

**DRUG ABUSE AND DOMESTIC VIOLENCE IN UGANDA.
A CASE OF KANSANGA MAKINGYE DIVISION**

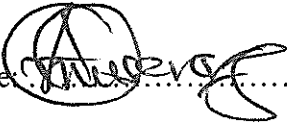
**BY
AGABA COLLEB COLLIMS
1153-06404-03809**

**A RESEARCH REPORT SUBMITTED TO THE COLLEGE HUMANITIES AND
SOCIAL SCIENCE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF THE DEGREE IN SOCIAL WORK
AND SOCIAL ADMINISTRATION OF KAMPALA
INTERNATIONAL UNIVERSITY**

SEPTEMBER, 2018


DECLARATION

I AGABA COLLEB COLLIMS, hereby declare that this research proposal is my own original work and not of simply published of any scholar for academic purpose of partial requirement of any college, university or otherwise.

Signature:  Date: 21/09/2018

APPROVAL

This research report has been submitted with the approval of the institution supervisor.

Signature: 

Date: th 24. 09. 2018

MS BIRUNGI SYLVIA
(University Supervisor)

DEDICATION

I hereby dedicate this research proposal to the almighty God who gave me powerful strength to undertake and complete the work in the prescribed time. I also dedicate it to my father, Mother, children and wife for their morale support.

ACKNOWLEDGEMENT

I take this opportunity to acknowledge Kampala International University for making this Degree programme available.

I acknowledge the school administrations and the students in the different schools I visited gathering the research information.

I also acknowledge my sincere true friends for morale and financial support. Financial support has been the backbone of my academic progression from the low education level to the higher education levels. That is from fundraising to bursaries.

I further acknowledge Mr.for his moving and touchy lectures and also for accepting to work with me during the period of the study. Not to forget my parents, wife and daughter for their support towards my success and also to my fellow students and friends

God bless you.

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CHAPTER ONE

1.0 Introduction

In this chapter the researcher is going to deal with the background information to the Study, statement of the problem, purpose of the study, objectives of the study, significance of the study, conceptual diagram and operation definitions of terms.

1.1 Background information to the study

Globally, drugs abuse and addition to alcohol, nicotine and illegal substances cost Americans up to half a trillion dollars a year, considering their combined medical, economical, criminal and social impact. Every year abuse of illicit drug and alcohol contributed to the death of more than 100,000 Americans, while tobacco is linked to an estimated 440,000 death per year (Nora, 2007). The '90s and 2000s were time of worked increase in the use of illicit drugs. During the social and political unrest of these years, many youths turned to marijuana, stimulants and hallucinogens. Lert (2002) in the newspaper scholastic classroom magazine, he gives a clear preview on America's drug abuse problem and how it affects the economic position of a country. The author of this article in the newspaper has suggested early signs of a person who have been abused and a possible remedy. The author (Lert) further mentioned that, though the wife may abuse the husband or vice versa, the children was affected negatively either directly or indirectly. The author further acknowledges that, societal morals and norms have deteriorated hence people lack guiding principles on what is good or bad, right or wrong. This newspaper is reliable and effective in research because of the in-depth information on the issue of drug and alcohol abuse.

Infact, the author have found out that drug abuse is highly correlated with domestic violence making it reliable because it was used to provide solutions and a conclusion on all facts related to this topic. This magazine is therefore important when writing a proposal especially on the effects of drugs and how it contributes to the domestic violence. The author of this article in the magazine targets all people in the society (young, old, married and singles) because drug and alcohol abuse affects all people either directly or indirectly. This article will therefore be useful in trying to identify the major challenges facing most families which are under the influence of drugs.

Domestic violence is also known as spousal abuse, domestic abuse, intimate partner violence (IPV) or child abuse. It is therefore defined as abusive behaviors by either one or both partners in a relationship. Such intimate relationships include: family, dating, marriage, cohabitation or friends. Domestic violence take many forms such as physical aggression or abuse (biting, kicking, throwing objects to a partner, hitting, restraining, slapping, shoving), or threats, stalking, intimidation, dominating or controlling, sexual abuse, emotional abuse, economic deprivation and passive abuse which is also known as covert abuse such as neglect. These abuses if constantly repeated can lead to self-harm, mental illness and an attempt to commit suicide.

Increase in adolescent alcohol consumption during this period was noted (Robinson and Greene, 1988) more precise data about drugs use by children especially the adolescent have been collected in recent years. Each year since 2005, Lloyd, Johnson, Patrick, O'Mally and Gerald Back man working at the institute of social research at the university of Michigan study is called the monitoring of the future drug study.

According to Johnston Etal, (2001), the use of drugs among the US institution children declined in 1980s but began to increase in the 1990s (BACHMAN 7 others 2003) sated that in the late 1990s and the first three years of the twenty first century, the proportion of the tenth and twelfth grade students report that the use of any illicit drugs has been holding fairly steady or declining in use.

In Kenya, two reports released in 2004 by the national Aids and S.T.D Control program 2005 highlight the abuse of drugs and alcohol and the link between drugs abuse and HIV/AIDS. The first report was on a study of substances among the youth conducted by the national agency for campaign against drugs (NACADA). It pointed high prevalence among youth in abuse of alcohol, cannabis, miraa and inhalants and a lower abuse prevalence of other narcotic drugs and psychotropic substances. The second report was a study commissioned by the united nation's office and drugs and crime (UNDOC) AND CONDUCTED by the University of Nairobi to investigate the links between drugs abuse, injecting drug use and HIV/AIDS in Kenya. It revealed that over and beyond the findings of the NACADA Study, heroin, cocaine and Amphetamines are abused. The report showed that injecting drugs use is high in Mombasa and Malindi in the coast prnvince, followed by Nairobi and sharing of needles is quite common. In Kampala district, Kampala International University parents and their children have drugs and

alcohol under the influence of home environment practices and illiteracy. As started by (Nora 2007) the influence of home environment is usually most important in childhood. According to (Nora 2007) parents and older family members who engage in criminal behavior can increase risk of developing their own drugs problem.

1.2 Statement of the Problem

It has been observed that children from drugs abuse families, suffer psychologically, feel depressed and stress. This problem is most serious among socially disadvantage communities where they have poor socio - economic background. Although the government has assisted to reduce drug abuse cases by banning the use of illegal brews imposing high taxation on beer to discourage drinking and high fees to people caught drinking with the support of the NGOs creating awareness on the dangers of drugs abuse and alcohol, still many people engage themselves in taking intoxicating drugs and alcohol and smoking bhang or tobacco that leads to domestic violence in families. This has contributed to poor social economic development in Kansanga Makindye Division. Due to the above observation, the study intends to investigate relationship between drugs abuse and domestic violence in Kansanga Makindye Division.

1.3 Purpose of the study

Basing on the major objective, the purpose of this study is to gather information on the relationship between drugs abuse and domestic violence in Kansanga Makindye Division.

1.4 Objective of Study

The study was guided by the following objectives:-

- i. To identify the possible causes of drug abuse in Kansanga Makindye Division.
- ii. To analyze the effects of the domestic violence in Kansanga Makindye Division.
- iii. To suggest the possible solution that will eradicate the use of drugs.

1.5 Research Questions

- i. What are the possible causes of drug abuse in Kansanga Makindye Division?
- ii. What are effects of the domestic violence in Kansanga Makindye Division?
- iii. What are the possible solutions to completely eradicate the problem?

1.6 Scope of the study

1.6.1 Content Scope

The study is only confined in Kansanga Makindye Division. It will identify the possible causes of drug abuse, analyze the effects of the domestic violence in Kansanga Makindye Division.

suggest the possible solution that will eradicate the use of drugs and establish the relationship between drug abuse and domestic violence in Kansanga Makindye Division

1.6.2 Geographical scope

The study was conducted in Kansanga located in Makindye Division. Kansanga is bordered by Kabalagala and Kisugu to the north, Muyenga to the north-east, Kiwafu to the east, Bbunga to the south-east, Konge to the south, Lukuli to the south-west, Kibuye to the west, and Nsambya to the north-west. The road distance between Kampala's central business district and Kansanga is approximately 6 kilometers (3.7 mi). The coordinates of Kansanga are 0°17'14.0"N, 32°36'28.0"E (Latitude: 0.287225; Longitude: 32.607778).

1.6.3 Time scope

The study took a period five months that is from January 2018 to May 2018. This period enabled the research to come up with information that was useful to the study.

1.7 Significance of the study

The finding of the study will help to fill the knowledge gap to the community by providing the very useful information about the dangers of the drugs abuse and addiction including the many harmful consequences of drugs abuse and the basic approaches that have developed to prevent and treat diseases.

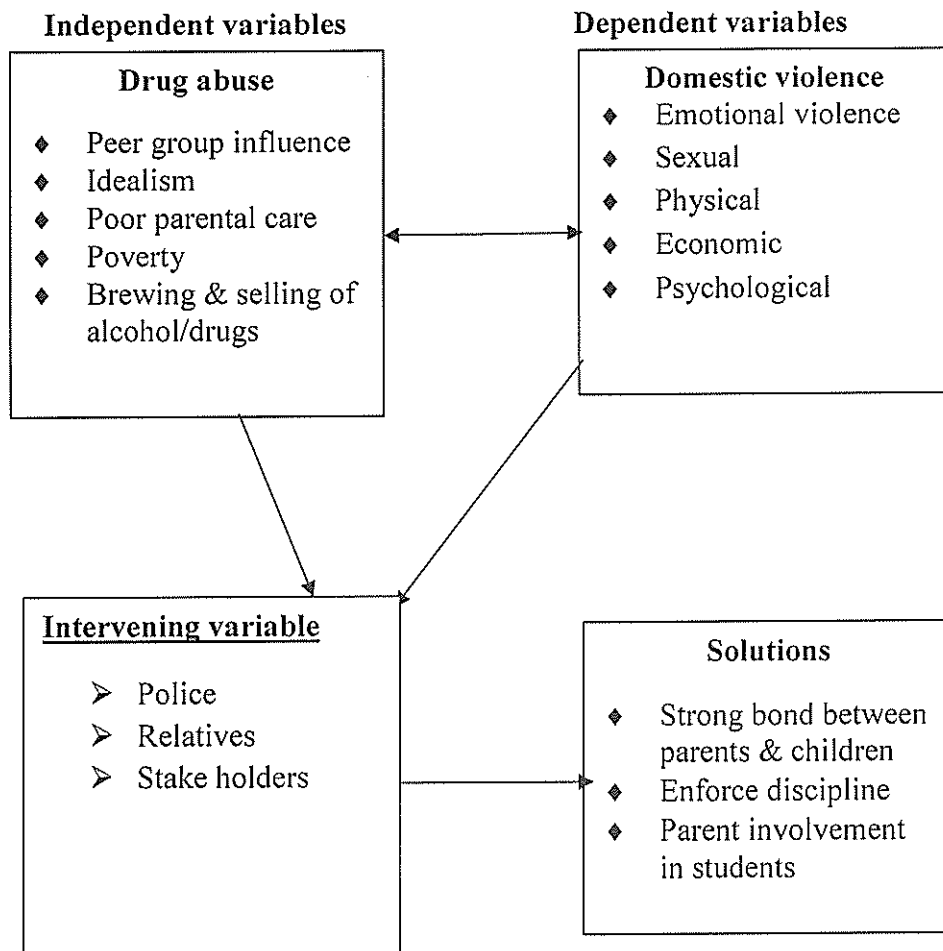
The awareness can be created to the parents through seminars and workshops. Researcher based, guide for parents, educators and community learners' can significantly reduce early use of tobacco, alcohol and illicit drugs. Prevention programs also can work to protect and reduce risk factors.

The researcher believe that increased understanding of the basic of addiction will empower people to make informed choice in science - based policies and programs that reduce drugs and addiction in their communities and support research that improves the nations wellbeing.

It is the researcher's hope that parents and caregivers will not ignore their families due to use of drugs and by so doing students will learn and perform wonderful in schools of institutions.

1.8 Conceptual Framework

Figure: 1 Conceptual Framework



Source: Primary Data

Description of the Conceptual Framework

The independent variable is drug abuse; they are peer group influence, Idealism. Poor parental care as a result of divorce. Because of poverty students are forced by their parents to brew alcohol and sell to get money. The dependent variables is domestic violence: Emotional violence, Sexual, Physical, Economic and Psychological. The Intervening variables/solution act as solution of the study in other words they work hands in hand with the independent and the dependent variables.

1.9 Operational Definition of Terms

Drug - An illegal substance that some people smoke, inject, swallow etc for the physical and mental effects it has.

Abuse - The use of something in a way that is wrong or harmful.

Researcher - A carefully study of a subject especially in order to discover or find out things or to make decision.

Sample Procedure - The process through which the researcher wants to work with incase it is not possible to deal with the whole population.

Respondent - A person who answer questions especially in a survey.

CHAPTER TWO LITERATURE REVIEW

2.1 Introduction

In this chapter the researcher reviewed related literature guided by the research objective as follows:-

2.2 The effects of drugs abuse

Drug abuse is also known as substance abuse; it is referred to as a maladaptive behavior of the use of drugs and alcoholic substance that is dependent. Some of the drugs which can be abused include: bhang, cocaine, alcohol, methaqualone, benzodiazepines, opioids and amphetamines among others. Using these drugs regularly can lead to permanent addiction, social, physical and psychological harm which can be irreversible if not treated at the early stages. According to the research conducted, drug and alcohol abuse have a direct correlation between these emerging domestic violence issues. The research findings indicated that, domestic violence is caused by high rates of drug and alcohol abuse used by these violent and arrogant people. Batterers abuse drugs and alcohol which in turn increase the probability of domestic violence. Drug abuse and domestic violence interact and they are correlated hence both of them should be addressed simultaneously. A few cases of domestic violence can offer adequate guiding and counseling or health services programs for drug and alcohol abusers (Lawson, 2001).

According to us Department of Health and Human Services (DHHS) and the U.S. Department of Education (ED) noted that the use of illicit drugs and abuse of alcohol exact a steep price from our society. The complicity of substance abuse in serious social as crime, domestic violence and traffic injuries is well established. Recently, however, another threat which has come to the attention of the public. This is the threat to children born to women who abuse alcohol and other drugs during their pregnancy (Acuna, 2002).

According to U.S (DHHS) say that experts now estimate that one - half to three quarters of a million infants are born each year who have been exposed to one more illicit drugs in Utero (Dr. Bary Zucherman 1991) describes the symptoms that may emerge in Students who abuse drug and alcohol have diminished ability to concentrate in school because of intrusive thought and images persistence sleep, disturbers; disordered behaviors with significant care takers, nihilistic, fatalistic orientation to the future which leaves to increased risk taking behavior (Mbani, 2008).

Ariithi, (2005) states that drug abuse cause confusion, depression, aggression, over excitement, irritability and restless. Drugs abuse become socially misfit due to the psychological problems caused by the drugs and is likely to kill themselves or others.

Halima (1995), stated that taking of alcohol leads ultimately lack of mental and physical coordination, illness and some death cases. Also smoking directly affects the respiratory track and the lungs leading to infection of the respiratory system and cancer of lungs - Nicotine the active ingredient in tobacco affects the brain and cause cancer of the throat as well as enlarged intestines. It damages the heart and the blood vessel and put at risk of high blood pressure and heart attack. When liquids and semi liquids substance are sniffed, the person might experience feeling of dizziness, relaxation, mental confusion light headaches, lack of co- ordination, hallucinations, sleeplessness, illusions, nausea and unwell being, followed by a slurred speech, hot flusher and body rashes. The prolonged habitual use of inhalants can cause blood shot eyes and nose bleeding overtime, personality changes and tremors can occur (Mazera, 2009).

2.2.1 Effects of drugs on the human body.

According to Ariithi (2005) Drugs have negative physical and physiological effects on the human body. He says that people usually takes drinks with higher caffeine content in order to stay awake and be more alert. But caffeine causes lack of sleep over time. Therefore people who use caffeine cannot function accurately without caffeine. They experience headaches and may have nose bleeding, feeling of extreme tiredness, fainting and even sudden death.

Alcohol destroys the liver, brain cells and causes blindness, deafness or even death. It also interferes with ones judgments and ability to make correct choice. Many people have doge blind, or died as a result of taking illegal brews which contains alcohol.

Ariithi, (2005) also says that a heroin and cocaine drug cause a sharp increase in the body temperature, heart rate and blood pressure. This can result in liver, kidney or heart failure which leads to sudden death.

2.2.3 Effects of drugs on the brain.

As said by Debellis & others (2000) in their study drugs acts on the body as depression arid slows the brain activities. If drugs are used in sufficient quantities, they damage or even kill biological tissues in recent research, heavy regular drinking in adolescence was linked with

impairments of the brain. Brain scan of adolescents who abuse alcohol reveal damage to the hippocampus a region of the brain especially involved in the learning and memory.

According to Tapert Etal (2001) brain scans of females who drank heavily as adolescents had a considerably more trouble in remembering the location of the object on the screen and the images of their brains revealed sluggish activity?

Ariith (2005) started that people of all ages suffer the harmful consequences of the drug abuse and addiction. Babies exposed to legal and illegal drugs in the womb may be born prematurely and underweight. This drug exposure can slow the child's intellectual development and affect the behavior later in life - children who abuse drugs and alcohol generally perform poorly in academics and eventually drop out of school.

On the other hand those children who abuse drugs and alcohol are at risk of unplanned pregnancies, violence and infectious disease. Ariithi (2005) concluded that drugs and alcohol abuse have negative effects on the whole Kenya society. It affects the victims, families, friends and relatives. Drugs abuse also causes mental disorders and death. They reduce a person's ability to make correct choices. People under the influence of alcohol are more likely to engage in immoral behaviors such as sexual misuse.

Fast - paced social, economic and technological changes present a challenge to the stability and influence of the family. The family is often viewed as the basic source of strength, providing nurturance and support for its individual members as well as ensuring stability and generational continuity for the community and culture. According to Denise Kandel & others (2003) reported that the stability of relationship environment and expectations is a powerful force in helping people manage their lives especially important for children and youth.

In some societies, the classical problem of balancing discipline and control of children with nurturing support to encourage their exploration, understanding of the world and self-realization may be complicated by the substance abuse problem as well as a wide range of other conditions. (Moos & Others 1990) state that among the factors in adolescence, abuse of drugs and alcohol are heredity, family influence, peer relation and certain personality characteristic. There is great evidence of a genetic predisposition of alcoholism, although it is important to remember that

both genetic and environmental factors are involved. Since children are more involved in substances abuse, most families have less power of influence on shaping (the attitude, value and behavior of students according to Barnes & others (1995) adolescent drug abuse is related to parents and peer relation. Children who drink heavily often came from unhappy homes in which there is great deal of tension, have parents who use poor family management practice and have parents who sanction alcohol use.

2.3 Possible solutions to completely eradicate the problem

According to Nora (2007) early childhood risk such as aggression behaviors can be changed or prevented with family, school and community intervention that focus on helping students develop appropriate, negative behaviors can lead to more risk such as academic failures and social difficulties which put children at further risks for later drug abuse.

Research - based prevention programs focus on intervening in a child's development to strength protective measure before problems develop. Just as some protective factors such as strong parents child bond, can have a greater impact on reducing risks during the early year, families can provide protection from later drug abuse when there is:-

- Strong bond between students and parents
- Parents involvement is in the students' life
- Clear limits and consistent enforce discipline

Dr. Halima (1995) concluded that in problem of drugs abuse, one should avoid taking any intoxicating substances and the smoking of tobacco or Bhang. She encourages learners to engage in activities such as game and sports during their free time.

2.4 The Relationship between Drug Abuse and Domestic Violence

Although perpetrators and victims of spousal violence are common in substance abuse programs, the issue of domestic violence is not always addressed and there is often a poor connection between providers of services for those recovering from substance dependency and domestic abuse. It is essential that violent behavior and victimization are explored during the recovery process, as failing to address these can make it more difficult for users to achieve abstinence. Equally, when substance abuse is not dealt with during domestic violence programs, this interferes with their effectiveness. There is indeed evidence that programs for victims that address both domestic abuse and substance misuse are valuable, as demonstrated by a project in

Illinois which offered women input from both agencies. Within six months of starting the collaborative intervention women were abusing drugs less often and they also felt more in control of their situation at home (Murithi, 2006).

The most common reasons why domestic violence programs do not offer help with substance abuse relate to the fact that their aim is to largely offer shelter and safety, their staff are inexperienced in this area, they have limited resources to pay for specialist services and there is concern that concentrating on substance abuse could increase the likelihood of victim blaming (Murugi, 2008). However, research shows that the majority of programs for domestic abuse that do not offer their own treatment for substance misuse refer on to relevant programs in the community and would like to work with specialist alcohol and drug recovery centers to offer an enhanced service. As a result, there is a call for additional funding to bring substance abuse services into domestic violence shelters and to provide integrated treatment programs.

To ensure the issues of alcohol, drugs and violence in the home are properly addressed during substance misuse interventions, not only is it vital for treatment providers to collaborate with local domestic abuse services, but according to recommendations, all staff should receive training on spousal abuse and its health and social implications(10). Substance recovery programs also need to screen those entering treatment for evidence of domestic violence and coercive control, owing to the psychological and behavioral impact of this. Substance abuse treatment services should additionally focus on the wider issues, including domestic problems, that can affect those in recovery, which a holistic and individualized program of care can offer. Recognizing that a partner may sabotage recovery efforts and how this can be addressed is also an important consideration (Mutumbai, 2005).

It is just as important to incorporate strategies to deal with the behavior of domestic violence perpetrators entering treatment for substance misuse disorders, though a study from 2012 highlighted that just 20% of facilities incorporated this into their treatment and around one-third suspended clients from their program if there was evidence of violence (MOE, 2007). The reasons given for not providing interventions to address violent behavior were also similar to those cited by domestic violence programs in that this was not the aim of their service, their staff lacked training and there were financial constraints. Research demonstrates though that there are particular considerations that should be taken into account when providing treatment for users

responsible for violence in the home (MOE, 2008). For instance, a crisis situation must be treated differently, so the plan of action needs to focus on safeguarding the partner and others at home, liaising with both the family and violence support professionals regarding this. There is also the issue that perpetrators of domestic abuse typically blame others for their actions, which can stand in the way of progress in addressing either problem, so fostering accountability is vital and monitoring the degree to which someone takes responsibility can serve as a marker of progress during treatment. Additionally, it is important to assess whether it is intoxication or abstinence that triggers violent episodes, and to draw up a plan offering coping mechanisms to help the batterer to modify their behavior in these situations. Ideally, substance abusers committing violent attacks should be referred to a specialist intervention program for batterers, as this can also enhance their success at giving up alcohol and drugs (MOEST, 2004).

The compulsion toward risky behavior accounts for the connection between alcohol abuse and the risk of suicide, which also overlaps with the propensity for violence. Alcoholism, Clinical and Experimental Research noted a perception among people who seek treatment for substance abuse problems that the inability to control their violent behavior was connected with an increased chance of a past suicide attempt. Researchers writing in that journal theorized that people who struggle to control their anger are more likely to act on impulse and may thus be more violent to themselves than to others.

To that point, the World Health Organization defines suicide as a form of “self-directed violence,” and studies on the topic of how substance abuse influences violence have found a strong connection between addiction and “self-directed violence.” The European Archives of Psychiatry and Clinical Neuroscience journal wrote of how people with histories of alcoholism and past aggressive behavior “are more likely to report suicidal thoughts or past suicide attempts.” People who had attempted to commit suicide tended to report higher instances of depressive disorders, which they may have tried to cope with by abusing alcohol or drugs as a form of self-medication, thereby deepening the spiral. In 2010, scientists writing in the Addictive Behaviors journal noted that people who had a psychological dependence on alcohol, and also had a history of suicide attempts, showed “higher impulsive and aggressive behavior.” In a study of over 6,000 people enrolled in treatment for their addiction, participants who had committed acts of serious violence (such as rape, murder, or assault that resulted in serious injury) were

more than 50 percent more likely to report multiple suicide attempts. The statistic was unaffected even when demographics, mental health, and past instances of victimization were taken into account.

When either or both partners abuse alcohol, risk for intimate partner violence increases significantly. Systematic review of the relationship suggests that the association is strongest within clinical populations of men with more serious alcohol problems (Foran & O'Leary, 2008). For example, Cunradi, Caetano, Clark, and Schafer (1999) found a significant relationship between alcohol problems and intimate partner violence for both men and women in the general population that was mediated by demographic characteristics, psychosocial influences, and the alcohol problems of the partner. Similarly, O'Farrell and his colleagues (O'Farrell, Fals-Stewart, Murphy, and Murphy, 2003; O'Farrell, Murphy, Stephan, Fals-Stewart, & Murphy, 2004) showed that, when compared with demographically matched controls, men entering alcohol treatment reported more intimate partner violence during the previous year. Within a sample of men and women arrested during a domestic incident, Stuart et al. (2006) found a significant relationship between severity of alcohol problems and perpetration of physical and psychological aggression, and Fals-Stewart (2003) discovered that, among men seeking treatment for alcohol abuse or intimate partner violence, the probability of severe physical aggression directed at a female partner was 11 times greater on days the men used alcohol when compared with days they abstained.

Drug Abuse and Intimate Partner Violence

Systematic review of research conducted from several different perspectives has also documented a relationship between the use of illicit drugs and intimate partner violence (Moore et al., 2008). At this time, use of cocaine, amphetamines, and marijuana have been linked with risk for intimate partner violence within both the general population and populations of men seeking treatment for either substance abuse or intimate partner violence (Moore et al., 2008). For example, Coker, Smith, McKeown, and King (2000) showed that, within the general population, chronic drug abuse is associated with elevated risk for intimate partner violence by men. Likewise, Chermack, Walton, Fuller, and Blow (2001) found that more frequent use of cocaine and marijuana were both associated with more frequent perpetration of intimate partner

violence and more frequent exposure to intimate partner violence among men and women enrolled in substance abuse treatment.

Moreover, Murphy, O'Farrell, Fals-Stewart, and Feehan (2001) found that, even after allowance for antisocial personality, severity of alcohol abuse, and other potential influences, frequency of illicit drug use still contributed to risk for intimate partner violence perpetrated by alcoholic men. Moore and Stuart (2004) also found that, after allowance for the potential influence of alcohol abuse, illicit drug use was associated with both perpetration and exposure to intimate partner violence among men arrested during a domestic incident, and Stuart et al. (2006, 2008) showed that illicit drug use may mediate the relationship between alcohol abuse and physical abuse of an intimate partner by men and women arrested for domestic violence. Finally, Fals-Stewart, Golden, and Schumacher (2003) noted that, among men entering drug abuse treatment, intimate partner violence directed at women was 3 times more likely to occur on days the men used cocaine when compared with days they abstained after allowance for the potential influence of both antisocial personality disturbance and general relationship distress.

Despite the empirical links between substance abuse and domestic violence, questions remain about the relationship between opioid abuse and intimate partner violence. Laboratory investigations done with healthy volunteers suggest that opioids may provoke aggressive behavior (see, e.g., Berman, Taylor, & Marged, 1993), but laboratory investigations done with opioid-dependent individuals are more equivocal. For example, Clair et al. (2009) recently showed that opioid-dependent individuals demonstrated cognitive processing associated with less risk for aggressive behavior within a laboratory paradigm, but Gerra et al. (2001, 2004) found that chronic exposure to opioids was associated with more aggressive behavior within a laboratory procedure.

Moreover, clinical investigations do not clearly document a relationship between opioid dependence and risk for intimate partner violence. For example, Chermack et al. (2001) found that, unlike frequency of alcohol and cocaine use, frequency of opioid use was not associated with intimate partner violence among men and women enrolled in substance abuse treatment. Similarly, Fals-Stewart et al. (2003) found that the likelihood of physical aggression by men entering drug abuse treatment was not significantly higher on days the men used opioids. However, in one of the few surveys of men receiving methadone maintenance treatment, El-

Bassel, Gilbert, Wu, Chang, and Fontdevila (2007) noted high rates of intimate partner violence, and they showed that continued use of opioids by either the men alone or both partners seemed to be associated with risk for more serious forms of intimate partner violence.

When compared with couples without children, couples who share responsibility for the care of a minor child may be at greater risk for intimate partner violence (see, e.g., McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Moreover, children whose parents engage in intimate partner violence are at risk for exposure to hostile-coercive parenting and physical abuse by both fathers and mothers. They are also at risk for emotional-behavioral disturbance. For example, Fox and Benson (2004) found that men prone to aggressive behavior with an intimate partner were also more likely to demonstrate hostile-coercive parenting behavior. Taylor, Guterman, Lee, and Rathouz (2009) reported that mothers who were the target of intimate partner violence were more likely to confirm hostile and neglectful parenting behavior. Within a growing literature on the psychosocial adjustment of children exposed to intimate partner violence, McDonald, Jouriles, Tart, and Minze (2009) recently showed that, among mothers with a school-age child seeking refuge from domestic violence, frequency of physical aggression directed at mother by father correlated positively with frequency of physical aggression directed at father by mother and frequency of physical aggression directed at the child by both partners. Frequency of parent-child aggression, more so than frequency of intimate partner aggression, correlated with more internalizing and externalizing pathology in the child.

Although empirical links between substance abuse and domestic violence have been relatively well established, questions remain about differential risk for intimate partner violence when men are abusing opioids, particularly when men are fathers. Consequently, this study was designed to examine the lifetime prevalence and recent frequency of intimate partner violence involving (a) psychological aggression, (b) physical aggression, (c) sexual coercion, and (d) physical injury within the coparenting relationships of opioid-dependent men. When compared with fathers living in the same community with no history of alcohol or drug abuse, opioid-dependent fathers were expected to confirm (a) greater prevalence of intimate partner violence directed at the mother of their youngest biological child over the course of the relationship and (b) more frequent intimate partner violence directed at the mother of that child during the previous year. Given accumulating evidence of reciprocal aggression within sexual partnerships (see, e.g.,

Whitaker et al., 2007), the opioid-dependent fathers were also expected to confirm (a) greater prevalence of intimate partner violence directed at them by the mother of their youngest biological child over the course of the relationship and (b) more frequent intimate partner violence directed at them by the mother of that child during the previous year.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Basing on the nature of the research problem, an analytical study was employed. The data collection methods were quantitative and evaluative. Key Informant Interviews, General Interviews and Focus Group Discussions were used as qualitative methods. Unstructured self-administered and researcher administered questionnaires was prepared while question was also prepared.

3.1 Research Design

A descriptive research design was adopted in the study to explain the effects of drugs abuse on students in higher institutions of learning. Cooper and Schindler (2011) defines descriptive studies as those studies whose objective is to explain a phenomenon, to estimate a proportion of a population with similar characteristics and to discover associations among different variable.

3.2 Population of the Study

The population of the study in this research comprised of 68 community leaders, 30 students 40 business men, and 10 religious leaders. It's from these that a study sample was drawn.

3.3 Sample Size

The study was based on a sample size of 103 drawn from a population of 140. The sample size of 103 was sufficient and this is supported by Krejcie, Robert, Morgan, and Daryle (1970) in their work "Determining sample size for Research Activities", Educational and Psychological Measurement. They state that where a total population is 140, a sample size of 103 or more is sufficient. Furthermore, Krejcie & Morgan (1970) assert that treat each sub-group as a population and then use the table to determine the recommended sample size for each sub-group.

3.4 Sampling technique

Purposive sampling

This method was used with a view of selecting respondents who was positioned to provide relevant information. The above respondents were chosen because of their vast knowledge and familiarization with the situation on ground in the area of study.

Simple random sampling

A list of employees was got from the General managements' office from which respondents was randomly selected. This will give employees an equal chance of being selected for the interview and hence reduced bias.

Table 1: sample size distribution

| Type of respondents | Proposed sample size | Sampling method |
|---------------------|----------------------|------------------------|
| community leaders | 13 | Purposive sampling |
| Students | 40 | Simple random sampling |
| Business men | 30 | Purposive sampling |
| Religious leaders | 20 | Simple random sampling |
| Total | 103 | |

Source: primary data, 2018

3.3 Sampling Procedures

Simple random sampling was used to select respondents from the study area who included local people, local leaders, nongovernmental organizations; staff purposeful sampling also was used to select some categories of respondents from the sub-county. This technique was chosen because it helped to produce the salient characteristics of the accessible population and also enabled the researcher to give equal opportunity to sample population to give information.

3.5 Sources of data

Data was collected from both primary and secondary sources, with much emphasis on primary data.

3.5.1 Primary Source

This source will provide first hand data directly from respondents through questionnaires, interviews and discussions with relevant stake holders to the study and observations. Much of the conclusion was based on this source.

3.5.2 Secondary Source

This provided supplementary data to the primary source and this was mainly document data from the records of the local government, annual magazines and other relevant text books from other libraries, existing literature in order for the researcher to draw valid conclusions and recommendations as well as the internet.

3.6 Methods of Data Collection

The study was incorporated by the use of various methods in the process of data collection in a bid to come up with sound, concrete and credible research findings. The researcher therefore was amalgamated by the use of questionnaire, interviews and documentary analysis in the process of collecting primary data.

3.6.1 Documentation/ secondary data:

Secondary data was used in this study as; the researcher collected secondary information from different sources like; text books, internet, newspaper, magazines, journals among other sources. This information was reviewed by visiting places like libraries and internet cafes.

3.6.2 Questionnaire

The researcher used a structured questionnaire to be formulated and directed to the sample subjects.

Questionnaire was considered appropriate since they was administered to a large population of the respondents and are given ample time to think and express themselves and quite a lot of information was collected in a relatively short period of time.

3.6.3 Interview.

This was conducted with people who cannot read and write in order to get information. It was face to face interaction between the researcher and respondents. This instrument is chosen because it will enable the researcher to obtain a higher response rate.

3.7 Validity and Reliability of research instruments

3.7.1 Validity

Validity, An instrument is said to be valid when it measures what it claims to measure or the extent to which it predict accurately. It is actually the degree to which an instrument actually measures the variable it claims to measure.

3.7.2 Reliability

Reliability is the ability of the instrument to consistently yield the same results when repeated measurements are taken of similar individuals under the same conditions. Reliability was ensured using triangulation by featuring similar questions in the questioner using different language.

3.8 Data Analysis

The raw data to be collected in the field was systematically organized to facilitate analysis and easy comprehension of the findings.

3.8.1 Quantitative analysis

Excel tables was used to sum up the data into descriptive statistics. It was coded, statistics made and summarized into frequency and percentage tables and later was used to explain the findings through charts and graphs.

3.8.2 Qualitative analysis

The information collected was evaluated with documentary review and the research theme in a systematic way in order to describe what was on ground, establish useful conclusions and recommendations that was unbiased and was in line with the objectives of the study.

3.9 Ethical Consideration

Before commencing the research, an introductory letter from the University was sought and the purpose of the study was explained to the authorities to avoid inconveniences and

misunderstandings about the purpose. The information to be collected was kept with highly confidential.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter presents survey findings and their interpretation. Tables and frequencies have been used to describe the findings where necessary. The discussion of the findings was guided by the following research objectives;

- i. To find out the causes of Drug abuse in Kansanga Makindye Division.
- ii. To find out the effects of Drug abuse on well-being of life among people in Kansanga Makindye Division.
- iii. To find out ways of preventing Drug abuse among people in Kansanga Makindye Division.

4.1 Demographic characteristic of responses

The respondent's demographic characteristic of responses were looked at in terms of age distribution, gender, level of education, position held and duration they have worked in the organization in order to determine its contribution to the topic under study.

4.1.1 Analysis of the respondent's sex.

The researcher had to analyze the sex of the respondents in order to relate it with the study finding as in table below.

Table 2: The sex of the respondents

| Respondents sex | Frequency (F) | Percentage |
|-----------------|---------------|------------|
| Males | 26 | 65 |
| Females | 14 | 35 |
| Total | 40 | 100 |

Source: primary data

From the research findings in table 1 above, 65% (26) of the respondents were males and 35% (14) of the respondents were females. This indicated that males are more engaged in teaching in primary than females.

4.1.2 Analysis of Age differences

The researcher conducted this study by considering age differences in order to get different information from different age groups as indicated in table 2 below

Table 3: The Age of the respondents

| Age of the respondents (years) | Frequency (F) | Percentage (%) |
|--------------------------------|---------------|----------------|
| 20-30 | 14 | 35 |
| 30-39 | 6 | 15 |
| 40-49 | 12 | 30 |
| 50 and above | 8 | 20 |
| Total | 40 | 100 |

Source: primary data

From the research findings in table 2 above, 35% (14) of the respondents were between the age bracket of 20-29 years, 15% (6) of the respondents were between 30-39 years, 30% (12) of the respondents ranges from 40-49 years and 20%(8) of the respondents were 50 years and above. This shows that adults are more engaged in taking Drug in Kansanga are the youth in the age bracket of 20 – 30 because of being idle and peer groups.

4.1.3 Analysis of the marital status of the respondents

Marital status of the respondents was analyzed by considering respondents with different marital status in order to relate it with the study findings as indicated in table 3 below.

Table 4: The marital statuses of the respondents

| Marital status | Frequency (F) | Percentage (%) |
|----------------|---------------|----------------|
| Single | 16 | 40 |
| Married | 18 | 45 |
| Widowed | 5 | 12.5 |
| Divorced | 1 | 2.5 |
| Total | 40 | 100 |

Source: primary data

According to the study findings in table 3 above, 40 %(16) of the respondents were single, 45 %(18) of the respondents were married, 12.5% (5) of the respondents were widowed and 2.5% (1) of the respondents were divorced or separated. Basing on the research finding, it is indicated that a biggest percentage (45%) of the respondents were married.

4.1.4 Analysis of the Education level of respondents

The researcher analyzed data related with Education in order to have related data at all levels of Education of the respondent as indicated in table 4 below.

Table 5: Education level of the respondents

| Education level | Frequency (F) | Percentage |
|-----------------|---------------|------------|
| Certificate | 20 | 50 |
| Diploma | 13 | 32.5 |
| Degree | 5 | 12.5 |
| Masters | 2 | 5 |
| Total | 40 | 100 |

Source: primary data

From the research findings in table above, 50 %(20) of the respondents attained a certificate, 32.5% (13) of the respondents had attained Diploma, 12.5% (5) of the respondents holds Degree and 5% (2) of the respondents had attained masters. According to the research findings majority of the respondents were certificate holders with 50% and the field study also shows that some had Masters. This implies that the area of the study had both levels of education of the respondents.

4.2 The causes of Drug abuse among people.

The respondents were asked to state the causes of Drug abuse among the people and their responses are indicated in the frequency table below;

Table 6: showing the causes of Drug abuse

| Question | Causes of Drug | Frequency | Percentage |
|-----------------------------|---|-----------|------------|
| What are the causes of Drug | Peer pressure influences | 15 | 37.5 |
| | Easy accessibility of Drug | 8 | 20 |
| | Family back ground and social environment | 5 | 12.5 |
| | Idleness people and frustration | 5 | 12.5 |
| | Desire to pass time | 5 | 12.5 |
| | Socio-cultural factors influences | 2 | 5 |
| | Total | | 40 |

Source: primary data

From the table above it shows that majority of the respondents with 37.5% said peer pressure influences is the most cause of Drug abuse, 20% of the respondents said easy accessibility of Drug abuse, 12.5% of the respondents said family background and social environment, idleness and frustration and the desire to pass time also causes Drug abuse and only 5% of the respondents said social culture factors influences people to take Drug among the people in urban areas.

4.3 The effects of Drug abuse.

The respondents were asked to state the effects of Drug abuse on well-being of life among people.

Table 6: showing the effects of Drug abuse that leads to domestic violence on well-being of people.

| What are the effects of Drug on well being | Effects of Drug abuse on the people | Frequency | Percentage |
|--|-------------------------------------|-----------|------------|
| | Lead to depression and liver damage | 5 | 12.5 |
| | Students' poor academic performance | 8 | 20 |
| | Leads to accidents | 10 | 25 |
| | Affects many families | 15 | 37.5 |
| | Increased blood pressure | 2 | 5 |
| | Total | 40 | 100 |

Source: primary data

From the table above shows that majority of the respondents with 37.5% said Drug abuse affects many family, 25% of the respondents said Drug abuse leads to accidents, 20% it leads to students poor academic performance when they are at school, 12.5% said that Drug abuse leads to depression and liver damage and only 5% of the respondents said Drug abuse leads to increased blood pressure among the people. Implying that many of the respondents were concerned with the relevance of families in their areas. This is because majority of them agreed that living other factors constant Druggist leads to domestic violence.

4.4 The ways of preventing Drug abuse among people.

The respondents were asked to state the ways of preventing Drug abuse and their responses are indicated in the table below;

Table 7: The ways of preventing Drug abuse among people in urban areas

| Question | Ways of preventing Drug abuse among the people | Frequency | Percentage |
|---|--|-----------|------------|
| What Ways of preventing Drug abuse among the people | Never believe that people in the community say about Drug | 6 | 15 |
| | Avoid group which drinks Drug especially peer groups | 16 | 40 |
| | Increased taxation of Drug, stricter regulation of Drug | 3 | 7.5 |
| | Setting Policies also can help reduce the economic availability of Drug | 5 | 12.5 |
| | Setting Policy tools for limiting youth access to Drug from social providers | 10 | 25 |
| | Total | 40 | 100 |

Source: primary data

From the table above, 40% said that avoiding groups which drinks Drug especially peer groups is the best way of controlling Drug abuse among the people in urban areas, 25% of the respondents said setting policy tools for limiting the youth to access the Drug from the social providers, 15% of the respondents said to never believe that people in the community say about Drug, 12.5% said setting Policies also can help reduce the economic availability of Drug and only 7.5% said Increased taxation of Drug, stricter regulation of Drug can control Drug abuse among the people. Giving an implication that majority of the respondents with agreed that peer pressure is contagious thus needing avoidance in order to overcome the problem of Drug abuse.

CHAPTER FIVE

DISCUSSIONS OF THE FINDINGS CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter discusses the findings of the study and an attempt to highlight the conclusion, recommendations and further areas of the study.

5.1 Discussion of the findings

The causes of Drug abuse among people in urban areas.

The study findings revealed that the majority of the respondents said peer pressure influences is the most cause of Drug abuse, easy accessibility of Drug abuse, family background and social environment as most people drink Drug because the whole family takes it, idleness and frustration causes people to take Drug in order to reduced stress and being idle and the desire to pass time also causes Drug abuse and social culture factors influences people to take Drug among the people in Kansanga Makindye Division. Her findings were in agreement with the earlier findings of Gelder, Mayou and Geddes (2005) who observed like the researcher that Peer pressure influences individuals to abuse Drug. According to Gelder, Mayou and Geddes (2005) like the researcher found out that easy accessibility of Drug is one of the reasons people engage in Drug abuse as this substance is easily obtained in shops. Brains (1997) was also in congruent with her findings who also contends that the perceptions of social norms for drinking; people will often drink more to keep up with their peers because they believe that their peers drink more than they actually do or that they expect to drink more given the context (e.g. sporting event, fraternity party, etc.). This perception of norms results in higher Drug consumption than is normal.

The effects of Drug abuse on well-being of life among people in urban areas.

The study findings revealed that the majority of the respondents with 37.5% said Drug abuse affects many families as it reduces the level of income and causes to many problems in families, other respondent said Drug abuse leads to accidents most driving when drunk, also students poor academic performance when they are at school, Drug abuse leads to depression and liver damage and Drug abuse also leads to increased blood pressure among others like death, conflicts in the

community. Her findings did not differ from those of Bond, M (1987) who observed that Drug may affect academic performance of students by affecting the cognitive abilities. Cognitive abilities are affected by even small amounts of Drug and can persist for a substantial period of time after the acute effects of Drug impairment disappear. Students' poor academic performance is associated with Drug consumption; this is because it contributes to students missing classes, failing tests, dropping out of school due to poor grades, and compromising the academic mission of colleges and universities. One of the most common consequences of Drug abuse by students is difficulty keeping up with academic responsibilities.

The ways of preventing Drug abuse among people in urban areas.

The study findings revealed that majority of the respondents with 40% said that avoiding groups which drinks Drug especially peer groups is the best way of controlling Drug abuse among the people in urban areas, then a total of the 60% of respondents said setting policy tools for limiting the youth to access the Drug from the social providers, never believe that people in the community say about Drug because many people who takes Drug say Drug is sweet and it reduces stress from people and people ends up taking Drug, setting Policies also can help reduce the economic availability of Drug and Increasing taxation of Drug can also control, stricter regulation of Drug can control Drug abuse among the people in urban areas. Once all these preventive measures are put in practice Drug can be stopped among the people of Kansanga Makindye Division. Like the researcher observed, the previous researchers observation were in congruent with the researchers findings; whereby According to Schreiber (2001) Preventing or reducing the harm has been called for via increased taxation of Drug, stricter regulation of Drug advertising and the provision of brief Interventions.

5.2 Conclusion

Different people may drink for different reasons and at different times as celebration, social aspects in order to relieve tension, shyness, fear and escape from problems/pressures of life, conform to peer groups, feel good, reduce loneliness, to get drunk among other factors. Society under the legal aspects is divided into two, one legalizing the local brew or Drug such as Malwa and other the legalizing of conventional or industrially manufactured Drug such as whiskies, beer, though both categories have some effect of dependency. Drug abuse has led to breaks ups of families and suffering children due to lack of basic commodities of life. Drug dependence is a

substance related disorder in which an individual is addicted to Drug either physically or psychologically.

5.3 Recommendations

There is need to increase awareness on Drug and give the students, the youth and other stake holders basic facts on what Drug are and its effects. There is also need to do a campaign on where to get help if one needs treatment and rehabilitation. Enhanced interventions programs targeting the students who are at risk of developing Drug abuse or dependence.

It is important to conduct a needs and assets assessment before implementing a prevention program. This is because one needs to find out if Drug and drug abuse is an issue in the community, and if the community has the resources to support implementation of a prevention program.

It is necessary to develop culturally appropriate substance abuse prevention programs as culture has been found to play an important role in determining the risk and protective factors for Drug and other drugs (Amaro et al, 2001). In doing so, we will have programs that effectively address the various cultural factors that contribute to Drug and drug abuse among youth.

This research set out to explore the gender and cultural differences in reasons for Drug and drug abuse among youth. It was found that few prevention programs considered these factors in their design and implementation. In addition, the research explored existing evidence-based substance abuse prevention programs and their adaptability.

5.4 Further areas of the study

Further research into the effectiveness of gender and culturally appropriate programs is needed because research has shown that gender and culture play an important role in the development of substance abuse (Amaro et al., 2001; Blake et al, 2001).

Conducting studies on prevention programs that have been adapted into the various cultures among young men and women will emphasize the need for prevention researchers and practitioners to incorporate gender and cultural variables in the design and implementation of prevention programs, therefore ensuring that these programs are relevant to their target populations.

Further research into the effectiveness of single gender versus mixed gender prevention programs is needed because the current project has shown that there are gender differences in reasons for Drug and drug abuse. Therefore, an investigation of whether these programs put that into account will help in advocating for adoption of either single or mixed gender prevention programs with regards to effectiveness.

Further research into the fidelity-adaptation balance is necessary because this guarantees that prevention programs are not only evidence-based but also culturally appropriate for the intended populations. The development and inclusion of a checklist that indicates the core components necessary to ensure that this balance is maintained can be included in the evaluation tools of the various prevention programs.

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- a) Head of department (s).
- b) Senior lecturer
- c) Lectures
- d) Director
- e) Any other, specify.....

PART 2: QUESTION

1. What do you think is the possible cause of Drug Abuse?

- a) Poverty
- b) Civil wars
- c) Child labour

2. In your option, how wide spread is drug abuse in your community catchment area?

- a) Serious
- b) Moderate
- c) Negligible

3. Using your own words, what do you think should be done to reduce the vice?

.....
.....