). Faktor-faktor yang mempunyai hubungan yang signifikan dengan persepsi yang baik adalah umur yang lebih tinggi (larasan OR=3.66; 95% CI: 2.20, 6.07;  $p < 0.001$ ), pekerja bukan kerajaan (larasan OR=3.09; 95% CI: 1.12, 8.57;  $p = 0.029$ ), sejarah mengalami atau melihat keganasan tunang (larasan OR=0.09; 95% CI: 0.07, 0.50;  $p = 0.025$ ), sejarah mengalami atau melihat keganasan kawan (larasan OR=3.01; 95% CI: 1.40, 6.45;  $p = 0.005$ ), sejarah mengalami atau melihat keganasan guru (larasan OR=0.24; 95% CI: 0.08, 0.70;  $p = 0.009$ ) dan drama sebagai sumber informasi (larasan OR=2.98, 95% CI: 1.84, 4.82;  $p < 0.001$ ). Sementara itu, faktor-faktor yang mempunyai hubungan yang signifikan dengan sikap yang baik adalah umur yang lebih tinggi (larasan OR=1.12; 95% CI: 1.03, 1.19;  $p = 0.003$ ), perempuan (larasan OR=2.49; 95% CI: 1.54, 4.03;  $p < 0.001$ ), bekerja sendiri (larasan OR=0.20;

95% CI: 0.09, 0.40;  $p < 0.001$ ) dan drama sebagai sumber informasi (larasan OR=3.66, 95% CI: 2.26, 5.91;  $p < 0.001$ ).

**Kesimpulan:** MY-PAIPVQ adalah boleh dipercayai dan sah untuk digunakan bagi menilai persepsi dan sikap terhadap IPV dalam kalangan belia. Persepsi dan sikap yang baik terhadap IPV oleh belia membolehkan dan memperkasakan mereka dalam mengenalpasti tingkah laku ganas tersebut dan mengambil tindakan yang bersesuaian. Usaha pencegahan dan intervensi dapat diperbaiki dengan menggunakan cara dan bahasa yang relevan dengan golongan belia.

**Kata kunci:** Keganasan pasangan intim, borang soal selidik, belia, persepsi, sikap

## ABSTRACT

### DEVELOPMENT AND VALIDATION OF QUESTIONNAIRE TO ASSESS PERCEPTIONS AND ATTITUDES TOWARDS INTIMATE PARTNER VIOLENCE AMONG PREMARITAL YOUNG ADULTS IN KELANTAN

**Background:** Intimate partner violence (IPV) is an entrenched public health and social concern worldwide, affecting people from all age groups, including young adults. The assessment of their perceptions and attitudes towards IPV is crucial. Available questionnaires are either too exhaustive or inadequate to assess IPV comprehensively among young adults in the local language.

**Objective:** To develop and validate a new questionnaire assessing perceptions and attitudes towards IPV, as well as identify their associated factors among young adults registered for premarital courses in Kelantan.

**Methodology:** This study consists of two phases. It involved young adults registered for premarital courses in Kelantan from February 2020 till December 2021. Phase 1 involved the development and validation of a new questionnaire. The questionnaire development was done in two stages: item development stage by literature review and expert's opinion, and scale development stage which involved a face validation and pretesting. The validation process was analysed by exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). The EFA and CFA were carried out among 315 and 334 young adults, respectively. In the second phase of the study, a cross-sectional study was conducted among 405 premarital young adults who were selected

through purposive sampling from four randomly selected districts in Kelantan. The newly developed questionnaire was used. Data were analysed using simple and multiple logistic regression analyses with good perceptions and good attitudes as dependent variables.

**Result:** The new questionnaire named MY-PAIPVQ consists of 70 items with two domains (55 items on the perceptions domain and 15 items on the attitudes domain). It had good internal consistency with Cronbach's Alpha values of 0.82 to 0.97 and Raykov's rho value ranging from 0.702-0.983. The model fit on all five of fit indices ( $\chi^2 = 581.05$  (233)  $p < 0.001$ ; SRMR = 0.071; RMSEA = 0.071; CFI = 0.87; TLI = 0.864) with factor loadings ranged from 0.440 to 0.916. In phase 2, 51.5% of respondents had good perceptions towards IPV with a median perceptions score was 217.00 (IQR  $\pm$  56.00) and 50.4% of respondents had good attitudes towards IPV with a median attitude score was 55.00 (IQR  $\pm$  9.00). The significant factors associated with good perceptions towards IPV were higher age (adjusted OR=3.66; 95% CI: 2.20, 6.07;  $p < 0.001$ ), non-government worker (adjusted OR=3.09; 95% CI: 1.12, 8.57;  $p = 0.029$ ), history of experiencing or witnessing of fiancé violence (adjusted OR=0.09; 95% CI: 0.07, 0.50;  $p = 0.025$ ), history of experiencing or witnessing of friend violence (adjusted OR=3.01; 95% CI: 1.40, 6.45;  $p = 0.005$ ), history of experiencing or witnessing of teacher violence (adjusted OR=0.24; 95% CI: 0.08, 0.70;  $p = 0.009$ ) and drama as source of information (adjusted OR=2.98, 95% CI: 1.84, 4.82;  $p < 0.001$ ). Meanwhile, the significant factors associated with good attitudes towards IPV were higher age (adjusted OR=1.12; 95% CI: 1.30, 1.19;  $p = 0.003$ ), female (adjusted OR=2.49; 95% CI: 1.54, 4.03;  $p < 0.001$ ), self-employed (adjusted OR=0.20; 95% CI: 0.09, 0.40;  $p < 0.001$ ) and drama as source of information (adjusted OR=3.66, 95% CI: 2.26, 5.91;  $p < 0.001$ ).

**Conclusion:** The MY-PAIPVQ is valid and reliable to assess perceptions and attitudes towards IPV among premarital young adults. Good perceptions and attitudes towards IPV by young adults may enable and empower them to recognize abusive behavior is taking place and how to take appropriate action against it. Prevention and intervention efforts could be improved using language that young adults find relevant.

**Keywords:** Intimate Partner Violence, Questionnaire, Young Adults, Perceptions, Attitudes



# CHAPTER 1

## INTRODUCTION

### 1.1 Overview of intimate partner violence

Violence is defined as any act or behaviour, either a threatened or actual act, done intentionally by an individual or a community, which may result in injury, damage, or death (García-Moreno, 2005). Intimate partner violence (IPV) refers to any attempted, threatened, or completed behaviour in the form of physical, psychological, or sexual, either in current or former partners within an intimate relationship, that causes harm and bad consequences (Saltzman *et al.*, 2002; WHO, 2012; Niolon and CDC, 2017). IPV is not gendered biased; it refers to either male- or female-initiated violence in an intimate relationship (Randawar, 2018).

An intimate partner is a person with a close relationship, either ongoing or regular physical and sexual contact, and who has personal and emotional connectedness (Breiding *et al.*, 2015). IPV may occur in any relationship, including married couples, nonmarried partners, cohabiting couples, girlfriend and boyfriend, heterosexual or same-sex partners, and current or former relationships (Rakovec-Felser, 2014). However, it is more common in a marriage setting (Itzin *et al.*, 2010).

IPV is a subset of domestic violence, which means IPV is part of domestic violence (DV) (Hawcroft *et al.*, 2019). DV is the violence that occurs in a domestic setting which is within a household, either marriage or cohabiting setting. DV can occur on parents (parental abuse), child (child abuse), siblings, spouses or even elderly

abuse (WHO, 2012). However, IPV can only occur between partners who may or may not be living together in the same household.

Violence by an intimate partner is common in all ages. Generally, the term ‘dating violence’ is used in Western literature, referring to any violence experienced among adolescents in their dating relationship (Smith *et al.*, 2003). However, in Asia and some other countries, where marriage often takes place at a young age, the phenomenon of dating violence is rare, and IPV begins earlier. This phenomenon makes the IPV term more prominent than the usage of ‘dating violence’ in those countries (Lundgren and Amin, 2015). Understanding this issue among those who are most probably going to be involved in an intimate relationship soon, such as marriage, is a necessary public health approach to preventing IPV.

There are four types of acts or behaviours included under IPV: physical violence, sexual violence, psychological violence, and controlling actions (WHO, 2012). Physical violence occurs when a person hurts a partner by slapping, pushing, shoving, dragging, choking, hitting, kicking, or beating, either under a threatening or in a real condition. Sexual violence means someone forces or manipulates a partner into unwanted sexual activity or a nonphysical sexual event, such as sexting, without their consent (Breiding *et al.*, 2015). Psychological violence refers to any intentional manner, either verbal or nonverbal communication, that may weaken another person’s psychological condition, including coercion, insults, humiliation, intimidation, and threats to take away children or family members. Controlling behaviours constitute a malicious form of violence that entraps a person in a hostage-like situation, including insisting on things being done a particular way, forbidding a person from seeing friends and family, stalking, and restricting financial resources, employment,

education, or medical care (WHO, 2013; Niolon and CDC, 2017). Since most of this felony happens between a husband and a wife within the four walls of a home, this is usually viewed as a private matter, and they believe that what happens in the house should not be shared with others. Most people have attitudes that reinforce secrecy and acceptance of blame for violence (Coghlan *et al.*, 2006). Thus, such cases are often underreported and never detected (WHO, 2013; Randawar, 2018).

## **1.2 Global burden of IPV**

IPV is a significant overwhelming public health concern. According to global studies among ever-partnered women, one-third of them are involved in IPV, with the highest prevalence in Africa and the Eastern Mediterranean. IPV prevalence varied significantly throughout Southeast Asian countries, with 34.3% in Timor Leste, 14.8% in Philippines, and 13.7% in Cambodia. IPV prevalence was reported to be around 24% in high-income nations such as Europe and the Western Pacific (WHO, 2013). Several studies have revealed the incidence of IPV among male victims in Western countries over their lifetimes, such as 29% in Washington and Idaho and 23% in the US national survey (Coker *et al.*, 2002; Reid *et al.*, 2008).

A violence survey in the US reported that nearly a quarter (23%) of women and approximately one in seven men (14%) had experienced serious physical violence from their intimate partner (Smith *et al.*, 2018). IPV can cause mortality in the most severe situations. Globally, 38% of all homicides of women and 7% of men were intentionally committed by their intimate partners. According to surveys undertaken within 10 years in 87 countries, approximately 20% of girls and women aged 15 to 49 reported being subjected to physical and/or sexual violence in the previous year by

their intimate partner (WHO, 2013; Guterres, 2017). In Spain, the prevalence reaches 33% among women who have previously suffered psychological IPV (WHO, 2013). According to statistics from Latin American and Caribbean Demographic and Health Surveys, more than 60% of women who experienced physical IPV in the previous 12 months also reported emotional abuse (WHO, 2012). Those who have experienced IPV have been impacted by numerous health problems, such as physical injuries, functional disorders, the birth of a low-birthweight baby, induced abortion, thoughts of suicide, and depression (WHO, 2013).

### **1.3 IPV in Malaysia**

In Malaysia, the prevalence estimates for lifetime IPV range widely from 8% in a national household survey to 87% in women's shelters (Shuib *et al.*, 2013; Women's Aid Organization, 2021). In 2018, statistical records from the Royal Malaysia Police Force showed that the reported violence cases amplified from 2,500 cases in 2003 to 5,500 cases in 2017. Then, the number not reducing much with 5,513 cases in 2018 and 5,657 in 2019. During covid outbreak, started from March 2020 until September 2021, cumulative domestic violence cases was around 9,000 cases (Rahim *et al.*, 2021). This increasing number of violence cases reported requires serious attention. According to a report by states in 2017, Kelantan was declared to have the third-highest number of domestic violence cases (12%) after Selangor (14%) and Johor (12.4%) (Royal Malaysia Police Department, 2018). The young adult age group was found to be the highest range of age involved in IPV either as survivors or perpetrators of violence, according to a Royal Malaysia Police Department report in 2017 (Royal Malaysia Police Department, 2018).

To curb this problem, the Malaysian government claims that the Ministry of Women, Family, and Community Development has a policy commitment to end violence against women (VAW) in Malaysia. The Malaysian Parliament passed the Domestic Violence Act (DVA) 1994 and its subsequent implementation in 1996. Domestic abuse is defined as "physical injury, fear of physical injury, wrongful detention, mischief or destruction of property, knowing that it is likely to cause distress to the victim," according to the Act. The DVA is read in conjunction with the Penal Code and the Criminal Procedure Code (Attorney General's Chambers of Malaysia, 1996).

In October 2011, the DVA was revised to include mental, emotional, and psychological abuse in the definition of domestic violence. The amendment also broadens the scope of protection orders to include third parties, preventing them from physically harming or even speaking with victims of domestic abuse, and allowing police to arrest a perpetrator if a protective order is breached (Parliament of Malaysia, 2011). This further amendment was a gazette in September 2017 and came into enforcement in January 2018.

Malaysia has made tremendous progress in addressing IPV. Several shelters and interventional programmes have been created, and the management of victims in society, welfare care, and healthcare have been developed. Despite numerous strategies carried out as part of reaction and response actions primarily focused on victims, the dimension of prevention has been largely addressed by policies and programmes (Rosewater, 2003). Even though there is a unit called the Violence and Injury Prevention Unit at the Ministry of Health Malaysia, established in 2004, IPV is

still viewed as a lower urgency issue compared to other health problems within the ministry and is usually covered under domestic violence (Colombini *et al.*, 2012).

#### **1.4 Young adult population and partner violence**

Adults constitute the well-known age group highly related to IPV (Morgan and Chadwick, 2009). However, the increasing numbers of violence among younger persons are alarming and have received more attention in recent times (Indermaur, 2001). According to the lifetime prevalence of IPV by age group, the prevalence of exposure to violence among young women aged 15–19 years is relatively high, indicating that violence starts early in relationships nowadays (WHO, 2013). Young women aged 18–34 were almost three times as likely as those aged 35 and over to have experienced IPV in the 12 months before the ABS (2018) study.

Young adulthood is a vital era when young adults begin to explore meaningful relationships, hence IPV is frequent in young adult societies. Young adulthood is defined as ages 18–30 years old, while adolescence is defined as puberty (about 12 years old) in the 10–19 years age range (WHO, 2015; Bonnie, Stroud, and Breiner, 2015). As a result, beliefs, behavioural patterns, abilities, and knowledge are formed, which may have an impact on their future relationships (Indermaur, 2001; Flood, 2007; Mikton, 2010). According to a study in Laos, young adults have a good awareness of issues related to IPV, even though understanding of such matters is often low. Young adults' attitudes towards violence have been influenced by their personal experiences and observations, as well as by values and norms that have been taught to them, which make the values and norms appear complex (Hamilton *et al.*, 2012).

Young people's tendency to be involved in IPV is increased by cultural gender roles in the family and community, inexperience, and peer culture. They are also shaped and influenced by the media, pornography, and hostile and destructive behaviours in the community and the environment (Flood and Fergus, 2008). In addition, young people are less likely to be willing to disclose or report violence. Long-term solutions and support services may be less reachable and unavailable for them. Reporting can also be more problematic for young people due to unemployment and immature thinking. Consequently, they may be left unassisted and remain in abusive relationships (Morgan and Chadwick, 2009).

## **1.5 Problem statement**

IPV occurs globally, among rich or poor, regardless of a developed or developing country, urban or rural residence, race, religion, or the ages of the victim and the perpetrator. Malaysia also experiences the problem of IPV. Several studies have reported an increase in cases related to IPV over the past few years. The high number of violent victims shows the seriousness of the problem. Nevertheless, the number of victims reported and included in the statistics by the Royal Malaysia Police Department is barely the real overall number of victims being abused in Malaysia.

Additionally, only physical or sexual abuses are commonly recognized and reported as violence by society, which causes the other forms of abuse to be disregarded and neglected. Hence, only those cases are reported by the victim and are counted in the statistics. Failure to disclose and seek treatment forces victims to live in perpetual terror, despite the fact that they are aware of the abuse they are experiencing. Bagshaw (2008) conducted cultural research on family violence in

Malaysia and discovered that IPV occurs at all levels of society and becomes unseen as a result of its sensitivity and victims being afraid to report acts of abuse. Those who do not report and suffer several health complications do not appear in any statistical record and are hidden from family, friends, and the surrounding community.

Through direct paths, such as injury, gastrointestinal issues, or death, and indirect pathways, such as chronic health problems resulting from extended stress, depression, and posttraumatic stress disorder, IPV has a wide range of far-reaching physical and psychological health implications. IPV has also been linked to negative impacts on sexual and reproductive health, such as sexually transmitted illnesses, miscarriages, and unsafe births owing to coercion (Ellsberg *et al.*, 2008). IPV may affect the victim's life, with substantial health care and societal costs.

The prevalence of misperceptions towards IPV ranging from 18.0% up to 45.0% by a study in Canada as the highest statement they perceived is about the risk offending the victims (Sprague *et al.*, 2011). Meanwhile, the prevalence of poor attitudes towards IPV in Nigeria ranging up to 66.4% as the respondents justify IPV due to partner being rude and having insufficient care of the children (Fawole *et al.*, 2009). This high prevalence indicates that misperceptions and poor attitudes towards IPV is common and include both under and overestimates.

An understanding of the issue of IPV among young adults has rarely been sought (Burman and Cartmel, 2005; McCarry, 2009). An assessment of perceptions of and attitudes towards IPV among young adults could have a significant positive impact on the cycle of violence. Tolerance perceptions and attitudes towards IPV have been identified as important risk factors for the occurrence of IPV in future relationships. If poor perceptions and attitudes are detected early, there are great



opportunities to educate and implement prevention programmes to help young adults make better choices and seek out healthier relationships. Disclosure or help-seeking depends on the ability of a person to define an action as abusive (Coghlan *et al.*, 2006).

It is also important to understand the factors contributing to IPV occurrence. However, most studies on IPV have mainly targeted adult married/cohabiting women either among the perpetrators or victims, with limited attention to young adults (Schütt, 2006; Uthman *et al.*, 2009). IPV may occur as early as adolescence and early adulthood (Mikton, 2010). A young adult relationship has various features in terms of maturity, age, inexperience, stereotypes, and expectations that may influence how violence is portrayed in the relationship (Arriaga and Agnew, 2001; Arriaga and Foshee, 2004).

Limited relevant curricula are available in addressing IPV issues for young generations. In Malaysia, Muslim men and women are required to attend a premarital course organized by the State Islamic Religious Department (Saidon *et al.*, 2016). Important information on this issue is delivered during the course. However, peoples' perceptions of the inputs, which are filtered based on paradigm, are unknown. Furthermore, most educational institutions, especially schools, may be reluctant to discuss the IPV issue due to its being related to sex, sexuality, and family. This issue is often viewed as too sensitive and taboo, especially among young people. Thus, many prospects in the education field to help young adults build positive norms, perceptions, and good identities are lost. Furthermore, although many studies have revealed that violent behaviour begins in adolescence, few are paying attention to IPV during this period (Rosewater, 2003).

There is no validated questionnaire measuring perceptions and attitudes towards IPV among young adults in the local context in Malaysia. Most of the pre-existing questionnaires are focused on the adult population, a specific gender, or victims of violence. Moreover, in the Western culture, which has influenced most of the questionnaires, some variables might be manifested differently than the local culture in Malaysia. Western culture is more permissive and tied to traditional masculinity ideology compare to Asian culture which is patriarchal and paternal culture (Kyler-Yano *et al.*, 2021; Okazaki, 2002). Given the existing questionnaires are not nearly verbatim and are inappropriate for the unique participants of our study (young adults), adopting the questionnaires is impossible, unsuitable, and impractical. In addition, some of the existing questionnaires are not properly developed and validated or lack adequate information on the validation processes. Therefore, the development and validation of a new questionnaire, which is culturally appropriate to assess IPV issues from the young adult's perspective and view, is needed.

## **1.6 Study rationale**

IPV is a behaviour related to an individual's perceptions and attitudes. The potential to take necessary preventive measures for IPV is greatly influenced by an individual's perceptions of all dimensions of IPV: forms of IPV, causes of IPV, impacts of IPV, and supports for IPV, as well as attitudes towards IPV, such as acceptance of IPV and willingness to disclose IPV. Hence, individuals' perceptions of and attitudes towards IPV are important to adopt a healthy relationship and reduce the risk of the consequences of IPV.

This study will address the research gap in exploring young adults' perceptions of and attitudes towards IPV. Understanding perceptions and attitudes towards IPV also important as this issue is regulated and covered under the Domestic Violence Act, especially on awareness on availability of legal protection and support. For those at high risk of poor perceptions and attitudes, an accurate understanding of risk can help young adults with proper definitions and facilitate following the required preventive interventions that can lead to a better quality of relationship.

This study will also allow identifying associated factors of good perceptions and attitudes to prevent IPV. The support will support closing the information and understanding gap on the current situation and contribute to prevention and control strategies. Prevention, especially primary prevention as a proactive strategy, is essential in preserving the safety of future generations from the risk of violence. However, due to methodological differences, its associated factors may vary according to cultural-specific contexts. Thus, this study is also aimed at determining the associated factors among the Malaysian population.

There is a paucity of research concerning perceptions of and attitudes towards IPV. A questionnaire is the best way to measure an individual's opinions and attitudes, as it is extensively utilized by many academics because of its convenience, low cost, and important role in data collecting. Furthermore, it is commonly utilised as a research tool in public health surveys - particularly in studies with large sample sizes, where statistical analysis provides greater power than other methods. A number of questionnaires have been developed to screen for IPV, however, they are either too short or lack cultural sensitivity. To assess IPV, a new thorough questionnaire must be developed and validated, and the questionnaire must be culturally relevant for the local

community. This questionnaire can be used to establish a baseline for young adult perceptions and attitudes about IPV, which could be useful in guiding IPV prevention efforts.

## **1.7 Research questions**

1. Is the new questionnaire valid to assess perceptions and attitudes towards IPV among premarital young adults?
2. What are the perceptions of and attitudes towards IPV among premarital young adults in Kelantan?
3. What are the factors associated with good perceptions and good attitudes towards IPV among premarital young adults in Kelantan?

## **1.8 Objectives**

### **1.8.1 General objective**

To develop and validate a new questionnaire assessing perceptions and attitudes towards IPV, as well as identify their associated factors among young adults registered for premarital courses in Kelantan.

## **1.8.2 Specific objectives**

### **Phase 1**

1. To develop and validate a new questionnaire assessing perceptions and attitudes towards IPV

### **Phase 2**

1. To describe the perceptions and attitudes towards IPV among young adults registered for premarital courses in Kelantan
2. To determine the factors associated with good perceptions and good attitudes towards IPV among young adults registered for premarital courses in Kelantan

## **1.9 Research hypothesis**

1. The newly developed questionnaire is valid and reliable for use in the assessment of perceptions of and attitudes towards IPV.
2. There are significant associations between sociodemographic factors, relationship status, history of violence, and source of information with good perceptions of IPV among young adults registered for premarital courses in Kelantan.
3. There are significant associations between sociodemographic factors, relationship status, history of violence, and source of information with good attitudes towards IPV among young adults registered for premarital courses in Kelantan.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Overview of existing studies related to IPV in Malaysia

Most of the studies in Malaysia discussed this IPV issue under the context of DV and not specifically on IPV, either quantitative (Awang and Hariharan, 2011; Khaironisak *et al.*, 2017) or qualitative (Ali *et al.*, 2012; Tengku Hassan *et al.*, 2015; Oon *et al.*, 2016; Karupiah and Gopal, 2017; Sukeri and Man, 2017; Ahmad *et al.*, 2018), have focused on the prevalence of DV and its determinants, especially exploring victims' perspectives. Other aspects of partner violence studies are management aspects such as the one-stop crisis centre (Wong and Othman, 2008; Colombini *et al.*, 2011; Colombini *et al.*, 2012) and healthcare providers' perspectives (Othman and Adenan, 2008; Colombini *et al.*, 2013).

To the best of our knowledge, no studies on IPV have focused solely on Malaysia's young adult population. This population, in particular, requires special attention because IPV is more common in young adults and has the potential to lead to subsequent experiences of violence, poor health, and social capital. Throughout the extensive review of the literature, we were only able to retrieve three studies among young adults in Malaysia related to violence against women. The overview of these studies is summarized in Table 2.1. However, two out of the three studies did not mention the validation process of the questionnaire used. Therefore, there is a need to

explore the underlying perceptions of and attitudes towards IPV issues among the young adult population in Malaysia.

Table 2.1: Summary of the violence against women studies among young adults in Malaysia

Source	Sample	Study Method	Focus	Relevant Findings
Ismail and Ruskam (2008)	83 students from Universiti Teknologi Malaysia	40-item self-administered questionnaire	Perceptions of VAW	Overall, good perceptions among university students on the forms of physical, sexual, and emotional VAW  Limitation: No mention of the validation process of the questionnaire used
Jayapalan, Wong, and Aghamohammadi (2018)	75 undergraduate students from a public university in Kuala Lumpur, Malaysia	Focus group discussion (n = 14)	Understanding sexual abuse and perceptions of sexual abuse victims	The Chinese and Indians had a deeper grasp of sexual abuse, whereas the Malays defined it more conservatively. Sexual assault is predisposed by a person's incorrect dress code, being too attractive, associating with the opposite sex, a lack of knowledge, limitations, and environmental and family circumstances.  Limitation: No mention of the validation process of the questionnaire used
Women's Aid Organization (2021)	Quantitative part among 1,000 randomly selected Malaysian community	Mixed-method design  Quantitative part using a validated, translated NCAS 2017	Exploring how public attitudes and perceptions manifest in survivors' experiences of help-seeking	The internal validation of the translated NCAS was good ( $\alpha = 0.94$ )  Only around half of the respondents were inclined to reject violence-endorsing attitudes and favour gender equality, according to the survey, while the other half were either supportive of violence-endorsing attitudes or unsure of their position. In comparison to women, older males had higher negative reactions to VAW, according to the study.



Table 2.1: Continued

Source	Sample	Study Design	Focus	Relevant Findings
Women’s Aid Organization (2021)	Qualitative part among 16 survivors of VAW	Qualitative part among survivors of VAW		Limitations: The respondents were only those registered in the Women’s Aid Organization networks. Moreover, the respondents are too broad, not specific to the young adult population.

## **2.2 Pre-existing questionnaires related to IPV among young adults**

Several pre-existing questionnaires have been created among young adults to determine perceptions of and attitudes towards IPV and its related violence. Several terms are used in those questionnaires, such as partner violence, IPV, dating violence, and domestic violence. The first three terms specifically reflect the violence that occurs within an intimate relationship, but domestic violence may also include violence among other members in a domestic setting. However, most of the questionnaires are derived from Western countries, which have different cultures, norms, and sensitivity as compared to Malaysia. The questionnaires are too brief, are too specific to only a few types of violence, or focus on gendered violence. A summary of the available questionnaires about assessing perceptions of and attitudes towards IPV is shown in Table 2.2.

To the best of our knowledge, no validated questionnaire is available for assessing perceptions of and attitudes towards IPV among young adults in Malaysia. Although using a combination of existing questionnaires will save time and resources (Boynton and Greenhalgh, 2004), a questionnaire that measures the domain of interest may be unavailable, or the published questionnaires are unavailable in the Malay language, which is required for the targeted respondents (Tsang *et al.*, 2017). As a result, there is a need to construct, develop, and validate a new questionnaire.

Table 2.2: Summary of the questionnaires assessing perceptions of and attitudes towards intimate partner violence

Developer	Characteristic and concept measured	Total items	Statistical method and limitation
Straus <i>et al.</i> (1996)	<p>Revised Conflict Tactics Scale</p> <p>Assess perceptions of and attitudes towards IPV</p> <ul style="list-style-type: none"> <li>• Assess the use of reasoning or bargaining by partners in a dating, cohabiting, or married relationship who are engaged in psychological and physical attacks on each other.</li> <li>• Composed of 5 scales:               <ul style="list-style-type: none"> <li>• Negotiation (6 items)</li> <li>• Psychological Aggression (8 items)</li> <li>• Physical Assault (12 items)</li> <li>• Sexual Coercion (7 items)</li> <li>• Injury (6 items)</li> </ul> </li> </ul>	39 items	<p>Validity: good internal consistency</p> <p>Reliability: good internal consistency (<math>\alpha = 0.79-0.95</math>)</p> <p>Limitations</p> <ul style="list-style-type: none"> <li>- Limited to physical and psychological violence</li> <li>- Conducted among those engaged in violence</li> </ul>
Yick (1997)	<p>Perceptions of domestic violence</p> <ul style="list-style-type: none"> <li>- Definitions of domestic violence (12 items)</li> <li>- Four subscales measured physical abuse, psychological abuse, sexual aggression, and financial abuse</li> <li>- Attitudes towards the use of interpersonal violence (5 items), measured by two subscales:               <ul style="list-style-type: none"> <li>• The Sanctioning Hitting subscale measures attitudes about hitting family members</li> <li>• The Physical Force as Problem-Solving subscale measures attitudes about the use of physical force to handle conflict</li> </ul> </li> </ul>	53 items	<p>Validity and reliability</p> <ul style="list-style-type: none"> <li>- Definitions of domestic violence for all four subscales had moderate internal consistency (<math>\alpha = 0.59-0.74</math>).</li> <li>- Attitudes towards the use of interpersonal violence indicated moderate internal consistency (<math>\alpha = 0.51</math> and <math>0.68</math>).</li> </ul>

Table 2.2: Continued

Developer	Characteristics and concepts measured	Total items	Statistical method and limitation
Yick (1997)	<ul style="list-style-type: none"> <li>- Attitudes towards causes of domestic violence (23 items), measured by four subscales:               <ul style="list-style-type: none"> <li>• Structural causes of domestic violence (4 items) refer to factors related to societal institutions (such as women working outside the home and breakdown of traditional family roles)</li> <li>• Cultural causes (4 items) measure Asian cultural belief systems (such as women's lower status in culture and the belief that men are the head of the household)</li> <li>• Environmental causes (8 items) refer to existing circumstances surrounding abusive behaviours (such as job pressures, stress, and alcohol)</li> <li>• Individual causes (7 items) refer to the perpetrator (such as inability to control temper, communication breakdown, and a lack of trust in marriage)</li> </ul> </li> <li>- This questionnaire contains 13 closed-ended questions, using a 6-point Likert-type scale response format, to measure perceptions of domestic violence.</li> </ul>		<ul style="list-style-type: none"> <li>- Attitudes towards causes of domestic violence (<math>\alpha = 0.16-0.75</math>)</li> <li>- Perceptions of contextual justifications demonstrated very strong internal consistency (<math>\alpha = 0.92</math>)</li> </ul> <p>Limitations This questionnaire is used for assessing domestic violence; it is not specifically for IPV</p>
Petretic-Jackson, Sandberg, and Jackson (1994)	<p>Domestic Violence Blame Scale</p> <ul style="list-style-type: none"> <li>- There are four factors/concepts:               <ul style="list-style-type: none"> <li>• Situation blame (five items) assigns blame for domestic violence to situational or contextual factors</li> <li>• Perpetrator blame (five items), belief that battering partners are psychologically disturbed and unable to control their violent behaviour</li> <li>• Societal blame (six items) assigns blame for domestic violence to societal values</li> <li>• Victim blame (seven items) assigns blame to the victim for either encouraging or provoking, deserving, or exaggerating the effects of domestic violence</li> </ul> </li> </ul> <p>Each item is rated on a Likert scale ranging from 1 (strong disagreement) to 6 (strong agreement).</p>	23 items	<p>The factor analysis suggested a four-factor structure.</p> <p>The measure's authors claimed that it had good reliability and validity (Petretic-Jackson <i>et al.</i>, 1994), but no other psychometric data on it has been published.</p> <p>Limitation: Scale oriented towards blaming situation only.</p>

Table 2.2: Continued

Developer	Characteristics and concepts measured	Total items	Statistical method and limitation
Price <i>et al.</i> (1999)	<p>Attitude towards Dating Violence Scale</p> <ul style="list-style-type: none"> <li>- Consists of six subscales questioning attitudes towards               <ul style="list-style-type: none"> <li>• psychological dating violence (15 items for a male perpetrator towards a female victim, 13 items for a female perpetrator towards a male victim)</li> <li>• physical dating violence (12 items)</li> <li>• sexual dating violence (12 items)</li> </ul> </li> </ul> <p>Items are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree).</p> <p>The higher the score, the higher the tolerance towards dating violence.</p>	76 items	<p>Validity and reliability: the internal consistencies of each scale were strong, ranging from 0.75 to 0.87.</p> <p>Limitation: The scales do not examine the relationship between acceptance of violence and friends' abusive behaviour.</p>
Fetchenhauer <i>et al.</i> (2005)	<p>Causal Attribution for Sexual Violence Scale</p> <ul style="list-style-type: none"> <li>- Measuring different causal attributions (characterological, behavioural, and external) for sexual violence victimization</li> <li>- Behavioural self-blame if an individual regards their concrete behaviour as a reason for their victimization</li> <li>- Characterological self-blame is defined as regarding one's personality as a reason for being raped</li> </ul> <p>External attributions are also called societal factors, such as coping success and feeling controls.</p>	9 items	<p>The factor analyses suggested a three-factor structure and have good internal consistency (validity and reliability, <math>\alpha = 0.82</math>)</p> <p>Limitation: Focus on the general population, not specifically on the young adult population, and limited regarding sexual violence victimization</p>

Table 2.2: Continued

Developer	Characteristics and concepts measured	Total items	Statistical method and limitation
<p>Herrero and Gracia (2007)</p>	<p>The Perceived Community Support Questionnaire</p> <ul style="list-style-type: none"> <li>- Self-administered inventory that includes three scales assessing three dimensions of community support:               <ul style="list-style-type: none"> <li>• Community integration: a four-item scale that measures the sense of belongingness.</li> <li>• Community participation: a five-item scale that measures the degree of respondent's involvement in social activities in the community.</li> <li>• Community organization: a five-item scale that measures the degree of support the respondent perceives from organizations in the community.</li> </ul> </li> </ul> <p>Items are rated on a 5-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree)</p>	<p>14 items</p>	<p>The internal consistency and validity of the Perceived Community Support Questionnaire are adequate for both the 14-item scale (0.86) and the three dimensions (0.76, 0.84, and 0.54, respectively) in all samples.</p> <p>Limitations: Limited on community support topic.</p>
<p>Smith <i>et al.</i> (2005, revised by Fincham <i>et al.</i>, 2008)</p>	<p>Intimate Partner Violence Attitude Scale</p> <ul style="list-style-type: none"> <li>• Measures acceptance of IPV in three domains: psychological abuse, physical violence, and controlling behaviours</li> </ul> <p>Items are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree), with items 2, 3, 5, 8, 12, 13, 14, and 17 reverse coded.</p>	<p>23 items</p>	<p>Validity and reliability</p> <ul style="list-style-type: none"> <li>- Coefficient alpha for the scales ranged from 0.68 to 0.91, with the lowest alpha corresponding to the Control subscale.</li> </ul> <p>Limitations</p> <ul style="list-style-type: none"> <li>- This scale mainly addresses the severity of behaviours, rather than the perceptions of IPV behaviours.</li> <li>- This scale does not cover sexual violence.</li> </ul>

Table 2.2: Continued

Developer	Characteristics and concepts measured	Total items	Statistical method and limitation
<p>McMahon and Farmer (2011)</p>	<p>Updated Illinois Rape Myth Acceptance Scale</p> <ul style="list-style-type: none"> <li>- It has been revised from the Illinois Rape Myth Acceptance Scale, a 45-item scale.</li> <li>- The scores range in this scale is on a 5-point Likert scale – from 1 for ‘strongly agree’ to 5 for ‘strongly disagree’, which may be totalled for a cumulative score.</li> <li>- A higher score indicates a greater rejection of rape myths.</li> </ul>	<p>22 items</p>	<p>The factor analysis suggested a four-factor structure.</p> <p>The scale has strong measures of reliability (<math>\alpha = 0.92</math>). The overall Cronbach’s alpha for the measure was 0.87. The correlations among the factors were all statistically significant and ranged from 0.39 to 0.67.</p> <p>Limitation: The objective of this scale concerns the victim of sexual violence.</p>
<p>Saddki <i>et al.</i> (2013)</p>	<p>Malay Version of WHO Women’s Health and Life Experiences Questionnaire</p> <ul style="list-style-type: none"> <li>- Adapted from the Women’s Health and Life Experiences Questionnaire developed by the WHO in 2005</li> <li>- The main purpose of this questionnaire is to measure the prevalence, health implications, and risk factors for domestic violence</li> <li>- It contains four main domains of interest: controlling behaviours, emotional violence, physical violence, and sexual violence</li> </ul>	<p>20 items</p>	<p>The internal consistency reliability was good. The Cronbach’s alpha values ranged from 0.767 to 0.858 across the domains.</p> <p>Limitation: The development and validation process is not specific to the young adult population and is only designated for all ever-partnered women.</p>

Table 2.2: Continued

Developer	Characteristics and concepts measured	Total items	Statistical method and limitation
Omorogiwa (2017)	<ul style="list-style-type: none"> <li>- 16-item questionnaire with four main domains:               <ul style="list-style-type: none"> <li>• Public perception about domestic violence (4 items)</li> <li>• Influence of domestic violence on separation/divorce (4 items)</li> <li>• Psychological problems (4 items)</li> <li>• Physical health issues (4 items)</li> </ul> </li> </ul>	16 items	<p>The factor analysis suggested a four-factor structure with good internal consistency (validity and reliability, <math>\alpha = 0.85</math>).</p> <p>Limitation: The scale is gender-biased, as it focuses more on domestic violence against women.</p>
González, Calvete, and Orue (2017)	<p>Acceptance of Dating Violence questionnaire</p> <p>Assesses attitudes that justify the use of aggression in adolescents' dating relationships</p> <ul style="list-style-type: none"> <li>- First adaptation of the Acceptance of Dating Violence scale to Spanish-speaking adolescents, following the guidelines of the International Test Commission (2010)</li> <li>- Using a 6-point scale ranging from 1 (completely untrue) to 6 (completely true)</li> </ul>	10 items	<p>The results for both girls and boys fit well with a one-factor structure, according to the factor analyses.</p> <p>Validity and reliability: The questionnaire had a high level of internal consistency (0.83) and was connected to general justifications for violence as well as dating violence (perpetration and victimization).</p> <p>Limitation: Focus on aggression justifying attitude only</p>