

**DEVELOPMENT AND EFFECTS OF MY-IPV
EDUCATIONAL MODULE ON PERCEPTIONS
AND ATTITUDES TOWARDS INTIMATE
PARTNER VIOLENCE AMONG PREMARITAL
YOUNG ADULTS IN KELANTAN**

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PARTNER VIOLENCE AMONG PREMARITAL
YOUNG ADULTS IN KELANTAN**

by

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LIST OF SYMBOLS

α	Alpha
β	Betta
df	Degree of freedom
f-stat	F statistic
n	Frequency
CVI	Content validity index
FVI	Face validity index
SD	Standard deviation
IQR	Inter quartile range
RM-ANOVA	ANOVA The repeated measure analysis of variance
%	Percentage
RM	Ringgit Malaysia
=	Equal
I-CVI	Item level content validity index
S-CVI	Scale level content validity index

LIST OF ABBREVIATIONS

AWAM	All Women's Action Society
A&E	Accident and Emergency
CDC	Centers for Disease Control and Prevention
Covid-19	Corona Virus 2019
CONSORT	Consolidated standard of reporting trials
DV	Domestic Violence
DVA	Domestic Violence Act
DOC	Document
e-book	Electronic book
HBM	Health Belief Model
ICT	Information and communication technologies
IPV	Intimate Partner Violence
JEiWA	Johor Empowerment of Intellectual Women Association
JiShian	Single Mother Association
My-IPV	Educational module for intimate partner violence
MY-PAIPVQ	A development IPV Questionnaire
NGOs	Non-government Organization
OSCC	One-stop Crises Centre
RCT	Randomized Controlled Trial
SPM	Sijil Pelajaran Malaysia
STPM	Sijil Tinggi Pelajaran Malaysia
UBL	United for better life
USA	United State America
VAW	Violence against Women
WAO	Women's Aid Organization
WCC	Women Centre for Change
WHO	World Health Organization

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**PEMBANGUNAN DAN KESAN MODUL PENDIDIKAN MY-IPV
TERHADAP PERSEPSI DAN SIKAP BERKENAAN KEGANASAN
TERHADAP PASANGAN DALAM KALANGAN GOLONGAN MUDA PRA
PERKAHWINAN DI KELANTAN**

ABSTRAK

Seseorang individu yang berada dalam perhubungan intim mungkin mengalami layanan buruk daripada pasangan mereka. Perkara ini boleh juga berlaku kepada golongan muda yang berada pada peringkat untuk membina perhubungan yang kukuh dan bersedia untuk ke alam perkahwinan. Kajian ini bertujuan untuk membangunkan satu modul pendidikan dan menilai keberkesannya keatas persepsi dan sikap terhadap keganasan terhadap pasangan dalam kalangan golongan muda belum berkahwin di Kelantan. Ia dijalankan dalam dua fasa. Fasa Satu melibatkan pembangunan dan pengesahan satu modul pendidikan berkenaan keganasan terhadap pasangan (my-IPV educational module), manakala Fasa Dua merupakan percubaan terkawal rawak (RCT). Langkah pertama dalam Fasa Satu merupakan kajian penilaian keperluan, dan ia berakhir dengan menguji modul yang baharu dibangunkan untuk pengesahan kandungan oleh enam orang pakar dan pengesahan muka dalam kalangan 30 orang muda. Fasa Dua melibatkan peserta berdaftar untuk kursus pra-perkahwinan di bawah Pejabat Agama Jajahan di empat daerah yang terpilih secara rawak di Kelantan. Seramai 74 peserta telah dibahagikan secara rawak kepada kumpulan intervensi dan kumpulan kawalan. Kumpulan intervensi menerima buku elektronik, slaid pembentangan, video dan mesej infografik yang dikirim melalui *WhatsApp* pada permulaan dan bulan pertama. Pengukuran persepsi dan sikap berkenaan keganasan terhadap pasangan dilakukan pada permulaan dan semasa Bulan kedua. Analisa

Pengukuran Berulang ANOVA (RM-ANOVA) digunakan untuk menentukan keberkesanan intervensi ini. Pemboleh ubah terikat adalah skor persepsi dan sikap terhadap keganasan terhadap pasangan manakala pemboleh ubah bebas adalah kumpulan intervensi atau kawalan. Kesemua enam orang pakar menilai *my-IPV educational module* ini sebagai sah (I-CVI 1.00). Tiga puluh orang muda itu juga bersetuju dengan persembahan, kebolehfahaman, dan juga kualiti informasi dan ilustrasi bahan pendidikan ini. Modul ini diuji dalam kalangan 33 orang peserta kumpulan intervensi dan 35 orang peserta kumpulan kawalan yang menamatkan susulan sehingga dua bulan. Purata umur peserta kumpulan intervensi ialah 24.36 (2.86) dan kumpulan kawalan ialah 24.37 (2.76) tahun. Tiada perbezaan yang signifikan dari segi sosiodemografi dan ciri-ciri perhubungan antara kedua-dua kumpulan ini. Ujian RM ANOVA menunjukkan peningkatan yang signifikan dalam skor persepsi sebelum dan selepas bagi kumpulan intervensi, dengan *Pillai's Trace* [F-stat(df) = 24.27(1,66), nilai p <0.001]. Namun, tiada peningkatan yang signifikan dalam skor persepsi bagi kumpulan kawalan (p=0.450). Terdapat juga perbezaan yang signifikan dalam skor persepsi antara kumpulan intervensi dan kawalan selepas tempoh intervensi (p=0.001). Bagi sikap pula, tiada peningkatan yang signifikan dalam skor sikap sebelum dan selepas bagi kumpulan intervensi, dengan *Pillai's Trace* [F-stat (df) = 2.77(1,66), p=0.101.], dan kumpulan kawalan, dengan *Pillai's Trace* [F-stat (df) = 0.042(1,66), p=0.838]. Begitu juga tiada perbezaan yang signifikan dalam skor sikap terhadap keganasan rumah tangga antara kumpulan intervensi dan kawalan berdasarkan masa, dengan *Pillai's Trace* [F-stat (df) = 1.79 (1,66), p=0.297]. *my-IPV educational module* ini adalah berkesan dalam meningkatkan persepsi terhadap keganasan terhadap pasangan, tetapi tidak untuk sikap. Faktor lain perlu diambilkira

untuk menerangkan dan menambahbaik kesan modul ini bagi sikap terhadap keganasan terhadap pasangan dalam golongan muda.

**DEVELOPMENT AND EFFECTS OF MY-IPV EDUCATIONAL MODULE
ON PERCEPTIONS AND ATTITUDES TOWARDS INTIMATE PARTNER
VIOLENCE AMONG PREMARITAL YOUNG ADULTS IN KELANTAN**

ABSTRACT

An individual in an intimate relationship may experience offensive treatment by their partner. This could also happen to young adults who are in a stage to build a concrete relationship and prepare for marriage. This study aimed to develop an educational module and assess its effectiveness on perceptions and attitudes towards intimate partner violence (IPV) among premarital young adults in Kelantan. It was conducted in two phases. Phase One involved the development and validation of an educational module on IPV (my-IPV educational module), while Phase Two was a randomized controlled trial (RCT). The first step in Phase One was a needs assessment study, and it ended with testing of the newly developed module for content validation among six experts and face validation among 30 young adults. Phase Two involved the registered participants of premarital courses under Religious District Offices in four randomly selected districts in Kelantan. A total of 74 participants were assigned into the intervention and control groups. The intervention group received e-book, presentation slides, video, and infographic messages which were delivered through WhatsApp at Month 0 and Month 1. Measurements of perceptions and attitudes towards IPV were done at baseline and Month 2. The Repeated Measures Analysis of Variance (RM-ANOVA) was used to determine the effectiveness of the intervention. The dependent variable was the scores of perceptions and attitudes towards IPV, while the independent variable was intervention or control group. All the six experts rated

the my-IPV educational module as valid (I-CVI 1.00). The 30 young adults also agreed with the literary presentation, understandability, as well as quality of information and illustrations of the materials. The module was tested among 33 participants in intervention group and 35 participants in control group who completed the follow-up until two months. The mean age of participants in intervention group was 24.36 (2.86) and control group was 24.37 (2.76) years. There were no significant differences in the sociodemographic and relationship characteristics between the groups. The RM ANOVA test statistics showed significant increment in mean score of perceptions from pre to post period in the intervention group, with Pillai's Trace [F-stat(df) = 24.27(1,66), p-value <0.001]. However, there was no significant increment in mean score of perceptions for control group (p=0.450). There was also a significant mean difference in perceptions score between the control and intervention groups after the intervention period (post), p-value=0.001. As for attitudes, there was no significant increase in the mean attitudes score from pre- to post-intervention in the intervention group, with Pillai's Trace [F-stat (df) = 2.77(1,66), p-value =0.101.], and control group, with Pillai's Trace [F-stat (df) = 0.042(1,66), p-value =0.838]. There was also no significant difference in mean score of attitudes towards IPV between the intervention and control groups with regards to time with Pillai's Trace [F-stat (df) = 1.79 (1,66), p-value 0.297]. The my-IPV educational module is effective in increasing perceptions towards IPV, but not attitudes. Other factors need to be considered to explain and improve the effect on attitudes towards IPV among young adults.

CHAPTER 1

INTRODUCTION

1.1 Overview of intimate partner violence

Intimate partner violence (IPV) is one of the most common forms of violence. It refers to any action within an intimate relationship, which is either married, couple or live-in, that results in physical, psychological, or sexual harm to those in that relationship (WHO, 2012). The other definition of IPV by the Centers for Disease Control and Prevention (CDC) is any physical violence, sexual violence, stalking, psychological aggression, and control of reproductive or sexual health by the present or previous intimate partner (Breiding et al., 2015). Conceptually, IPV is different from domestic violence (DV) even though the two terms are often used interchangeably. The latter involves violence of one family member by another, such as child abuse and elderly abuse, and it may also happen between intimate partners. Therefore, IPV is a subset of DV (Hawcroft et al., 2019). The term IPV is more appropriate to reflect violence that happens among those who are within an intimate relationship. It is not exclusively referred to violence involving women because the phrase IPV itself is gender-neutral and the victims could be women or men in an intimate relationship (Na'aim, Rajamanickam & Nordin, 2022).

An intimate partner is a person with whom an individual has close relationship either through emotional connection, continuous physical or sexual contact, and recognition as a couple with familiarity and awareness of each other's lives (Shahar et al., 2020). IPV can happen among intimate partners who may or may not be staying together in the same household. A cycle of violence may exist within the close relationship when the individuals abuse and control their partners. (Krug, Dahlberg, Mercy, Zwi, Lozano, 2002). They can be current or former spouses regardless of the

marital status, including boyfriend/girlfriend and ongoing sexual partner. Thus, IPV can also occur among young adults who are in an intimate relationship (Shahar et al., 2020).

IPV may occur in the forms of violence physically, psychologically, sexually, and controlling behaviours (WHO, 2013). Physical violence refers to an act of hurting or attempting to hurt someone by actions like slapping, pushing, choking, kicking, or beating (WHO, 2012). Sexual violence includes sexual move or trial to force someone to participate in sexual activity, touching, or a non-physical sexual activity, such as sexual harassment, threats, and peeping, when that person does not or cannot give consent (WHO, 2012). Psychological violence refers to any communication, verbally or non-verbally, which is meant to affect someone mentally or emotionally. In addition, controlling behaviours occur when a person plan to achieve and/or continue having control over someone else by stalking his/her movements, preventing from meeting family and friends, restraining access to resources, disposing of property, and preventing from employment (WHO, 2012).

Women are the most reported victims of IPV, while the perpetrators are male partners or ex-partners. However, the family violence perspective proposes for gender symmetry and claims that IPV is instigated and perpetuated almost equally by either sex (Archer, 2000; Carmo, Grams & Magalhães, 2011). A review of publications between 1990 and 2019 yielded prevalence rates of 3.4% to 20.3% for male victims of domestic physical violence (Kolbe and Buttner, 2020). The perpetrators by men and women had different patterns of violence towards their victims. According to WHO Global Database on Prevalence of Violence Against Women reported that more than one in four (27%) ever-partnered women aged 15–49 years had experienced physical or sexual violence, or both, from a current or former intimate partner at least once in

their lifetime; and 13% experienced it within the past one year (Lynnmarie et al., 2022). Nonetheless, 1 in 10 men in the United States also experienced IPV during their life time (Niolon & Centers for Disease Control and Prevention, 2017). In Malaysia, there is a wide range of IPV prevalence; between 4.94% and 35.9% as reported in a systematic review, with emotional or psychological abuse was the most common form (Shahar et al., 2020). Meanwhile, report from Women Centre for Change (WCC) as published in its official website showed the increase cases of DV in Malaysia from 2013 to 2017. The cases of DV in 2017 among those aged under 25 was 18% and 32% among those aged 26 to 35 years. Among the different races in Malaysia, Malay contributed the highest percentage of DV victims (62%). Approximately 48% of DV cases involved spouse/ex-spouse/ fiancé (WCC, 2020).

IPV mostly occurs among adults especially within a marital relationship. However, data from nine countries of the WHO Multi-country Study on Women's Health and Domestic Violence against Women showed that the lifetime prevalence of IPV among young women aged 15 to 24 years were between 19% to 66%, with prevalence above 50% in most of the countries (Stöckl et al., 2014). The acceptance of IPV among young adults is a serious issue and will put the risk on family system in the future. Young adults are in the stage of experiencing physical, psychological, and cognitive changes. They are prone to involve in dangerous and unhealthy behaviour such as substance abuse, school dropout, eating disorder, high-risk sexual behaviour, lack of physical activity and early pregnancy (Silverman et al., 2001; Roman and Frantz, 2013). IPV is also related to risky behaviour among people in this age group (Silverman et al., 2011).

Malaysia is one the first countries in the region to enact the Domestic Violence Act 1994 (Act 521) (DVA 1994) to provide legal protection for victims of DV

(Amirthaligam, 2005). The Act was subsequently amended and revised for further improvement. The law provides legal protection to victims of DV regardless of gender. In addition to women, the Act applies to other categories including the women's spouses, former spouses, child, incapacitated adult, or any other family members (Na'aim, Rajamanickam & Nordin, 2022). Among the legal protections provided include protection orders, compensation, and access to rehabilitation programmes. However, the term IPV is not formally defined in this Act (Na'aim, Rajamanickam & Nordin, 2022). The DVA 1994 in Malaysia does not cover couples outside marriage, despite having intimate relationships. However, those involved in harmful relationship with their intimate partners outside marriage can make a police report for violation of the provisions of the Penal Code including Sections 323 and 325 (Na'aim, Rajamanickam & Nordin, 2022).

1.2 IPV and young adults

Young adulthood is crucial period for setting up the basis for the success and wealth of a country. Having the experience of IPV during this age may affect the physical, psychological, and economic wellbeing of young adults in the future. It is important to generate knowledge on young adults' perceptions towards IPV because they are in the first stage of serious intimate relationship. It is important to generate knowledge on young adults' perceptions towards IPV because they are in the first stage of serious intimate relationship. They also created new norms and ideas such as communication and action to suit their relationship (Kuijper et al., 2017). Thus, it is important to understand the perceptions and attitudes towards IPV among this population.

Young people describe IPV as strongly related to the characteristics of romantic relationship at this age. The intimate relationship among this age group is temporary, early life, non-formal, with no well-defined borders and more flexible as compared to adults (Maquibar et al., 2017). The lack of boundaries put young women in a vulnerable situation, making them permissive caused by unpredictability and fear to losing the relationship. Studies have shown that some young adults knew the IPV is not only in physical form but also can be in sexual, psychological, and verbal abuse (McCarry and Melanie, 2009; Basile and Hall, 2011). They could recall cases or referred to official reports of severe physical and sexual violence, and described IPV among young people as subtle, normalized and daily, with most frequent forms of violence being psychological abuse and controlling social relations (deciding with whom can meet and not meet) and their outfit (Maquibar et al., 2017). Young adults believed that IPV was nowadays more dangerous in the sense that it can happen even when partners are not physically together. They will get violence through threatening messages and via social media applications (Maquibar et al., 2017).

Understanding and improving perceptions and attitudes towards IPV among young adults are important. This is the age in which most people are in the stage of serious intimate relationship and begin to build norm in keeping their relationship. Some people have the difficulty in deciding to expose their violent relationship. They may perceive that nobody can help them in the difficult situation. They are not aware of the law that can protect them, or believe that people will not help them out from the violent relationship. Additionally, they may assume that the closest relative and friend will ignore and discourage them from making a police report for the violence that happened (Mohd Idris et al., 2019). These perceptions and attitudes were challenged. It is prime time to develop an effective strategy to educate people and improve their

perceptions and attitudes in dealing with unhealthy relationship especially among intimate partners.

The perceptions and attitudes are much influenced by culture. In Malaysia, there are various cultural practices within different ethnic groups. The majority of Kelantan population, which is one of the states in Malaysia, consist of Malay ethnic group. They are mostly Muslim and practicing the Islamic culture which is viewed as Islamic morality. In a previous study by Salim et al, (2017), they described that Malay people or Muslim are following the al-Quran and hadith for guidance in their life. The Islamic concept are important to create the people's role in socio-cultural system. However, some of the culture that is accepted and practised are not purely based on the Islamic concept. A majority of population in Malaysia, for example, still accept the family system in the culture based on patriarchal concept, which is men are the leaders and responsible of the family while women have a lower position in the family and society (Roslina, 2010). This is not aligned with the true Islamic concept.

The Malay culture is deeply influenced by the religion of Islam. According to Islam, the husband has a big role and is responsible for protecting and supporting his family members while the wife needs to obey the husband (Roslina, 2010). However, an irresponsible husband has misused and interpreted the Islamic concepts to discipline his wife who is labelled as recalcitrant (Nusyuz). It is a misconception with the verse in the Al-Quran which is (as to those women on whose part you see ill conduct, admonish them (first), (next) refuse to share their beds, (and last) beat them (lightly); but if they return to obedience, seek not against them means (of annoyance); for Allah is most High and Great) (Al-quran, 4:34). The word "beating" is used not referring to physical abuse and the beating is the last resort after the other two options, example:

admonishing and boycotting. The misuse power by men often occurs when they use it as a reason to control their partner (Ayob, 2021).

With regards to the problem of IPV among young adults, it may be one of the factors associated with divorce rate among these couples. According to the DOSM (2022), the highest age group of marriage in Malaysia in 2021 was between 25 to 29 years old, while the highest divorce age between 30 to 34 years old. In Kelantan, 2,721 people was divorced in 2021, with Kota Bharu had the highest number (860 cases), followed by Pasir Mas (290 cases) and Tanah Merah (249 cases). These divorce statistics in Malaysia and Kelantan highlight the importance of developing and supporting a healthy family system. It should be initiated and promoted from the very beginning, before these young adults enter into the marital relationship. Preventing the occurrence of IPV is one of the important strategies to achieve harmony and happiness in a family.

1.3 Problem statement

Young adults may experience violence in a relationship, either within marriage or in dating status. The effect of experiencing IPV at this period in life is likely to affect their physical and psychological as well as the economic well-being in the future (Chandra-Mouli, 2012). The implications of IPV included acute IPV related injuries, ranging from relatively minor injuries to disfigurement, permanent disability, life-threatening injuries and death (Black, 2011). This study also reported between 81% and 94% of women suffered facial injuries as a result of IPV. Those injuries would pose immediate and long-term burden to the young adults.

In addition to physical injuries, IPV can also lead to neurological disorders, eating and gastrointestinal disorders, as well as chronic pain (Wessells and Kostelny,

2022). Furthermore, the implications could also include diseases of the sexual and reproductive health such as vaginal and or urethral trauma, early and unwanted pregnancy, low birth weight, HIV and other sexually transmitted infections. The IPV episodes have significant direct and indirect economic impacts related to the cost for health treatment. The cost was higher due to repeated violence episodes, multiple injuries and the exacerbation of old injuries.

The acceptance of IPV among young adults has become a major problem in many countries. There are many studies revealed the acceptance attitudes among young adults with regards to IPV (WHO, 2013; Gracia and Lila, 2015; Jewkes, Flood & Lang, 2015; Meinhart et al., 2020). The acceptances of IPV among adults in developing countries are higher than those in developed countries (Tran, Nguyen & Fisher, 2016). Those who hold positive attitudes toward IPV or accepting it, might face a higher risk of continuous abuse than those who do not (Gage, 2005).

A study was conducted to compare the approving of intimate partner honour-based violence (HBV) among the participants from India, Pakistan, Iran, and Malaysia (Lowe et al., 2018). Those from Pakistan approved the violence committed against the wife as compared to those from Iran, India, and Malaysia. The participants from Malaysia strongly disapproved of this violence. The result showed that participants from Malaysia were least honour-endorsing, least condoning of intimate partner HBV and less positive towards the perpetrator - husband. Nevertheless, the perceptions and attitudes of young adults on various types of IPV are still not much studied in Malaysia.

Misconception and stereotypes around IPV are present among young adults, who may feel the violence is normal (Martín et al., 2021). People whom are in love especially women can do anything for their partner. Their unconditional love allowed them to be in mistreatment situation by the partner. They also accepted physical

aggression to be a normal part of an intimate relationship and were socially accepted (Swart, Garth, & Ricardo, 2002; Bryant and Spencer, 2003). In the religious perspective of IPV, a man can dominate over women and control their wives through the traditional gender hierarchy (Ross, 2012). Therefore, women look weak and vulnerable to abuse. They do not make effort to fight back their abuser, and accept the situation (Klomegah, 2008).

To date, there is limited educational module that was implemented to reduce the acceptance of IPV among young adults. The available published education intervention modules were mostly focused on the victims of IPV to help them get the social support. There were also interventions to help the victims with regards to their health problems and accessing information about IPV (Oliveira et al., 2016). The Ministry of Health Malaysia also focused on training of health personnels in providing counselling and advice for the victims (Chan et al., 2019). However, there was absence of specific educational module on IPV, aiming to improve the perceptions and attitudes among young adults in general. The existing modules that focused on victim on IPV might not be suitable for young premarital adults in general. Those modules mostly covered on ways to get help when an individual already experienced violence which are focusing on secondary prevention of IPV. In contrast, the general young premarital adults might need information on the meaning of IPV itself, how it happens and measures to prevent it from happening. This is more targeted for primary prevention of IPV.

1.4 Rationale of the study

The importance of the current study is to improve perceptions and attitudes on IPV among young adults. It is crucial to prevent young adults, especially those entering marital relationship, from accepting and justifying IPV as a normal event among them. In Malaysia, IPV is mostly underreported considered a sensitive issue. Therefore, promoting awareness of IPV, educating individuals on its negative consequences, and providing prevention strategies are essential. By fostering positive perceptions and attitudes towards IPV, it is hoped that this premarital population will be more likely to reject it, thereby terminating the abusive cycle for the next generation.

In order to achieve this, an educational module on IPV that is culturally acceptable is needed. A valid module produced through proper stages of development will ensure its effectiveness in improving perceptions and attitudes among young adults. Acknowledging the wide coverage of smartphone use among young adults, this platform is useful to deliver education. Subsequently, it is hoped that this educational module can be applied to young adults in various settings, including those in higher educational institutions, workplaces, and community.

In addition, this study could also provide important information on IPV among young adults to the current and future researchers in the field. Additionally, the religious district offices could also benefit from the finding and module develop in this study.

1.5 Research Questions

1. Is the newly developed my-IPV educational module valid to be used among premarital young adults in Kelantan?
2. Is my-IPV educational module effective in increasing the level of perceptions towards IPV among premarital young adults in Kelantan?
3. Is my-IPV educational module effective in increasing the level of attitudes towards IPV among premarital young adults in Kelantan?

1.6 Objectives of the study

1.6.1 General objective

To develop my-IPV educational module and assess its effectiveness on perceptions and attitudes towards IPV among premarital young adults in Kelantan.

1.6.2 Specific objectives

Phase One:

1. To develop and validate my-IPV educational module for premarital young adults in Kelantan

Phase Two:

1. To compare the mean changes of perceptions score towards IPV within and between intervention and control groups among premarital young adults in Kelantan
2. To compare the mean changes of attitudes score towards IPV within and between intervention and control groups among premarital young adults in Kelantan

1.7 Research Hypotheses

1. My-IPV educational module is valid to be used among premarital young adults in Kelantan
2. There is significant difference in mean changes of perceptions score towards IPV between intervention and control group before and after my-IPV educational module
3. There is significant difference in mean changes of attitudes score towards IPV between intervention and control group before and after my-IPV educational module

CHAPTER 2

LITERATURE REVIEW

2.1 Perceptions and attitudes influencing IPV

IPV may occur to anyone, and either men or women may become the victims. A recent study by Coll et al. (2020) reported the prevalence of IPV varied widely across countries (low income and middle-income countries). The result showed the burden of IPV in low income and middle-income countries was less than 5% in Armenia and Comoros to more than 40% in Afghanistan. However, in their study, IPV was less among richer, more empowered women, and those without co-wives. They also found the higher form of violence for physical and/or sexual IPV in comparison with psychological IPV. The countries have higher levels of both psychological and physical and/or sexual IPV were Cameroon (32.1% and 31.4%) and Congo DR (29.4% and 36.7%). Additionally, they found that younger women and those living in rural area were potentially exposed to IPV.

Stockl et al (2014) also found that adolescents and young women had a higher risk of experiencing IPV compared to older women. The prevalence of IPV among women aged 15 to 24 were reported above 50 percent and the experiences of IPV among young women aged 15 to 24 in the last 12 months were also high with prevalence rates ranging from 7% in urban site in Serbia to 57% in rural site in Ethiopia. According to Erulkar (2013), those from non-industrialized countries, young women and adolescents who married early were in highest risk to experience IPV. The majority (95-97%) of respondents in this study were married during adolescence. The respondents who were married before aged 15 were less likely to experience sexual initiation than those who were married at age 18 to 19 with 49% vs 85% ($p < 0.001$). Meanwhile, 32% of young brides were being victim in force sex by their husbands. This condition was associated

with the factor of economic hardship that they faced, which exposed them to sexual coercion or IPV in marital or dating relationship (Kouyoumdjian et al., 2013).

In addition to the factors mentioned above, perceptions and attitudes are two main elements that should be focused in order to prevent IPV. A study was conducted among 599 young adults in the Netherlands to examine context-specific perceptions of couple conflicts by assessing which types of conflicts described in a vignette are defined as being about IPV, legitimate IPV victims, and offenders (Kuijpers, Blokland & Mercer, 2021). They examined whether the type of violence employed and the gender dynamics within couple (male perpetrator and female victim vs female perpetrator and male victim) affect young adult's perception of IPV normality. The study found that, generally, scenarios describing more serious types of IPV as well as those describing a male perpetrator and a female victim received lower ratings of normality. A mild type of psychological aggression was perceived as normal. In addition, prior IPV experiences increased perception of IPV normality among female respondents. They concluded with suggestions for greater insights into perceptions in order to prevent IPV among young adults.

Another study about perceptions towards IPV was conducted among 498 college students from a large southern public university in USA (Nordin, 2021). The participants were asked to read a vignette describing an IPV incident which varied based on the perpetrator gender, marital status of couple, and provocation for violence. They were then asked to assess the severity of the incident, rate the degree to which they blamed each member of the couple, as well as how appropriate they think it would be to use each IPV term to describe the incident, and the degree to which they would recommend each bystander intervention action. The study found that the term 'IPV' was most correlated with personal intervention, which differed from the term 'domestic

violence,' in which the participants recommended for calling the police. They also perceived that violence conducted by female was not thought as IPV as much as violence perpetrated by male, and bystanders are recommended to take no action. Thus, it is important for young adults to be informed on the types of IPV, perpetrator gender and supports in preventing it.

In Australia, Beccaria et al. (2013) conducted a study on perceptions and understanding of undergraduate nursing students towards IPV. They found that the participants had limited and stereotypical beliefs regarding what constitute IPV and who perpetrates it. Most of them related IPV with physical, emotional, and sexual violence only, while the other types are not mentioned. They did not understand the significant of issues of IPV nor understand the social, economic and health impact at an individual and society level. During the interview, they expressed that they needed more information and education about IPV.

The attitudes towards IPV among young adults are also another crucial factor influencing the occurrence of IPV. A study of attitudinal acceptance of IPV among adolescents and young adults in Nigeria and Tanzania by Meinhart et al. (2020) assessed whether the participants believed it is acceptable for a man to beat his wife. Attitudinal acceptance of IPV refers to the agreement with any one statement supporting IPV that was stated in the questionnaire. They found that being married was associated with IPV acceptance for female participants, but not for males. Therefore, the study suggested that critical life experiences, for example marriage, may build the attitudes towards IPV among adolescents and young adults.

The individuals who either experienced or witnessed violence in the family of origin would develop a set of attitudes accepting of violence, as reported by Copp et al.

(2019). Similarly, those who had the experience of violence in general were more prone to be guided by norms approving of violence and thus were more violence prone (Margolin et al., 2009). Family of origin is a critical site of socialization for young people, but learning and socializing also takes place beyond the family context. Thus, besides the family's role and influence, it is important to consider how broader contexts shape attitudes regarding the use of violence.

The Women's Aid Organisation (WAO) had conducted a study using online survey among 1000 Malaysian population to assess their attitudes and perceptions towards violence against women (VAW) (WAO, 2021). Although it is not directly focused on IPV, the study explored the act of gender-based violence and IPV can be part of it. They reported that only about half of the participants disagreed with violence-endorsing attitudes, and around one-fourth agreed with it. Men demonstrated more negative and unsure responses compared to women. In addition, they had insufficient understanding of rape and other non-physical violence, especially controlling behaviours. Thus, the study recommended to increase the prevention strategies in Malaysia by developing a comprehensive programme and action plan for more effective outcomes. These include effective education for enhancement of understanding towards rape and other non-physical violence as well as empowering Malaysians to react to the victims of violence by providing protection and support.

Acknowledging the importance of understanding the perceptions and attitudes towards IPV, a local study was conducted among young adults who were the participants of premarital courses in Kelantan (Wan Mohd Hanafi, 2022). Attitudes towards rejecting IPV was referred to not accepting IPV and have the willingness to disclose it. They found half of the participants had an attitude towards rejecting IPV, with around 60% of them rejected the IPV behaviour and were willing to disclose and

report IPV in the future. Majority of them disagreed that someone who cheats to his/her partner deserves to be hurt, and violence is needed to solve problems. However, a high number of participants agreed that it is a norm for someone to excessively control his/her partner and violence is just one of the ways to express anger. This study recommended for further intervention study to develop an educational module for improving young adults' attitudes towards IPV.

2.2 Factors influencing perceptions and attitudes toward IPV

Young adults' population are at risk to face IPV in their romantic relationship due to their perceived acceptability towards IPV. The previous study among premarital young adults by Wan Hanafi et al (2022) reported the factors associated with attitudes towards IPV were age, sex, occupational status, and drama as sources of information regarding IPV. They found an increase of 1 year of age had 1.12 times the odds of an attitude towards rejecting IPV (95% CI: 1.03, 1.19; p-value = 0.003). In addition, female were having 2.49 times the odds of attitude towards rejecting IPV than male (95% CI: 1.54, 4.03; p-value < 0.001), young adults who self-employed were 80% less likely to have an attitude towards rejecting IPV than unemployed young adults (95% CI: 0.09, 0.40; p-value < 0.001), and young adults received information through drama have 3.66 times odds of having an attitude towards rejecting IPV than who did not receive information from drama (95% CI: 2.26, 5.91; p-value < 0.001).

A systematic review by Kadir Shahar et al (2020) found the factors influencing IPV were contributed by Ecological Model which contains four levels: individual, relationship, community and societal. At the individual level, the significant factors were lower education background, lower socio-economic status, had history/ current substance abuse, had exposure to other forms of prior abuse or violence and possessed

violence-condoning attitude. At the relationship level, the husband's or partner's behaviour such as experience or current status of substance abuse, involvement in fights and controlling behaviour were associated with greater risk of IPV. Besides, at the societal level, lesser social support places individuals at greater risks of experiencing IPV. At this level, women with less social support were more likely to experience IPV.

According to Ayob (2021), the level of education has a relationship with the forms of violence that exist whether sexual, emotional and physical violence. Their study found that acceptance of IPV among women were high. Furthermore, the women did not know the law and legal rights that can protect them when they faced IPV. Additionally, the financial status of individuals especially women who get married at young age or rural residents were low, and they had less access to the latest technological developments and facilities. Besides, they were also incompetent at work and need to improve their knowledge and skill. All these factors influenced the women's acceptance of IPV.

A review study on WHO multi-country study on women's health reported the factors associated with IPV which were education, history of abuse, demographics, attitudes, alcohol, other relationships and characteristics of the union (Abramsky, 2011). Individuals who completed secondary education had less risk to experience IPV compared to primary education. In addition, individuals who had experience of abuse whether being victim or witness were at high risk of IPV. The cycle of abuse will continue in their life time. The men especially have a behaviour associated with traditional masculinity. They will have many sexual partners, control their partner, and fight with other men. Meanwhile, the women who became widow and have children form another partnership, or working alone due to their partners were unemployed, were also reported to have high potential in experiencing IPV. The alcohol abuse among

women and men were also consistently associated with IPV. The health services, police and addiction programmes may therefore provide important entry points to identify and refer people who may be at risk of IPV.

2.3 Prevention program on IPV

It is important to have a culturally acceptable prevention programme on IPV for young adults, in order to educate them about IPV. The provision of information may subsequently lead to good perceptions and attitudes towards IPV. Previous studies have shown that IPV prevention programme conducted among adolescents and young people at schools produced positive impact in changing attitudes, improving knowledge and reducing the prevalence of IPV (Whitaker et al., 2006; Antle et al., 2011). It can be implemented through skill building component, as well as addressing myths and stereotypes related to IPV (Maquibar et al., 2017).

A study involving in-depth interviews with professionals and young people in Basque Country, Spain identified three themes from the analysis, and one of them was “mass media campaigns do not fit young people’s need” (Maquibar et al., 2017). The campaigns were claimed to be not acceptable by young people as they were focused on physical violence which was an uncommon form of violence among this age group. Furthermore, women were reflected as disempowered victim of IPV in those campaigns, making them a barrier for young women who perceived themselves as equal to men and empowered, to detect and recognize IPV in their own lives. The participants also mentioned that no messages were available for men. Thus, they believed that involvement of young people themselves, at every stage from planning to programme implementation, was a necessary key element for a successful prevention programme.

In Malaysia, there are various programmes conducted to protect the rights of women and children as well as ensure their safety and security. Those programmes are handled by the government, non-government organizations (NGOs) and individuals. The Department of Women Development under the Ministry of Women, Family and Community is responsible for initiating programmes related to women empowerment especially the issue of VAW. These NGOs are involved in educating the community especially women on issues of domestic violence, discrimination against women and women's rights (Mohd Idris et al., 2018). Examples of the NGOs include Women's Aid Organisation (WAO), All Women's Action Society (AWAM), and Women's Centre for Change (WCC).

The Department of Social Welfare has produced periodically awareness campaigns in mass media, posters, and billboards. They also educate the community to be aware of the law and their rights, as well as telling them about different types of violence that can occur. They were also informed on ways to deal with the situations when violence occurs. The NGOs are also involved with supports for the victims of violence. One of them is the Johor Empowerment of Intellectual Women Association (JEiWA) which focusing on supporting abused women to start a new life and become new women (Mohd Idris et al., 2018). The areas covered by this NGO are legal reference, business opportunities, personality rebranding, spiritual enhancement, women's healthcare, and community arts. They also collaborated with the JiShian Single Mother Association to develop a safe house known as "Rumah Selamat" for women victims of violence to help them start their new life.

One-Stop Crisis Centre (OSCC) is a model implemented in emergency departments of regional, specialized and district public hospitals by the Ministry of Health. It also collaborates with women's NGOs (Colombini et al., 2011). OSCCs team

are the members in health and medical service located in Accident and Emergency (A&E) Department. The team provides medical care, counselling, police aid and social support to victims of violence or abuse. There is also an internal referral system to refer the cases from OSSCs to other specialized services on-site. OSSCs aspect provided in hospital include set up a separate room for victim and offer counselling service, and initial needs service for victims.

The NGOs are actively offering helps, aids and even prepared shelters for victims of violence, including DV, IPV, and any other forms of violence. However, the effectiveness of these aids is subjective as the victims might take a long duration for healing process and it was influenced by many factors (Akyüz and Sayan-Cengiz, 2016).

Most the available prevention program on IPV in Malaysia targeted women, with limited intervention for men. It is important to include men for prevention of IPV because they could also be victim as well as perpetrators of IPV. Furthermore, the available programs were mostly focused on the victims of IPV. The general population of young adults need to be educated as well for a primary prevention of IPV. Lastly, those programs might not reach the population of young adults because of the nature and their method of delivery.

Therefore, it is highly important to intervene the general population especially young adults to help them be ready and prepared mentally, physically, and emotionally before entering into the marriage life. Both women and men need to be informed and educate regarding IPV. To date, there is no specific educational module on IPV targeting the young premarital adults in Malaysia. it is a need to develop a culturally acceptable and user-friendly educational module.

2.4 Development of an educational module

A module is an important component of an educational strategy to facilitate educators in conveying information to the audience. It consists of learning materials that are systematically developed to help learners achieved specific learning goals. The development of educational module should have specific learning objectives, learning outcomes, resources, assessment criteria and evaluation (Donnelly, 2005). There are various models used to guide module development, which include Sidek Module Development Model (Madihie and Mohd Noah, 2013), ASSURE model (Mohammed, 2020), ADDIE model (Nichols and Greer, 2016), and Meyer Model (Gengatharan et al., 2020). All of the models could be used to guide the development of an educational module on IPV. However, the Meyer Model was chosen for this study.

Sidek Module Development Model was good and appropriate to use among Malaysian's norm. However, it is more commonly used in developing a module for counselling purposes (Mahfar, Noah & Senin, 2019). There are many counselling studies conducted using Sidek Module Development Model, which include development of a module for employees' stress management (Jalil, 2017), mindfulness module (Said, Baharom, Hamilin, Madihie, & Yusoff, 2017), students' career exploration module (Talib, Mohamad, & Wahab, 2015), an integrated holistic teaching guide module (Zuki & Hamzah, 2014), a module for orphans' counselling intervention (Madihie & Noah, 2013), students' career development module (Jaamat, 2010), peer guidance module (Kamaruddin, 2005), and a module for students' motivation (Ahmad, 2002).

The ADDIE model, is an acronym for the five stages of a development process: Analysis, Design, Development, Implementation, and Evaluation. It is a teaching model used by academician and training programmers to develop their programs. The ADDIE

model was suitable for all learning environments, usually applied for the design of massive online courses (MOOCs), preferred for the development of virtual reality commands, and enables training planning. Besides, it is also flexible for development of a multifaceted e-learning (Spatioti, et al, 2022). The ADDIE model is a linear process, rigid and inflexible to adapt to unforeseen project changes (Peterson 2003). The changes were costly to incorporate and can affect the master plan severely. Moreover, if one or two things were missed in first two phases of Analysis and Design, it makes difficult to fit in later procedure. The ADDIE model also does not identify behaviour changes, and only designed to meet the measured criteria (Riecker 2012). This model has been criticised by many researchers.

On the other hand, The ASSURE model is an instructional design guide that integrates technology and multimedia to enhance the learning environment from a constructivist perspective. The ASSURE model consists of the following six phases by their acronym name which is Analyze learners, State objectives, Select methods, Utilize Media and Materials, Require Learner Participation, and Evaluate and Revise. This model is preferred and used in science instruction and is effective in integrating technology into instructional processes, leaning interest among students, and increase motivation. However, the disadvantage of ASSURE model is that instructors need to know their learners, and the information should include the learners' general characteristics, specific entry competencies, and learning styles. It is important for the instructors to have the information on the learners' knowledge and skill prior to teaching sessions. Besides, the Assure model requires instructors to participate in learning session and explain the topics to the participants (Kim & Downey, 2016).

In this study, Meyer Model was chosen because it has clear explanation on the steps for the development of module. Most modules are developed based on similar

principles. Meyer (1988) recorded that a module should be composed of these components:

- i) instructional on how to use the module,
- ii) statement of purpose and aim,
- iii) list of pre-requisite skills,
- iv) list of objectives,
- v) pre-test,
- vi) equipment and resources,
- vii) instructional activities, and
- viii) mastery post-test.

Meyer Model has been used in various studies to develop educational modules. Gengatharan et al. (2020) utilised this model for their health education assessment module for teachers to perform classroom assessment to their students. A self-instructional module for students to learn using Buzan Mind Mapping technique for note taking and revision was also developed using Meyer Model (Tee et al., 2013). A Thinking Skills module was also designed and developed based on this model (Kiong et al., 2013). The Meyer Model consists of 13 steps, as shown in Figure 2.1. This study adapted Meyer Model to guide the development of educational module on IPV.