

**PREVALENCE AND RISK FACTORS OF
INTIMATE PARTNER VIOLENCE (IPV), SEXUAL
REPRODUCTIVE HEALTH ISSUES AND
TREATMENT BARRIERS AMONG FEMALES
WHO USE DRUGS (FWUDs) IN MALAYSIA**

ASNINA NAIR A/P ANANDAN

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by

ASNINA NAIR A/P ANANDAN

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LIST OF ABBREVIATIONS

FWUDs	Females who Use Drugs
IPV	Intimate Partner Violence
DV	Domestic Violence
STI	Sexually Transmitted Disease
VAW	Violence Against Women
ATS	Amphetamine-type Stimulant
WHO	World Health Organisation
SUD	Substance Use Disorder
PWUDs	People Who Use Drugs
PWUA	People Who Use Amphetamine-type Stimulant
CCRC	Community Care and Rehabilitation Centre
CDDC	Compulsory Drug Detention Centre
CDC	Centre for Disease Control
UNODC	United Nations Office on Drugs and Crime
MCO	Movement Control Order
DDA	Dangerous Drugs Act
NADA	National Anti-Drugs Agency
WAO	Women Aid Organisation
KPWKM	Women, Family, and Community Development Ministry
PDRM	Polis Diraja Malaysia/Royal Malaysia Police
SUHAKAM	Human Rights Commission of Malaysia
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
NIDA	National Institute on Drug Abuse
NGOs	Non-Governmental Organizations
NSEP	Needle and Syringe Exchange Program
SRH	Sexual-Reproductive Health
VTCs	Voluntary Treatment Centers
FGD	Focus Group Discussion
PTSD	Post-traumatic stress disorder

DVA	Domestic Violence Act
NAS	Neonatal Abstinence Syndrome
BTI	Barriers to Treatment Inventory
OAS	Ongoing Abuse Screen
WAST	Women Abuse Screening Tool
SPSS	Statistical Package for Social Sciences
IDU	Injecting Drug Use/User
HIV	Human Immunodeficiency Virus
CI	Confidence Interval
OR	Odds Ratio
aOR	Adjusted Odds Ratio
C&C	Cure and Care

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**PREVALENS DAN FAKTOR RISIKO BAGI KEGANASAN PASANGAN
INTIM (IPV), ISU KESIHATAN REPRODUKTIF SEXUAL DAN
KEKANGAN RAWATAN DALAM KALANGAN PENGGUNA DADAH
WANITA (FWUDs) DI MALAYSIA**

ABSTRAK

Wanita yang menggunakan dadah (FWUDs) mudah terdedah kepada keganasan pasangan intim (IPV) dan masalah lain yang berpunca daripada keganasan dan penyalahgunaan dadah. Kajian ini bertujuan untuk mengenal pasti prevalens dan factor-faktor risiko yang berkaitan dengan IPV, sejauh mana penggunaan dadah semasa kehamilan dan penyusuan, pengetahuan dan amalan kesihatan reproduktif, dan halangan mendapatkan rawatan dalam kalangan FWUDs di Malaysia. Dua ratus FWUDs yang ditahan di satu pusat pemulihan dadah mandatori (CCRC) atas kesalahan penggunaan dadah telah direkrut melalui persampelan mudah untuk kajian keratan rentas ini. Semua data kajian dikumpulkan menggunakan borang soal-selidik separa berstruktur. Majoriti responden adalah berbangsa Melayu (86%, n=171/200), dengan purata umur 32.3 tahun (SD=8.61). Kadar prevalens IPV seumur hidup dalam sampel ini adalah 53% (n=105/200), jauh melebihi kadar yang dilaporkan untuk wanita berkahwin yang tidak menyalahgunakan dadah di Malaysia. Kadar prevalens keganasan fizikal, psikologi dan seksual dalam sample ini adalah masing-masing 41%, 29% dan 24%. Kejadian IPV seumur hidup dalam kalangan FWUDs adalah dikaitkan dengan persekitaran tempat tinggal yang tidak stabil, mempunyai pasangan lelaki intim tetap yang menggunakan dadah, dan pernah menjadi mangsa rogol bawah umur. FWUDs yang menjadi mangsa IPV mempunyai kebarangkalian yang tinggi untuk terlibat dalam amalan seksual yang berisiko berbanding dengan responden yang tidak

mengalami IPV. Majoriti responden (60%) kurang mempunyai pengetahuan mengenai kondom terutamanya untuk kegunaan wanita, dan 67% tidak suka memakai kondom, kerana ia didakwa menjejaskan prestasi seksual mereka. Sebaliknya, mangsa IPV FWUDs bagaimanapun mempunyai pengetahuan yang mencukupi mengenai perancangan keluarga berbanding FWUDs yang tidak pernah mengalami IPV. Dengan ketara, prevalens penggunaan dadah semasa mengandung dalam kohort ini adalah 38% (n=75/200), manakala 15% juga telah menggunakan dadah semasa menyusukan anak. Kemungkinan yang lebih rendah menggunakan dadah semasa hamil dikaitkan dengan berkahwin, menggunakan hanya dadah perangsang jenis amphetamine (ATS) dan mempunyai tempoh yang lebih pendek (≤ 3 tahun) penggunaan ATS. Begitu juga, kemungkinan yang lebih tinggi menggunakan dadah semasa menyusu dikaitkan dengan status bujang, dipisahkan atau bercerai, mempunyai sejarah penggunaan ATS yang lama (> 3 tahun), dan pasangan intim lelaki tetap yang menggunakan dadah. Halangan utama dalam mendapatkan rawatan secara sukarela yang dikenal pasti dalam kajian ini adalah kepercayaan bahawa aktiviti penggunaan dadah mereka adalah bukan suatu masalah, tidak mengetahui cara untuk mendapatkan rawatan, malu untuk mendapatkan rawatan, kurang sokongan keluarga dan masa menunggu yang lama untuk menerima rawatan. Penemuan ini boleh digunakan sebagai panduan untuk mengubah dasar-dasar yang lapuk dan tidak sesuai, dan untuk membangunkan intervensi yang tepat pada masanya untuk mencegah IPV, membendung penggunaan dadah semasa kehamilan dan penyusuan, mewujudkan kemudahan rawatan bersepadu yang responsif terhadap jantina untuk wanita hamil yang menggunakan dadah, termasuk penjagaan sebelum dan selepas bersalin, perkhidmatan penjagaan kesihatan reproduktif, serta menggalakkan penyertaan sukarela dalam program rawatan dalam kalangan FWUDs.

**PREVALENCE AND RISK FACTORS OF INTIMATE PARTNER
VIOLENCE (IPV), SEXUAL REPRODUCTIVE HEALTH ISSUES AND
TREATMENT BARRIERS AMONG FEMALES WHO USE DRUGS
(FWUDs) IN MALAYSIA**

ABSTRACT

Females who use drugs (FWUDs) are vulnerable to intimate partner violence (IPV) and other issues stemming from violence and drug use. This study aims to identify prevalence and risk factors associated with IPV, the extent of illicit substance use during pregnancy and breastfeeding, reproductive health knowledge and practice, and treatment barriers among FWUDs in Malaysia. Two hundred FWUDs who were confined in a mandatory drug rehabilitation centre (CCRC) for their drug use offenses were recruited through convenience sampling for this cross-sectional study. All the study data were collected using a semi-structured questionnaire. The majority of respondents were Malay (86%, n=171/200), with a mean age of 32.3 years (SD=8.61). The lifetime IPV prevalence rate in this study was 53% (n=105/200), far exceeding the reported rate for non-drug dependent married women in Malaysia. The prevalence rates for physical, psychological and sexual violence in this study were 41%, 29% and 24%, respectively. Lifetime IPV incidence among FWUDs were associated with unstable living environments, having a regular intimate male partner who uses drugs, and have been a victim of underage rape. FWUDs victimised by IPV had higher odds of engaging in risky sexual practices compared to non-victims. The majority (60%) lacked knowledge on condom particularly for female use, and 67% disliked wearing a condom, as it is alleged to affect their sexual performance. Conversely, IPV victimised FWUDs had adequate knowledge on family planning than FWUDs who have never experienced IPV. Notably, the prevalence of illicit drug use during pregnancy in this

cohort was 38% (n=75/200), while 15% had also used drugs while breastfeeding. Lower odds of using illicit drugs during pregnancy was associated with being married, using only amphetamine-type stimulant (ATS) and having a shorter duration (≤ 3 years) of ATS use. Similarly, higher odds of using illicit drugs during breastfeeding was associated with being single, separated or divorced, having a longer ATS use history (>3 years), and a regular male intimate partner who uses drugs. The main barriers of voluntary treatment participation identified in the present study were the belief that their drug use activity was not a problem, not knowing how to seek treatment, being embarrassed to seek treatment, the lack of family support and the long waiting time to receive treatment. The findings can be used as a guide for revamping outdated and incongruous policies, and to develop timely interventions to prevent IPV, curb illicit substance use during pregnancy and breastfeeding, create gender-responsive integrated treatment facility for pregnant women who use drugs including pre- and post-natal care, reproductive healthcare services, as well as promote voluntary participation in treatment programs among FWUDs.

CHAPTER 1

INTRODUCTION

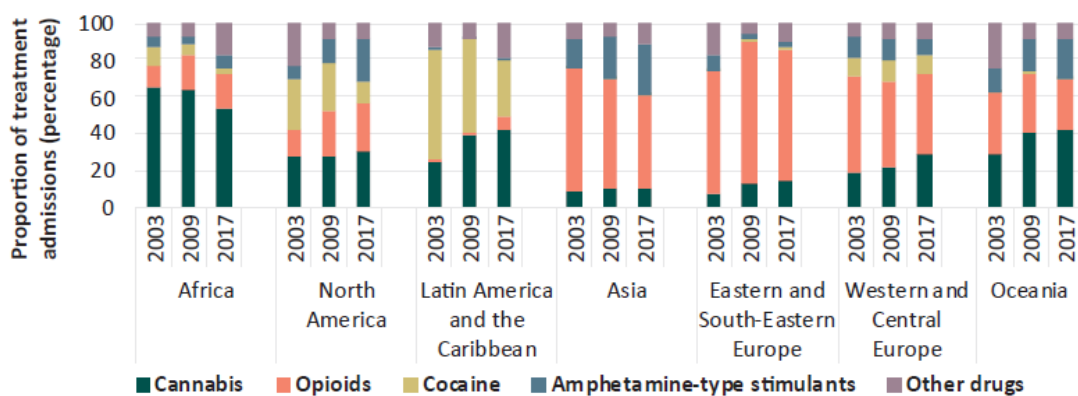
1.1 Introduction

This is the introduction chapter of the thesis. An overview of the global drug abuse and Malaysian drug abuse problem, information on the prevalence of intimate partner violence (IPV) in Malaysia, the study problem statement, as well as research questions and study objectives are explicitly delineated in this chapter.

1.2 Overview of the Global Drug Abuse Problem

According to the United Nations Office on Drugs and Crime (UNODC), it is estimated that 269 million people have used illicit drugs globally in 2018 (World Drug Report, 2020). Cannabis is the most widely used illicit substance – 192 million individuals with some 31 million people who use drugs (PWUDs) suffered from substance use disorders (SUDs) (World Drug Report, 2020).

Figure 1.1, *Primary drug of concern trends in drug treatment admissions, by region, based on the year 2003, 2009 and 2017*



Note. Based on annual report questionnaire responses. Reprinted from, “Global Overview of Drug Demand Supply” (p.15), World Drug Report (2019), *United Nations Office on Drugs and Crime [UNODC]*.

Based on the figures obtained from National Anti-Drugs Agency (NADA) between 2014 and 2019, a significant increase in the number of problem drug users were detected in the country from 21,777 in 2014 to 27,811 in 2019, while the majority were methamphetamine (Crystalline) users (49.5%), followed by opiate (morphine/heroin) (28.5%) and amphetamine-type stimulant (ATS) users (10.3%). Further, when comparing states in Malaysia, Kedah tops the list with the highest number of problem drug users in the country in 2019 (3,582), followed by Kelantan (2,998) and Penang (2,893), respectively. Recently, ATS including crystal methamphetamine and/or amphetamine-containing substances/pills, have been identified as an escalating problem, in Malaysia and throughout Southeast Asia (McKetin et al., 2008; United Nations Office of Drugs and Crime [UNODC], 2018). Given the increasing popularity of ATS, the Royal Malaysia Police (RMP) has seized a significant amount of methamphetamine in the last few years in the country – indicating that Malaysia could be experiencing a huge problem with ATS consumption, and trafficking activities within the Southeast Asian region (Zolkepli, 2020).

A shift in the trend of illicit drug use among gender is also observed, where more females (increased by 4.3% in 2019 from 3.2% in 2014) are getting involved in illicit drug use. As of December 2019, a total of 6,330 females were detected using drugs, though the actual numbers are probably higher due to the hidden nature of females who use drugs (FWUDs) who are almost universally stigmatized (National Drug Report, 2019; Gilchrist et al., 2019). Marican et al. (2007) found that women's involvement in drug use begins from a teenage age which is between 13 and 18 years old and up to 40 years. The earliest age of drug use among women results from the pressure of dysfunctional family relationships. Early ages of illicit substance use

initiation raise questions of existing services young drug users. Harm reduction services are currently not given to minors who use illicit substance, subsequently increasing HIV risk and transmission of other blood-borne diseases (Malaysian AIDS Council, 2014). Although women's involvement in drugs is still considered a trivial issue in Malaysia, there is an urgent need for gender-specific health care services that could better accommodate women's social and treatment needs (Mustapha et al., 2017). While FWUDs typically begin using substances later than men, once they have initiated substance use, FWUDs have a propensity to increase their rate of consumption more rapidly than men (UNODC, 2018). This implies the importance of addressing issues surrounding the initiation of drug use among FWUDs in the country.

In the past two decades, globally there has been a significant increase in the availability and use of ATS. North America, Europe, Southeast Asia, and Australia are amongst the regions with the highest increase. Globally, an estimated 200 million people have used drugs in 2009 and 2010, with estimated 35 million have used ATS (UNODC, 2007). In Southeast Asia, ATS use has been considerably high with more than 60% of the identified PWUDs are involved in ATS use (UNODC, 2019). While the trend of illicit drug use among women in Malaysia is slightly different from their male drug using peers, undeniably more females are being identified to be involved in ATS consumption/abuse (Wickersham et al., 2016). In terms of quantity of drug use, it is found that females tend to abuse smaller amounts of drugs but have a higher tendency to be addicted compared to males (Marican et al., 2007). The impact of drug abuse between men and women are different and is influenced by different characteristics and factors. This clearly indicates that when dealing with drug abuse issues, different treatment approaches and interventions are needed to holistically cater to the treatment needs of FWUDs.

Evidence from studies in young FWUDs suggests that the lives of these young women have been affected in several domains including reproductive health care services, risky sexual behaviour for HIV and other sexually transmitted infections (STIs) due to poor health literacy (Brecht et al. 2004; Degenhardt & Hall 2012); severity of psychological problems, and intimate partner violence (IPV) (Malaysian AIDS Council, 2014). The current criminal justice system of compulsory detention and incarceration have also led to women not being able to have access to their children and proper community healthcare services. FWUDs are also vulnerable to IPV. Reports from Women, Family and Community Development Ministry (KPWKM) from January to May 2018 in the country have recorded a total of 3,439 reported sex crimes and domestic violence (DV) cases. The ministry also reported a cumulative of 50,658 cases from 2013 to May 2018 encompassing rape, incest, molestation, unnatural sex acts, sexual harassment and DV. This shows the need to highlight and address issues surrounding IPV among FWUDs in Malaysia.

1.3 Malaysia Drug Abuse Problem

Malaysia is an Islamic country in Southeast Asia with a population size of more than 32 million people (Country meters, 2020), and is situated near the "golden triangle". Historically, prior to independence, opium consumption was prevalent among the Chinese workers from Mainland China, who were deployed to work in the tin mine sector by the British in *Malaya*. During the British hegemony, opium cultivation and smoking was not seen as a serious social or security issue. However, owing to the sudden jingoism or national patriotism uprising in Mainland China – the local highly educated Chinese elites in *Malaya* pressured the British to introduce stringent measures to curb the opium smoking habit among the Chinese migrant

workers. This has eventually led to opium being regulated in *Malaya*, and thereafter in Malaysia under the Dangerous Drugs Act (DDA) of 1952. In later years, the "hippy culture" in the 1970s and the Vietnam War ensued in cannabis and heroin becoming more widely used among the indigenous people in Malaysia (Kamarudin, 2007). Though Malaysia has zero-tolerance policies against PWUDs – the heroin abuse menace became serious when heroin users begin to inject it and contracted HIV and other blood-borne infections (e.g., Hepatitis C) through aberrant needle/syringe sharing behaviours in Malaysia (Singh et al., 2013).

Malaysia started providing Methadone Maintenance Treatment (MMT) to people who use opiate in government-run health facilities in 2005 as part of the National Harm Reduction Program (Ali et al., 2016). The program was primarily implemented to mitigate the spiralling HIV infectivity rate among opiate users who were engaged in aberrant injecting behaviours (Ali et al., 2016). The components of the harm reduction program include MMT, needle and syringe exchange program (NSEP) and condom distribution (Malaysian AIDS Council, 2021). By 2013, to end HIV transmission and to upscale treatment, there were a total of 811 MMT centres (446 government facilities and 365 private settings) in Malaysia providing treatment for 65,259 patients with opiate use disorder (Ali et al., 2016). Non-Government Organizations (NGOs) like the Malaysian AIDS Council that received funds from the Ministry of Health Malaysia (MOH) mainly spearheaded the NSEP programs in the country. Since then, the MMT program has expanded and involved other agencies such as officials from the MOH, NADA, Royal Malaysia Police (PDRM), and Prisons Department, academics, and representatives of NGOs to oversee the program implementation (Kamarulzaman, 2009). Under NADA, the program was implemented in Cure & Care Clinic (C&C) and Cure & Care Service Centres (CCSC) (Ali et al.,

2016). It was reported that 25% of the prevalence rate of HIV was among those attending government methadone centres, whereas prevalence among street drug users accessing NSEP sites were between 25% to 45% (Kamarulzaman, 2009).

The NSEP reached out to 34,244 injecting drug users (IDUs) in 2011. Between 2013 and 2015, 20,946 people who injected drugs (PWIDs) enrolled in NSEP (Chandrasekaran et al., 2017). Despite MMT programs success, researchers have also continued to investigate various drug issues in the country. Lately in Malaysia, given ketum's (*Mitragyna speciosa* Korth.) unique therapeutic properties – an increasing number of studies have begun to investigate the indigenous plant's potential and use as a harm reduction component and treatment option among PWUDs in Malaysia (Singh et al., 2017; Singh et al., 2019; Singh et al., 2020). Similarly, equal attention has also be given to studying the growing prevalence of ATS use in the country among opiate poly-drug users (Chawarski et al., 2012; Farrell et al., 2019).

1.4 Intimate Partner Violence (IPV)

According to the World Health Organization (WHO) women are exposed to a few forms of violence. Domestic violence (DV) which is also interchangeably known as intimate partner violence (IPV) can adversely place women in difficult situations. Studies have reported that females who use drugs (FWUDs) are prone to experience IPV if they continue to live or have intimate male partner who use drugs. As mentioned by WHO, IPV can be conceptually defined as,

“a behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours that are

commonly perpetrated by both current and former spouses and partners.” (p.1)

The traditional view of violence in a relationship focuses on the involvement of two individuals in an opposite-sex (heterosexual) marriage in which the term "domestic violence," (DV) was coined (Wallace, 2015). However, to better understand the types of violence in a relationship, societal views expanded further understanding the reality that the roles of abuser and victim are not gender-specific wherein "intimate partner violence" (IPV) was later used to incorporate a broader understanding (Wallace, 2015). IPV has been recognised as a major public health problem and has been linked to deleterious long-term physical and mental health consequences, including significant social and public health costs (Breiding et al., 2008; Logan & Cole, 2007). Several studies have shown that, victims of IPV are more likely to report a range of poor mental and physical health conditions that are both acute and chronic beyond injury and death (Black, 2011; Crofford, 2007; Pico-Alfonso et al., 2004).

Worldwide, it is reported that approximately one in three women experience physical and/or sexual IPV or non-partner sexual violence in their lifetime (World Health Organization [WHO], 2013). Studies have shown that FWUDs are vulnerable and more likely to experience gender-based violence, two to five times higher than women who do not use illicit drugs in the general population (Gilbert et al., 2015; UNODC, 2018; Choo et al., 2016). Drug use is a risk factor for the occurrence of IPV, and the experience of violence predicts subsequent illicit substance use (Gilbert et al., 2012; Golinelli et al., 2009; Kilpatrick et al., 1997; Testa et al., 2003). Besides, both IPV and substance use serves as a potential barrier, intervening with the other. Women experiencing IPV may also be subjected to controlling behaviours from their partners preventing them from accessing treatment programs; with poor independent financial

resources to pay for treatment, as well as fear of retaliation or escalation of violence especially if substance use is established in the abusive relationship (Choo et al., 2016).

The most common perpetrators of violence against women (VAW) are intimate partners (Krug et al., 2002). When a woman's partner is involved in drug or alcohol consumption, the risk of violence tends to be significantly higher (Golinelli et al., 2009). A woman's use of drugs or alcohol is also a risk factor for violence victimization. Substance used by both the woman and her male drug-using partner independently predicts IPV occurrences. However, IPV risk was found to be lower among women who reported a relatively high level of social support (Golinelli et al., 2009), indicating a moderating effect. Greater social support however, had no protective effect among women who reported substance use. This is because women with strong social support may have more access to tangible resources (e.g., money and a place to stay) that enable them to escape abusive relationships, unlike women who use illicit substances.

1.5 Intimate Partner Violence (IPV) Trends in Malaysia

In Malaysia, the number of reported IPV cases have significantly increased from 2008 to 2018, which was from 3,769 to 5,421 cases, showing a 43.8% increase within a ten-year period (Women Aid Organisation [WAO], 2019). Malaysia has also seen a spike in the number of IPV cases following the enforcement of the Movement Control Order (MCO) during the COVID-19 pandemic, which was imposed on 18th March 2020, to control the spread of the novel coronavirus. The numbers of IPV cases are based on data gathered from KPWKM and Non-Government Organizations (NGOs) attending to IPV cases. The ministry's *Talian Kasih* hotline reported a 57%

increase from women in distress up to the end of the first MCO phase (Arumugam, 2020). In Malaysia, DV or domestic violence cases are managed under the purview of the Domestic Violence Act 1994 (hereinafter "DVA 1994" (Act 521), which was amended in 2017 to toughen the government's stand against DV issue in the country (Mohammed Naaim et al., 2019). The act must be administered together with the Penal Code (Act 574) or any other written law involving offences relating to DV (section 3 DVA 1994) (Rahman et al., 2019). DVA of 1994 has expanded the definition of DV recently more comprehensively including causing physical injury, psychological abuse, sexual abuse, financial abuse as well as abuse of victim's modesty by a person against someone who has either intimate or familial relationship with the person (Mohammed Naaim et al., 2019). Despite the state of IPV in the country, the trivialization of IPV in conservative Asian societies means that victims seldom take any action against their perpetrators, fearing that they might bring shame or dishonour to their families (Gill, 2004), resulting in low reports of incidents. Findings from a recent review of studies on IPV in Malaysia found that the prevalence rate among married women differed significantly, varying between 4.94% to 35.9% (Shahar et al., 2020). The authors reported that psychological (emotional) violence was the most common form of IPV, as compared to physical and sexual violence.

Research on IPV in Malaysia to date is far and few (Shuib et al., 2013). The largest study on IPV conducted in Malaysia involved 1,221 respondents nationwide, where about 36% have had experienced physical IPV (both married and unmarried couples) (Shuib et al., 2013). However, this study had some limitations as it was not a household study. Women Aid Organisation (WAO) with a study on single mothers who were abused and sought shelter at WAO reported that they received income, financial support, social support, and help from the Welfare or the Police, but many

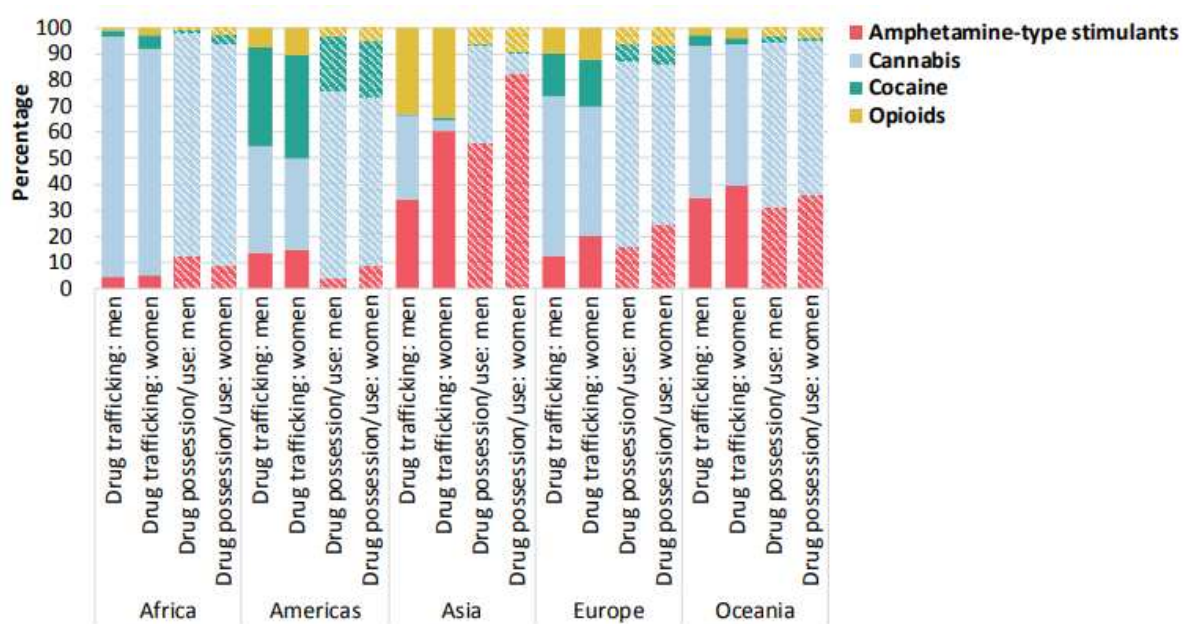
respondents were completely not happy with the services provided (Aiyar et al, 2002). Nevertheless, Hassan et al. (2015) conducted a cross-sectional study on patterns of help-seeking among 316 women experiencing IPV found that the respondents primarily turned to informal sources of support (family and friends), rather than formal support systems. However, they reported receiving responses that were not always supportive and sometimes reinforced feelings of self-blame and shame. The results also indicated that women experiencing severe (physical and sexual) violence were more likely to seek help from formal support (e.g., police, women NGOs, health care services, or shelter services). Several smaller studies were also conducted by those in the healthcare system. One of which was a report from patients at three primary health care clinics at the University Malaya Medical Centre (UMMC) assessing the health practitioners' knowledge, attitudes, and practices related to the identification and management of DV (Othman & Adenan, 2008). The study findings revealed that most of the health care professionals had poor knowledge in technical skills and responding to IPV issue (Shuib et al., 2013). Inadequacy of IPV training and the fact that reporting was not mandatory brought about the lack of motivation among health care professionals in treating IPV as an issue worthy of medical attention (Shuib et al., 2013).

Despite the increasing trend in IPV in Malaysia, studies focusing on IPV among FWUDs are almost close to none posing a concern and need as this group is categorized as vulnerable. The state and prevalence of IPV among FWUDs in Malaysia are still unclear as most cases go unreported. Though previous studies had inconclusively indicated that IPV was prevalent among FWUDs, however those studies did not delineate the association between drug use and IPV.

1.6 Incarceration and Treatment for Females Who Use Drugs (FWUDs)

Since the drug abuse problem is seen as a national security issue given Malaysia's tough stance against the zero-tolerance drugs laws, PWUDs continued to be arbitrarily detained and incarcerated in jails and compulsory drug detention centres (CDDCs) in Malaysia. As part of the worsening drug abuse problem, governments in Southeast Asia choose to detain PWUDs in CDDCs. PWUDs are confined without their consent and in some cases without due process and clinical evaluation. They are confined under the pretext of treatment or rehabilitation, traditionally designed to treat opioid dependence. This is an indirect conflict with human rights obligations and contrary to medical ethics (UNODC, 2008). A 2014 analysis of the compulsory treatment of drug use in seven countries in South-East Asia, found that 450,000 people were detained in 948 facilities. The estimated total number of people held decreased by 4% (between 2012 and 2014), and a decline in the number of CDDCs in the two countries. However, in four countries the number of people detained increased (Lunze et al., 2018). This indicates that the prevalence of PWUDs being detained remains an issue within the region. Figure 1.2 shows the distribution of men and women brought into contact with the criminal justice system for drug law offences, by drug type and region, 2014–2018 as reported in the World Drug Report (2020).

Figure 1.2, UNODC percentages of men and women brought into contact with the criminal justice system, by drug type and region for drug law offences, from 2014–2018.



Note. The data presented in this graph are based on the percentage of men and women brought into contact with the criminal justice system by drug type, for possession for personal use or trafficking over the period 2014–2018. The data is based on responses to the annual report questionnaire from a total of 69 countries, not weighted by the population of the region. Reprinted from, “Executive summary, Impact of COVID-19, Policy Implications” (p.21), World Drug Report (2020), *United Nations Office on Drugs and Crime [UNODC]*.

Until recently, Malaysia's response to drug use has largely been through the criminal justice system (Kamarulzaman, 2009). The Dangerous Drugs Act (DDA) of 1952 (revised in 1980) provides the principal legal basis for controlling the use and availability of illicit drugs (Laws of Malaysia, 2006). Anyone suspected of being a drug user and found in possession of drugs or drug-taking individuals can be arrested without a warrant (Kamarulzaman, 2009). Drug dependence, identified by a positive urine test for opiates or any other psychoactive drugs classified under DDA of 1952, will result in a (1) sentence of two years, (2) a mandatory treatment in a drug rehabilitation centre and, (3) after release to an additional of 2 years community supervision program under NADA rehabilitation officer. In 2007, 7,135 drug users

were incarcerated in mandatory drug rehabilitation centres, where there was little access to primary health care, opiate substitution, or antiretroviral therapy (ART) for people living with HIV. Approximately 4% of the current prison population have been diagnosed with HIV (Kamarulzaman, 2009). In a 2017 nationwide survey, The Human Rights Commission of Malaysia (SUHAKAM) revealed that the right to healthcare in prison is still lacking in the country (Free Malaysia Today [FMT], 2017).

Amnesty International (2019) in a recent report which was released to commemorate the World Day Against the Death Penalty highlighted, 73% of those on death row (930 people) in Malaysia have been sentenced to death for drug-related offences. This is a clear violation of international human rights laws, especially with more than half of them (478) being foreign nationals. It was also reported that many women are on death row, with nearly 9 out of 10 women facing the gallows are foreigners convicted of drug trafficking (Amnesty International, 2019). In some cases, these women reported that they were in financial trouble or were coerced into carrying drugs into Malaysia. However, the mandatory death penalty provides no opportunity for a fair trial. According to the World Drug Report (2018), drug-related offences in some countries account for the first or second cause of incarceration among women who are more often incarcerated for other crimes.

Incarceration has been shown to have adverse effects on the mental and physical well-being of FWUDs (UNODC, 2018). Women often suffer more than men with serious long-term consequences from incarceration. Several aspects of their lives mostly based on gender-neutral principles are affected, due to being subjected to the same correctional procedures as men. Women who are incarcerated have poor access

to healthcare services to address their drug use, other health conditions such as sexual and reproductive health (SRH) needs than their male counterparts (UNODC, 2018). SUHAKAM as a local independent human rights watchdog or custodian in Malaysia highlighted that pregnant prisoner, as well as those who have delivered, do not receive necessary prenatal and postpartum care and treatment in Malaysia. It also stressed that prisons are not medically equipped to safely provide birth services (FMT, 2017). Current treatment services for drug addiction and harm reduction services in Malaysia are not targeted towards the unique needs of FWUDs. The treatment services are not integrated with childcare, SRH services, counselling, and IPV services. Services are often provided to one individual to address one or two needs rather than a cluster of needs (Malaysian AIDS Council, 2014).

Incarcerated FWUDs also experience direct, structural, or internalized discrimination. This stigmatization may highly influence the success of a woman's transition from jail to home, potentially limiting her help-seeking intentions and compromising her access to health care, drug treatment, employment, and housing (van Olphen et al., 2009; Malaysian AIDS Council, 2014). In Malaysia, the perception may extend beyond the idea of a woman not being a good mother, but also that the individual is not a good Muslim (Malaysian AIDS Council, 2014). Further, healthcare providers' stigmatizing attitudes and lack of women-centric services deterred women from the uptake of healthcare services including treatment-seeking behaviour (Sharma et al., 2017).

There are several reasons for FWUDs in being afraid of getting help or seeking treatment for their illicit substance use problem. Amongst them being; (1) fear of

possible legal issues and social stigma if pregnant, (2) the lack of childcare services while in treatment, (3) or due to other family responsibilities related to the role of women as mothers and caregivers (International Narcotics Control Board [INCB], 2017). Past research has traditionally used male participants and many drug use interventions are male-oriented, as such, some treatment interventions may not be as effective for women as for men (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2009; National Institute on Drug Abuse [NIDA], 2018; EMCDDA, 2017; UNODC, 2016). As with men, effective treatment for women should be tailored to their individual needs (Busse et al., 2015; WHO, 2014). Evidence shows that the most effective response to the treatment of drug use disorders is through evidence-based voluntary treatment modalities (Werb, et al., 2016; Thu Vuong, et al., 2016).

1.6.1 Women and Drug Use

Women's drug use pattern differs greatly from that of men. While women typically begin using substances later than men, their rate of consumption tends to increase more rapidly than men once they have initiated substance use. This scenario of the observed behaviour of female drug use is coined as "telescoping" (UNODC, 2018). Women's response to methamphetamine use is also not always the same as with their male peers. Gender-specific similarities and variations have been reported in many aspects of methamphetamine/ATS use and health services (Saw et. al., 2014). For example, both males and females may use ATS for sexual enhancement, but females are more likely to use ATS for weight loss, whereas males are more likely to use other drugs if ATS is not available (Saw et al., 2017). As for ATS treatment-seeking behaviour, female users tend to seek access to treatment more readily than

males and are more open and responsive to treatment. Moreover, female users tend to initiate methamphetamine, cocaine, and amphetamine at earlier ages compared to male users, and report higher medical problems caused by drug abuse (Saw et al., 2017). Another perceptible difference is that women are more likely to relate their drug use with an intimate partner, while men are more likely to use drugs with male friends (UNODC, 2018). In the past five years, ATS use prevalence has increased among FWUDs, the actual figures could be larger than the estimated figures (World Drug Report, 2019).

Women are also at a higher risk of contracting infectious diseases than men, being one-third of drug users globally and one-fifth of the worldwide estimated number of people who inject drugs (PWID). FWUDs have greater vulnerability to hepatitis C, HIV, and other blood-borne infections than men (UNODC, 2018). Drug use during pregnancy among FWUDs may also result in several complications to their babies, such as low birth weight, premature birth, small head circumference and infant related health conditions like neonatal abstinence syndrome (NAS) (UNODC, 2018). NAS refers to infant opioid withdrawal, due to continual use of opioids during pregnancy. The clinical features of the syndrome can range from mild tremors and irritability to fever, excessive weight loss and seizures. Infant's clinical signs typically establish within the first few days after birth, but the severity of symptoms and timing of their onset can vary (McQueen and Murphy-Oikonen, 2016). However, opioid agonist therapies during pregnancy for women with opioid use disorders, have been shown to significantly reduce health risks to both mother and foetus (WHO, 2014).

FWUDs are reported to be highly susceptible to gender-based violence than women who do not use drugs in the general population (UNODC, 2018). This includes multiple forms of VAW, which includes childhood sexual abuse, IPV, non-partner

assault as well as trafficking and sexual exploitation of women. Even though NADA has reported a slightly decreasing trend in the detection (population size) of FWUDs in the country in 2019 (National Drug Report 2019), the number of IPV cases has increased in the last 5 years (2014 to 2019) based on figures obtained from Royal Malaysia Police (WAO, 2019). On average, about more than 5,000 IPV cases are reported annually in the country between 2014 and 2018 (WAO, 2019). Most of the IPV cases occurred among women who are between the age of 26 to 45 years old. While most of the perpetrators who were caught for IPV cases were between the age of 26 to 35 years old. It remains unknown whether the reported incidence of IPV occurred among women with drug use problems, or the incidence was largely contributed by perpetrators with drug use (women who live with a drug-using partner/spouse) problem in the country, which warrants the need to explore IPV among FWUDs.

1.7 Problem Statement

Numerous studies have evidently indicated that women with underlying drug use problems or substance use disorders (SUDs) are susceptible to intimate partner violence (IPV) (El-Bassel et al., 2005; Gilchrist et al., 2019). Because drug addiction is seen as a chronic relapsing brain disease, and females who use drugs (FWUDs) are prone to experience erratic drug-using behaviours, they are vulnerably exposed to a plethora of adverse health and social problems. However, the IPV prevalence rate can vary significantly from one country to the other because of its sensitive context, inadequate reporting system and laws (Stockl et al., 2013). In conservative Asian societies like Malaysia, the rate of reporting remains low because victims seldom speak up or seek help for their IPV due to stigma, discrimination, and strong patriarchal

norms where victims could be severely disparaged and denounced by both their families and in-laws for shunning their loved ones (Tonsing & Tonsing, 2019).

Considering the increasing incidents hypothesized to be linked with IPV (e.g., sexual crime, unplanned pregnancy, child abuse, women's involvement in drug trafficking activities, mental health problems, etc.), it is anticipated that IPV incidents may proliferate among FWUDs due to their inability to defend and prevent abuse. While some women succeed in ending their relationship with their abusive partners, many tolerate the situation for several reasons, including fear, damaged self-worth and to protect their children's well-being (Cravens et al., 2015; Eckstein, 2011). In fact, many FWUDs have little knowledge about IPV and its risk—averting them from seeking help for the IPV problem (Gill, 2004), while fears of police action on account of their illicit drug use also thwarts FWUDs from coming forward to obtain help (Wolf et al., 2003). Exposure to IPV has also documented serious sexual-reproductive health (SRH) issues among FWUDs, with these women having a lack of awareness and knowledge of contraceptives and family planning leading to serious reproductive health consequences (abortion, unwanted pregnancies, etc.) (Sharma et al., 2017). Studies of IPV in the general population of Malaysia have emerged in recent years; a recent review of Malaysian studies analysed at least five studies (Shahar et al., 2020), but to the best of our knowledge, so far, no studies have specifically investigated IPV prevalence and risk factors among FWUDs.

FWUDs are also susceptible to using illicit substances during pregnancy (Arria et al., 2006; Smith et al., 2008) with continual use during pregnancy. Evidence suggests that illicit drug use can compromise health and produce detrimental effects on infants including complications to the mother (Arria et al., 2006; Plessinger, 1998; Ganapathy et al., 1999). Within Southeast Asia, the prevalence of illicit drug use

during pregnancy among FWUDs is reported to be rising. Thus far, no studies have investigated the prevalence rate and factors associated with illicit substance use during pregnancy and breastfeeding among FWUDs in Malaysia. However, a previous Malaysian study had noted high rates of drug use (especially ATS) during pregnancy (Wickersham et al., 2016). Given the serious adverse health consequences on the mother and child arising from drug use during pregnancy and breastfeeding, thus far, it is vital to understand the extent of these problems and the factors associated with them.

In addition, treatment participation among FWUDs in treatment programs are reported to be unsatisfactorily poor in the country. Since policymakers have agreed to reform the archaic drug treatment programs, in other words to move away from the existing repressive rehabilitation approaches to a voluntary-based treatment program, in 2015 treatment providers successfully introduced the innovative voluntary treatment centres (VTCs) for PWUDs in Malaysia. This novel treatment approach encourages PWUDs to seek treatment voluntarily without having to worry about legal issues. VTCs provides a range of services for PWUDs, as they can choose to receive inpatient and outpatient treatment services. Given its uniqueness, the program is observed to have had suffered from poor participation among PWUDs, because the number of inmates in compulsory drug detention centres (CDDCs) are still disproportionately higher than VTCs. Based on the annual drug report, about 900 individuals or PWUDs enrolled annually in VTCs in the country (National Drug Report, 2019). At present, there are no studies to justify why enrolment in VTCs are still low. Similarly, given the sudden escalation in ATS arrests figures and poor treatment participation among PWUDs and FWUDs – proper studies are urgently needed to determine reasons or

barriers that stood as a stumbling block for FWUDs participation in voluntary-treatment programs in the country.

As a result of the highlighted research gaps and the urgent need to address the inimical IPV issue among FWUDs, this prevalence-based study aims to investigate the 1) prevalence and risk factors for IPV among FWUDs, 2) prevalence and risk factors of drug use during pregnancy and breastfeeding, 3) knowledge and practice on family planning and contraceptive use, and 4) identify barriers that precluded FWUDs participation in voluntary-based drug treatment/rehabilitation programs in Malaysia.

1.8 Scope of Study

With the increase in IPV occurrences involving FWUDs in the country, this preliminary study aims to investigate and identify the prevalence and risk factors of IPV, prevalence and risk factors of drug use during pregnancy and breastfeeding, and treatment barriers among FWUDs in Malaysia. The scope of the study is limited to recruiting only a treatment sample of FWUDs between the ages of 18 and above, currently undergoing mandatory rehabilitation at the Community Care and Rehabilitation Centre (CCCRC) under the Drug Dependents (Treatment and Rehabilitation) Act of 1983. Given the legal consequences of illicit drug use and the hidden nature of FWUDs in the community, the study will be primarily carried out with a treatment sample of FWUDs. The study data will be based on respondents' self-reports and will only cover the views of women in treatment.

1.9 Research Questions

The following are the study's research questions.

1. What is the IPV prevalence rate among FWUDs in Malaysia?
2. What are the risk factors for IPV among FWUDs in Malaysia?
3. What are the prevalence and risk factors of illicit substance use during pregnancy and breastfeeding among FWUDs in Malaysia?
4. How IPV experience influence knowledge and practice on family planning and contraceptive use among FWUDs in Malaysia?
5. What treatment barriers FWUDs experienced while seeking treatment in voluntary-based programs in Malaysia?

1.10 Research Objectives

1.10.1 General study objective.

The general objective of this study is to describe the extent of IPV and sexual reproductive issues among FWUDs in Malaysia. This study aims to critically provide important information for the implementation of effective interventions for FWUDs exposed to IPV in Malaysia, use the study findings as a guide to revamp outdated and incongruous policies, curb the prevalence of illicit substance use during pregnancy and breastfeeding, develop gender-responsive integrated treatment facility for pregnant FWUDs (including pre- and post-natal care, reproductive healthcare services) and promote participation in voluntary treatment programs among FWUDs.

1.10.2 Specific study objectives.

1. To investigate IPV prevalence rate among FWUDs in Malaysia.
2. To determine IPV risk factors among FWUDs in Malaysia.
3. To determine the prevalence and risk factors of illicit substance use during pregnancy and breastfeeding among FWUDs in Malaysia.
4. To evaluate the association between IPV experience with knowledge and practice on family planning and contraceptive use among FWUDs in Malaysia.
5. To identify treatment barriers to voluntary treatment programs among FWUDs in Malaysia.

1.11 Study Significance

Given its significance, this study is expected to provide much-needed information to relevant policymakers on the current context of IPV, so that immediate policies and targeted remedial measures/treatment programs can be developed to curb IPV incidence and enhance FWUDs participation in treatment. Also, the findings can provide an understanding of the extent of illicit substance use during pregnancy and breastfeeding among FWUDs in the country. This is because IPV and substance use during pregnancy including risky sexual practices has been linked to various pressing social and health issues such as unplanned pregnancy, abortion, sexual crime, child abuse and neglect, etc. in the country. Preliminary findings from this study can also potentially provide accurate epidemiological information to help relevant government and non-governmental agencies to tackle IPV incidence, illicit substance use issues during pregnancy and breastfeeding, risky sexual practices and address the identified

risk factors to enable FWUDs to seek pre- and post-natal care to improve their well-being and the welfare of the child. Last but not least, findings from this prospective study can also address potential barriers towards voluntary treatment programs so that proper treatment protocols can be devised to facilitate FWUDs voluntary participation by providing more holistic, gender-sensitive comprehensive treatment programs in Malaysia.

1.12 Operational Definition

1.12.1 Intimate Partner Violence.

Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours that are commonly perpetrated by both current and former spouses and partners" (World Health Organisation).

1.12.2 Risky sexual behaviour.

A behaviour of initiation of sexual activity, whilst engaging in unprotected (inconsistent condom use) or unnatural (anal/oral) sexual intercourse, having sexual intercourse with multiple partners (protected/unprotected), in irregular or paid or incentive-driven sex, or sexual intercourse with injecting drug user or under the influence (especially intoxication) of psychoactive substances, which may result in sexually transmitted infections (including HIV/AIDS), unintended/early pregnancies (or abortions), or interpersonal or legal conflicts (Chawla & Sarkar, 2019).

1.12.3 Sexual Reproductive Health.

A state of complete physical, mental and social well-being in all matters relating to the reproductive system through the empowerment of access to accurate

information (the safe, effective, affordable, and acceptable contraception method of their choice) to protect themselves from sexually transmitted infections (United Nations Population Funds [UNFPA], 2016).

1.13 Conclusion

The study problems statement, hypothesis, research questions and objectives, and study significance has been described in this chapter. The next chapter is the literature review chapter.