

# Development and Validation of an Educational Module on Intimate Partner Violence for Young Adults

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## ABSTRACT

**INTRODUCTION:** Intimate partner violence may occur among young adults. It is influenced by their perceptions and attitudes concerning this violence. This study aims to develop and validate an educational module on intimate partner violence among young adults in Kelantan, Malaysia. **MATERIALS AND METHOD:** The study was conducted in three phases consisting of needs assessment, development of the educational module, and content and face validation. Face-to-face interviews were conducted with 10 young adults to identify the needs for this module. The module content was based on several guidelines, relevant literatures, and findings from needs assessment. Content validation was done by six experts and content validity index was calculated. Face validation was evaluated by 30 young adults. The percentage of agreement was calculated for each item. **RESULT:** The educational module contains five units covering the forms, causes, impacts, and supports in preventing intimate partner violence as well as rejecting it and willingness to disclose. The content validity was good, rated as relevant by all the experts. The percentages of participants in face validation who strongly agreed with the items assessed for all the materials ranged between 70% to 93.3%. Additional comments given by the participants were considered and the module was modified accordingly. **CONCLUSION:** The module has good content and face validity. It can be used to improve perceptions and attitudes toward intimate partner violence among young adults.

### Keywords

Intimate partner violence, Educational module, Content validity, Face validity

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## INTRODUCTION

The World Health Organization defines intimate partner violence (IPV) as “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in a close relationship.”<sup>1</sup> IPV has been identified as a cycle of violence that exist within the personal and intimate relationship through the act of abusing and controlling of their partners.<sup>2</sup> The most common victims of IPV are women, and the perpetrators are male partners or ex-partners. However, 1 in 10 men in the United States also experienced IPV during their life time.<sup>3</sup>

The presence of IPV has been reported among people in a relationship as intimate partner, romantic couple,

engaged, or married. It may also begin in early relationship, often in adolescence and addressed as dating violence.<sup>4</sup> The forms of IPV include physical abuse, psychological abuse, sexual abuse, and controlling behaviours.<sup>5</sup> Psychological violence refers to any behaviour involving verbal or non-verbal communication with the intention to harm a partner mentally or emotionally.<sup>1</sup> Controlling behaviours happen when a person intent to gain and/or maintain control over his/her partner by stalking the partner's movements, prohibiting from seeing family and friends, curbing access to resources, disposing of property, and preventing him/her from having employment.<sup>1</sup>

The 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.<sup>6</sup> Around 1 in 7 men and almost double the number of women in the United States reported ever suffered severe physical violence from their partner.<sup>4</sup> 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.<sup>7</sup>

There is an increase in the reported IPV cases among younger aged people.<sup>8</sup> Straus<sup>9</sup> found a higher percentage of students who tolerated physical aggression in dating relationship status. A study on cross-cultural differences between the United States, Japan, and China in perceptions of male to female IPV found that male participants had more traditional attitudes toward women and placed more blame on female victims.<sup>10</sup> In addition, young college students on average reported the acts of physical, sexual, and psychological IPV as abusive, but young women rated these behaviours as more abusive than young men.<sup>11</sup> A local study among young adults in Kelantan revealed that 48.5% of them had poor perceptions and 49.6% had poor attitudes toward IPV, in which they accepted and were unwilling to disclose IPV to others.<sup>12</sup> Thus, it is important to improve the perceptions and attitudes on IPV among young adults to prevent them from accepting and justifying IPV as a normal event. In order to achieve this, an educational module on IPV which is culturally acceptable is needed. A valid module, and produced through proper stages of development is important. To date, there are limited educational modules and most of them are focusing on the victims rather than general young adult population. This study aims to develop and validate an educational module on IPV among young adults in Kelantan, Malaysia.

## **MATERIALS AND METHODS**

### **Study Design**

This study was conducted in three phases, namely, Phase

I: Needs assessment, Phase II: Development of IPV educational module, and Phase III: Content and face validation. It was approved by the Human Research Ethics Committee of Universiti Sains Malaysia (JEPeM Code: USM/JEPeM/21080571) and the Kelantan Islamic Affair Division.

### **Phase I: Needs assessment**

A qualitative study using face-to-face interviews were conducted with 10 young adults to identify the needs for this module. They were conveniently selected among participants of a wellness programme in Kelantan. The inclusion criteria included those who are not married, able to communicate in Malay, and willing to be interviewed. Sample size was not predetermined but depends on saturation of information in which no new information was obtained after interviewing the 10 participants. The interviews took place at the programme site, and lasted for between 20-30 minutes for each session. The questions were open-ended to allow the participants to express their ideas related to the content, design, and format of the module that they preferred.

The questions were:

*What do you understand about IPV?*

*Do you think the information that you received on IPV is enough?*

*What topics do you want to know more about IPV?*

*Do you think that educational materials on IPV among young adults is needed?*

*What topics should be included in the educational materials on IPV?*

*What kind of educational materials will attract young adults?*

The interviews were recorded and transcribed. Thematic analysis was conducted manually. The principal investigator who conducted the interviews read the transcripts and identify important findings related to the needs for the content and design of the module. Codes were identified and grouped into sub- themes and themes. These codes, sub-themes and themes were discussed among research team members. Improvement was made until reaching consensus among them.

## **Phase II: Development of IPV educational module**

### **Module Structure**

The research team members carefully reviewed and discussed the module development. Face-to-face meetings were conducted with experts comprising three women health specialists, two public health medicine specialists, and a family medicine specialist. The module was written in Malay language using appropriate terms in an easy-to-understand format. The materials in this module used attractive images, eye-catching design, and colourful pages to obtain a good participation rate. To encourage participants to read and watch the materials, short quizzes were included at the end of each unit. The quizzes could also be used to assess the participants' understanding of the information provided.

### **Module Content**

The development of module content was based on several guidelines and relevant literatures from the Ministry of Health Malaysia as well as other local and international references.<sup>13-19</sup> The information obtained from the needs assessment was also incorporated into the module. The content development team consists of the six experts mentioned above. The Health Belief Model (HBM) was used to design the IPV educational module. The HBM has provided a useful framework to determine perception, attitudes, belief, and intentions related to health behaviour.<sup>20</sup> It derives from psychological and behavioural theory with the foundation that the two components of health-related behaviour are i) the desire to avoid illness, or conversely get well if already ill; and, ii) the belief that a specific health action will prevent, or cure, illness.<sup>21</sup> With regards to IPV, the individuals have a low understanding about IPV. Some of them has experienced and observed through parents, friends, and environment. This condition will shape their attitude and perceptions on IPV.<sup>22</sup>

The IPV educational module considered the six constructs of HBM.<sup>20</sup> Perceived susceptibility refers to the individual's own assessment of how likely the action is to be committed against him/her; in this case, the IPV. The greater the perceived risk, the greater the chance the

individual will behave in a way to decrease it. Therefore, the educational module would contain information to make them understand that they are susceptible to become victims or perpetrators of IPV, by understanding the various forms and causes of IPV. Subsequently, they would participate in the preventive actions if they perceived that they are susceptible or at risk. Perceived benefits are the individual's belief in the efficacy of the prescribed health behaviour in preventing, treating, or ameliorating the impact of the condition. Those who believed that prevention of IPV would benefit them would be more likely to adapt the preventive behaviour. They would also be more likely to disclose IPV. Perceived seriousness is the individual's perception of the severity of the consequences associated with the condition. The more severe they perceived the impacts of IPV, the more likely they would act to avoid it. They would also more likely not to accept IPV. Therefore, information on the impacts of IPV need to be explained to the participants to encourage more prevention of IPV. Perceived barriers are obstacles that keep an individual from pursuing the preventive actions. Providing information on the supports of IPV would help to reduce the perceived barriers. Self-efficacy, which is one's personal belief in their ability to accomplish something, is also an important component of HBM. Cues to action are factors that are critical in starting the path to adopting the new behaviour, such as a story in the media. It would be included as part of the educational module.

### **Phase III: Content and face validation**

Content validation was done by six content and design experts. Among them, two were public health specialists, a psychiatrist, a family medicine specialist, a health promotion expert and a women's health expert. It was an independent review process using a Google Form consisting of content validation items. The Google Form was adapted from an instrument proposed by Castro<sup>23</sup> and the tool used in a local study Lau<sup>24</sup>. The IPV educational module was evaluated in two aspects, which were scientific accuracy and content. The criteria of scientific accuracy include: i) content are in agreement with the current knowledge and ii) recommendations presented are needed and correctly addressed. Meanwhile,

the criteria of content include: i) objectives are evident, ii) recommendation about the desired behaviour is satisfactory, iii) there is no unnecessary information and iv) important points are reviewed.

A total of six content experts were included since most of recommendations proposed a minimum of six experts while the minimum acceptable expert number is two.<sup>25</sup> The experts examined each aspect of the module on a scale (1 for “not relevant”; 2 for “slightly relevant and needs major revision”; 3 for “relevant but needs minor revision” and 4 for “very relevant”). Besides, there were four additional questions for the experts to answer regarding the information in the module. These included: i) the strength of module, ii) the weakness of module, iii) the information should be added, and iv) the information should be reviewed.

Two forms of content validity index (CVI) were calculated, which were item-level content validity index or I-CVI and scale-level content validity index or S-CVI.<sup>25</sup> The I-CVI indicates the proportion of content experts giving the item a relevance rating of 3 or 4.<sup>25</sup> The S-CVI based on average method refers to the average of I-CVI scores for all items on the scale or the average of proportion relevance judged by all experts.<sup>25</sup> The acceptable CVI value was at least 0.83 if the number of experts was at least six.<sup>25</sup>

In addition, 30 young premarital adults were invited to rate each material of the module for face validation. The minimum acceptable number of respondents for face validation is 10, but at least 30 respondents are used in most studies.<sup>26</sup> There was a total of 30 items for the whole four materials and focused on the following criteria: i) literary presentation, ii) material is sufficiently specific and understandable, iii) quality of information, and iv) illustrations. The response options were 1 (strongly disagree), 2 (disagree), 3 (not sure), 4 (agree), and 5 (strongly agree). They were also encouraged to comment any issues or problems in order to improve overall clarity and comprehensiveness of the module. The percentage of agreement among the respondents was calculated for each item, which refers to those who agreed or strongly agreed with the respective item.

## RESULTS

### Description of the interviews’ findings

All the participants were Malay. There were four males and six female participants. Their age ranged from 20 to 30 years old. All of them were single, with four participants were in a serious relationship with their partners. Two of them had attended the premarital courses before. There were two themes identified from the interviews: a) IPV topics of interest and b) Criteria of educational material. Table 1 shows the summary of the sub-themes and themes from the interviews.

**Table 1:** Summary of sub-themes and themes from the interviews

Themes	Sub-themes
IPV topics of interest	Understanding the meaning of IPV Various forms of IPV Causes and consequences of IPV People involved in IPV Ways to handle IPV
Criteria of educational material	Electronic medium Ease of access Provision of updated information Attractiveness

All the participants did not have a correct understanding of IPV; mostly described IPV as domestic violence. They knew about the physical and psychological violence forms of IPV, but were only able to give examples of sexual violence and controlling behaviour after being explained by the interviewer. They also had minimal idea on the effects of IPV and were only able to inform the physical and psychological effects. They were not sure about the causes of IPV. They admitted that their knowledge and understanding on IPV were still lacking, thus they agreed on the need to have an educational module to provide information and knowledge about IPV for young adults. The preferred mediums were video, as well as fast and interesting platform like infographic messages.

### Content of the IPV educational module’

The IPV educational module contains five units: Unit 1–Forms of IPV; Unit 2–Causes of IPV; Unit 3–Impacts of IPV; Unit 4–Supports in preventing IPV; and Unit

**Table 2.** Topics, learning objectives, contents, and methods of delivery of the IPV educational module

Unit	Topics	Learning objectives	Contents	Methods of delivery
1	<b>Forms of IPV</b>	<ul style="list-style-type: none"> <li>To describe four main forms of IPV</li> <li>To explain the definition of physical, sexual, psychological/emotional violence and controlling behaviours</li> <li>To inform the examples of physical, sexual, psychological/emotional violence and controlling behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Introduction</li> <li>Definition and examples of physical violence</li> <li>Definition and examples of sexual violence</li> <li>Definition and examples of psychological violence</li> <li>Definition and examples of controlling behaviours</li> <li>Examples of situations related to the four main forms of IPV</li> </ul>	<ul style="list-style-type: none"> <li>e-book</li> <li>Presentation slides</li> <li>Video</li> </ul>
2	<b>Causes of IPV</b>	<ul style="list-style-type: none"> <li>To describe three main aspects of IPV causes</li> <li>To explain the definition of individual, cultural and environmental causes of IPV</li> <li>To inform the examples of individual, cultural and environmental causes of IPV</li> </ul>	<ul style="list-style-type: none"> <li>Introduction</li> <li>Three phases in the cycle of violence</li> <li>Individual causes of IPV</li> <li>Cultural cause of IPV</li> <li>Environmental causes of IPV</li> </ul>	<ul style="list-style-type: none"> <li>e-book</li> <li>Presentation slides</li> <li>Video</li> </ul>
3	<b>Impacts of IPV</b>	<ul style="list-style-type: none"> <li>To state three main aspects of health impacts of IPV</li> <li>To explain the examples of physical, psychological and social health impacts of IPV</li> <li>To express the intention of rejecting IPV</li> </ul>	<ul style="list-style-type: none"> <li>Introduction</li> <li>Physical health impacts of IPV</li> <li>Psychological health impacts of IPV</li> <li>Social health impacts of IPV</li> </ul>	<ul style="list-style-type: none"> <li>e-book</li> <li>Presentation slides</li> <li>Video</li> </ul>
4	<b>Supports in preventing IPV</b>	<ul style="list-style-type: none"> <li>To state the sources of support from governmental and non-governmental organization for those involved with IPV</li> <li>To explain the informal support that can be provided to those involved with IPV</li> </ul>	<ul style="list-style-type: none"> <li>Introduction</li> <li>Catchy or powerful messages</li> <li>Contact numbers of the formal support services</li> <li>Contact numbers of the non-governmental organizations</li> </ul>	<ul style="list-style-type: none"> <li>Infographic messages</li> <li>Video</li> </ul>
5	<b>Rejecting IPV and willingness to disclose</b>	<ul style="list-style-type: none"> <li>To express that IPV is not acceptable</li> <li>To express the willingness to disclose if experiencing or aware of IPV</li> </ul>	<ul style="list-style-type: none"> <li>Introduction</li> <li>Statistics of IPV</li> <li>Impacts of IPV</li> <li>How to prevent IPV</li> <li>What to do if experiencing IPV</li> </ul>	<ul style="list-style-type: none"> <li>Video</li> <li>Infographic messages</li> </ul>

5–Rejecting IPV and willingness to disclose. Each unit consists of an important message, introduction, objectives, content, method of delivery, expected output, and assessment. At the beginning of the module, an introductory chapter gives an overall information on the definition of IPV, burden of IPV worldwide and in Malaysia, as well as objectives, target group and guides to use the module. Description of the units in this module are presented in Table 2.

### Content and Face Validation by Expert Panel

The expert panel reviewed and rated the entire module. All the experts rated the items as relevant (rating scales of 3 or 4), thus the module content was valid (Table 3). The scales of 3 and 4 were categorized into one group for the CVI calculation since they reflected that each aspect was evaluated as relevance but minor revisions were required for those with initial scale of 3. These revisions were taken into consideration to improve certain parts of the module. These included the following: 1) rephrase a few confusing statements, 2) include additional statements for further clarification, 3) add a few suggested important examples of violence, and 4) improve the graphic images of the presentation slides. Improvements of the module and materials were done accordingly.

Each material of the module was evaluated by 30 young premarital adults for face validation. Their mean age was 23.8 (SD 2.37) years. More than half (56.7%) were female with secondary level of education (56.7%). Table 4 shows

the percentage of agreement among them. All the items assessed for the four materials had acceptable percentages of agreement (rated as strongly agree or agree). The percentages of participants who strongly agreed with the items assessed for e-book ranged between 73.3% to 93.3%; between 70% to 93.3% for presentation slides; 76.7% to 90% for the educational video; and 73.3% to 86.7% for infographic messages. Additionally, some of them commented to add the information on statistics of women who experienced IPV in the educational video. Besides, they also recommended to improve some of the graphic images. These suggestions were considered and minor adjustments were done accordingly. Therefore, this

**Table 3.** Content validity index for IPV module by expert panel (n=6)

Aspects	Item description	Rating scale (n)				I-CVI
		1	2	3	4	
Scientific accuracy	Contents are in agreement with the current knowledge	0	0	3	3	1.00
	Recommendations presented are needed and correctly addressed	0	0	2	4	1.00
	Objectives are evident	0	0	1	5	1.00
	Recommendation about the desired behaviour is satisfactory	0	0	3	3	1.00
Content	There is no unnecessary information	0	0	1	5	1.00
	Important points are reviewed	0	0	3	3	1.00
					S-CVI	1

I-CVI = item-level content validity index  
S-CVI = scale-level content validity index



**Table 4.** Percentage of agreement among young adults for evaluation aspects of face validity (n = 30)

Materials	Items	Clarity and comprehension scale n (%)				
		1	2	3	4	5
<b>e-book</b>	1. Language is neutral	0	0	0	5 (16.7)	25 (83.3)
	2. Headings and subheadings are clear and informative	0	0	0	5 (16.7)	25 (83.3)
	3. Content is written in a patient-centered style that is the patient is the focus of importance	0	0	0	3 (10.0)	27 (90.0)
	4. Material is reader-friendly and interesting	0	0	0	2 (6.7)	28 (93.3)
	5. Material is easily to read	0	0	0	2 (6.7)	28 (93.3)
	6. Material suitable in local culture	0	0	0	6 (20.0)	24 (80.0)
	7. Use of bold characters and bullet points draw attention to specific points or key content	0	0	0	4 (13.3)	26 (86.7)
	8. Illustrations and picture are simple, appropriate and present an easily understandable	0	1 (3.3)	0	7 (23.3)	22 (73.3)
<b>Presentation slides</b>	1. Language is neutral	0	0	0	2 (6.7)	28 (93.3)
	2. Headings and subheadings are clear and informative	0	0	0	8 (26.7)	22 (73.3)
	3. Content is written in a patient-centered style that is the patient is the focus of importance	0	0	0	5 (16.7)	25 (83.3)
	4. Material is reader-friendly and interesting	0	0	0	3 (10.0)	27 (90.0)
	5. Material is easily to read	0	1 (3.3)	0	4 (13.3)	25 (83.3)
	6. Material suitable in local culture	0	0	0	4 (13.3)	26 (86.7)
	7. Use of bold characters and bullet points draw attention to specific points or key content	0	0	0	5 (16.7)	25 (83.3)
	8. Illustrations and picture are simple, appropriate and present an easily understandable	0	1 (3.3)	0	8 (26.7)	21 (70.0)
<b>Video</b>	1. Language is neutral	0	0	0	4 (13.3)	26 (86.7)
	2. Headings and subheadings are clear and informative	0	0	0	7 (23.3)	23 (76.7)
	3. Content is written in a patient-centered style that is the patient is the focus of importance	0	0	0	3 (10.0)	27 (90.0)
	4. Material is reader-friendly and interesting	0	1 (3.3)	0	3 (10.0)	26 (86.7)
	5. Interesting and easily to watch	0	1 (3.3)	0	5 (16.7)	24 (80.0)
	6. The quality of video is clear	0	0	0	4 (13.3)	26 (86.7)
	7. Background music are clear	0	0	0	4 (13.3)	26 (86.7)
<b>Infographic message</b>	1. Language is neutral	0	0	0	4 (13.3)	26 (86.7)
	2. Enables the patient to determine whether he or she is facing a serious problem	0	0	0	8 (26.7)	22 (73.3)
	3. Material is reader-friendly and interesting	0	0	0	6 (20.0)	24 (80.0)
	4. Material is easily to read	0	0	0	7 (23.3)	23 (76.7)
	5. Material suitable in local culture	0	0	0	7 (23.3)	23 (76.7)
	6. Use of bold characters and bullet points draw attention to specific points or key content	0	0	0	5 (16.7)	25 (83.3)
	7. Illustrations and picture are simple, appropriate and present an easily understandable	0	0	0	7 (23.3)	23 (76.7)

newly developed educational module on IPV was a valid tool that can be used in an intervention to improve perceptions and attitudes toward IPV among young adults.

## DISCUSSION

The previous study on Malaysian public attitudes and perceptions towards violence against women (VAW) by

Women's Aid Organisation (WAO) has recommended a few important areas for future study in Malaysia. These included the following: i) adopting a comprehensive prevention strategy that works across the ecological framework to target all levels of society, ii) enhancing public understanding towards rape and forms of non-physical violence, in particular cyber harassment, stalking and coercive/controlling behaviours by partners, and iii) the prevention programmes should take a step further to actively challenge underlying social norms and widely-shared community attitudes.<sup>18</sup> Hence, this current study was conducted to produce a tool as one of the prevention strategies for young adults' population especially those who have the intention in building a family.

The module was evaluated by experts to create a good quality educational material which is significant to be used in the current and future studies.<sup>27</sup> The educational module contains four materials which are an electronic book (e-book), presentation slides, an educational video and two infographics messages. It utilizes different medium as previous studies have reported the common use of printed materials in changing the knowledge, attitude, and behaviour.<sup>28,29</sup> The printed materials were always relevant to be used but the current development in technology have changed some of the ways people obtain information.

The COVID-19 pandemic which started in 2020 had forced people to use technology and majority of tasks were done through online platforms. Therefore, selection of educational materials in the forms of e-book, presentation slides, video and infographic messages were suitable with the current situation. Furthermore, young adults are more engaged with electronic devices in their life.<sup>30</sup> The use of e-books, presentation slides, video, and infographic messages for sharing of important information on IPV to young adults are the right choice because almost all people in this age group have at least an electronic device to communicate and access information.<sup>31</sup>

The advantages of e-book include it is easy to access and can carry everywhere. People can get the information that they need by downloading the file in various formats such

as in the text format, pdf, jpeg, doc and html.<sup>32</sup> They can also just read the information on the online website and social media. Therefore, it is suitable for people who are busy with their work; they can turn on and/or turn off the device, download and save the file in device storage and get it whenever they need.<sup>33</sup> On the other hand, the presentation slides summarised important information from the e-book. It can be used by the readers as a reminder of the information that they have read from the e-book. The slides are also beneficial for providers of premarital course to deliver information about IPV to the participants.

Other materials included in this educational module are the video and infographic messages. The video incorporated the signalling, which is also known as cueing,<sup>34</sup> involving the use of on-screen texts or symbols to highlight important information. Meanwhile, infographic messages were designed to disseminate the information to the targeted subjects in a graphical presentation. It was useful for people to systematically acquire and understand information through visual elements which are collectively found in infographics. According to Mohd Noh et al,<sup>35</sup> visual literacy ability is an important component to determine the ability of the participants to accept the use of infographics as a tool for effective learning information.

There are various models used to guide module development, which are mostly developed based on similar principles. Meyer Model has been used in various studies to develop educational modules,<sup>36</sup> and it is adapted to guide the process of module development in this study. The development of educational module should have specific learning objectives, learning outcomes, resources, assessment criteria and evaluation.<sup>37</sup> These components were incorporated in the newly developed module, making it a comprehensive module for users. This study provides the first module which has undergone a proper development and validation process. Globally, online intervention was also part of the intervention program on IPV, together with other activities such as seminar, counselling, workshop, door-to-door interviews and talks.<sup>38-41</sup> However, this study only assessed the content and face validity of the module. The

reliability of the module can be assessed following the completion of this validity test. Therefore, this study would recommend for further research to evaluate the reliability and effectiveness of this module in improving the perceptions and attitudes of young adults on IPV.

## CONCLUSION

The educational module on IPV contains five units covering the aspects of forms, causes, and impacts of IPV, as well as supports in preventing IPV, rejecting IPV and willingness to disclose. The materials are e-book, presentation slides, video, and infographic messages. The module was valid in terms of content and face validity. The content of this module has the potential to be incorporated into the syllabus for premarital courses to benefit more young adults.

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