

STUDY ON DRUG ADDICTION AND DOMESTIC VIOLENCE IN KUALA NERUS

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ABSTRACT

Drug intake is one of the major causes of domestic violence and divorce cases among Malay families. It has spread across the boundaries of religion, race, and strata of the people's classes, and if not prevented, it can lead to the demolition of society. Unfortunately, there is a lack of information regarding the background of drug users and domestic violence among Methadone Replacement Therapist (TGM) clients. The purpose of the study is to investigate the demographic profile of drug users involved in domestic violence in Kuala Nerus. To identify the perceptions of these drug users towards domestic violence. A study conducted for the duration of the six months duration on 90 drug users who receiving TGM treatment in Kuala Nerus using a set of questionnaire forms. The descriptive analysis used to analyze data in quantitative studies. The data analysis is carried out using Social Science (SPSS) version 22.0 software. The results were focusing on the demography of drug users and their perceptions of domestic violence evidenced the compatibility with assumptions. The study concludes the socio-demographic data of the drug users among TGM clients and most respondents did not agree with domestic violence. Despite that, the actions of the authorities are very needed to educate these people on the disadvantages of domestic violence, hence, could increase socio-economic outcomes and lower the statistics of domestic violence in the future.

KEYWORDS: Drug addiction, Domestic violence, Opiate use.

INTRODUCTION

The World Health Assembly Resolution has acknowledged that domestic violence is a serious public problem that violating human rights. (WHO) Domestic violence divided into five categories, which include physical, sexual, psychological, economic, and emotional and identity violence. Physical violence involves an attempt to commit violence that results in physical injury.

In addition, ignoring the victim's need for healthcare can also be categorized as physical violence. Sexual violence involves coercion and attempts to have sex with the victim and to insult the victim's sexuality. Emotional violence involves humiliation of the victim's self-esteem and acts of violence against the victim's identity, such as emotional and psychological abuse of the victim.

Whereas psychological violence involves the perpetrator makes the victim feel threatened by intimidation or coercion. Additionally, psychological violence isolates the victim from the family and their loved ones. Hanafi & Rohani, 2015 stated economic violence induce financial restriction and make them financially

dependent.^[1] In 1994, the Domestic Violence Act, enacted in the country's legislature. In the United States, the national survey of 2010 on intimate partner sexual violence evidence, 1 in 6 women suffered sexual violence induced by the intimate partner.^[2] This shows that cases of domestic violence are no longer regarded as confidential because it is personal to the victim. It is classified as a social problem in society.

Malaysia is the first Asian country to have laws to protect victims of domestic violence and has recognized domestic violence as an issue of public concern.^[3] The Domestic Violence Act 1994 in Malaysia was finally amended and gazette on 9 February 2012. Desirable and much welcomed amendments addressed the outcry of many concerned parties involving domestic violence.^[3] One of the Malaysian studies suggests legislative reforms that will involve a comparative study of other comparable jurisdictions.

The Malaysian nation recognizes that domestic violence is a serious crime under the penal code. Former to the enactment of the act, women's associations worked ten years in persuading the government to take domestic

violence as a serious matter, thus the community and government could bring out agree on actions against domestic violence.^[4] Their efforts produce a good result, as women in Malaysia can now seek help from various parties such as government agencies (Examples: police, Social Welfare Department, hospitals, and health clinics) as well as non-governmental agencies that can help abused women by taking action against those who commit violence.^[4]

However, Malaysia is still experiencing problems with the increasing rates of domestic violence, especially among addicts since 2010.

Women, Family, and Community Development Minister Datuk Rohani Abdul Karim revealed at AADK, 2011, a total of 3173 domestic violence cases have occurred, involving 2522 women and 650 men. In total, there were 2329 male drug addicts and 63 female drug addicts in Terengganu State from 2013-2016.^[5] The number of drug addicts involved in domestic violence is increasing every year, and data shows that the increase in the number of drug addicts is equal to or equal to the increase in domestic violence cases.^[6] It indicates that addiction is one of the leading causes of domestic violence cases. Besides, a drug rehabilitation center in America, known as The Recovery Village, Florida, believes that domestic violence and drug use are related to each other.^[7] Similar cases are also found between increased drug use and mental disorders such as anxiety and depression.^[7] It is value admitting the importance of the role of the ASEAN Intergovernmental Commission on Human Rights (AICHR), as the overarching institution responsible for the promotion and protection of human rights in ASEAN.^[8] That contributes towards the building of a people-oriented ASEAN Community and rooted progressive social development and justice, that to promote the full realization of human dignity and the attainment of a higher quality of life for ASEAN peoples.^[8] These symptoms are closely related to one another but not necessarily to one another. The use of drugs does not necessarily cause the perpetrator to commit physical and emotional violence. Nor can we conclude that the victims will involve in illegal drugs or substances. However, there is evidence that drug users are more likely to commit domestic violence.^[9] Various government agencies and organizations have proven drugs and violence with inextricable links. A clear pattern can be seen in relation to the offenses committed as a result of drug abuse in terms of their behavior and the onset of violence.^[10]

Domestic violence cases are also common to occur in broken families, such as families that have economic or financial problems, misunderstandings between spouses, troubled children, outsider interference, and spousal health issues and so on. Anxiety in a family relationship can lead to feelings of anger, dissatisfaction, resentment and emotional turmoil resulting in a person's desire to threaten, physically assault, humiliate and utter abusive

language and ultimately the desire to kill their spouse or family member. When such feelings arise, one will intend to express those feelings in a manner that satisfies their feeling. Consequently, domestic violence and spousal abuse will occur when domestic issues cannot be resolved peacefully and effectively.^[11] One of the solutions to this problem is through the enforcement of local communities and roles.

The role of community in overcoming domestic violence: Community concern is one of the most effective ways to address and reduce cases of domestic violence. This approach is not intended to instill a sense of prejudice among communities and neighbors, but to instill trustworthy elements in each other. It is important to be aware that neighbors concern about them; they always watch over and care for them. Therefore, avoiding incidents of domestic violence such as, injuring or beating victims is sensible. The community concern must be strengthened in the hearts and minds of today's society to strengthen the harmony and peace of our country. The spirit built on the principles of the Rukun Negara was enacted on August 31, 1970,^[12] as to create belief in god, loyalty to king and country, upholding the constitution, rule of law good behaviour and morality. The golden rule practiced by all religions and accepted by the public states that treat others as you would like to be treated. These words instilled a sense of community and unity among the people. Abuse and violence will continue if people do not want to intervene and do something to stop it.^[13]

Objective and scope of study

The objective of this study is to gain a better understanding of domestic violence and to examine the factors that contribute to the violence among opiate users in Terengganu.

To seek information on drug addicts in Terengganu as well as to investigate the factors that lead to domestic violence.

RESEARCH METHODOLOGY

This study is a cross-sectional study. Cross-sectional is an observational study by measuring the variables individually, measuring results and gathering the required information over a set period of time. Cross-sectional studies are one study in which only one group is required to collect data, and a variety of results can be obtained^[14] (Mann, 2003). This research is usually done using the questionnaire form. Therefore, studies using cross-sectional methods require low cost. The choice of cross-sectional design in this study is further strengthened by the cross-sectional study, which can be done in a short period of time at a low cost^[15] (Sedgwick, 2014).

Research Ethics: The researcher made an ethical application from Sultan Zainal Abidin University to conduct the research. The researcher is also responsible

for maintaining the confidentiality of the respondents during the study to safeguard the sensitivity of the respondents. In addition, the researcher also selected the respondents who volunteered and agreed to answer the questionnaire form.

Population of the study

The target population of the study was opiate addicts (methadone) who are undergoing Metadon Substitution Therapy (TGM) at Bukit Tunggul Health Clinic in Kuala Terengganu.

Response choice criteria

There are several criteria for acceptance and rejection of subjects that need to be complied in this study. The reason is to ensure that the selected respondents are in line with the aims and objectives of this study.

Respondent Acceptance Criteria:

- ✓ Malaysia Citizens of Malaysia
- ✓ Over 13 years old
- ✓ Understand Malay or English
- ✓ Through the process of recovery at the Health Clinic
- ✓ Authorize you to participate in this survey
- ✓ Stable and able to answer the questionnaire given (for respondents who are unable to answer the question posed, the guardian / responsible person can assist in answering the question)

Response Exclusion Criteria:

- ✓ Respondents are too weak/ill to go through the interview process
- ✓ Cannot talk and hard to understand
- ✓ Alzheimer's disease
- ✓ Do not give consent to participate in this study

Sampling method

The sampling used in this study was the intended sampling. The subjects selected through this study are usually related to the current study. The selection of samples in the sampling method is intended to obtain individuals who meet the criteria set by the researcher^[16] (Tongco, 2007). Additionally, the purpose of sampling may be related to non-probability sampling techniques. The selection of respondents from one population should be based on the purpose of the study, and the researcher should consider selecting the respondents according to the purpose of the study. The information required by each researcher consistent with the selection of samples made based on the behaviors, situations, and individuals studied by the researcher.^[17] (Sabitha, 2005). Kish's (1965) formula was used to recruit respondents, 60 sample size chosen for the study; are opiate addicts who are undergoing Methadone Substitution Therapy and those who have family in Terengganu.

Study instruments

The researcher used the questionnaire form distributed to the respondents. Each set of questionnaires was attached

to Appendix A which provided the respondents with this study. Appendix A contains brief information on the study, benefits of research, confidentiality, participation, withdrawal, fees charged and compensation. Meanwhile, appendix B included a consent form to obtain the signature of the respondents as consent to participate in this study. Appendix C is a questionnaire containing four sections: 1) part A respondent's basic information; 2) part B quality of life measurement form: ss qol; 3) part C includes social support measurement of medical outcome studies or better known as "medical outcome study social support survey and 4) part D

Data analysis

In this study, the researchers have chosen to use quantitative methods. Appropriate analysis techniques need to be applied and presented in the study after data collection. This study uses data analysis through SPSS software that aims to analyze numbers or numbers more concisely and complexly. Furthermore, SPSS also enables researchers to analyze, interpret, understand, input data and make decisions^[18] (Rahim 2013).

Descriptive analysis is used to analyze data in quantitative studies. This analysis technique is used by visualizing the data to be collected without making a general conclusion^[19] (Hussain, 2012). In addition, this analysis technique explains the main features of the information intended to summarize the sample as measured by the average value. Furthermore, this analysis also details the variables that indicate frequency, percentage, average value, standard deviation, median and range which gives a clearer picture of respondents' sociodemographic including gender, age, education level, race, marital status, religion, origin, when was the first stroke and the history of the disease experienced by the respondent.

In addition, statistical inference analysis was also used in this study. The researcher used an inference analysis technique to describe the relationship between the variables using SPSS version 22.0. Using SPSS helps researchers get the right data analysis. Next, the researcher presents data analysis in the form of tables, statistics, and ordinal charts. The test used in this study is the T-test. The "T-test" is calculated based on the difference in mean and variance of the two groups and compares the two groups. Besides, ANOVA tests were used to compare the mean values of three or more independent sample groups to determine whether there was a significant or statistically significant difference based on the selected sample^[19] (Rahim 2013).

Bivariate analysis is also used to look at comparisons, relationships, and causes, variables that depend on other variables' values such as dependent variables and independent variables. In addition, correlation studies were used in this study. Correlation studies are a non-experimental study design. The researcher can determine the correlation or relationship between variables and two

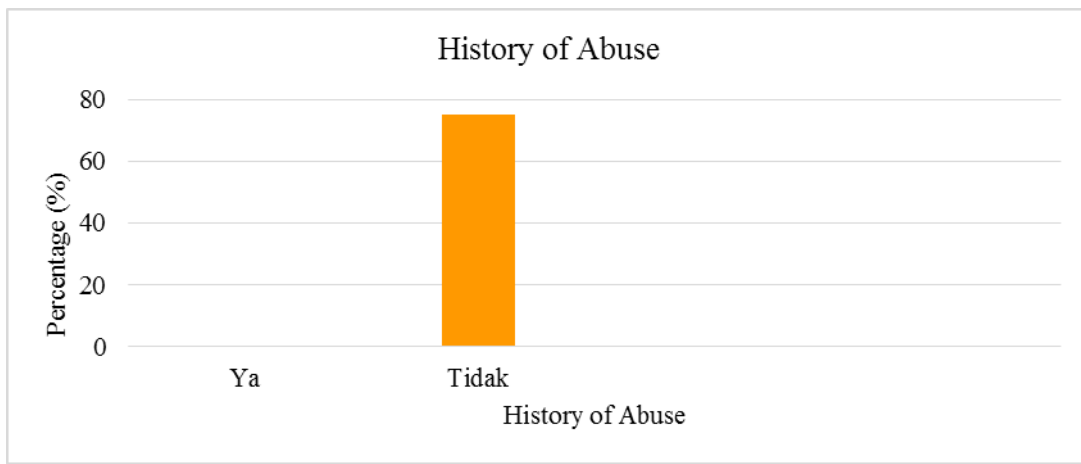
aspects of whether the relationship pattern exists as a negative, positive or no direct relationship and the degree of relationship strength between variables will be measured in terms of correlation coefficient.^[20]

RESULT AND DISCUSSION

Data analysis showed that all respondents are male's husband and a father started to take the drugs before marriage (86%), and they have a good relationship with their spouse and family members (68%). Only 35% of the respondents agreed that the influence of drugs causes a negative attitude towards their spouse. The majority of their spouses also agreed that they felt unsafe when they were with respondents (65%). Only 35% of the

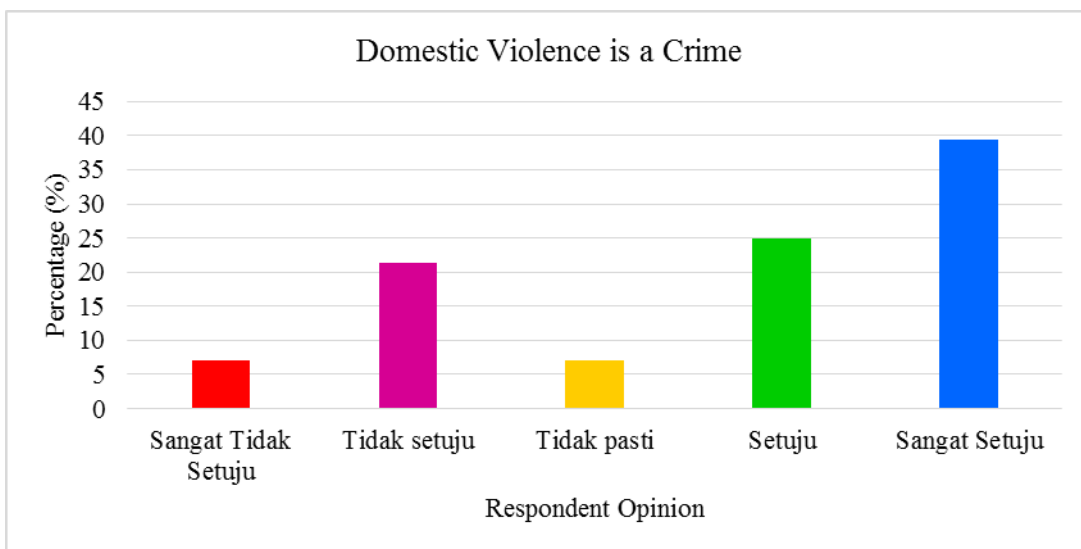
respondents agreed that the influence of drugs causes a negative attitude towards their spouse. The majority of their spouses also agreed that they felt unsafe when they were with respondents (65%).

The finding of this study focused on family relationships, behaviour, and emotion between respondents and their spouses. The result shows that almost 80% of respondents had no previous history of abuse and did not commit domestic violence against their spouses.



Meanwhile, a total of 39.4% of respondents strongly agreed that domestic violence is a crime compared with 7.1% of respondents who disagree with that. This indicated that most of the respondents were aware of

domestic violence issues and did not support the negative side of abuse that happened inside and outside of the family institution.

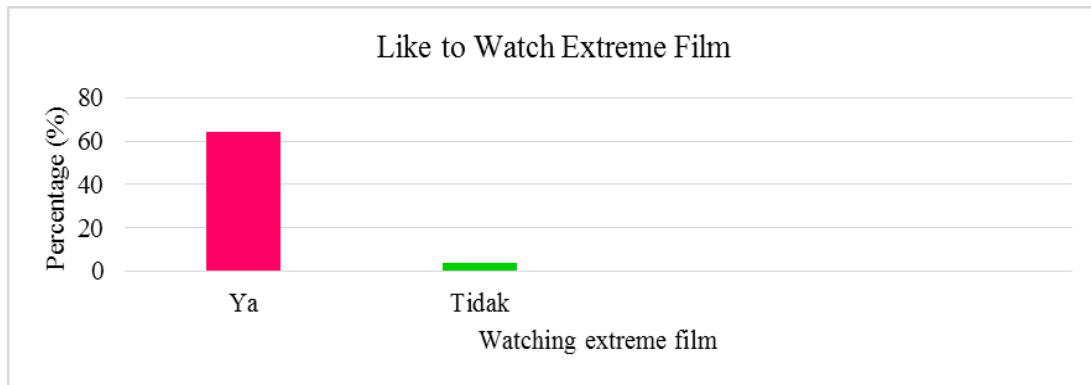


Besides that, almost 70% of respondents strongly favour the movies that featured extreme actions that are produced using violent characters such as murder, physical abuse, persecution, and violence. This indicated that the respondents' favourite movie is the movie that

gives an idea and inspires them to take action in the real world. which is a motivation to act unexpectedly with no fear of harm to respondents and the community. This can be a factor that motivated them to act unexpectedly and no fear to do things that are harmful to respondents and

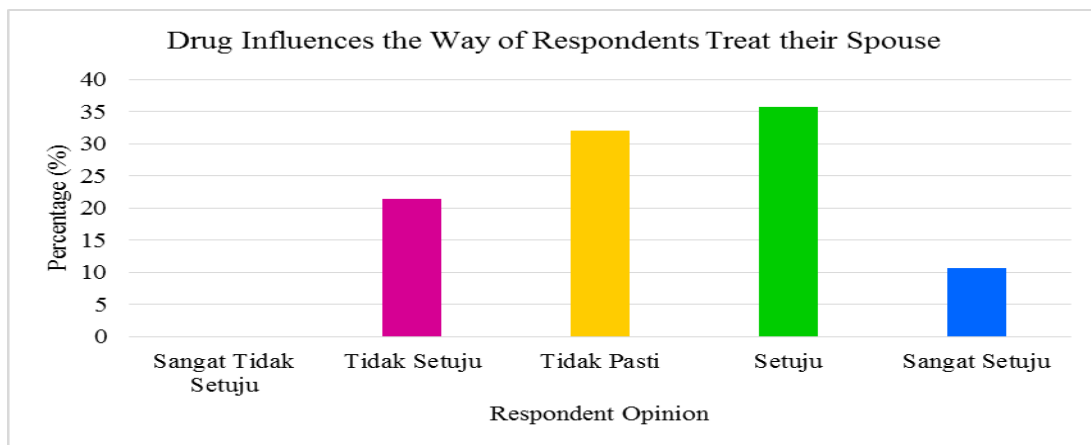
the community. However, there are respondents who did not make action films as their favorite film although it

only reaches 5% of the respondents.



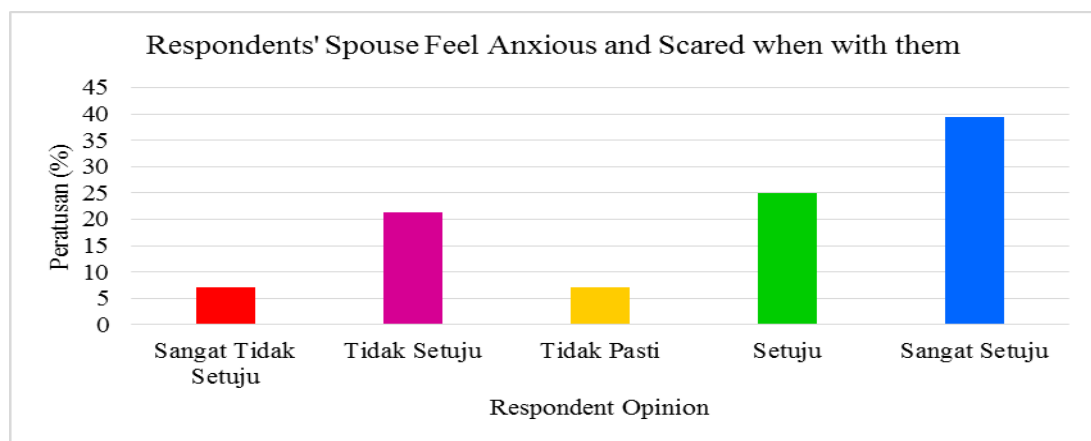
Furthermore, the data shows that 36% of respondents agreed that their behaviour towards their spouse changed after taking the drug. This indicated that most respondents agreed that the drug affects the attitude and

behavior of respondents towards their spouse, whether the treatment provided is better or bad depends on the respondents themselves.



The data also shows that 22% of respondents feel that their spouse is anxious and scared when they are with them. Through this result, most respondents admit that their partner is not safe when they are with them. This shows that their spouse did not trust them and considered that the respondent will do things that could have a

detrimental effect on their spouse. Thus, this indicated that almost 75% of respondents are likely to have been abusive in their behavior and conversations towards their spouse and thus, cause their spouse to feel anxious when responding to them.



Domestic violence is an act of abuse in one relationship whereby the spouse use to seek and maintains authority

and to control his/her partner.^[21] (Zilberman & Blume, 2005). There are many types of acts that categorize as

domestic violence, such as emotional abuse, physical abuse, physiological abuse, sexual abuse, and financial abuse. The use of drugs is one of the leading causes of domestic violence. An argument cause financial problems such as taking a spouse's money or buying drugs by money that of everyday necessities (Smith & Powell, 2011).

When a person becomes a drug addict, their brains are programmed to constant use and need for drugs, regardless of the drug's effect on their behavior or attitude; this leads to drug addicts being annoying, irritable, violent, and controlling person. There is a link between addiction and domestic violence. Addiction and domestic violence usually occur simultaneously or concurrently, because drugs will disrupt the individual's thinking and mental state, which makes them more likely to engage in unhealthy behaviors. Moreover, their delusional state of being under the influence of drugs will place them out of control. They will do things without considering the consequences of the act. In addition, when an individual in a state of delusion, their capacity to make decisions decrease. They will be unable to make the right decision. Some types of drugs such as stimulants can make a person paranoid and causes an extreme act to occur among drug addicts.^[21] (Zilberman & Blume, 2005).

CONCLUSION

The study concludes with the explored feasibility of eradicating the current rate of domestic violence in the community. Exemplifying the success in efforts to eradicate and eliminate infectious diseases well-controlled and eventually eradicated. Unfortunately, the disease of domestic violence still exists, which needs the focus on controlling and eradicating this social malice. As a head in the family, a man should be fair towards their spouse. They may be considered as a leader in the family, but they are lead with misguided and autocratic. This situation results in family relationships especially between husband and wife being disharmony.

This research study result evidences the level of domestic violence among opiate users at Klinik Kesihatan Bukit Tunggal, is at a moderate level. In this village, behaving violently to their spouse is evidenced, such as beating, humiliating, criticizing, threatening to kill, and pressuring the spouse to do something for their own benefit. Thus it is significant to consider this issue as a public health issue as well as the social malaise that needs to be controlled and progressively irradiated. The study suggests various governmental and nongovernmental programs should focus not only on the drug addiction and domestic violence but also rehabilitative for the diseased assertive attitude is not through violence, humiliation, and intimidation but in a wise and persons with this regard. The study signifies bringing up awareness of drug addiction and in domestic violence and its consequences to promote a healthy society.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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REFERENCES

1. Arief H, Rahim RA. Kekerasan Rumah Tangga terhadap Wanita: Kajian Perbandingan Sosio-Perundangan di Malaysia dan Indonesia. *Al Adl: Jurnal Hukum*. 2015 Jul 1; 7(14).
2. Black M, Basile K, Breiding M, Smith S, Walters M, Merrick M, Chen J, Stevens M. National intimate partner and sexual violence survey: 2010 summary report.
3. Randawar DK. The Definition of Domestic Violence in Malaysia: A Cross-National Comparison. *Akademika*. 2018 Nov 2; 88(3).
4. Whiting A. Situating Suhakam: Human rights debates and Malaysia's national human rights commission. *Stan. J. Int'l L.* 2003; 39: 59.
5. Kebangsaan AA. Maklumat Dadah 2015. Kementerian Dalam Negeri, Malaysia. 2015.
6. Kebangsaan AA. Laporan Dadah Bulan Julai 2011. Kuala Lumpur: Agensi Anti Dadah Kebangsaan, Kementerian Dalam Negeri. 2011.
7. Ariffin, Nurhazlina Mohd. Pengaruh kesejahteraan rohani terhadap kecenderungan pengulangan dadah di tujuh Pusat Khidmat Agensi Anti Dadah Kebangsaan (PKAADK) di Malaysia. *Diss. Universiti Sains Malaysia*, 2016.
8. Secretariat AS. ASEAN Human Rights Declaration (AHRD) and the Phnom Penh Statement on the Adoption of the AHRD 2013.
9. Munestri SL, SS M, Oktarina D, Dewi Y. STRENGTHENING ASEAN WOMEN'S PARTNERSHIP IN DEALING WITH THE EFFECTS OF FOREST FIRES IN SOUTHEAST ASIA. 1988.
10. United Nations. General Assembly. Declaration on the Elimination of Violence against Women. United Nations Department of Public Information; 1997.
11. Butchart A, Garcia-Moreno C, Mikton C. Preventing intimate partner and sexual violence against women: taking action and generating evidence
12. Moraga C. *Loving in the War Years: Lo que nunca pasó por sus labios*. South End Pr;] 1983.
13. Csete J, Kamarulzaman A, Kazatchkine M, Altice F, Balicki M, Buxton J, Cepeda J, Comfort M, Goosby E, Goulão J, Hart C. Public health and international drug policy. *The Lancet*. 2016 Apr 2; 387(10026): 1427-80.
14. Mann CJ. Observational research methods. Research design II: cohort, cross sectional and case-control studies. *Emergency medicine journal*. 2003 Jan 1; 20(1): 54-60.
15. Sedgwick P. Cross sectional studies: advantages and

- disadvantages. *Bmj*. 2014 Mar 26; 348: g2276.
16. Tongco MD. Purposive sampling as a tool for informant selection. *Ethnobotany Research and applications*. 2007 Dec 31; 5: 147-58.
 17. Sabitha, M. Kaedah penyelidikan sains sosial. Prentice Hall/Pearson Malaysia 2005. Retrieved from <https://books.google.com.my/books?id=LbNDNwAACA AJ>
 18. Dumpok AR. Konstruksi instrumen penilaian efikasi sendiri guru Pendidikan Jasmani, Universiti Pendidikan Sultan Idris)
 19. Hussain M. Descriptive statistics--presenting your results I. *JPMA. The Journal of the Pakistan Medical Association*. 2012 Jul; 62(7): 741.
 20. Smith, M., & Powell, P. (). Domestic Violence: An Overview. *University of Nevada Cooperative Extension*, 2011; 1-4.
 21. Zilberman ML, Blume SB. Domestic violence, alcohol and substance abuse---Violência doméstica, abuso de álcool e substâncias psicoativas. *Revista Brasileira de Psiquiatria*. 2005; 27(Suppl. 2): s51-5.