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Domestic violence and women's well-being in Malaysia: Issues and challenges conducting a national study using the WHO multi-country questionnaire on women's health and domestic violence against women

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Abstract

The World Health Organization (WHO) and member countries, through the World Health Assembly Resolution 49.25, acknowledged violence against women as a serious public health issue. It is also a serious social issue and a “shameful” violation of human rights. However, many countries, particularly those in the developing world, still lack good, comparable, national data on violence against women. In Malaysia, there is “a dearth of comparable data”, on the prevalence, nature, causes and consequences of violence (WHO 2005, 3). To fill the gap in the data, a country level study has just been conducted in Malaysia using the WHO multi-country questionnaire which was adapted and validated. This paper reports on the national prevalence study titled “A country level study of women’s well-being and domestic violence against women”. This is the first country wide prevalence study to provide comparable data on the status of gender based violence against women in Malaysia as well as on their general well-being involving the three major ethnic groups in the country. In this quantitative study, the cross-sectional population-based household survey approach was utilised, involving 3215 women from Peninsular Malaysia. The data were analysed using Epidata and SPSS software. The objective of this paper is to present an overview of the findings with an emphasis on the importance of conducting national research on domestic violence against women. It will also draw attention to the importance of building knowledge about domestic violence against women and its prevention to support and inform national efforts to create a safer society for girls and women. The use of the tool will also be illustrated with examples drawn from the findings of the research. The nature of the topic means that issues such as ethical and methodological challenges, issues of safety, confidentiality and interviewer skills and training are critical for this research. This paper will highlight some of those challenges and some of the lessons learnt.
1. Introduction

Violence against women (VAW) is currently a highly visible issue internationally and in many countries, after years of strong advocacy work by women’s groups. This was not an international issue twenty eight years ago. Then VAW was merely treated as a private matter between partners, and husbands and wives which should be treated as such - private. But by 1985 VAW was picked up as an agenda in line with the Decade on Women. It took another decade before VAW gained a more visible face with the Declaration on violence against women prepared by the Commission on the Status of Women and adopted by the United Nations General Assembly in 1993. This declaration gives the definition of violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

In 1996, the World Health Organisation (WHO) and member countries, through the World Health Assembly Resolution 49.25 acknowledged violence (including violence against women) (VAW) as a serious public health issue and called for urgent actions by governments and health agencies.(WHO 1996) It is also a serious social issue and a “shameful” violation of human rights. The United Nations, at its Sixty-second General Assembly on 7 February 2008 not only reiterated the health impact of VAW but also the rights dimension of VAW and sees it “…as an offence against the dignity and integrity of the victim… and that all forms of violence against women seriously violate and impair or nullify the enjoyment of women of all human rights and fundamental freedoms and constitute a major impediment to the ability of women to make use of their capabilities” (United Nations 2008). Reaffirming the importance of the rights perspective the General Assembly also stresses on the importance of the roles of the state in dealing with VAW as quoted below:

Recognizing that States bear primary responsibility to respect and ensure the human rights of their citizens, as well as all individuals within their territory as provided by relevant international law. Stressing that States have the obligation to promote and protect all human rights and fundamental freedoms of women and girls, and must exercise due diligence to prevent, investigate and punish the perpetrators of violence against women and girls, and to provide protection to the victims, and that failure to do so violates and impairs or nullifies the enjoyment of the human rights and fundamental freedoms of the victims.

VAW is also seen as a serious obstacle to development (ESCAP, 2007;). Its impact on health and well-being of women has been shown to result in low productivity, high costs for treatment and police and legal process and indirect costs on other family members such as children who often bear the brunt. The UN also views VAW as a development issue and that “it is one of the obstacles to development due to its detrimental effects on the region’s or country’s economy. Past studies have shown impact on school attendances, education and employment opportunities. Morrison and Orlando (2004) discuss the significant relationship between VAW and lower earnings and lower rates of labour force participation (quoted in UNFPA http://www.unfpa.org.br/lacodm/arquivos/mdg3/pdf, <accessed 8 Aug 2011>). It is this multidimensionality of VAW which drives home the point for the importance of evidence such as the prevalence of VAW and data in relation to all dimensions. However, generally, there are still major issues with the availability of data on VAW, particularly in the developing countries. In Malaysia, there is a “dearth of comparable data” on the prevalence, nature, causes and consequences of violence against women (WHO, 2005,
Research on VAW in Malaysia is far and few. As mentioned earlier, the biggest study done was conducted by WAO involving 1221 respondents nationwide (Rashidah A et al 2000). Though the study has limitations because this was not a household study, yet it is the first study which gives a picture on VAW in the country based on a large number of respondents. This study reports 36% physical intimate partner violence (both married and unmarried couples). Since then there has never been any other big study except for the one done by the Women’s Development Research Centre (KANITA) which is shared in this paper.

Another study conducted by WAO focused on single mothers who were abused and sought shelter at the WAO (Aiyar et al 2002). A total of 25 women were interviewed for needs assessment purposes. In-depth interviews conducted with these women showed that most were working in various sectors but not well paid. Most were in the low income category. Most were also with low level of education and poor communication skills. Almost all had no savings as their hard earned money went to rent, food, children’s schooling and health. Almost half had to spend on rent or had to stay with relatives after they left their violent husbands. In terms of community support, about half of these women sought help from the Welfare or the Police but most reported that they were not happy with the services rendered. Some women went to their relatives for help while others did not due to several reasons. Almost all reported difficulties in caring for their children as they lacked support and most talked about loneliness and apprehension facing the future.

Other smaller studies were conducted by those in the health care system. One such study was reported in the Asia Pacific Family Medicine (Othman and Adenan, 2008). This was a report of a cross-sectional study using questionnaires for patients at three primary health care clinics at the University Malaya Medical Centre but the focus was to assess the health practitioners’ knowledge, attitudes and practices related to the identification and management of domestic violence. Majority of the health care professionals were not knowledgeable in technical skills and on how to respond to women who came in complaining of violence. Lack of training on domestic violence and the fact that reporting was not mandatory were identified as contributory factors for the lack of motivation among health care professionals to treat VAW as a serious issue worthy of medical attention. Their response to those women complaining of violence was based on their own perception and understanding of violence. Wong Yut Lin and colleagues from University of Malaya did a study looking at the feasibility of utilizing a screening tool for VAW with the aim of filling in the research gap on early detection and prevention. She used a validated 8-item Women Abuse Screening Tool (WAST) and concluded that “primary care has an important role in identifying domestic violence by applying the WAST screening tool, or an appropriate adaptation, with women patients during routine visits to the various health centers” (Wong, 2008).

Other studies were either small, very contextualized or research dissertations by graduate students. An interesting doctoral dissertation done by Manuela Colombini analysed how Malaysian health care system responded to victims or survivors of VAW by setting up the One-Stop-Crisis Centre (OSCC); a unique large-scale response in the region which is fast being replicated by other countries in the South East Asian region (Colombini et al 2011). Her findings showed that a strong partnership between NGOs and government’s health staff led to the establishment of the OSCC but the intervention needed a strong buy in from the Ministry of
Recognising the importance of having a baseline data on domestic violence against women, a prevalence study was conducted funded by the Research University grant from November 2008 to September 2011. To allow for comparable data across countries, the WHO multi-country questionnaire on women’s well-being and domestic violence against women was used to collect prevalence data on domestic violence against women. Prevalence study is the one that provides the overall picture of the extent of VAW in any given country. Unfortunately many existing studies done in various countries are inconsistent and varied in terms of the conceptual framework used, the study methods as well as the data presentation (PATH, 2005). It was to overcome this problem that WHO developed the multi-country study questionnaire with the vision that the tool would be used by governments to collect prevalence data on violence against women in their respective countries.

Prevalence study is an epidemiological study. It examines the number of cases of a condition at a particular point in time. The other positive feature of doing a prevalence study is the fact that by its natural design, it reaches all sections of the society, irrespective of age, class and race. Thus it creates space and opportunities for women, particularly those who suffer in silence, to talk about their problems or to begin seeking for help. In the prevalence study reported in this paper, a conscious effort was also made to share relevant information, such as important telephone numbers for shelters or NGOs to contact for information and health, with the respondents.

The main objective of this paper is to present an overview of the findings but limited to the overall prevalence data which would illustrate the importance of conducting a national research on domestic violence against women by their husbands or intimate partners. It is also aimed at highlighting the potential use of this kind of research for policy formulation as well as the challenges faced and the lessons learnt from this prevalence study. In the words of WHO, the study was a response to tackle the complexity of “documenting the magnitude of violence against women and producing reliable, comparative data to guide policy and monitor implementation” (WHO 2005, vii).

The research covered four main objectives, similar to the WHO multi-country study. The objectives were listed below:

a) To gather valid estimates of the prevalence and frequency of different forms of violence against women particularly those perpetrated by intimate partners,

b) To assess the extent to which violence by intimate partners is associated with a range of health outcomes,

c) To identify factors that may protect or put women at risk for intimate-partner violence, and

d) To document and compare strategies and services that women use to deal with the violence they experience (WHO 2005, xiii).

2. Methods

This cross-sectional prevalence study was done using the locally validated WHO multi-country questionnaire on women’s health and life experiences version 10 (2003). Given Malaysia’s multi-ethnic context, the questionnaire was translated into the three main local languages, namely Bahasa Malaysia, Mandarin and Tamil. The
translation was rigorously done with backward and forward translations, and checked by content and language experts. Inconsistencies, mistranslations, meanings and cultural gaps and lost words or phrases were identified. Several lengthy in-depth discussions were held to come to an agreement on the best translation for each item. It was only after all adjustments and changes were made that the questionnaire was ready for a validation study, and it was only after the validation study was completed that the questionnaire was used in the field. A more detailed description of the validation process and the challenge of doing a validation study are presented in another article. In this study, respondents were allowed to choose the language that they were comfortable with. This means that the enumerators had to be from the three main ethnic groups who could speak and read the respective languages. The questionnaire has twelve sections covering a range of topics as shown in the table below:

Table 1. WHO Multi-country Study on Women’s Health and Domestic Violence Against Women (Garcia-Moreno et al, 2005, p 18)

Section 1: Characteristics of the respondent and her community

Section 2: General health

Section 3: Reproductive health

Section 4: Information regarding children

Section 5: Characteristics of current or most recent partner

Section 6: Attitudes towards gender roles

Section 7: Experiences of partner violence

Section 8: Injuries resulting from partner violence

Section 9: Impact of partner violence and coping mechanisms used by women who experience partner violence

Section 10: Non-partner violence

Section 11: Financial autonomy

Section 12: Anonymous reporting of childhood sexual abuse: respondent feedback

Research was undertaken in all the 13 states in Malaysia (West Malaysia) except for Sabah and Sarawak which are in East Malaysia. The sampling frame was households. Sample size and the selection of households within an enumeration block (EB) were determined by the Department of Statistics to ensure ethnic representativeness as well as geographical coverage of rural and urban for each state. For each household, only one woman between the ages of 18-50 years old was being interviewed, and they had to be Malaysian citizens or permanent resident holders. If there were more than one eligible woman, a simple random selection was done by the enumerators. Those who were never ever married did not have to answer questions from sections 7, 8 and 9 which are questions relating to partner violence against women.
Each selected woman was briefed on the research, an information sheet was also given and the enumerator was to make sure that the respondent fully understood the research, the approximate time to be taken and assured of the confidentiality of the research before an informed consent form was signed indicative of the woman’s agreement to be interviewed. These women were all informed of their right to terminate the interview if they wished to do so anytime during the interview. All interviews were done face-to-face in private by trained female enumerators, making sure that their partners were not around. Precautions were taken to ensure respondents’ safety, security and confidentiality. In cases where the interviews had to be interrupted because of confidentiality and safety reasons, the enumerator had to make another appointment for a return interview. At least two additional visits were required before the selected woman was considered unavailable for the research. Data were input and checked twice, cleaned and analysed using the Epidata and SPSS software.

An important element in this study was the intensive training given to all enumerators on the subject matter of VAW, and the methodological and ethical issues that they should understand. The need to be ethical and to respect confidentiality as well as the issue of safety of themselves and the respondents had to be emphasized.

3. Results

In this paper only findings on the socio-demographic background and the overall prevalence data as well as the forms of violence will be presented. Details of the findings are reported in other papers.

3.1. Socio-Demographic Background

A total of 3440 female respondents were interviewed out of the targeted 3500 giving a 98.3% success rate. After two rounds of data cleaning, only 3428 (99.7%) questionnaires were considered complete for acceptance. A total of 1409 (40.9%) were respondents from the rural areas and 2025 (59.1%) from the urban areas. This is only logical since more than 60% of Malaysians live in the urban areas (Ministry of Women, 2008). Table 2 shows the socio-demographic profile of the respondents in this study. It should be noted that the focus of this paper is not the ethnic groups and the only the overall prevalence data will be discussed.

Table 2. Socio-demographic Characteristics of Respondents
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N=3428</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>1403</td>
<td>40.9</td>
</tr>
<tr>
<td>Urban</td>
<td>2025</td>
<td>59.1</td>
</tr>
<tr>
<td><strong>ETHNICITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>2489</td>
<td>72.6</td>
</tr>
<tr>
<td>Chinese</td>
<td>504</td>
<td>14.7</td>
</tr>
<tr>
<td>Indian</td>
<td>423</td>
<td>12.3</td>
</tr>
<tr>
<td>Others</td>
<td>12</td>
<td>.3</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 23</td>
<td>574</td>
<td>16.7</td>
</tr>
<tr>
<td>24 – 29</td>
<td>658</td>
<td>19.2</td>
</tr>
<tr>
<td>30 – 35</td>
<td>634</td>
<td>18.5</td>
</tr>
<tr>
<td>36 – 40</td>
<td>517</td>
<td>15.1</td>
</tr>
<tr>
<td>41 – 46</td>
<td>583</td>
<td>17.0</td>
</tr>
<tr>
<td>47 – 50</td>
<td>462</td>
<td>13.5</td>
</tr>
<tr>
<td><strong>MARITAL/INTIMATE PARTNER STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently married/currently living with partner</td>
<td>2430</td>
<td>70.9</td>
</tr>
<tr>
<td>Formerly married/formerly living with partner</td>
<td>210</td>
<td>6.1</td>
</tr>
<tr>
<td>Never married/never lived with a partner</td>
<td>788</td>
<td>23.0</td>
</tr>
<tr>
<td><strong>LEVEL OF EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>355</td>
<td>10.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>2200</td>
<td>65.7</td>
</tr>
<tr>
<td>Tertiary</td>
<td>795</td>
<td>23.7</td>
</tr>
<tr>
<td>Missing</td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>
More than half of the respondents (54.4%) were in the age group of 18-35 years old, while 45.6% were in the age group 36 years and above. In the WHO ten-country study, respondents included in the sample were those 15 years and above. However in Malaysia, the research decided to only take those 18 years and above because 18 years is the legal age limit in Malaysia for consent to be obtained without parental agreement. A big proportion of the respondents had secondary education (65.7%), 23.7% had tertiary education and 10% had only primary education. Ethnically, there were 72.6% Malays, Chinese (14.7%) and the Indians were 12.3%. In terms of marital or partner status, 2430 (70.9%) were currently married or living with a partner at the point of interview, 210 (6.1%) were formerly married or formerly living with a partner and 788 (23%) had never married or ever lived with a partner. The latter group was not asked questions from sections 7, 8 and 9 relating to violence. The study focused on those who were by WHO’s definition had or were with husbands or intimate partners that is a total of 2640 in this study. Intimate partners here meant those who lived with the women for at least one year. Thus the prevalence data emerged from this group.

### 3.2 Prevalence of violence by intimate partners

Table 3 below gives the breakdown of the number of respondents (ever-partnered) who experienced violence at least once either by current partners or ex-partners in their life-time. Out of 2640 a high number 2257 (85.5%) claimed that they never experienced even once any form of violence, while a total of 383 (14.5%) said that they had experienced at least one type of violence. Of course some women could be experiencing more than one type of violence. Thus the figure of 14.5% cannot be considered the prevalence for violence because there could be women in the 383 that experienced more than one type of violence. When this figure is broken down further, out of 205 (7.8%) experienced emotional abuse which is the highest number of violence reported compared to physical or sexual violence. Physical violence was suffered by 132 (5.0%) while only had 46 respondents (1.7%) reported that they suffered from sexual abuse. This low prevalence figure for sexual abuse is not surprising because violence in general and sexual violence in particular is known to be underreported.

<table>
<thead>
<tr>
<th>Types of violence</th>
<th>N=2640</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Never experienced</td>
<td>2257</td>
<td>85.5</td>
</tr>
<tr>
<td>II. Experienced violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Physical</td>
<td>132</td>
<td>5.0</td>
</tr>
</tbody>
</table>
**Note:** 8% is the estimated prevalence figure of violence against women in Malaysia perpetrated by intimate partners (husbands/living partners) because the prevalence figure refers to the number of women experiencing violence at least once. Since women can suffer from more than one type of violence, this study concluded that the highest figure represents the prevalence data for domestic violence against women in Malaysia.

“This is inevitable result of survivors’ well-founded anxiety about the potentially harmful social, physical, psychological and/or legal consequences of disclosing their experience of sexual violence” (WHO 2007, p. 8).

Similar trend has been reported in studies on sexual violence done in other countries. The Australian Bureau of Statistics (ABS) Personal Safety Survey reported “…estimated that only 36 per cent of female victims of physical violence assault and 19 per cent of female victims of sexual assault in Australia reported the incident to police” (Phillips, 2006).

**4. Discussions**

This first nation-wide primary prevalence study shows that domestic violence is a real issue among women with husbands or with long term partners or ever married or ever had partners in Malaysia with a prevalence of 8%. The highest is emotional abuse, a form of violence which is not clearly defined in the Domestic Violence Act in Malaysia, and may not be identified by women as violence. The figure of 8% may be seen as low when compared to countries such as Bangladesh which had a prevalence of 19% in the city area or when this is compared with the “prevalence” data of 36% as shown in the WAO study of 1995 (WHO 2005; WAO 2000). It must be noted that the WAO study was not a household epidemiological study but a secondary prevalence study.

4.1. Importance and implications of the study

The importance of the study presented here is unquestionable. The recent Bulletin of the World Health Organization (2011) had an article on “Violence against women: an urgent public health priority”. It reported that since the 2005 WHO multi-country study on violence against women, “the number of intimate partner violence prevalence studies increased fourfold, from 80 to more than 300, in 2008”, and that more than 90 countries have done the study (Garcia-Moreno & Watts, 2011). As the first prevalence study on domestic violence against women in the true sense in Malaysia, the data generated forms the baseline data for domestic violence against women in the country. It provides the much needed information to fill in the research gap and it provides data which are now comparable to other countries using the same questionnaire and protocol. More importantly this study gives a clearer picture on the impact of violence against women in Malaysia which must be translated into better prevention in primary, secondary and tertiary level prevention while not ignoring the need to strengthen the response to women who are experiencing or have experienced violence (Garcia-Moreno & Watts, 2011). In addition this study has several implications far more important if not as important as the prevalence figure itself.
Creating awareness, gender sensitization and building capacity: One of the requirements of doing a study on violence against women and in using the WHO questionnaire is the need to train enumerators. The training is not just on how to conduct the interviews but more importantly is to create awareness and understanding about violence against women and domestic violence specifically; a topic which is still sensitive and a taboo for open discussions. More importantly is the need to ensure that these enumerators are familiar with the questionnaire and protocol of the WHO study. The WHO study protocol recommended a three-week training programme to give enough time for enumerators to gain a full understanding of gender and gender based violence and to acquire interviewing skills within the safety and ethical guidelines (WHO 2006). The duration is an aspect that the Malaysian prevalence study could not comply due to logistical reasons. However, five intensive training programmes complete with interview role plays were implemented. Enumerators were put through the questionnaire covering every section.

A total of 180 enumerators, comprising all the three main ethnic groups (Malays, Chinese and Indians) were trained for both the validation and the real study phases. This means 180 people became more aware and learnt the techniques and intricacies of data collection as well as the sensitivities of the subject matter being studied. However, only 70 enumerators stayed with the project until the completion of data collection. The big number of enumerators was necessary in this case not only because of the big sample size but also the need to cater to the different ethnic respondents who were allowed to choose the language that they were comfortable with to respond to the questionnaire. To many of the enumerators, conducting the research brought reality and the impact of domestic violence to them. Talking to the women in their turfs and in their surroundings made the enumerators understand the issue of violence even more than the actual training. One enumerator who was involved in the Tamil validation study expressed how surprised she was that “Such a place and a community exist in our country and so near to where we all live” (Enumerator A). This was a very poor urban area with many social problems that she was warned not to enter the area after four in the afternoon for safety reasons.

Majority of the enumerators had never really understood VAW issues though most claimed that they heard of VAW either through the media or friends. The training was an eye opener and made them acutely aware of the complexity and the multi-dimensionality of VAW. Their depth of understanding was sharpened when they were on the ground and began to meet women who experienced VAW. It was important that they understood that this research was not like a census survey devoid of emotions and safety issues. The emphasis was placed on the importance of their roles in data collection and the need to be ethical because of the potential impact of this study on women’s lives in Malaysia. A few of the enumerators decided to continue working on the subject matter in their own communities.

“Breaking the silence”: VAW is commonly associated with women “suffering in silence” (Ellsberg M and Heise L, 2005). This is often linked to the acceptance of violence as the right of men to beat their wives based on the belief that women are “owned” by men. At times silence is a form of strategy to prevent further violence from taking place. Many a time silence is deafening because women feel they have no other recourse. But meeting the enumerators and being asked questions on issues that these women were keeping to themselves and being assured of their safety even after they had confided their stories, broke the silence. Most expressed the relief they felt being able to talk to someone. Below are examples of the comments made by the respondents at the end of the interviews:

- The interviews made it easy for the victims to admit or to talk about their problems
- Felt relieved or calm after expressing all the bitterness of life.
- Good for research but also can give impact on women.
- This research could help women
- This research must go on because questions are relevant, and could be a platform for women to ‘report’ their problems.

As expressed by some respondents, the findings from this research could contribute to not only helping women who experienced violence but also could be a tool to create awareness about women’s rights in Malaysia.

c) The creation of a multidisciplinary team of researchers: The complex nature of VAW as a research topic demands a multidisciplinary team. This national study in Malaysia had purposely recruited two researchers with statistical background; a clinician from the Biomedical Statistics Unit and a statistician who has experienced doing big nation-wide study on single mothers and teaches statistics and epidemiology at another local university. This was to ensure that a more holistic approach statistically would be used in the process of data collection as well as data analysis.

The other researchers were those who were involved directly with the One-Stop Crisis Centre (OSCC) and NGOs whose work was on VAW, or an academician-activist who is familiar with gender issues and gender-based violence with direct contact with relevant agencies such as the Ministry of Health and the Ministry of Women, Family and Community Development for future dissemination and policy impact, another is an academician who has the experience of conducting national studies on women’s health and related issues and Research Officers who were capable in ensuring the smooth running of data collection and who could serve as a bridge between the day-to-day running by enumerators and the researchers and also to monitor the progress. The training programme included the researchers and those who knew of VAW but never deeply involved, and they found the training enriching in terms of offering new skills and knowledge on a “special” and “specialized “type of research (Jansen 2008).

4.2. The challenge of doing a study using an international standardized tool in a multicultural society

a) Long, complicated and costly process

The development of the WHO multi-country tool was painstakingly done and went through a long process to ensure its universal application. Undoubtedly using a standardized tool has many advantages among which is that it is tested and validated with better conceptual definition of terms such as “intimate partner violence,” “emotional abuse,” “sexual abuse” which are differently defined in different cultural context if left to country interpretations. However, even after this is done, it is not without problems when applied in specific cultural context. “The advantage of multi-country studies is that the same methodology and sampling frame permits cross-cultural comparisons. Although, as many WHO examples illustrate, it is seldom possible to implement the research in precisely the same way” (Kelly & Regan, 2006).

In this case the team had to struggle with the need to translate and validate the English questionnaire into Bahasa Malaysia which is the official language, Mandarin and Tamil to cater to the major multi-ethnic groups. The process of forward and backward translation, the difficulty of finding enumerators who could speak and read the respective languages and the validation process with its required sample size took its toll. Prior to being validated, the questionnaire went through a pilot testing phase where translations of terms or phrases were scrutinized. The whole journey was long, lengthy and costly; all beyond what was approved by the research
The validation of the Tamil questionnaire alone needed 950 respondents taken from selected households given by the Statistics Department. As much as it was a good learning process which also served as a good preparation for the eventual field work in the final phase, this resulted in a set-back to the timeline and cost of the research. The most positive result was that the validated Tamil questionnaire is the first ever to be done in Malaysia and could be used by other Tamil speaking countries. Jansen was right when she wrote that “…the methodology that WHO has developed is for a specialized survey, which provides extensive information on the problem,…but it is resource intensive, needing important investment in human resources, time and money” (Jansen 2008).

b) Accessibility, gated community, refusal and inaccurate information

A good prevalence, nation-wide study is one which is able to capture all those selected to be in the sample for interviews. In this study the sample size and the enumeration block (EB) were all done by the Department of Statistics. However, the demographic and geographical scenario in Malaysia has changed dramatically in the last two decades. Much is urbanized more so than the rural enclaves. The socio-dynamics, human relations and spatial territory in the urban areas are less “friendly” to researchers knocking on their doors. Gated communities are protective of their territory which are often not only gated but also heavily guarded that it was so difficult for the enumerators to even reach the selected household. To compound the problem, many members who meet the research criteria were working and only available in the evenings (not a good time to do this research when privacy becomes limited), or during weekends. Often the enumerators were frustrated with refusals, and even treated with hostility. Their safety at times was compromised when some households had “dogs as big as me” to greet them (Enumerator B).

Good research needs good accessibility to good, reliable information. The other problem had to do with inaccurate information provided by the Department of Statistics. There were a number of cases where the ethnic of the occupants in certain enumerators block was not the same as selected for the study. Or the house was no longer in existence in that particular block. This has to do with data which have not been updated by the Department of Statistics. The other issue had to do with refusal. The enumerators reported a high refusal rate from the Chinese community particularly those in the urban areas. This was also reported by the recent Malaysian National Population Census done early 2011.

c) Ethical and safety issues

WHO stressed the importance of paying attention to this issue which is a real challenge and concerns for researchers, enumerators and respondent. This study followed the WHO’s ethical and safety recommendations as tightly as possible, with strong emphasis during the training of the research team and the enumerators. According to WHO, “…these guidelines are essential for doing research in this field and for ensuring the quality of the data (WHO, 2001). As mentioned above, it was a challenge to find absolute privacy in some households or to maintain absolute privacy. There were several times when interviews had to be stopped because the husbands returned home. This meant the enumerator had to make another appointment to continue the interview; running the risk of the interview not being completed.

In the guideline it is stated that the safety of the respondents and the enumerators as well as the research team members is paramount and to be protected at all times. There were areas selected which were not safe for the enumerators to visit. Or there were enumerators who had to confront a situation where it was obvious that the women were undergoing violence and needed help. In this kind of a study it would have been unethical to merely walk away after data collection, yet it was also risky to offer help. This was not only an ethical and safety issue but also a dilemma and an emotional experience for the enumerators.
d) “Why such a long interview”?  
This was one of the comments made by some enumerators and the respondents. The WHO questionnaire has the advantage of being standardized, well formulated, tested, validated, and able to generate comparable data between countries. But it has 126 items in 12 sections, taking an average of one to two hours to complete for respondents who were experiencing or had experienced violence. This could take even longer if the respondents became emotional during the interviews. However, it only took about 45 minutes to one hour for those who reported not experiencing violence because there were sections that they did not have to answer. Perhaps it is necessary to consider both enumerators’ and respondents’ fatigue in administering such a long questionnaire. This may affect the quality of the data.

5. Conclusion

This paper describes the importance and the various challenges of doing a prevalence study on violence against women in Malaysia with data collected from 3427 women in West Malaysia. The study produces the first baseline nationwide prevalence study using the WHO multi-country questionnaire on women’s well-being and domestic violence against women set against the background of a multiethnic, multicultural country in a context of rapid urbanization. Questionnaires were translated in respective languages and validated. Given the sensitivities of VAW as a subject matter for research the study had to face various issues and challenges among which were ethical and methodological issues. The prevalence of VAW was 8% which may still be an under-reporting considering the sensitivity of VAW. The figure could be higher. But it is worth to note the statement by Jansen (2008) that “…surveys do not measure the actual number of women who have been abused, but rather, the number of women who are willing to disclose abuse”. This paper reports on a landmark study on domestic violence against women in Malaysia. The next strategy is to also conduct a qualitative research given that quantitative research has its limitations and do not give a complete picture. Qualitative research will be able to provide data which will further help in the understanding of the quantitative research. The population for this study should be both women and men.

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