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**THE INFLUENCE OF DRUG ABUSE ON DOMESTIC VIOLENCE IN
TURKANA CENTRAL DISTRICT, KENYA**

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**A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF HUMANITIES AND
SOCIAL SCIENCES IN PARTIAL FULLFILMENT OF THE REQUIREMENTS FOR
THE AWARD OF THE DEGREE OF MASTER OF ARTS IN SOCIOLOGY OF
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DECLARATION

This thesis is my original work and has not been presented for a degree in any other university or institution of higher learning.

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DEDICATION

This thesis is dedicated to the memory of my late younger brother Paul O. Odongo who at the time of his sudden demise was a brilliant and hardworking third year Bachelor of Business Administration (BBA) student at Maseno University.

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It is very difficult to write this kind of thesis single handedly. As such, the writing of this thesis could not have been possible without the support and valuable contributions from a large number of individuals whom I have not mentioned and the few whom I have mentioned.

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It is my wish that the reading of this thesis presents a simple approach and, hopefully, will be a useful aid to the variety of students, scholars and sociologists who may not necessarily be familiar with this line of thinking. Any error of interpretation or style of presentation of this work remains my own responsibility.

Thank you, and may God bless you all.

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ABBREVIATIONS AND ACRONYMS

CWA	Child Welfare Association.
GoK	Government of Kenya.
IDAEPA	Institute of Drug Abuse Education and Prevention of Africa.
IDFCP	Institute of Drug Flow and Control Programme.
KIDA	Kenya Institute of Drug Abuse.
KNCASA	Kenya National Centre for Addiction and Substance Abuse.
KNICW	Kenya National Institute Of Children Welfare.
NACADA	National Campaign Against Drug Abuse.
NCDV	National Council on Domestic Violence.
NCASA	National Centre on Addiction and Substance Abuse.
NIAAA	National Institute of Alcohol Abuse and Alcoholism.
NIDAA	National Institute of Drug and Alcohol Abuse.
O.C.S	Officer Commanding Station.
SPSS	Statistical Package for Social Sciences.
UNDACP	United Nations Drug Abuse Control Programme.
UNDCP	United Nations Drug Control Programme.
WHO	World Health Organization.

OPERATIONAL DEFINITION OF TERMS

- **Drug Abuse-** Is the excessive or inappropriate use of psycho-active substance by a person; such use being considered or judged to be illegal by the culture and resulting in harm to the person or society.
- **Domestic Violence-** Refers to a variety of actions and omissions that occur in different family relationships and includes, incidents of physical attack and may take the form of physical and sexual violations, including punching, choking, stabbing, throwing boiling water or acid and setting on fire, the results of which can range from bruising to killing.
- **Emotional Abuse-** This includes, verbal abuse such as yelling, name calling, blaming and shaming.
- **Sexual Abuse-** Means any situation in which one is forced to participate in unwanted, unsafe, or degrading sexual activity.
- **Child Abuse-** Refers to harm or threatened harm to a child's health or welfare that occurs through non accidental, physical or mental injury, sexual abuse, sexual exploitation or maltreatment by a parent, legal guardian or any person responsible for the child's health or welfare.
- **Elder Abuse-** Refers to a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an elderly person.

ABSTRACT

The world is faced with immense drug abuse related challenges perhaps like no other time of the past. And this explains the increase in social, psychological and economic problems in society today. According to an annual report by the World Health Organization (WHO) published in September, 2010, more than 3 per cent of the world population abuse drugs and this group of people suffer from a variety of drug abuse related problems. According to the United Nations Drug Control Programme (UNDCP), Kenya is one of the countries most affected by the drug abuse menace with one of its most geographically vast districts, Turkana Central District leading as a hub for drug abusers. The Kenya Institute of Drug Abuse (KIDA), report of June 2008, attributes rampant cases of drug abuse to a combination of factors such as poverty, peer influence and illiteracy. The aim of this research was to investigate the influence of drug abuse on domestic violence in Turkana Central District. Further to that, the research aimed at establishing the category of persons most involved in abuse of drugs, the types of drugs most commonly abused and their sources. Policies to control the use and flow of drugs have as a result been suggested. The research design for this study was cross-sectional social survey which entailed collecting information from individuals about their opinions, beliefs, feelings, and perceptions. The Study was conducted in Turkana Central District and a sample size of 460 respondents was surveyed. Respondents comprised both males and females aged 18 years and above because they were considered mature enough to give rational answers. Some 20 respondents were interviewed from each of the randomly selected 20 out of the total 60 sub-locations in the District. Key respondents included 20 assistant-chiefs from selected 20 sub-locations. Other key respondents included the OCS Lodwar police station, 3 medical officers, 8 community leaders, 4 religious leaders and 5 clan elders. Purposive sampling techniques were used to get the said key informants. Information was obtained from literate respondents by use of questionnaires while those who were neither able to read nor write were interviewed in English or Kiswahili language with the help of an interpreter. More male (75 per cent), than females (25 per cent), the poorer (78 per cent) than the rich (22 per cent) abused drugs. Alcohol and bhang remained the most abused drugs in Turkana Central District at 41 per cent and 27 per cent respectively. Socio-economic and psychological factors such as poverty, lack of strong social and emotional attachments and peer pressure influenced the degree of abuse of drugs among people in the District. For example, middle aged persons were found to abuse drugs more because they were in their prime social age bracket that is characterized by more socio-economic and emotional challenges. About 30 per cent of drugs in the District were smuggled in through the Kenya- Uganda and Kenya- Ethiopian borders. Others, 37 per cent were locally cultivated or brewed (in the case of alcohol). Another 33 per cent of drugs in the District were transported in from up-country. The findings of the study indicate that 65 per cent of all cases of the domestic violence in Turkana Central District were influenced by drug or alcohol abuse. This essentially means that drug abuse heavily influenced domestic violence in the District. The study has recommended stringent security measures by the Ministry of Internal Security so as to curb cross-border drug smuggling, flow and use. Also, it has recommended that the Ministry of Education and other private agencies should more vigorously initiate public awareness forums on drug abuse and domestic violence so as to sensitize the masses on the dangers of the two vices. The judiciary through the Justice Ministry should initiate tougher laws against drug abusers and perpetrators of domestic violence. Further to that, the Ministry of Gender, Children and Social Development should open up more guidance and counseling centers as well as children homes and rehabilitation centers to take care of victims of drug abuse and drug abuse related problems

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

A drug is any substance that changes the metabolic functioning of the body. The term drug also covers a number of substances that must be used under medical supervision to treat ailments. According to Asuni and Opela (2005), “drug abuse” refers to the excessive or inappropriate use of a psycho-active substance by a person in a manner that is considered to be illegal by the culture and which may result in harm to the person or society. These substances changes the way the user feels, thinks or behaves. Drug Abuse means self administration of drugs for non-medical reasons in quantities and frequencies which may impact on a person’s ability to function effectively and which may result into physical, social or emotional harm.

Drug abuse is a global problem. Over the past two decades, the level of drug abuse the world over has increased to unprecedented levels and no part of the world appears to be safe from the scourge. Drug abuse can be linked to the rising crime rate, HIV/AIDs prevalence, school unrest, family dysfunctions, poverty and other social malaise. At the greatest peril are the youth who are recruited into the drug abuse culture through personal factors, uncontrolled modes of influence and social exposure. Little considered cause of drug abuse is the biological and genetically susceptibility whereby people inherit a predisposition for substance abuse problems and this inheritance may include psychological traits or psychiatric conditions, which may also be inherited (Spika, 2009). A wide range of drugs are abused though the magnitude of abuse varies with type of drug. According to the Kenya National Institute of Drug Abuse (KNIDA, 2010), the most commonly abused drug is Alcohol followed by Cannabis sativa (bhang), Miraa and Tobacco in that order. According to the KNIDA report, even when other drugs are also taken, alcohol is very often used in conjunction with them (Goode, 2009). Access to alcohol has dramatically increased over the years with patterns of its use and abuse showing enormous transition in different countries. The World Health Organization (WHO) estimates indicate that two billion people (33 percent of the global population) consume alcoholic beverages globally. Out of these 1.52 billion people (76.3 per cent) have diagnosable alcohol related health disorders (WHO, 2004).

Drug abuse is a threat to the stability of the family, affects the parenting role and can lead to arson, rape, domestic violence, gang warfare, and lost educational opportunities (Amina, 2007). There have been cases of obedient, courteous, and hardworking persons transformed by drug abuse into rebellious, lazy, bored, and sexually promiscuous persons who at times end up engaging in undesirable sexual relations such as incest and bestiality. The most striking thing about these accounts is the extent to which the symptoms of drugs overlap with symptoms of adolescence and as a result create violence in homes. Social researchers have shown that drug abuse is associated with the causes of physical violence and sexual abuse (Allen, 2009).

The problem of drug abuse is deeply rooted in Turkana Central District with its effects being realized even among children. According to an annual report by the *National Campaign Against Drug Abuse (NACADA)*, August 2010, drug abuse affects the functioning of the brain and can lead to mental illnesses. This habit harms other members of the society directly and indirectly; directly by upping the odds of accidents, crime and violence, and indirectly, by increasing the cost of caring for victims of such vices hence lowering productivity. It also causes economic stagnation thereby lowering the quality of life in certain neighborhoods. The acute effects of drugs to the users and more specifically that of bhang causes the user to go crazy and become violent. Some men can rape, assault and even kill while under the influence of drugs while women become promiscuous (Aren, 2010). Domestic violence is used to describe a variety of actions and omissions that occur in different relationships and covers incidents of physical attack as well as sexual violations. Physical attack implies such acts like punching, choking, stabbing, setting on fire, the results of which can range from bruising to killings (Davies, 2010). There have also been cases of large numbers of people dying out of a single episode of liquor drinking such as those that recently occurred in some neighbourhoods of Nairobi's Shauri Moyo, Mukuru kwa Njenga, Mukuru Kaiyamba and in parts of Laikipia districts (Mureithi, 2010).

The Kenyan government has achieved some milestone in trying to regulate and control drug and substance abuse which includes alcohol use and misuse. Notable, is the ratification of three major United Nations Conventions on Narcotic Drugs and Psychotropic Substances Act, the development of a national policy to improve the law

governing children's access to alcohol and more recently, the enactment of Alcohol Control Act 2010 popularly known as the "Mututho laws."

Domestic violence includes psychological or mental violence, which can consist of repeated verbal abuse, harassment, confinement and deprivation of physical, financial and other human needs. It encompasses child abuse, be it physical, psychological or sexual. It also includes violence between siblings, abuse or neglect of the elderly by children or by other persons. Although violence in families may be explained by sexual and economic inequality in society, personal explanation such as the use of alcohol can impact negatively by influencing the victim's actions or behavior. It can also cause stress, frustration, mental illness and general socio-economic under-development. Further to that, it perpetuates violence which can result even in death within families.

1.2 Statement of the Problem

Drug abuse is a problem that has been very prevalent and widely practiced in Turkana Central District. A global survey carried out in July, 2010 by National Drug Abuse Control Programme (NDACP) on the magnitude of drug and substance abuse among populations reveal that 64.1 per cent male and 19.9 per cent female had ever consumed drugs.

World governments and in particular the Kenyan governments' efforts to control drug use and flow has yielded little. Drug abuse has essentially permeated all strata of the Kenyan society (NACADA, 2007). This menace has caused various problems including accidents, loss of work productivity, diseases, laziness and family conflicts among other social ills (Blum et al, 2003). In the overall, drug abuse has led to increased morbidity and mortality rates. There is a social stigma caused in mentioning the District since it has been deeply associated with this phenomenon. Drug abuse is deemed to contribute greatly to a wide range of socio-economic problems facing the people and is in particular, it is suspected to be a major cause of domestic violence which is a serious problem in many societies. Unfortunately, despite wide publicity on the subject by the media, there has been little change in the people's attitudes or behavior with regard to the two vices. Many studies on drug abuse in Kenya have often concentrated mainly on the youth especially in the major upcountry

towns ignoring marginalized areas like the Turkana Central District and the fact that alcohol can be a problem even among the adult and married persons and also that it can lead to domestic violence. Additionally, the study set to investigate whether and to what extent drug abuse influences domestic violence in Turkana Central District. This is the knowledge gap which the study aimed to fill.

1.3 Purpose of the Study

The purpose of this study was to investigate the influence of drug abuse on domestic violence in Turkana Central District.

1.3.1 Specific Objectives of the study

The specific objectives of the study were:

- i. To identify the groups of people most involved and the reasons leading to drug abuse in Turkana Central District.
- ii. To ascertain the most commonly abused drugs and their sources in Turkana Central District.
- iii. To investigate the influence of drug abuse on domestic violence and suggest ways of addressing the problem of drug abuse and domestic violence in Turkana Central District.

1.4 Research Questions

On the basis of the research objectives outlined above the following research questions were considered appropriate:

- i. Which category of people are the major drug abusers and what are the major reasons leading to drug abuse in Turkana Central District?
- ii. Which are the most commonly abused drugs and what are the sources of such drugs in Turkana Central District?
- iii. Does drug abuse influence domestic violence and what are the strategies that can be put in place to address the problem?

1.5 Justification and Significance of the Study

Generally, the study was prompted by the rising number of both cases of drug abuse and domestic violence in Turkana Central District and subsequently the need to ascertain whether such cases of domestic violence in Turkana Central District were influenced by drug abuse. Very little or no study on the subject appears to have been carried out in the District in the past hence little related knowledge. Therefore, there was the need to carry out an investigative study to help shed light on the actual relationship if any between the two vices.

In the overall, the subject of drug abuse is a matter of global concern which affects all societies. As such, any drug abuse related study becomes obviously important since it adds information to already existing literature and knowledge on the subject. Further to that, the findings of the study were expected to provide information to help in policy formulation on both drug abuse and domestic violence. The research work in general was also expected to inspire and stir research interest among young scholars.

1.6 Research Assumptions

- i. The research was carried out with the expectation that all the respondents, both general and the key informants would cooperate with the researchers..
- ii. The researcher also assumed that the respondents would give truthful and precise information upon which objective conclusions would be made.
- iii. The researcher also hoped that the findings in the study sample would be representative and reflect the actual situation of the entire population.

1.7 Scope and Limitations of the Study

The study was carried out in Turkana Central District which comprises five administrative Divisions; Kalokol Division to the South, Kerrio Division to the West, Loima Division to the East, Central Division and Turkwel Division to the Northern part of the District. The study aimed at investigating the influence of drug abuse on domestic violence in Turkana Central District. One of the limitations of the study was that only one out of the total of six districts was studied and hence the result may not have accurately reflected the true situation in the larger Turkana County. Also the study was basically a

survey, which meant that the results only reflected the situation as it was during the period of the research and not how the situation might have been in the past or will be in the future.

There were also challenges to the study in terms of the time, cost, language barrier and personnel constraints. Additionally, the district is very vast geographically and to cover it adequately, one required a lot of time and money. However, the researcher used the time and the financial resources that were available as economically as possible. Persons who understood English, Kiswahili and the Turkana language was enlisted for the purposes of interpretation during the interviews. Another setback was the delay in securing the study permit due to the elaborate bureaucratic structures of government.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The growing number of cases of drug abuse around the world has been one of the most hotly debated topics on the international arena over the past few years. Similarly, much literature has been published on the subject. This chapter focuses on related literature on drug abuse and domestic violence and begins by examining literature related to the history of drugs, the general phenomena of drug abuse, domestic violence, conceptual and theoretical framework. The chapter also looks at the literature linking drug abuse to domestic violence.

2.2 The Historical Perspective of Drugs

The use and abuse of drugs has a far longer history. Many ancient cultures are known to have used drugs for religious purposes to invoke trance, for medications, or for ritualistic reasons. In early times any substance with the ability to reduce pain, or cure diseases was considered sacred. Alcohol, cola leaves etc were used in such traditional ceremonies (Neramo, 2008). Alcohol for example was crucial to the elderly in the traditional society while priests and warriors in America used cola. Most of the drugs were used for noble purposes essentially medical. However over time, people discovered that the effects of alcohol could alter their perceptions and mood. This combined with the ease of access led to misuse and abuse of drugs. The attraction lay in the promise of instant pleasure and possibilities of heightened perceptions (Cole, 2007). Many people have since abused such drugs to their own detriment.

Religions among other institutions have been trying to take collective action towards prevention and control of drug abuse in Kenya and elsewhere in the world. These institutions have immense resources in terms of reach, credibility and human capacity which they can use to advertise for the elimination of drugs and substances abuse within their immediate surroundings by speaking out on issues related to law enforcement, corruption and morality (Ettore, 2010). Many faith based organizations have been providing guidance and counseling to the community members on issues related to drug and substance abuse since time immemorial.

2.3 The Phenomena of Drug Abuse

Drug abuse is a global Phenomenon. Many people including the youth abuse drugs perhaps more than any other time in the world history. Several authors have written on drug abuse. Survey carried out in Nova Scotia and Canada between 1919 to 1950 revealed that twenty one per cent of the Youth in Canada had used alcohol, tobacco and marijuana in the last 12 months before the study (Pauline, 2008).

Many people use and abuse drugs in Nigeria. The Institute of Drug Abuse Prevention of Africa (IDAPA, 2008), reported that drug was abused among children of the rich and poor alike, among urban and rural adolescents and among highly literate as well as the illiterate individuals. There is apparently no relationship between ethnicity and the type of drugs abused or the reason for, or patterns of abuse (Nevadomsky, 2009).

The global status study by WHO 2010 also revealed Uganda as a leading alcohol consumer within the East African region, with an average record of 19.47 litres of pure alcohol being consumed each year. This is clearly four times higher than world wide average and five times higher than African region's average. Alcohol consumption is widely accepted as a social activity in Uganda and it is embedded in all cultures and traditions. For example it is given to a child during naming ceremonies.

Scholars have attempted to establish factors that led people to try out drugs and become addicts. It would be fallacious to assume that any behavior can be completely explained by one factor variable or even a single theory (Goode, 2009). Many factors contribute to the use and abuse of drugs. The Americans believe in two theories one of which was advanced by William Bennet and which suggests that "people indulge in drugs because law and order have broken down, and important social institutions such as families, churches and schools are disintegrating." The other theory holds that people take drugs because they're poor, down trodden and are longing for escape (Goode, 2009).

Factors found to be associated with illicit drug use include peer pressure, low level of achievement at school and less involvement in active social activities (Gerra, 1999). A research on drugs among Israeli youth found that subjects who had friends who were involved with marijuana (bhang) were more involved in drugs abuse than subjects who had no friends who were involved (Shahan,1978). Subjects who were strictly monitored

by parents and were active members of youth groups were less involved in drugs abuse than those who were not strictly supervised and not members of youth movements.

A team of researchers (Radoservich et al, 2008) distinguished three interrelated sets of variables that were related to drug abuse, in particular structural variables which included factors such as age, gender, social class, race and community or religion of residence. Social inter-relational variable, which pertains to interpersonal relationship; for example ones friends or drug use patterns in ones peer groups. Attitudinal variables (behavioural) factors point out ones views both of the drug itself and the behavior associated with its use (Gerra, 1999).

The effect of drugs on women's reproduction has been in particular, linked to the foetal as well as the newborn infant's developmental problems (Taylor, 2008). Predominant views of women drug users in Turkana Central District are that they are pathetic, passive, psychologically and socially inadequate. In comparison with male drugs users, they have been portrayed as having less will-power and being morally weaker, more deviant and more emotionally and psychologically disordered. Taylor (2008) in her research discovered that the stereotype on women drug users still remains as that of deviant, immature persons who are chaotic, out of control of their own lives and unfit to be in charge of anyone else. In short they are portrayed as unworthy, immature, promiscuous irresponsible, inadequate unnatural and unfit mothers whose drug use is regarded as symptomatic of an inadequate personality.

Ettore (2010) explains that women who abuse drugs tend to perform poorly in their traditional motherly roles. The drug using mother is generally regarded in negative terms as it puts children's lives at risk. Hoggs (2005) is of the opinion that drug use per se is evidence of lack of complete fitness for the task of parenting.

A social research on the influence of drug abuse on domestic violence carried out in Durban, South Africa found that the acute effects of marijuana caused users to go crazy and become violent. Men can rape or even kill while under the influence while women become promiscuous (Goode 2009). During an interview, 178 marijuana smokers described their experiences while under the influence of marijuana. Forty six per cent said it made them feel more peaceful and relaxed while thirty six per cent said that they felt

deeper senses. Thirty one per cent said that while under the influence, everything else seemed much funnier than usual (Ndakwe, 2005).

There are some drugs that are permitted by the law of Kenya, such as miraa, tobacco and alcohol (not all brands). In particular, the law prohibits the use of some local brews such as Chang'aa among others (NACADA, 2004). Rampant abuse of drugs is generally attributed to poor socialization, economic factors and generally lack of knowledge on the negative consequences of drug abuse. Furthermore many drugs especially alcohol are quite easy to access (Bandura, 2010). In a 1994 country wide study undertaken by the government of Kenya (GoK) and the United Nations Drug Control Programme (UNDCP) revealed that the youth and the young adults were the most affected with the drug abuse menace. Many youth who were interviewed said drugs made them cope with problems and also feel good. They also said drugs helped them kill boredom and added them both strength and courage (Mugendi, 1998).

According to the report by Mwesesi (1996), drug traffickers and peddlers have sophisticated ways of transporting these drugs. They hide drugs in bulky luggages with strong smell such as loads of fish or vegetables to and from Turkana and other towns. Local brews are stored in jerricans and could be covered with sand and parked in Lorries so as not to be recognized by the law enforcement agencies. Stopping drug smuggling has become a challenge because of corruption whereby some senior government officers especially senior police officers are involved in the syndicate (Mutai, 2006).

Another study carried out by NACADA in June 2008 showed that practicing doctors in Nairobi recognized drug abuse as a major medical and socio-economic problem particularly because of its effect on the family. Many people recognize its harmful effects on children and the youth and still others associated drug abuse with crime and instability in their families. Drunk driving is a known common cause of road accidents which is the reason why drunk driving has been outlawed in Kenya.

Studies in the USA reported that 18 million Americans abused alcohol with almost three times as many men as women (NIAAD, 2009). Out of these, 12.5 million were alcohol dependent. Each year, more than 510,000 people die of alcohol related causes in the US. The secretary of health and human services at the annual economic conference on

alcohol indicated that about 276 billion US was lost on productive health care expenditure, crime, and motor vehicle crashes. The economic impact is heavily felt (Hoggs et al, 2005).

U.K is ranked as one of the top 10 alcohol consumers per head of people (WHO 2004). In England, a study done in 2008 shows that 71 per cent of men and 56 per cent of women aged 16 and above were current users of alcohol (WHO, 2009). The study further revealed that there were 6,769 cases of domestic violence directly related to alcohol, of which 4,400 were by alcoholic liver disease. The World Health Organization (WHO, 2003) has compiled country assessment report on women and drug abuse in Kenya. This report regards women abusers as victims of poverty and family disintegration and pinpoints prostitutes, brewers, sellers of chang'aa, school dropouts, female headed families and young mothers (aged 13-15) to be particularly at risk.

Corruption seems to be a major part of the drug problem because of senior government officials especially senior police officers being involved in trafficking of the drugs (Mgendi, 1998). In one case, she says, "it was revealed that 600 acres of the Mount Kenya forest reserves had been cleared for a bhang (cannabis) plantation. Findings of a study undertaken by a welfare association in Kenya revealed that one in every 15 Kenyan students is on drugs, the main drug being bhang and alcohol and that 60 per cent of the said drug abusers were below 30 years of age (Eric, 2002).

2.4 Domestic Violence

According to Davies (2008), marital violence occurs in some communities in as many as one in every three marriages. Yet this is a hidden problem which communities deny, fearing that an admission of its existence is an assault on their integrity. Many family victims of domestic violence are prevailed upon by relatives not to involve the police.

Women and children are the usual victims of violence in most of the homes while men are the usual perpetrators. But adverse consequences of violence in the family are not confined to the victims alone. Sometimes women kill their attackers in response to an immediate threat of attack (Niemman, 2010). Many children who witness violence against their mothers have behavioral problems of becoming aggressive. Family members and others who seek to intervene may be hurt in the process. The development of the society at

large is affected by wastage of resources in supporting the affected families. Similarly, the contribution of the family to national development is also reduced (KNICW, 2008).

According to Gelles (2005), between 1.8 and 3.6 million women in the United States are severely assaulted by their intimate partners each year. Femicide, the killing of women, is also most often perpetrated by current or former husbands or boyfriends. Battering of women has become the number one health issue for African women (Joseph, 2007). In 1992, UNIFEM produced a fact sheet on gender violence, summarizing statistical evidence on the incidence of wife battering and abuse worldwide. This revealed that wife battering is common in Bangladesh, Barbados, Chile, Colombia, Castarica, Guatemala, India, Kenya, Norway and Sri-Lanka and that the practice is widely influenced by drug abuse. (Davies, 2008).

The actual extent of violence in the home may never be accurately known, but it is clear that such violence is part of the dynamics of many family' situations in both the developed and the developing worlds (Kodhari et al, 2004). The research published in WHO report 2009 reveals that women are murdered, physically and sexually assaulted, threatened and humiliated within their own homes by men with whom they should enjoy the greatest trust. Campbell et.al (2002) states that incidents of non-lethal violence among women in general are in many cases not reported.

Cox Davies reports that domestic violence which involves battering of pregnant women leads to maternal mortality. She reports that this is generational, where many wife beaters beat their wives in front of their children. This can result into a woman's low self-esteem and devalued self-image, which in turn has negative implications for her capacity to assume her maternal, occupational and home responsibilities (Gelles, 2005).

One thinks of violence mostly in terms of physical battering, or rape, but there are other kinds of violence that springs from a particular mind set based on the cultural perceptions of a woman's place in the society (Davies 2006). In India we have the rite of immolation and the bride-price-burning (also known as dowry death). Sex-selective abortion is yet another atrocity against the female, where some women are forced to terminate their pregnancies because the foetus was female. For women, violence is a phenomenon which starts at conception and carries on through their entire life span. In some places there exists a culture-specific form of violence, against women like female

genital mutilation which is prevalent in some African countries and societies (Gerra, 2009). However, of all forms of violence that woman face, domestic violence remains the least reported and largely suppressed. Discrimination continues by way of lack of access to adequate food, medical facilities, and the burden of housework leading to lack of education and consequently, lack of awareness, and general empowerment of the women (Subadra, 2009).

Early marriages accentuate the girl child's vulnerability to domestic violence. The reproductive age is for a lot of women, punctuated with physical, mental and emotional abuse by their husbands. Sexual abuse is one major form of domestic violence. It includes exhibitionism, forced intercourse or other sexual behavior which the victims resists, or fondling the sex organs of a minor or other person who is naive or powerless and therefore cannot resist (Collins, 1998). The other form of domestic violence is mate abuse which is often meted on the wife as the victim and includes deliberate physical assault, threats of violence, emotional abuse (including ridicule, demeaning behavior, and neglect) and forced involvement in sexual acts. Child abuse is another form of domestic violence and may involve the physical or mental injury of the child. Sexual abuse exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, by a person who is responsible for the child's welfare and under circumstance which indicate the Childs health or welfare is harmed or threatened is also a common phenomena in contemporary societies (KIDA, 2008).

A number of these children become disconnected from their families and come to live in the streets, being exposed to all manner of abuse and violence and may also be frequently involved in illegal activities such as drug trafficking, mugging and prostitution (Oliver and Rubio,2004).Collins (1988) explains another form of violence as Elder abuse where older people are maltreated through tough handling, beating, negligence, verbal condemnation, withholding of food or medication, financial exploitation, sexual mistreatment or ignoring the persons needs for comfort and human contact. Domestic violence can happen in families of any class. There may be more domestic violence in families that are economically disadvantaged or where the husband has had less education than the wife. However research samples show that the wife assault occurs across all class,

culture and colour barriers. It is prevalent throughout the economic and social structure and appears to have no cultural barriers (Davies et al 2009).

Violence in the home has its origins in an entire social context. Wife battering is a reflection of the broad structures of sexual and economic inequality in society. It is a tool that men use constantly to control women as a result of highly internalized patriarchal conditioning which accords men some aspects of superiority over their wives. Subradra (2009) sees the existence of people of lower socio-economic groups as experiencing frustration because of limited life opportunities occasioned in many cases by lack of education and skills.

A study by the National Centre on Addiction and Substantial Abuse (NCASA), found that children of substance abusing parents were almost three times more likely to be abused and more than four times likely to be neglected than children of parents who are not substance abusers ([http://www.preventing child abuse.com/abuse.htm](http://www.preventingchildabuse.com/abuse.htm) 2000).

Alcoholism and drug abuse can be seen as a contributor to domestic violence rather than a cause. It accelerates the act. But domestic violence is also one reason why individuals engage in drug abuse (Goode, 2009). Children, girls and women are no longer safe at home, school, at the work place or on the roads. According to Ndung'u (2005), Kenya is becoming a nation of rapists who go scot-free. For example, a man who raped his fourteen (14) years old daughter and infected her with a venereal disease on April 8th 2010 is yet to be arrested and charged in court. In the *Daily Nation*, May, 10th, 2011, Muiruri, a newspaper columnist wrote about the incident and revealed that men have become notorious of raping under age daughters. If it is not their fathers, then it is other male relatives.

The phenomenon of drug abuse in Kenya and more specifically Turkana Central district has drawn a lot of attention. Turkana Central district in Rift Valley province seems to have the worst drug problem in the country especially bhang according to the National Institute of Drug and Alcoholic Abuse (NIDAA), Annual report, 2008.

It appears that only a little research has been carried out in the past to help to answer many questions on drugs and its effects on the Turkana based families. No research has uniquely centered on drug abuse to help understand its extent and patterns of use and the recurrent problems that results therein (Ndakwe, 2005). There is little data

available on drug abuse in Turkana Central District as well as domestic violence (nature and extent, effects and causes). This study seeks to reveal factors that encourage drug abuse and the role of drug abuse in domestic violence which is a suppressed problem in the District. It will also look into the various ways through which the social institutions are trying to curb drug abuse and bring domestic violence under control (Spika, 2009). The study is expected to make policy suggestions for confronting domestic violence and drug abuse in Turkana Central District.

Faith based organizations could be one of the best suited social institutions to guide and counsel community members on issues related to drug and substance abuse, Dhadpale et al, (2008). They can also establish affordable treatment and rehabilitation centers for chemical dependent persons and their families. The faith based organizations are also in a premium position to identify and solve local problems including and not limited to the provision of alternative cash crops to replace income generating activities related to illegal and harmful plants such as tobacco and miraa (IDEAPA, 2008).

2.5 Theoretical Framework

Two theories related to domestic violence were used in the study including the social learning theory, and psychoanalytical theory. Bandura (2004) explained that social learning theories are those that focuses on the emotions/feelings that are instilled during child rearing and which make human beings behave in a particular fashion. The social learning theories view violence as a direct consequence of the socialization process and the family environments from which the men and the women learn to be helpless and aggressive respectively (Nieman, 2008). The social-political critique focuses on the long term effects of the adult behavior on children as well as political, economic, structural and cultural aspects of the society. Similarly there are many theories that explain drug use such as the Biological, Psychological and Sociological (social learning, control, subculture and selective interaction) theories.

The researcher's main concern was to understand drug abuse in relation to domestic violence. This study operated under the social control theory as advanced by Amina (2007). The theory posed four basic concepts in the understanding of drug abuse as a deviant behavior. The greater the person's involvement with the matters of the society the

greater he/she believed in them. Loose attachment, less commitment and involvement and shallow belief in conventional activities were determinants of deviant behaviors like drug abuse. Socialization process was the joint responsibility of the parents and other adults in the homestead. The socialization process involved various stages of learning about proper role and responsibilities within the family and community as well as the socio-cultural environment of the society (Kilonzo, 2008). The absence of close attachment between the children and the parents impacted negatively on their socialization process. This also mean lack of close supervision of the children by parents which leads to instances where children engage in deviant behaviours. Generally, people indulged in drugs because the law and order have been broken down, and the values of the families, churches and schools have been disregarded. Once one becomes a drug abuser due to failure to undergo the socialization basics, he or she will be affected emotionally, physical, and socially and may become violent in his/her relationship with the other family members. Ndakwe (2005) cites the number one cause of deviant behavior as the breakdown of the homes. A fractured family fails to provide children with an opportunity to develop healthy attitudes and good self image. Poor relationships lead to boredom and conflicts. The poorly socialized individuals therefore have the tendency to turn to drugs as a source of solace. And the cycle continues.

Figure 2.1 below has been developed by the researcher and displays the social control theory aimed at explaining the relationship between drug abuse and domestic violence.

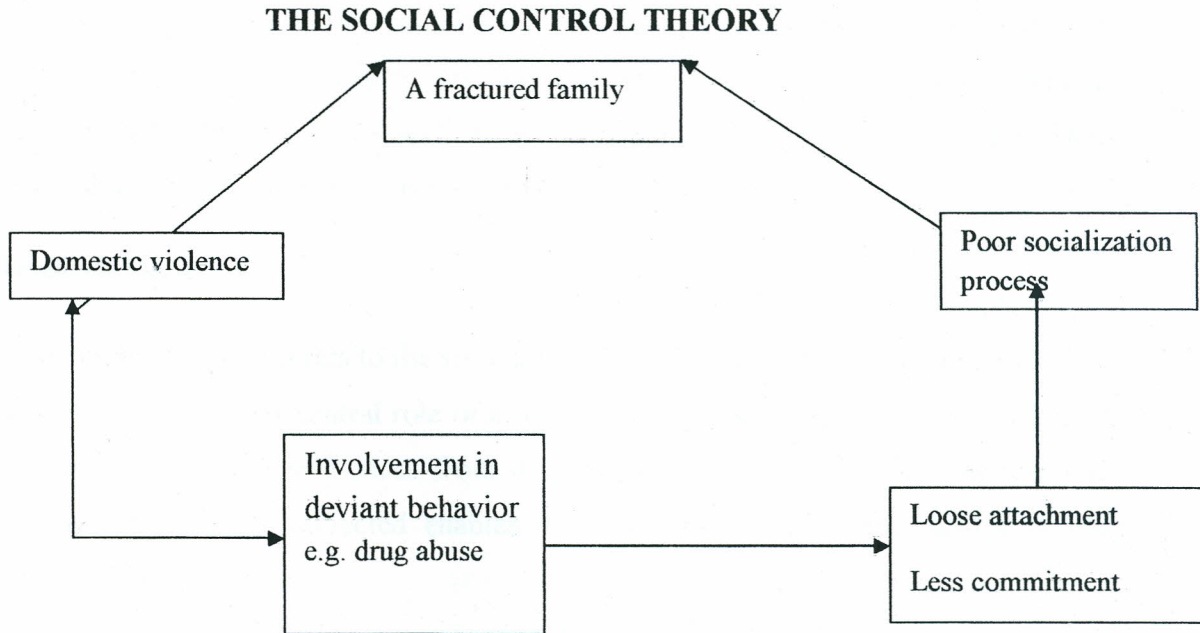


Figure 2.1: *The theoretical framework that displays the social control theory.*

Alcohol and drug abuse is a variable that has been consistently associated with increased risks of domestic violence. Domestic violence in most cases resulted into family break-ups, physical, psychological harm, child abuse and other negative social consequence. These problems have led to lose attachment, less commitment, less involvement and shallow belief in conventional activities for many families and the society as a whole (Ettore, 2005). It has also interfered with the socialization process which is the responsibility of the parents and other adults in the homestead. As a result, deviant behaviors like family violence and other human abuses set in. The social control theory may not have explained all the domestic relationship matters; since domestic violence as a phenomenon can be understood from diverse perspectives.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methods and techniques that the researcher employed in the study. In particular, the chapter describes the research design, study area, sampling size and sampling techniques as well as the data collection tools and methods. Data analysis and tools of presentation have also been examined in the chapter.

3.2 Research Design

A research design refers to the structure of inquiry. It is a logical matter rather than a logistical one. The other central role of a research design is to minimize the chances of drawing incorrect casual inferences from data. Design is a logical task undertaken to ensure that the evidence collected enables the researcher to answer questions or test theories (Niemann, 2004).

The study employed the cross sectional design which helped in determining the prevalence of drug abuse and domestic violence both at the same time. It was advantageous to use the design because it was generally quick and cheap since fewer resources were required to run the study. The cross sectional design also helped to determine the actual relationship between drug abuse and domestic violence.

The survey design used was also flexible making it possible for several questions to be asked concerning the influence of drug abuse on domestic violence in Turkana Central District. Further to that, the survey made it possible for the researcher to appropriately describe the people's attitudes and perceptions on drug abuse and its direct implications on domestic violence.

3.3 Study Area

The study was carried out in Turkana Central District within Turkana County, Rift valley province of Kenya. The District is made up of five administrative Divisions, Kalokol Division, Central Division, Loima and Kerrio Divisions. The District covers an area of about 14766.10 km² and has a population of approximately 165,022 people (Central Bureau of Statistics 2009, Ministry of Planning and National Development).It

lies at an altitude of 180 metres, latitude 34° 50' east and longitude 6° 15' south, about 79 kilometres south of the equator.

Lodwar town, the administrative headquarters has the largest open air market in the District. It is a transit point for vehicles from Kitale, Kapenguria and Lokichar as they move towards Kakuma and Lokichoggio. The district borders Lake Turkana to the south, Uganda to the eastern side, Ethiopia to the western side and Kapenguria/West Pokot districts to the north eastern side. The residents are predominantly Christians with a few Muslims and they are mainly pastoralists. A large number of the Turkana community especially those living near Lake Turkana are fishermen. The district is basically arid and has poor infrastructure especially roads and there is widespread insecurity, especially cattle rustling. Over 78 per cent of the Turkana Central District population lives below the poverty line with a standard error of 5.5 meaning the district is comprised of one the poorest population in Kenya. Poor climate and high illiteracy levels are to blame most for widespread poverty in the district (Pauline, 1997). Fig 3.1 on page 20 shows the geographical and administrative map of Turkana Central District.

3.4 Target Population

The target population is that population to which the researcher uses to generalize the results of the study (Mugenda and Mugenda, 1999). The targeted population was persons of the age of 18 years and above who had lived in the district for the past twelve or more months; and who had fallen or were at the risk of engaging in drug abuse or falling victims of domestic violence. This population constituted persons of various gender, religious, educational and occupational statuses and backgrounds. The table below shows the size in kilometer square, and the population by sex of each of five administrative divisions in Turkana Central District.

Population size of Turkana Central District

Location	Land Size(k²)	2009 Population	Male	Female.
Kalokol	2132.40	28735	13637	15108
Central	799.60	51452	23926	27526
Kerio	2750.10	14937	6647	8290
Turkwel	5608.50	35919	16872	19047
Loima	3475.50	33978	16507	17472
Total	14766.10	160522	77579	87443

Table 3.1 *Population size per location in km².*

Source –Central Bureau of Statics Ministry of Planning and National Development 2000 Vol 2.

The O.C.S Lodwar, a number of assistant chiefs, community leaders, clan elders, and medical officers who were in direct contact and dealt with drug abusers and victims of domestic violence on a daily basis were enlisted as key informants. They were chosen using the simple random sampling technique. The study targeted only those who voluntarily consented to participate in the study.

3.5 Sample Size and Sampling Techniques

The total number of respondents was 460. A total of 20 respondents were randomly selected for interview from 20 out of the total 60 sub-locations in the District. The assistant chiefs from each of the said 20 sub-locations were interviewed. Except for the O.C.S, all the said key informants were identified using the purposive sampling techniques. A combination of cluster, random, snowballs and purposive sampling techniques were used in the study. Purposive sampling techniques allowed the researcher to identify potential respondents with respect to the objectives of the study (Mugenda and Mugenda, 1999). The District had a total of 60 sub-locations but because there was no satisfactory sampling frame for the whole population, it was advantageous to divide the population into area groups. In order to reduce the cost of field work and for purposes of accuracy and representation, the 20 sub-locations were used as clusters which were further clustered into villages. This method was appropriate since clusters usually contained near equal number of the respondents. Respondents of 18 years and above were sampled randomly in every sub-location by counting every twenty first home. Only one member from every homestead was served with the questionnaire so as to enable the researcher to cover a bigger area of the study. After identifying people who met the inclusion criteria, the researcher employed snowball method on the respondents who proved elusive.

3.5.1 Key Informants

In-depth interviews were conducted with government officials including the O.C.S. Lodwar police station, 20 assistant chiefs and 3 medical officers based at the Lodwar district hospital. Further to that, 8 community leaders, 4 clan elders and 4 religious leaders were also interviewed as key informants as per the interviewed schedule.

3.6 Data Collection Tools and Methods

Basically the research utilized three types of data collection methods. These included the questionnaires, interviews and observation. Structured interview schedules with both closed and open ended questions were used to extract data from the selected 460 respondents that represented the entire population (see appendices). The interview

schedules provided quantitative data that was objective and reliable for hypothesis testing. The principal researcher coordinated and ensured the interview schedule was properly filled. The research assistants were trained beforehand on how to carry out interviews effectively. Each respondent was interviewed separately so as to enable independent answers to the questions. This was because of the larger number of standardized responses the researcher wanted to compare. The respondents felt free and confident to express themselves and the researcher and the assistants enlisted the help of interpreters to assist the respondents who could neither understand English nor Kiswahili. Similar help was also given to the respondents who could neither read nor write.

Questionnaires with both open and closed ended questions (see appendix 1) were administered to the key informants who included the chiefs, medical officers, police officer (O.C.S Lodwar), clan elders and community leaders. This method was useful in collecting personal information, attitudes, perceptions and beliefs. Since the researcher established a rapport with the respondents, it was possible to get frank responses on issues that were personal or sensitive. The observation guide used was simple and non-participant. This was necessary as the researcher focused on the predetermined aspects of behavior. For example, gathering information about the lifestyle of the people in their natural habit as they went about their ordinary activities.

3.7 Data Collection

This research relied on both secondary and primary data. The use of primary data enabled the researcher to get a detailed and first hand information that included qualitative facts (Mutuai, 2006). Primary data was collected through observation, interviews and questionnaires. The researcher personally visited the research site and collected the said data. Additionally, the researcher relied on information from books, journals, and biographies which formed part of secondary data.

3.7.1 Validity

Validity is the accuracy and meaningfulness of inference, which are based on research results. It is the degree to which results obtained from the analysis of data actually represent the phenomena under study (Mugenda and Mugenda 1999). The

information on the research instrument was cross checked, inspected and scrutinized to ensure accuracy, relevance, completeness, consistency and uniformity of the collected data.

3.7.2 Reliability

Reliability is a measure of the degree to which the research instrument yields results or data after repeated trials (Mugenda and Mugenda 1999). The conditions under which the measurements took place were standardized by minimizing external variations such as fatigue and boredom. Increasing the sample of respondents improved the aspect of equivalence.

3.8 Secondary Data

Refers to data collected by someone else other than the user (Ettore, 2005). A lot of data was obtained in documented materials on the subject under investigation. The sources of data included:- records, printed forms, letters, autobiographies, diaries, compositions, other academic works, books, periodicals, bulletins and court decisions. The secondary data saved time that would otherwise be spent collecting particularly quantitative data. Secondary data also provided larger and higher quality information base feasible for research than one's own. Further to that, data gathered from the secondary sources proved essential since it captured both past changes and new developments.

3.9 Pre-Testing

Pre-testing of the research instruments was done before the actual data collection to enhance the validity and reliability of the responses. This was done using a purposive sample of 25 respondents from Lokiriama, one of the sub-locations within the district. This included people who had similar characteristics to those in the study area. Vague questions were rephrased to convey the same meaning to all the participants. Some comments made by the respondents were also incorporated into the final questionnaire.

3.10 Questionnaires

Data was collected using questionnaires which comprised a set of structured questions directed at the respondents. Both open-ended and closed-ended questionnaires were used. Open ended questionnaires allowed the respondents to delve deeper into the subject while closed ended questionnaires comprised a yes and a no answer (Collins, 1998). This instrument was designed and used to obtain as much information as possible about the respondents in regard to drug abuse and domestic violence. The questionnaires were administered by research assistants that were recruited from the area of the study and trained on the basic skills necessary for conducting interviews. The responses were recorded in the interview guide sheet before venturing into the actual research. Also, a pilot survey was carried out whereby some of the questions were recorded to improve clarity while others were changed or replaced altogether.

3.11 Data Analysis

Once the completed questionnaires were returned, data was edited for completeness and coding using the Statistical Package for Social Sciences (SPSS) software version 11.5. All variables of the study including age, educational levels, gender, degree of religiosity, marital status, the type of drugs abused, and the incidences of domestic violence were subjected to descriptive method where data was quantitatively and qualitatively analyzed. Such statistics as the mean, median and mode were used to organize and summarize the data in a way that could be meaningfully understood and communicated. The researcher also used correlation and regression methods of analysis. After the analysis, frequencies, bar graphs, distribution tables and pie charts were used to describe, organize and summarize the data. The mode was used to measure the frequency of the variables and this helped to predict the actual scale value.

3.12 Ethical Considerations

Permission to carry out the study was sought from the relevant authorities and institutions including the Office of the president, Ministry of Science and Technology and Kenyatta University Graduate School. The District Commission of Turkana Central

District and all the local District Officers were informed of the intended study and their permission and co-operation requested. Confidentiality of information and anonymity in data recoding was also assured. Participants were also informed of the nature of the study before commencing the interviews. Only people who voluntarily consented to take part in the study were interviewed.

CHAPTER FOUR: DISCUSSION OF RESULTS

4.1 Introduction

This chapter presents and discusses sets of data collected in the study. The data was collected by the use of questionnaires, observations and personal interviews. Information was also obtained from the secondary sources such as books, journals and biographies. The data has then been presented by the use of frequency tables, graphs, pie charts and descriptive analysis of various factors that the study set to investigate. The data has also been discussed in comparison to similar previous studies. The discussion helped in arriving at the conclusion and recommendations as well as the suggestions for further research in chapter five. The chapter begins by examining the demographic characteristics of the respondents among other factors in an attempt to determine how drug abuse influences domestic violence in Turkana Central District.

4.2 Social Demographic Characteristics of the Respondents

The study factored in social demographic factors such as formal education, gender, marital status, age, occupation and religion of the respondents. These characteristics helped shed light on how people engaged in drug abuse depending on their various socio-economic status.

Persons between the ages of 18 to 85 years for interview. The age bracket of majority respondents was that between 18-35 years (69%) while the age bracket between 36-70 years accounted for 31 per cent of the total number of the respondents. Age bracket of 71-85 years accounted for a paltry 9 per cent. Although the respondents were selected at random, persons between the age of 18-35 was the highest in number. This information corresponds with the statistics of the 2009 Central Bureau of Statics which indicate that the said age bracket was the highest in population when compared with other two categories, (36-70 and 71-85). Therefore in the event of a random sample in any selected population, the highest number of respondents was likely to comprise age bracket 18-35 since persons in this age bracket was the highest in population. Lorch et al (1985).

There was a total of 460 respondents with two hundred and forty five (53%) being female and two hundred and fifteen (46.7%) being male respondents. The stated figure

corresponds with the CBS,2009 which indicate that the female gender in Turkana Central District was about 12% more in number than the male population. It can be concluded that the local population comprised more female than male and therefore in the event a random sample there was likelihood of having more female than the male respondents (Kamutangi, 2000).

One hundred and ninety nine (43%) of the respondents were married while one hundred and eighty seven (41%) of the respondents were single. Fifty three (12%) were divorced while twenty one respondents representing 6 per cent were widowed. The findings are an indication that most of the Turkana residents especially the females who were above the age of 18 were married, infact a reflection of rampant aspect of early marriages especially of the girl children in the District (Mutual 2006). A significant number, 20 per cent were either separated or divorced, a pointer to how shaky and unstable the marital relationships of families within the community was. Domestic violence is one of the strongest factors to blame for mate instability in Turkana Central District (Neramo, 2008).

One hundred and eighty two (39 %) of the respondents had no formal education. One hundred and fifty nine (35%) had primary education. Seventy six people representing 17 per cent of the residents had secondary level of education. Thirty seven people representing 8 per cent had a diploma while 6 representing 1 per cent had university education. These statics are a manifestation of widespread illiteracy in the district which is particularly to blame for both poverty and the local culture where people in the district tended to concentrate on nomadic cattle rearing instead of pursuing formal education. Early marriages are to blame for the high illiteracy levels in the district (Karamanga, 2009).

Many of the respondents, one hundred and sixty five (36%) said they were pastoralists. Thirty eight (8 %) of the respondent said they were farmers while one hundred and eleven (24%) said they were fishermen. Eighty one (18%) of the respondent said they were business people. Fifty five (12%) were in unskilled employment while ten representing 2 per cent said they were in skilled employment. Jobs classified as unskilled employment such as quarrying among others involve hard physical labour and many people who do these kind of jobs abused drugs more because they thought drugs added

them physical strength and generally helped them cope with stressful conditions associated with these jobs (Basangwa, 2006). A labour survey conducted in a Liberian construction company showed that 76 per cent of the employees who performed hard casual labour abused drugs. This information also corresponds with the findings of another research carried out in Central Tanzania which found out that poorly paid casuals abused drugs at a higher rate as compared to the white collar employees and that, alcohol use was highest among construction workers as well as auto-mechanics, light truck drivers and laborers. The lowest rate of heavy drug and alcohol abusers was reported by data clerks, personnel specialists and secretaries. The study established that majority of the people who abused drugs were those with lower educational levels since such people had a little knowledge on the negative social and health consequence of drug abuse as compared to the more educated lot. Also a national survey on drug abuse conducted in Mexico in August 2007 shows that persons with lower educational levels abused drugs more as compared to the more educated lot. A drug abuse report by NACADA, June 2010, explains that the high levels of drug abuse in sub-Saharan Africa is largely contributed to by the high illiteracy levels.

One hundred and seventy four (38%) of the respondents were Catholics while two hundreds and two (44%) were protestants. Seventy one (15%) of the respondents were Muslims while thirteen (3%) were not affiliated to any religion. According to this finding, persons with loose religious attachment abused drugs more as compared with those with stronger religious ties. This is so because religious doctrines generally condemn the culture of drug abuse and therefore the staunch religious followers were likely to abstain from the culture (Rubio et al, 2007). Muslims and Protestants generally abused drugs at a lesser extent as compared to Catholics. The table on page 30 shows the demographic characteristics of the respondents.

Table 4.1 Socio-Demographic Characteristics of the Respondents

GENDER			AGE BRACKET			MARITAL STATUS			LEVEL OF EDUCATION			OCCUPATION		
Sex	Freq	Percent	Age bracket	Freq	Percent	Marital status	Freq	Percent	Level of education	Freq	Percent	Occupation	Freq	Percent
Female	245	53.3	18-35	276	60	Married	199	43	Illiterate	182	39	Pastoralists	165	36
Male	215	46.7	36-70	143	31	Single	187	41	Primary	159	35	Fishermen	111	24
			71-85	41	9	Divorced	53	12	Secondary	76	17	Business	81	18
						Widow	21	6	Diploma	37	8	Farmers	38	8
									University	6	1	Unskilled	55	12
												Skilled	10	2
	460	100		460	100		460	100		460	100		460	100

4.3 The Extent of Drug Abuse in Turkana Central District

Four hundred and sixty respondents were interviewed and one hundred and four (23%) said they abused drugs. The fact that such a significant number of respondents confessed that they abused drugs is an indication that less stigma is attached to the vice in the District. There is also an indication that many of the respondents did not even know that drug abuse is a negative vice. One hundred and sixty two (35%) of the respondents said they knew of their close friends who abused drugs while one hundred and fifty four (33%) said their spouse abused drugs. Forty (9%) said their children abused drugs as shown in the table below.

Table 4.2: The extent of drug abuse in Turkana Central District

Victim	Frequency	Percentage
I abuse drugs	104	23
My friend abuse	162	35
My spouse abuse	154	33
My child(ren) abuse	40	9
Total	460	100

The fact that majority of the respondents confessed to either abuse drugs or know someone who abused drugs shows that drug abuse is a common activity in the district.

4.3.1 Distribution of Drug Abusers by Gender

The research found out that out of the total number of drug abusers in the District, there were more male (75%) than female (25%). The Turkana culture like many traditional Africa cultures, strongly discourage abuse of drugs by the female gender and this could be part of the reason for the low number of female drug abusers in the District. There is also a stereotype against women who abuse drugs because they are generally portrayed as people who are out of control of their own lives and unfit to be in charge of anyone else (Taylor, 2008). Women drug abusers are therefore portrayed as unworthy, promiscuous, irresponsible and unfit for parental responsibility. Men are not stereotypes because of the cultural perceptions in them. This view is reinforced by Ettore (2005) who explained that

women who abuse drugs tended to perform poorly in their traditional motherly roles. He further alleged that the drug abusing mother puts children's lives at risk. Many women in Turkana Central District are confined in the homesteads by domestic responsibilities and therefore keep away from social centers and places such as bars where people meet and abuse drugs such as alcohol. According to an American journal, *The Effects of Drugs*, June 2010, many African men were more burdened with the responsibility of providing for the family needs. The figure below illustrates the degree of drug abuse in Turkana Central District by gender.

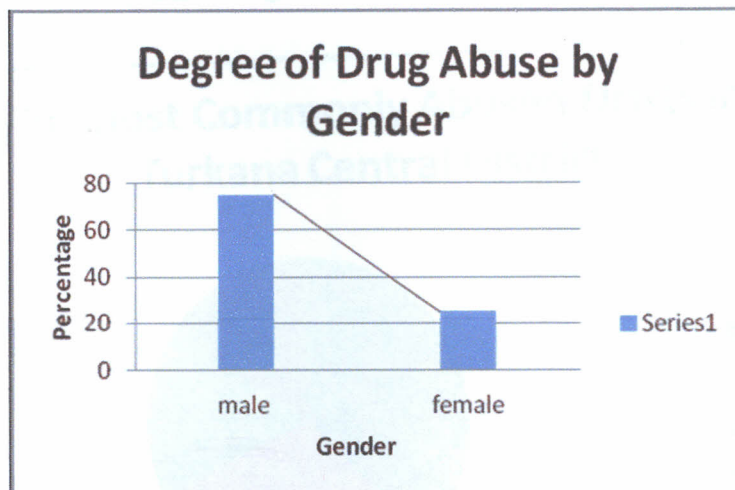


Figure 4.1: Distribution of drug abusers by gender

These kind of pressures were likely to push them into drug abuse as a coping mechanism in Turkana Central District. According to the journal, many American men were also pushed into drug abuse by excessive and burdensome family and other responsibilities. Lambo (1996), found out that extreme financial and other burdens many a times cause people to get stressed and hence push them into abuse of drugs which they thought helped them cope with such pressures.

4.4 The Most Commonly Abused Drugs in Turkana Central District

Out of the one hundred and four self confessed drug abusers, forty (38%), said they abused a locally brewed traditional liquor known as *kaada* while thirty one (30%) said they abused bhang. Eighteen (17%) of the respondents said they abused miraa while sixteen (15%) said they abused tobacco. The findings corresponded with that of a national survey on drug use and abuse by NACADA (2008) which indicated that alcohol was the most used and abused drug closely followed

by tobacco, bhang and miraa. The report indicated that alcohol is the most abused because many of its brands are both addictive and readily available. A survey conducted by WHO in February 2008 indicates that the volume of licensed alcohol rose from 231.3 million litres in 2003 to 341.8 million litres in 2004. This added with the unlicensed liquor means an even higher volume of the alcohol that is available for consumption globally. In the overall, alcohol is the most widely used and abused drug in the world (Basangwa et al, 2006). However, the pattern of alcohol use and abuse varies between individuals and countries (WHO, 2004). Alcohol, tobacco, miraa and bhang are all very addictive, another reason why they are more widely abused (NIDA, 2007). The figure below shows by percentage, the most commonly abused drugs in Turkana Central District.

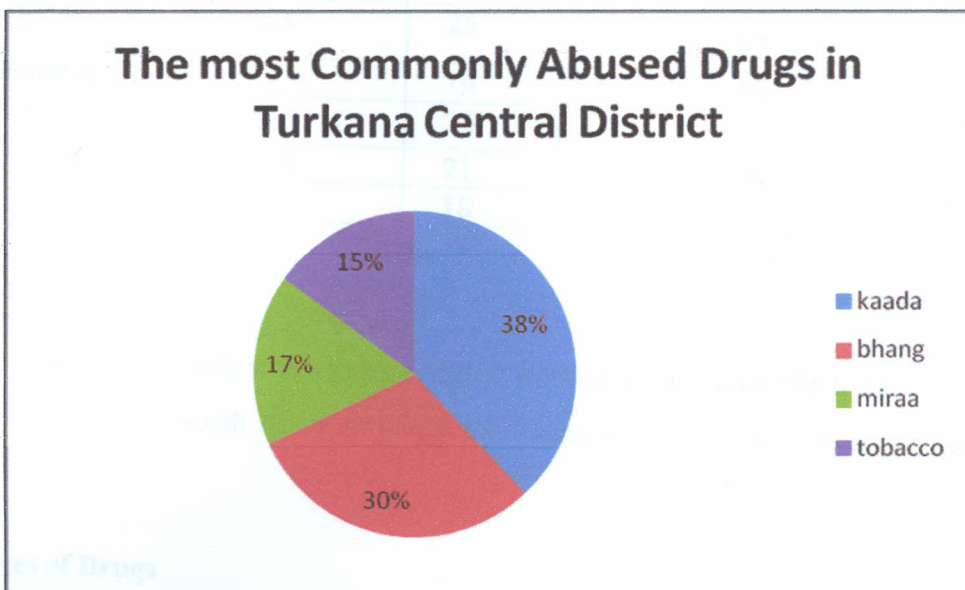


Figure 4.2: *The most commonly abused drugs in Turkana Central District*

A research journal by a group of sociology students from the University of Nairobi on drug abuse in the greater Embu district discovered that, a locally brewed traditional liquor known as *macore* was the most used and abused drug in Embu. This like other local drugs was commonly abused because it was cheap and readily available (Benggette, 2006).

4.5 Reasons for Drug Abuse

Out of the one hundred and four respondents who said they personally abused drugs, twenty five (24%) said drugs helped them cope with problems. Nineteen (18%) claimed that drugs made them feel good. Twenty two (21%) said drugs helped them kill boredom while twenty one (20%) said drugs helped them gain courage. Eighteen (17%) said that drugs made them have a sense of

belonging or group identity. According to Oliver (1998), large number of people generally abused drugs which they thought could help them cope with the difficult challenges of life. Others believe drug abuse could help them gain courage and strength. Said one respondent, "Drugs make me feel good, kill boredom and helps me cope with frustrations and challenges of life." Another one said, "Drugs help me gain strength and courage and makes me have a sense of belonging." Illustrated in the table below are the reasons given by the respondents about how drugs benefits them.

Table 4.3: *The reasons for drug abuse*

How drugs helped	Frequency	Percentage (%)
To cope with the problems	25	24
Make me feel good	19	18
Help me kill boredom	22	21
I gain courage and strength	21	20
A sense of belonging	18	17
Total	104	100

This information corresponds with another obtained from similar research which was conducted in April 2007 in Durban, South Africa in which the respondents gave exactly the same reasons for abusing drugs.

4.6 Sources of Drugs

Records obtained from the police and provincial administration indicated that out of the total number of 73 cases of persons who were arrested for being in possession of illegal drugs over the last twelve months, twenty two (30%) were caught while trying to smuggle the drugs across either the Kenya- Ugandan or Kenya-Ethiopian borders. Eighteen (25%) of the culprits were arrested while transporting drugs into the district from upcountry through Kitale, Kainuk and Lokichar. Thirty three (46%) were cases involving drugs that were locally cultivated or brewed (in case of alcohol). Some people were arrested for cultivating bhang along the banks of river Turkwel which cuts across the Turkana region. According to the records obtained from the Lodwar police station, most of the drugs in the district were smuggled in through the Kenya-Ethiopian and Kenya- Ugandan

borders. Within the district, local consumers bought drugs from peddlers while others obtained drugs from friends and relatives (Ndakwe,2005).

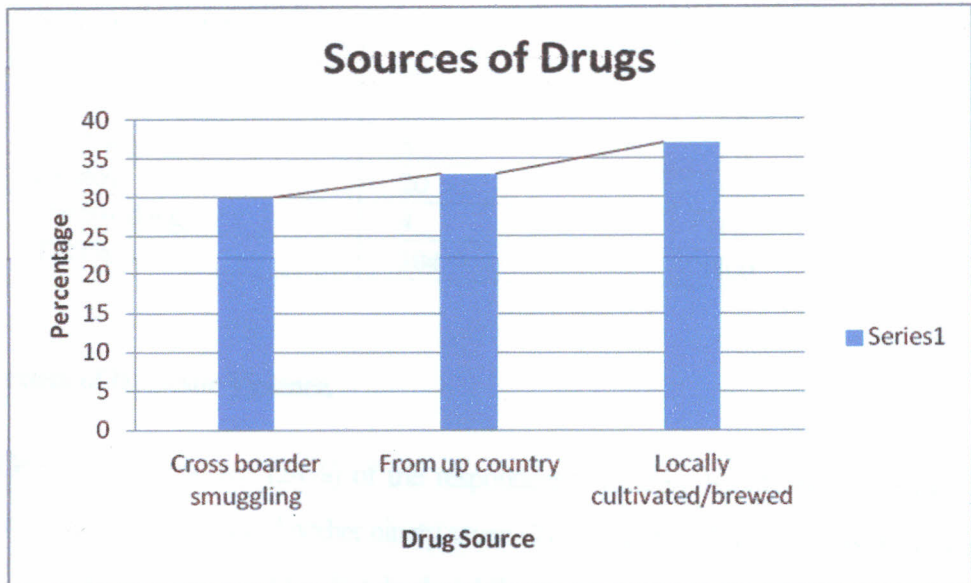


Fig 4.3: Sources of drugs

4.7 How Drug Abuse Influenced Behavior/Feelings

Respondents who confessed that they abused drugs were asked how drug abuse influenced their behaviour. Thirty one (29.8%) dismissed the question and declined to answer. Thirty eight, (36.5%) said drug abuse cause them to behave violently. Three people (2.8%) said drugs made them dullish. Eighteen (4%) said drugs made them hardworking. Eight (7.6%) and twenty (19.2%) said drugs made them respectful and exited, respectively. Four people (3.8%) said drugs made them hardworking. According to a British psychological journal, *The Human Watch*, January 2005, drugs have the capacity to influence the way people think, feel or behave. And a psychiatrist at the Lodwar District Hospital said "Drugs generally affects the abuser in more negative ways and many a times cause the user to become violent and abusive' This is a question which appeared to embarrass many respondents who abused drugs and more especially alcohol abusers who thought the question targeted their personal integrity. As such, the respondents tended to evade the questions knowing they often misbehaved while under the influence of drugs. The table below illustrates the various ways in which drugs force people to behave or react.

Table 4.4: *How drug abuse influenced human behaviour/feelings.*

Effect of Drug	Frequency	Percent (%)
Refused to answer	31	29.8
Violent	38	36.5
Dullish	3	2.8
Respectful	8	7.6
Excited	20	19.2
Hardworking	4	3.8
TOTAL	104	100

4.8 The extent of Domestic Violence.

One hundred and ten (24%) of the respondents said they had fallen victims of domestic violence at one time or another. Another ninety seven (21%) said they had witnessed their friends fall victims of domestic violence. One hundred and fifty three (33%) claimed to know village mates who had fallen victims of domestic violence while eighty nine (19%) of the respondents said a member of their family had fallen victim of domestic violence. Eleven (10%) claimed neither to have fallen victim nor knew anybody who had fallen victim of domestic violence. From the statistics it can be concluded that domestic violence is common occurrence in the district. There is a possibility that some of the respondents who had personally fallen victims of drug abuse related violence did not disclose the information for fear of stigmatization. The statistics obtained at the Lodwar district hospital indicated that 53% of cases of assault had occurred between members of the nuclear or extended family. According to the O.C.S Lodwar, many reported cases of assault occurred between the married couple who disagree over domestic matters such as how to use a given family resource. But such disagreements mostly occurred when both or either of the partners was under the influence of drinks or drugs. "The assistant chiefs who were interviewed in the study also confirmed that most cases of domestic violence reported to them were in one way or the other instigated by drug abuse. Said one assistant chief; "In most cases, the victim of domestic violence would mention that he or she was abused or assaulted by a perpetrator who at that time, was fully or partially under the influence of a drug or drink" A survey carried out by the Kenya Institute of Social Research (KISR) in July, 2007, indicate that out of every ten reported cases of assault, four were domestic. The table below shows the extent of domestic violence in the district.

Table 4.5: *The extent of domestic violence in Turkana Central District.*

The Extent of Domestic Violence	Frequency	Percentage (%)
I have fallen victim	110	24
My relative has fallen victim	97	21
My village mate has fallen victim	153	33
My family member has fallen victim	89	19
Neither I nor anybody else I know has fallen victim	11	3
TOTAL	460	100

A similar study carried out in Samburu District by NACADA in July 2008, indicates that there was widespread cases of drug abuse and an almost equal number of reported cases of domestic violence in the District. This corresponds with the situation in Turkana Central District.

4.8.1 The Distribution of Victims of Domestic Violence by Gender

Records showed that out of the one hundred and ten victims of domestic violence, seventy two (65%) were women, followed by children who were thirty four (31%). Only seven men (6%) fell victims of domestic violence. Women and children were more vulnerable victims of assault because of their physical weaknesses. A medical report by the World Physiological Association (WPA) report of April 2007 shows that there are manifest physical differences between the male and female species. Galileo Galilei (1712) conducted a research on the physical differences between the male and female species and concluded that the male species were generally larger, stronger and more agile than the female species. Other common forms of abuse against women and children included economic deprivation and sexual assault (Charles et al 1994). According to the findings, victims of domestic violence sought help from the police, the provincial administration, the hospital and from their relatives. Others visited counselors, churches, friends while some kept it to themselves. According to the O.C.S Lodwar, out of the total number of cases reported to the police, only about 10% were taken to court since the complainants normally withdrew the cases prematurely. Even those taken to court ended up being dropped before being concluded due to biological and

matrimonial ties between the contending parties. The figure below indicates the distribution by percentage, of the victims of domestic violence in Turkana Central District.

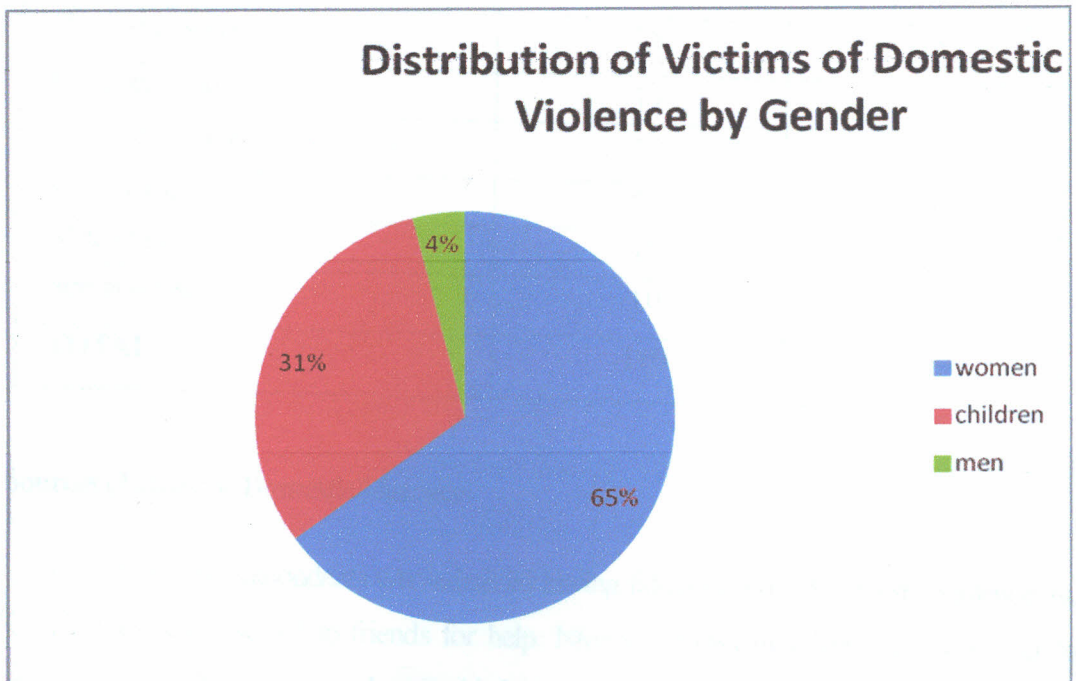


Figure 4.4: *Distribution of the victims of domestic violence by gender. .*

4.8.2 Forms of Domestic Violence

Out of one hundred and ten respondents who admitted to have been subjected to domestic violence, twenty eight (25%) said they had been subjected to physical violence while nineteen (17%) said they had been subjected to verbal or psychological abuse. Fourteen (13%) of the respondents stated that they had been deprived of economic and other needs. Many parents and guardians who abused drugs often spent much money purchasing such drugs sometimes at the expense of other necessary personal or family needs like food, clothing, rent or health insurance. The survey noted that many children or siblings of heavy drug abusers were poorly nurtured and some were malnourished. Some twenty one (19%) had been subjected to elder abuse while nineteen (17%) had been subjected to mate abuse. Ten people (9%) had been subjected to sexual abuse. The study, however, found that the most common forms of domestic violence were physical. The table below shows the different drug abuse related forms violence commonly reported in Turkana Central District.

Table 4.6: *Forms of domestic violence*

Form of Violence	Frequency	Percent (%)
Physical violence	28	25
Emotional Abuse	19	17
Economic and other deprivation	14	13
Elder Abuse	21	19
Mate abuse	19	17
Sexual Abuse	10	9
TOTAL	110	100

4.9 Sources of Help for Domestic Violence

Out of the 110 respondents who admitted having fallen victims of domestic violence, twelve (11%) said they had resorted to friends for help. Nine (8%) said they reported the matter to the police. Thirteen (12%) of respondents said they sought counseling services, Fifteen (14%) said they took their grievances to the church while nineteen representing 17 per cent said they visited the hospital for treatment.. The table on page 39 shows the main sources of help for the victims of domestic violence.

Table 4.7: *How and where victims of domestic violence sought help.*

Source of Help	Frequency	Percent (%)
Help from friends	13	12
Guidance and counseling	10	9
Report to police	11	10
Help from the church	8	7
Help from the hospital	14	13
Handle personally	13	12
Inform relatives	17	7
Report to the chief	24	22
TOTAL	110	100

A further seventeen (15%) said they handled their problems personally. Ten (9%) said they informed their relatives. Fifteen (13%) of the respondents alleged they reported the matter to the chief or assistant chief.

4.10 Methods of Controlling Drug Abuse and Domestic Violence

Information obtained from the community leaders, law enforcement agencies and the ministry of health indicated that among the most commonly used measures for controlling drug abuse and domestic violence included public education through barazas and seminars. Prompt treatment of drug abuse related illnesses and the victims of domestic violence are also important. According to the study findings, enhanced security patrols and stiffer legal penalties for drug abusers and perpetrators of domestic violence are other ways of controlling the two vices. At the family level, the best time to prevent drug and alcohol abuse is before it starts and this means during early childhood. It can never be too late for one to begin talking to his or her children about drug and alcohol abuse (Kodhari, 2004). Research has shown that brief conversation and involvement by parents can produce positive effect on the kids even in contemporary society. A report by the National Institute of Drug and Alcohol Abuse (NIDAA) has shown that preventive programmes that involve families, schools, communities and the media are effective in reducing drug abuse. Although many events and cultural factors affect drug abuse trends, when the youth perceive drug abuse as a harmful activity, they reduce their drug taking. It is necessary, therefore, to help the youth and the general public to understand the risks involved in abusing drugs. Teachers, parents and health care professionals should keep sending the message that the best way to prevent drug addiction is to abstain from it.

Just like in the case of drug abuse and other social vices, the problems of domestic violence can be avoided. People should be encouraged to dialogue in times of conflict especially at the family level because communication is an important way of resolving conflicts. Religious institutions have immense resources in terms of credibility, finances and human resource which they can use to advocate for the elimination of drug and substance abuse within their immediate surroundings. Further to that, the church could be best suited to guide and counsel community members on issues related to drug and substance abuse. Additionally, they can establish affordable treatment or rehabilitation centers for chemical dependent persons and their families. Victims of domestic violence should promptly seek medication while at the same time visit counselors for advice. It is also important to report all cases of domestic violence to the authorities to enable action against the

culprits. For the victims, sharing ones problems and experiences with friends and relatives can be of much help (Ndakwe, 2005). However, it is important to put in place escape-for-safety mechanisms just in case the situation becomes dangerous.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

Drug abuse is a rampant practice in Turkana Central District and its effects are as dangerous as they are far reaching. Yet many people in Turkana Central District seem neither to know nor care about these dangers. From the social perspective, domestic violence is the most manifest effect of drug abuse with women and children forming majority victims of such violence. Sadly, majority victims of the two vices fall within the productive middle age bracket of between 18-35 years. The study found that most cases of domestic violence in Turkana Central District were influenced by drug abuse. This was measured by the frequency in occurrence of domestic violence in instances where the various perpetrators engaged in such violence while under the influence of a drug or drink. Also, some of the cheapest, most readily available and therefore the most abused drugs have the most dangerous effects (Niemman, 2002). The study found that drug abuse heavily influenced domestic violence. This was measured by the frequency of involvement in violence by persons who are under the influence. Although much of these drugs are smuggled into the district through the Ugandan and Ethiopian borders, a substantial amount is either grown or brewed (in case of alcohol) locally. Poor socialization, lack of strong emotional attachments, cultural influences, high poverty and illiteracy levels are key causes of the menace. There is little hope of success in the fight against drug abuse because factors that cause the vice including social economic and emotional challenges are yet to be adequately addressed in most societies. But of even greater concern is the fact that the people themselves have very little knowledge about the dangers of drug abuse. The government, the religious community and the civil society organizations must put joint efforts to help address the challenges of drug abuse. However, the greatest challenge lies with individual persons who must take personal responsibility if the war against drug abuse and domestic violence is to be won.

5.2 Conclusions

The study came up with the following conclusions on the influence of drug abuse on domestic violence in Turkana Central District after analysing and interpreting the data that

was collected. The conclusive remarks have been arranged in a manner that corresponds with the study objectives as outlined in chapter one.

- (i) Persons between the ages of 18-35 years abused drugs most. More male than female abused drugs. Poorer people abused drugs more as compared to the rich and affluent. Many people abused such drugs due to ignorance, peer pressure and lack of strong social and emotional attachment.
- (ii) The most commonly abused drugs in Turkana Central District include a locally brewed traditional liquor, *Kaada* followed by bhang, miraa and tobacco. These drugs entered the district through cross-border smuggling and by road from upcountry while some were locally cultivated or brewed (in case of alcohol).
- (iii) The study discovered that drug abuse heavily influence domestic violence in Turkana Central District. This is because drugs change the way people think, feel or behave. Drug education, tougher legal penalties for drug abusers and perpetrators of domestic violence are some of the steps that can be put in place as deterrent measures.

5.3 Recommendations

On the basis of the summery and conclusions of the study, several measures necessary to control drug abuse and related consequences such as domestic violence have been proposed. These steps can be implemented by the government and private agencies and hence help reduce the menace. The greatest responsibility however, lies with individual members of the society who must recognize the need to take personal responsibility in the fight against the vice.

- (i) The Ministry of Gender and social services in collaboration with non-governmental organizations should organize public education programmes aimed at sensitizing the people on the need to desist from drug abuse and domestic violence.
- (ii) The Ministry of internal security should intensify security patrols along the Kenya-Uganda borders and also the Kenya- Ethiopia borders so as to prevent drug smuggling across such borders. In addition, the Ministry of Justice and Constitutional Affairs should facilitate the formulation of more stringent legal penalties against drug abusers and perpetrators of domestic violence.

- (iii) The Ministry of Education, Gender and Social Services in collaboration with the private sector should train people on the dangers of drug abuse and domestic violence as well as the mechanisms for avoiding the two vices. People especially the youths should be encouraged to engage in more useful activities as a means of keeping them from malpractices such as drug abuse.

5.4 Areas of Further Research

Although the researcher conducted a detailed study on the nature of drug abuse and domestic violence. It recognizes that there are other important aspects of the subject that could not be covered due to limited time and resources. Had such areas been covered, more light would have been shed on the subject as indicated below.

- i. The research was carried out in only one of the six districts of the larger Turkana County. A further research could be extended to the other districts to compare results.
- ii. The study aimed at determining the influence of drug abuse on domestic violence in Turkana Central District, but could also be extended to examine whether domestic violence can also cause drug abuse.
- iii. A research on the impact of drug abuse on national development is also an important area of further research.

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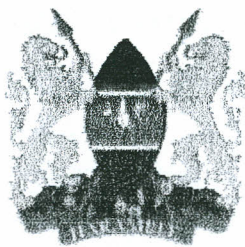
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APPENDIX I



OFFICE OF THE PRESIDENT

Telegraphic address "Distracter"

PROVINCIAL ADMINISTRATION

P.O Box 26

Telephone: 227410

AND

Lodwar

When replying please quote

INTERNAL SECURITY

25th July 2010

Ref. No. OP/DA26/243

To whom it may concern,

RE: ACADEMIC RESEARCH PERMIT

GEORGE ODONGO – C50/13048/2009

The above is a student from Kenyatta University who is currently visiting the district to conduct an academic research on **the influence of drug abuse on domestic violence** in Turkana Central District. You are requested to accord him any necessary support and assistance in this regard.

Thank you.

Yours faithfully,

B. Kariuki.

For District Commissioner

Turkana Central District.

Cc: George Odongo

P.O. Box 25950-00100

Nairobi.

Cc: D.O. Turkwel, Cc: D.O Loima, Cc: D.O. Kalokol, Cc: D.O. Central, Cc: D.O. Kerrio

APPENDIX II

INTRODUCTION LETTER.

George Odongo,

P.o. Box 25950-00100

Nairobi.

21st July, 2010.

Dear respondent,

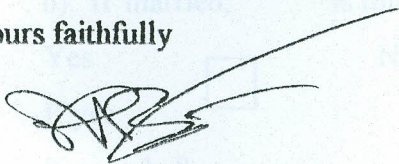
..... (Name of respondent where he/she offers to state)

RE: REQUEST FOR INFORMATION FOR ACADEMIC RESEARCH.

I am the above named Master of Arts (sociology) student at Kenyatta University currently conducting a field research on **The Influence of Drug Abuse on Domestic Violence in Turkana Central District**. The purpose of this letter is to request you to provide me related information in this regard. This information will be used only for the purpose of the study and not to victimize anyone.

Thank you in advance.

Yours faithfully



GEORGE ODONGO

APPENDIX III

A1). QUESTIONNAIRE FOR THE RURAL HOUSEHOLD RESPONDENTS

This questionnaire is prepared to facilitate in the collection of relevant data for an academic research whose aim is to study the influence of drug abuse on domestic violence in Turkana Central District. The information gathered will be used only for the study and shall not be used to victimize anyone and the respondents will remain anonymous and their names shall not be revealed to anyone.

1b. Personal information

Name of respondent (Optional).....

Sub-Location.....

Sex..... Age.....

Level of education (none, primary, secondary, high school, college, university)

Religion/denomination: Protestants Catholic Muslim

Other Specify

Occupation..... Relation to household.....

1(c).General information

a). What is your marital status?

Single Married Separated Divorced

Widowed Other (specify).....

b). If married, is this your first married?

Yes No

If yes

If no, why?

c). If single, are you currently living under the guardianship of anyone?

Yes No Others specify

If No, why?.....

d) If yes, what is your relationship?

- a. Parent
- b. My pastor
- c. Friend
- d. Sibling
- e. Relative
- f. Caretaker
- g. Other (specify).....

e) What is your level of education?

(Tick where applicable)

Illiterate primary secondary

College University

f) What is the highest level of education of your parent/guardian?

Illiterate Primary Secondary College

University

g). What is your occupation?

Farmers Businessman Teacher Church Worker

Jua kali worker Any Other (specify)

h) What is your mother's/guardians occupation.

Businessman Farmer Teacher Jua kali Worker

Church Worker Any Other (Specify)

i). Do you talk to people about your problems?

Very Never Rarely Often
 Sometimes

j). How useful do you find advice from others?

Not Useful Slightly

k). If you are not under the care of your parent could you please explain why?

.....

3. a) Considering your best friends, do they use any of the following? (All, several few, none)

Cigarettes Alcohol miraa Bhang
 Other drugs (specify)

b) On the spaces provided below, name the type of drugs used by your family members. If they don't, put a dash (-).

Spouse -----

Brother -----

Mother -----

Sister -----

Children -----

Guardian -----

c). What is the attitude of your family about the following? (Put a tick where appropriate)

Type of Drug	It is ok to use	Use of drugs is wrong	Little use is harmless	Not sure
Cigarettes				
Alcohol				
Miraa				
Bhang				
Others				

d). What is the attitude of your friends about the following (put a tick where appropriate).

Type of Drug	It is ok to use	It is wrong to use	Little use is harmless	Not sure
Cigarettes				
Miraa				
Bhang				
Alcohol				
Others				

e). Could you briefly describe your behavior or the behavior of your parents/guardian/children, spouse or friends while under the influence of the drugs or drinks?

.....

.....

4).Data on drug abuse

a) Have you ever used any of the following drugs in your life time?

(Tick appropriates multiple responses) if no, go to Q6

Alcohol

Miraa

Bhang

Cigarettes

Other specify

b). How old were you when you tried any of them and who introduced you it to?

Drugs	Age of initiation	Introduction by;(family member, relative, oneself)
Miraa		
Cigarette		
Alcohol		
Bhang		
Others (specify)		

c). What are the reasons that make you engage in drug abuse? (Multiple response possible)

1. To gain strength and courage
2. To cope with problems
3. To belong
4. To kill boredom
5. To feel good
6. Other specify

d). How do you obtain drug(s) (multiple response possible)

1. 5. Smuggling
2. Given by friends
3. Buy from peddlers
4. Cultivate/brew(in case of alcohol)
5. Given by relatives
6. Other specify

e). Are you ready to give up the habit of drug abuse?

- a. Most unlikely
- b. Not ready to give up
- c. Most probability
- d. Unlikely
- e. Yes

f) How do you feel when you have not used any drug?

g). Have you ever been arrested by police?

h) What don't you like about drug abuse?

Never Sometimes Frequently Rarely

5.a) Have you ever been sick and diagnosed with a drug abuse related disease?

No Yes Not Sure

b). If yes, indicate the name of the disease? -----

5a) Have you used any of the drinks or drugs in the past period as indicated in the table below?

Type of Drug	Past 12 months	Past 30 days	Past one week
Alcohol			
Miraa			
Bhang			
Cigarette			

6 a). How many of your children are below the age of 18?

b). Does any of them use drugs?

Don't Know No Yes

c). If yes, which drugs do they use? -----

d). How do they obtain the drug?-----

e). How does your children behave while under the influence (if any)?-----

7. What are the reasons for your children's involvement in drug abuse?

8. What measures do you have in place to address the problem of drug abuse in your family? ---

9) Data on family relationships

a). i). Had you used any drugs before your marriage?

No Not Sure Yes

ii). If no, what changes have you noticed in your family since you started using drugs

1.

2.

3.

b). i). Was your partner using any drug before you married him/her?

1. Yes

2. No

3. Don't know

ii). If yes, what changes have you notice in his/her life that affect your family since he/she started using drugs.

10. In which ways does this habit of drug abuse affect your family?

- 1.
- 2.
- 3.

11. Please put true (T) or false (F) below the statement.

I have beaten my spouse when under the influence	I relate poorly with my family members and other people under the influence of:	Taking this drug makes me to ignore other family responsibilities

12 From some of the problems you face in your family, which ones can you attribute directly to drug abuse?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

13. How do you deal with such problem(s)? (Select all that apply)

1. inform the relatives
2. use friends
3. handle them personally
4. report to church
5. report to the police
6. go to guiding and counseling centers

7. keep to oneself

8. other specify

9. report to the chief

14. How often are you subjected to domestic violence in your family?

Daily

Once a month

More than once a month

Once a year

More than once a year.....

15. The statements below describe some of the issues related to drug abuse, drugs awareness and domestic violence. Supplied also are five choices corresponding to the statements namely

1. NA (strongly Agree)

2. A (Agree)

3. N (Neutral)

4. SD (Strongly Disagree)

5. SD (Strongly Disagree)

Please tick the option that best suits your opinion on the corresponding statements

a) My family members feel secure in their present conditions

b) Drug is not a serious problem in my Sub-location

c) Many people are involved in drug abuse in my sub-location

d) A few people need help in relation to drug abuse in my sub-location

e) Education on drug is very important for all the people in my the sub-location

1

2

3

4

5

f) Very little drug education has been carried out in my Sub-location

1

2

3

4

5

i) Women and children are the majority victims of domestic violence in my sub-location

g) Domestic violence is prevalent in my sub-location

1

2

3

4

5

h). Men are also victims of domestic violence in my Sub-location

1

2

3

4

5

16. I am satisfied with the existing intervention being used to mitigate the problems of drug abuse and domestic violence in my Sub-location.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

17. What else do you think should be done to reduce the problem of drug abuse and domestic violence in your community?

Thank you for accepting to participate in this interview.

APPENDIX IV

A2) INTERVIEW SCHEDULE FOR POLICE OFFICER IN- CHARGE

This interview schedule is prepared to facilitate in the collection of relevant data for an academic research whose aim is to study the influence of drug abuse on domestic violence in Turkana Central district. The information gathered will only be used for the study and shall be treated with strict confidentiality.

1. From the arrests you have made in the last 12 months.
 - a) How many were related to drug abuse?
 - b) What do the culprits tell you that leads them to drug abuse?
 - c) How do they obtain the drugs?
 - d) What are the sources of drugs?
2.
 - a) Who were the major victims of domestic violence?
 - b). What reasons are mostly given for domestic violence?
 - c). How many cases of domestic violence did you receive over the last twelve months?
 - d). How effective are these methods?
 - e). What measures do you have in place for controlling or solving domestic violence?

APPENDIX V

A3) INTERVIEW SCHEDULE FOR MEDICAL OFFICERS

This interview schedule is prepared to facilitate in the collection of relevant data for an academic research whose aim is to study the role of drug abuse in domestic violence in Turkana Central district. The information gathered will only be used for the study and shall be treated with strict confidentiality.

1. How do they respond to the advice?
2. What are the effects of drug abuse on the health of an individual?
3. What are the symptoms and effects of drug abuse?
4. How do drug abusers behave?
5. Among the incidences of sickness that you attended to in the last 12 months, how many are related to drug abuse?
6. What is your observation on people who abuse drugs?
7. Is there any guidance and counseling done on these patients?
8.
 - a). How many casualties have you treated in this hospital for domestic violence over the past twelve months?
 - b). Who are the major victims of domestic violence?
 - c). What reasons are normally given for domestic violence?
 - d). Is there any guidance and counseling done to these patients?

APPENDIX VI

A4) INTERVIEW SCHEDULE FOR ASSISTANT CHIEFS:

This interview schedule is prepared to facilitate in the collection of relevant data for an academic research whose aim is to study the role of drug abuse in domestic violence in Turkana Central district. The information gathered will only be used for the study and shall be treated with strict confidentiality.

Sub-location _____

1. What other drugs do people abuse in your sub-location?
2. For how long have you been the assistant chief of this sub- location?
3. To what extent is drug abuse a problem in this sub-location?
4. How do they obtain the drugs?
5. What are the measures that have been put in place to control abuse of drugs?
6. Are there any cases of domestic violence in your locality?
7. What are the reasons given for domestic violence?
8. How do you handle the victims and perpetrators of domestic violence?
9. What is the age group that is mostly associated with the use of drugs?
10. How do you sensitize members of your sub-location on the dangers of drug abuse and domestic violence?

APPENDIX VII

A5a) INTERVIEW SCHEDULE FOR OTHER COMMUNITY LEADERS:

(Religious, clan elders and opinion leaders)

This interview schedule is prepared to facilitate in the collection of relevant data for an academic research whose aim was to investigate the influence of drug abuse on domestic violence in Turkana Central District. The information gathered will only be used for the study and shall not be used to victimize anyone. The respondents will remain anonymous and their names shall not be revealed to anyone.

Division:-----

Sub-location:-----

Name:-----

Age:-----

Position held in the community

1. What is your observation of people who abuse drugs?
2. Are there cases of domestic violence that you can link to drug abuse in your locality?
3. Why do people in your locality engage in drug abuse?
4. What is the age bracket that is most involved in this habit?
5. To what extent are drug abuse a problem in your community?
6. How are drugs obtained in your area?
7. What are the types of drugs most abused in your community?
8. How do the people in your community handle cases of domestic violence?
9. What are the members of your community doing to control drug abuse and domestic violence ?
10. In your opinion, what do you think should be done to control drug abuse and domestic violence?

APPENDIX VIII

A6a) OBSERVATION CHECK LIST

This questionnaire is prepared to facilitate the collection of relevant data for an academic research whose aim is to investigate the influence of drug abuse on domestic violence in Turkana Central District. The information gathered will only be used for the study and shall be treated with strict confidentiality.

Sub-location -----

The interview will make the following observations and tick or record the best description for the situation.

1. The behavior of the individuals at a drug selling/buying point
 - a) Hasty -----
 - b) Violent -----
 - c) Fearful -----
 - d) Relaxed -----
 - e) Sluggish -----
 - f) Other (specify) -----

2. Behavior of individuals in groups or social functions at areas of social group functions (funerals and other ceremonies)
 - a) Sleepy -----
 - b) Relaxed -----
 - c) Excited -----
 - d) Violent-----
 - e) Quiet -----
 - f) Noisy -----
 - g) Sluggish -----
 - h) Hardworking-----
 - i) Others (specify) -----

3. Behavior of the drug abuser at his/her home
 - a) Abusive -----
 - b) Dullish -----

- c) Hardworking -----
- d) Respectful -----
- e) Rough -----
- f) Bored -----
- g) Normal -----
- h) Others (specify) -----

4. Individual's personal physical appearance

- a) Dirty -----
- b) Untidy -----
- c) Presentable -----
- d) Careless -----
- e) Others (specify) -----

5. Size and condition of home compound

- a. Ample space and tidy-----
- b. Crowded and tidy -----
- c. Ample space and untidy -----
- d. Crowded and untidy -----
- e. Others (specify) -----

6. Type of building and material used by the drug abuser

- a) Semi permanent -----
- b) Temporary -----
- c) Permanent -----

7. Appearance of children of the drug abusing parents

- a) Tattered clothes -----
- b) Healthy clean children -----
- c) Dirty children -----
- d) Malnourished children -----
- e) Others (specify) -----

8. Duration spent at home in a day by the drug abuser

- a) Less than twenty hours -----
- b) Less than five hours -----
- c) Less than twenty four hours -----
- d) Less than ten hours -----
- e) Les than fifteen hours -----
- f) Others (specify) -----

9. Relationship with family members

- a) Carefree -----
- b) Loving and respectful -----
- c) Indecent -----
- d) Rough -----
- e) Others (specify) -----

APPENDIX IX

A7a) ACTION PLAN

ACTIVITY	TIMEFRAME	RESPONSIBILITY	ASSUMPTIONS
Proposal writing	By 11 January, 2010.	Researcher	
Review and approval of proposal	By 31st May, 2010.	Supervisor/course Coordinators	Proposal to be developed on time by the researcher and approved on time.
Sampling	By 28 th June 2010	Researcher and supervisor	Proposal approved on time
Pre-testing questionnaire	By 1 st July 2010	Researcher assisted by supervisor	Pre-testing done on time
Collection of data	By 20 th July 2010	Researcher	Absence of major constraints in the field
Data analysis and interpretation	By 17 th August 2010	Researcher	Data analysis done on time
Writing and typing of thesis	By 16 th September 2010	Researcher	Report writing completed on time.
Submission of final draft	28 th September 2010	Researcher	Thesis submitted on time.

APPENDIX X
A8a) RESEARCH BUDGET

Item/Activity	TOTAL COST (KSHs)
Transport (Reconnaissance and Actual Field work)	36,000.00
Subsistence allowances for the assistant researchers	34,000.00
Equipment (Stationary, diskettes, photocopying papers etc)	21,500.00
Typing of Researcher thesis, printing and binding	15,000.00
Typing of Research questionnaires & interview schedules	13,000.00
Miscellaneous	7,000.00
Grand Total	126,500.00

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