# DRUG ABUSE AND DOMESTIC VIOLENCE IN UGANDA

## (A CASE STUDY OF NAGONGERA SUBCOUNTY TORORO DISTRICT)
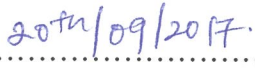
BY

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A DISSERTATION SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR'S DEGREE OF PUBLIC ADMISTRATION OF KAMPALA INTERNATIONAL UNIVERSITY

SEPTEMBER 2017

# DECLARATION

I, Masari Joachim Emmanuel, declare that this study is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signature....................................        Date...20th/09/2017..................

MASARI JOACHIM EMMANUEL

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# APPROVAL

This is to confirm that this dissertation has been submitted in partial fulfillment of the requirements for the award of a Bachelor of Public Administration with my approval as the university supervisor.

Signature............................... Date...............................

Supervisor

MS.TUMWIJUKYE RUTH .K.

# DEDICATION

I dedicate this research report to my beloved mother Ms Namungo Justine who advised, supported and mentored me to go through education up to university level. I also dedicate this project to my friends Caroline and Benjamin for always making sure I beat the deadline for this project and above all motivating me to finish it as well. I also dedicate this report to my siblings Leah, Gloria, Grace and lastly Josh for their undisputed love and support. Above all I thank the Almighty God for his abundant grace, guidance and provision towards completion of this Research.

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The completion of this study would be impossible without the material and moral support from various people. First of all I thank the Almighty God for giving me good healthy and guiding me through the entire course.

I am greatly indebted to Ms Tumwijukye Ruth who was my supervisor for her effective supervision, dedication, availability and professional advice. I extend my gratitude to my lecturers who taught me in the bachelors programme, therefore enriching my research with knowledge.

I also extent my gratitude to my beloved mother Ms Namungo Justine who supported me financially, spiritually and emotionally throughout the course of doing this research report, may the good lord richly reword her.

Nagongera Sub-county that were the source of information deserve my appreciation for providing the required information during my study my appreciation finally goes to my classmate, with whom I weathered through the storms giving each other encouragement and for their positive criticism.

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## LIST OF ABBREVIATIONS

| | | |
|---|---|---|
| UNDA | : | University of Notre Dame Archives |
| UNICEF | : | United Nations Children's Fund |
| WHO | : | World Health Organization |
| GENACIS | : | Gender, Alcohol and Culture International Study |

# ABSTRACT

The study intended to examine the relationship between drug abuse and domestic violence in Nagongera Sub County. The study was guided by the following objectives; to establish the causes of drug abuse in Nagongera; to identify efforts to curb drug abuse and domestic violence in Nagongera; to establish the effects of drug abuse in Nagongera Sub County.

The study took a period of two months, from May to July 2017, due to the limitation of resources for a longer period in the field obtaining data plus the whole work required for the dissertation to be completed.

The study adopted a descriptive study design from which results were tabulated and analyzed to reflect reality. The target population was the members of the community and community leaders in Nagongera. The sample size was determined using the Cochran's equation and selected using simple random sampling.

Both Interview and questionnaire methods were used for collecting data from respondents. Quantitative data was analyzed with the help of tables showing various statistics like frequencies, means and percentages which helped to draw phenomenon. Data was analyzed with the help of Microsoft office word, Microsoft office excel and SPSS.

The study found that Culture, unemployment and frustration brought about by family problems like sicknesses are the leading causes of drug abuse in Nagongera. Need for continuous education of the communities by government through various stakeholders was cited as one of the efforts to reduce drug abuse in Nagongera Sub county, Tororo district, Drug abuse leads to domestic violence but it is clear that drug abuse is mainly a risk factor than a cause of domestic violence. Looking at the relationship between drug abuse and domestic violence, it is clear that drug abuse is more likely to result to domestic violence than domestic violence would result into drug abuse.

There is need to increase the enforcement of the available laws regulating drug use, rehabilitation facilities need to be increased. Government, through other stakeholders needs to effectively sensitize the community in Nagongera and in Uganda as a whole on the dangers of drug abuse and domestic violence. Further research is needed to determine whether the use of illicit drugs actually promotes violent behavior, is employed as a culturally sanctioned justification.

# CHAPTER ONE

## 1.0 Introduction

This chapter contains the background of the study, the statement of the problem, objectives of the study, research hypothesis, scope of the study, and the significance of the study.

## 1.1 Background to the Study

Drug/Substance abuse refers to chronic or habitual use of any chemical substance to alter states of body or mind, other than medically warranted purposes leading to effects that are detrimental to the individual's physical or mental health or the welfare of others (De Miranda, 1987; Kring et al., 2007; Rice &Dolgin, 2008; Drug Addiction and Drug Abuse, 2008). In this study, substance abuse refers to the misuse of legal products (prescription medications) and illegal products such as cocaine and cannabis, which are harmful to human health and the general well-being. In Uganda the most abuse substance is alcohol and therefore more emphasis shall be put on alcohol though some highlights will also be made on other abused drugs.

The World Health Organization estimates that there are about 2 billion people worldwide that consume alcohol. Of the 2 billion, approximately 76.3 million have a diagnosable alcohol use disorder, such as excessive drinking and alcohol dependence. Worldwide, adults (age 15 years and older) consume on average 5 liters of pure alcohol from beer, wine and spirits each year. For the Africa region, the adult (15 years and older) consumption of alcohol is about 4 liters of pure alcohol each year. The WHO Global Status Report on Alcohol released in 2004 showed that in Uganda, 19.47 liters of pure alcohol are consumed per capita each year. This is nearly 4 times higher than the worldwide average and 5 times higher than the Africa region average, making Uganda ranked number 1 from 189 WHO member states in level of alcohol consumption. 19.47 liters of pure alcohol is about 1.62 liters of pure alcohol consumed each month. If one standard drink equals 15.2 mL of pure alcohol (12g of pure alcohol equals15.2 ml in volume, which is defined as a standard drink in the study from which this WHO data comes from), this would average to approximately 107drinks/month consumed per capita in Uganda. The second ranked WHO member state after Uganda is Luxembourg with an adult (15 years and older) average annual consumption of 17.54 liters of pure alcohol. (Global Tatus Report on Alcohol, 2004)

David Basangwa, an alcohol expert in Uganda and psychiatrist who works in treating alcoholism at Butabika Mental Referral Hospital, disputes this number since the data for Uganda in this WHO report are derived from regional studies that targeted areas with known higher consumption of alcohol. He puts the volume of alcohol consumption closer to 15 liters per capita. He admits that this number is still very high as it would average to approximately 82 drinks/month rather than 107 as reported by WHO.

In the same WHO Global Status report, the World Health Organization reports that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner ranged from 15% to 71%, with the majority between 29% and 62 %.This statistics are alarming in a world that boasts of a high level of civilization and observation of human rights.

South Africa has one of the highest incidences of domestic violence in the world, and sadly domestic violence is the most common and widespread human rights abuse in South Africa. Everyday women are murdered, physically and sexually assaulted, threatened and humiliated by their partners within their own homes.

For many women in Uganda, violence is not just an isolated and horrible act but a fact of life. A large study conducted throughout the country in 2006 found that 70% of Ugandan women aged over 15 years had experienced physical or sexual violence. Half of these women experienced violence at the hands of their partners. These statistics are above average in Africa and worldwide.

This study focused on reviewing previous studies made on the subject in question both in and out of Uganda and later on conclusions relevant to the context in Nagongera Sub County were drawn.

## 1.2 Statement of the Research Problem

In Uganda there have been frequent reported cases by media houses on violent attacks in families with mainly the women and children at the receiving ends. Family violence   has not only been recognized as a critical criminal justice issue, but also as major public health concern. "Domestic

violence is a serious health problem, being perpetuated by drug abuse besides other factors like frustration. (UNDA 2013) reported over 30% of the students from secondary schools are involved in drug abuse in Uganda; hence they form victims of domestic violence both at home and school. Behrman (2006) adds that drug abuse is caused by frustration due to academic failure, sexual failure, sexual victimization, physical abuse, unemployment, poverty and lack of money for educational opportunities. Attempts have been made by some organizations like UNICEF through Save the Children and Ministry of Gender to control domestic violence in the country, despite all these efforts, the cases of domestic violence continue to prevail in Nagongera Sub County due to drug abuse as a leading cause. It is therefore for due to such reasons that the study seeks to examine the relationship between drug abuse and domestic violence in Nagongera Sub County, Tororo district.

## 1.3 General Objective

To examine the relationship between drug abuse and domestic violence in Nagongera Sub County

## 1.4 Specific Objectives

1. To establish the causes of drug abuse in Nagongera Sub County
2. To identify efforts to curb drug abuse and domestic violence in Nagongera
3. To establish the effects of drug abuse in Nagongera sub count

## 1.5 Research Questions

1. What is the relationship between drug abuse and domestic violence in Nagongera Sub County?
2. What are the causes of drug abuse in Nagongera Sub County?
3. What are the efforts put foreword to curb drug abuse and domestic violence in Nagongera?
4. What are the effects of drug abuse and domestic violence in Nagongera Sub County?

## 1.6 Significance of the Study

This study is a source of information to the general public where there may be inadequacies in statistics on drug abuse and domestic violence.

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It also sheds more light on the factors and patterns of drug abuse and domestic violence especially against women and children with a view of deicing solutions.

Furthermore, the results can be used in collaboration with other studies to achieve information on the trends of drug abuse towards empowerment of families to lead more productive lifestyles.

The study can help policy makers to find appropriate ways to help reduce drug abuse and incidences of domestic violence.

The researcher himself benefits since the investigation will be part of the requirements for the award of Bachelor's Degree in Public Administration of Kampala International University.

## 1.7 Scope of the Study
The scope covered the geographical, content and time scope.

## 1.8 Geographical Scope
The study was conducted in Nagongera Sub County, Tororo District in Eastern Uganda. Tororo borders the districts of Palisa in the north, Mbale in the north-east, Iganga in the west, Bugiri in the south and the republic of Kenya in the eats.

The study was conducted in the four parishes of Nagongera Sub County that is, Katajula, Maunda, Nagongera and Namwaya.

## 1.8.1 Content Scope
The study mainly examined drug abuse as the major risk factor for domestic violence in Nagongera Sub County. Though other factors play a role in domestic violence, drug abuse was the main focus in this study due to the limited time and resources available to the researcher.

## 1.3.1 Time Scope
The study took a period of two months, from May to July 2017. This was due to the limitation of resources for a longer period in the field obtaining data plus the whole work required for the dissertation to be completed. This study also doubled as a requirement for the award of a bachelor's degree in Public Administration, therefore there is an urgent need to finish it earlier to meet the dates for the completion of the course and the graduation.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

This chapter presents literature by other scholars in relation to drug abuse and domestic violence. The content in literature was guided by the study objectives as shown below;

## 2.2 Overview of Drug Abuse and Domestic Violence

There are a lot of unknowns when it comes to the levels of alcohol consumption and its associated problems and benefits in Uganda. The little research available lacks good national representativeness. The current picture of alcohol consumption on Uganda is pieced together from a multiple of regional surveys and studies that have been conducted at various times in Uganda. According to the Demographic and Health Survey of 2001, one in four women and one in two men consumed alcohol at least once in the previous 30 days. And among those that drank, one in four women and one in two men got drunk at least once during the same 30 day period (Demographic and Health Survey: Uganda, 2001).

In 2003, Uganda was one of the countries that participated in the WHO sponsored, multinational project on Gender, Alcohol and Culture International Study (GENACIS). The objectives were to describe gender differences in consumption and drinking patterns, establish factors associated with alcohol consumption and determine the relationship between alcohol consumption and negative consequences that were measured. The cross-sectional quantitative survey was carried out in 4 districts (Kabale, Wakiso, Tororo and Lira) to represent the western, central, eastern and northern regions of Uganda. The nearly 1500 respondents were men and women aged 18 and over and the age and sex distribution of the total sample was nearly the same as the national census. Of the total number of respondents, 47% reported that they drank alcohol (with 55% of the drinkers being men and 40% being 7 women). Men were more likely to be long-time drinkers (as defined as drinking >10 years) than women (40.1% vs. 23.5% respectively). Among the drinkers, a third said they drank nearly daily or more often (44.7% for men and 17.6% for women), although how much they drank daily was not specified. Among the drinkers, 40.1 % of men and 20.3% of women are considered heavy drinkers. Heavy drinking is a pattern of

drinking that exceeds some standard of moderate drinking. This could be defined in term of exceeding a certain daily volume or quantity per drinking occasion, or daily drinking. In this study, heavy drinking is defined as exceeding 40g or more of pure alcohol/day for men or 20g or more of pure alcohol/day for women. 12g of pure alcohol was used as a standard measure of a drink in this study. Therefore, using this definition, heavy drinking in this study was considered as having more than 3.3drinks/day for men and having more than 1.7drinks/day for women. Also, among the drinkers in this study, 46% of men and 17.6% of women are considered heavy, episodic drinkers, as defined as consuming 5 or more drinks on one occasion at least once a month in the last year. This is also referred to as "binge drinking". 14.2% of those who drank also said they have consumed 12 or more drinks in a single day in the previous 12 months (19.8% for men and 7.0% for women) Therefore, in Uganda men are likely to be long-time, frequent, heavy and binge drinkers than women. One trend of note that this study found is that among young people (i.e. <30 years of age) the percentage of new drinkers tended to slightly be more women (28%) than men (26.1%), although it doesn't state the reasons for the difference. New drinkers in this study are defined as currently drinking and having started drinking within the last 10 years (Global Status report on Alcohol, 2004) and (Tumwesigye & Kasirye, 2005).

According to Martin Brenner, domestic violence goes far beyond the typical stories you hear so often in the news. It can involve a spouse, former spouse, girlfriend, boyfriend, a child, parent or live-in partner. Hitting is but one aspect of domestic violence, a social issue across the globe that has a far-reaching impact. One recent example making international headlines is that of entertainer Chris Brown who allegedly battered his pop singer girlfriend Rihanna February 8th. The incident is said to have taken place in Brown's car on a Los Angeles street and photos leaked to the press reportedly show a bruised and battered Rihanna.

The media onslaught over the case has drawn attention to an important and often overlooked fact that domestic violence is not just a problem for the poor and uneducated. Domestic violence is a pattern of behavior in which one partner uses violence or abusive behavior to control, intimidate or gain power over a partner or family member. It can include abuse that is physical, psychological, verbal, economic or sexual. Add alcohol, pills or other drugs to the scenario and you have a cocktail for disaster. Domestic violence can also escalate to murder, whether intended or not. The Brady Center to Prevent Gun Violence reports that on average, more than 3 people

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are killed each day in the U.S. by domestic partners. They also note that about 14 percent of police officers killed in the line of duty die while responding to domestic calls (Brenner).

## 2.3 The Causes of Drug Abuse and Domestic Violence

### 2.3.1 Drug Abuse

Research findings have attributed high alcohol consumption to political instability, poverty, unemployment and culture. Uganda's protracted war and political turmoil caused many to become demoralized, lose interest in the future and have resorted to drinking (Tapouzis, 1994). Higher alcoholism rates have been found in the war-torn regions of northern and eastern than in other regions in Uganda (Bamuhigire, 2007). Poverty and unemployment have also been implicated to possibly contributing to high alcohol consumption. While others say that it is alcoholism that leads to poverty and unemployment (Tapouzis, 1994). According to an interview with John Amanya, Program Coordinator from National Care Center, Conducted on March 2 and March 12, 2007,other reasons why people may abuse alcohol include to get rid of boredom and to forget one's problems. The availability of all types of alcohol at prices affordable to the poor and the well-to-do alike is evident in the types of people that experience alcohol related problems. According to a counselor that treats alcoholism at a treatment center in Kampala (Serenity Center), it is often thought that alcoholism mainly affects those of lower economic status. Yet at Serenity Center, they treat mainly patients who are wealthy and educated; probably has as much to do with the fact that treatment costs are prohibitive for the majority in Uganda (50,000USH/day or about $27USD/day) as it is evidence that alcoholism affects those in the middle and higher economic status also (Interview with Leocadia Kabibi, Counselor From Serenity Center. Conducted on March 6, 2007. There is also a culture that promotes drinking in Uganda since alcohol is present at every traditional and cultural social gathering (as discussed in previous sections).

There is also increasing evidence that alcoholism is not simply a choice. Alcoholism is a progressive neurological disease that is strongly influenced by genetic vulnerability. Although no studies have been conducted in Uganda, various studies in Europe and North America show that children of alcoholics may be predisposed to develop alcohol abuse problems. In a study conducted in Denmark, scientists found that sons of alcoholics were about 4 times more likely to be alcoholics than sons of non-alcoholics, after controlling for the environment in which the

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children were raised; i.e. this same trend of increased risk was seen even when children of alcoholic parents were adopted by non-alcoholic parents and raised in a non-drinking environment (Newhouse, 1999).

In addition to genetic predisposition, environment is a strong factor in determining who could potentially abuse alcohol. Being raised in an environment where there is alcohol, peer pressure during adolescent years or being around alcohol as an adult could explain the high levels of alcohol consumption in Uganda. In Uganda, children are exposed to alcohol at an early age. In the rural areas, home-brewed alcohol or "porridge" can be found in many homes. Also, children are exposed to alcohol through production in the home. Growing up in an environment where alcohol is consumed, sold or both could contribute to high alcohol consumption or development of alcohol abuse.

Other factors such as co-morbidity with depression, anxiety, stress and other mental conditions have been associated with alcohol abuse. Abuse of other substances and drugs such as cigarettes and marijuana have also been implicated in contributing to alcohol abuse. Finally, the lack of national policy and enforceable laws to regulate producers and their advertising could lead to increased consumption and alcohol abuse (Interview with Dr. David Basangwa, psychiatrist and alcohol expert. From Butabika Mental Referral Hospital. Conducted on March 7 and March 12, 2007)

## 2.3.2 Domestic Violence

Alcohol, drugs abuse is a major contributor of violence against women since men cannot contribute to the economy and socially. Excessive drinking by male partner can exacerbate financial difficulties, child care problems and infidelity. Strong links have been found between alcoholism and occurrence of intimate partner violence in many countries. Evidence suggest that alcohol use by male partners increases the occurrence and severity of domestic violence (Dienye, 2009:34)

Alcohol is thought to reduce inhibitions, cloud judgment, and impair ability to interpret social cues. However, biological links between alcohol and violence are complex. Research on the

social anthropology of alcohol drinking suggests that connections between violence and drinking and drunkenness are socially learnt and not universal. Some researchers have noted that alcohol may act as a cultural "time out" for antisocial behavior. Thus, men are more likely to act violently when drunk because they do not feel they will be held accountable for their behavior and in response their partners respond out of anger. In some settings, men have described using alcohol in a premeditated manner to enable them to beat their partner because they feel that this is socially expected of them. It seems likely that drugs that reduce inhibition, such as cocaine, will have similar relations to those of alcohol with intimate partner violence, but there has been little population-based research on this subject, (Cook, 2009). Alcoholism and drug abuse is more common among men in Uganda than among women. Drinking of lethal illicit brews known by various names such as *waragi, liralira* and *enguli* is quite common particularly in the villages.

Gender inequality, infidelity, and polygamy have been associated with increased risk of violence in South Africa. In some societies, intimate partner violence may be perceived as a sign of love. Marital conflict seems to be consistently associated with intimate partner violence, and several studies have demonstrated an association between use of alcohol or drugs and intimate partner violence. Findings that children who witness family violence are more likely to be perpetrators or victims of violence in adulthood suggest that intimate partner violence may be intergenerational(Jewkes, Levin, & Penn-Kekana, 2002)

Infidelity contributes largely to violence against men. Some men allegedly cheat on the wives with their wives friends and even house girls, who makes wives biter and when chance presents they are beaten with anger. Some men just run away from their responsibility like paying school fees for their children and upkeep having spent money elsewhere (Fowler, 2002: 96). Out of suspicion, a woman may become angry if he so much as speaks to another woman. Conversely, she may begin flirtations with every male around her, and business trips, or mini-vacations with her girlfriends may become a new feature of her life, (Stanko 1997, cited in Atmore 2001: 13

Intimate partner violence is associated with demographic, socio-economic, socio-cultural, and lifestyle factors. Higher age and numbers of children of women seem to be associated with a reduced risk of violence, while poverty and low education of male partners seem to be associated with increased risk of violence (Martin, Tsui, Maitra, & Marinshaw, 1999). The relationship

between the status of women (education, autonomy, control of resources) and intimate partner violence is less clear. Some studies report increased risk of violence while others report decreased risk of violence with higher status of women (Rao, 1997).

## 2.4 The Relationship between Drug Abuse and Domestic Violence

Substance abuse leads to out-of-control behavior (Elk Grove, 1998). The number one commonality within the dynamics of most alcoholic families is poor emotional health. This leads to secondary anger, which is an ineffective substitute for dealing honestly with emotions

According to a study carried out in Boston on violence during pregnancy and substance use, women were divided into three categories (nonusers, light users, and heavy users) based on their frequency of use and the number and type of different drugs used during pregnancy. Since we have shown that among marijuana and cocaine users, a positive urine assay is associated with more frequent drug use, 13 we designated women who had positive urine for either drug or those who self-reported using opiates and/or marijuana or cocaine at least weekly during pregnancy as heavy users. Users of any illicit drug who did not meet the heavy use criteria were categorized as light users. Victims of violence during pregnancy were at greater risk than non-victims of being heavy users of alcohol (OR = 2.43, 95% CI = 1.71, 3.46) and illicit drugs (OR = 2.68, 95% CI = 1.72, 4.17). A comparison of frequency of use by victims and non-victims showed that victims were heavier substance users in all categories of use than non-victims. Compared to non-victims, women who were victims of violence had greater odds of having a male partner who was a marijuana (OR = 2.27, 95% CI = 1.46, 3.53) and/or cocaine (OR = 2.35, 95% CI = 1.81, 4.48) user. Further, odds ratios demonstrate a two-fold increase in the use of two or more drugs (OR = 3.2, 95% CI = 1.92, 5.48) by partners of victims when compared to partners of non-victims. Alcohol use by partners was not an increased risk for victims (OR = 1.03, 95% CI = 0.63, 1.69). Alcohol and drug use did not differ between women who experienced one versus two or more incidents of abuse during pregnancy (data available on request to authors). A multiple logistic regression shows that the risk of being a victim of violence was associated with a woman's alcohol use during pregnancy and drug use by her partner even when controlling for race, age, marital status, education, and history of violence in the three months prior to pregnancy. While heavy drug use during pregnancy (use of opiates or weekly use of marijuana or cocaine or

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positive urine assay) was associated with a 39 percent increase in the odds of being a victim of violence, chance cannot be ruled out as the explanation for this finding. Violent incidents in the three months prior to pregnancy have strong predictors of violence during pregnancy (Amaro, Lise, Cabral, & Zucherman, 1990)

Alcohol consumption is linked to many harmful consequences for the individual drinker, the drinker's immediate environment and society as a whole in Uganda. Such consequences include family problems such as child abuse, time away from home as drinking often happens outside the home, broken homes, and marital problems or divorce. Alcohol dependents are more frequently divorced or separated than others. Spouses and children of alcohol dependents persons have relatively high rates of physical, emotional and psychosomatic illnesses (Tumwesigye & Kasirye, 2005).

In the GENACIS study, respondents were given a list of ten different social problems associated with drinking including poor relationships with spouse, family members and other people, poor work/studies, fighting, law-breaking, financial difficulties and pressure from people to cut down. Among the drinkers, 12.1% said they have experienced at least 1 of the listed social problem, while 10.1% said they had experienced 2 social problems and 43.7% said they had experienced 3 or more social problems associated with alcohol consumption. Therefore, a total of 66% of the drinkers reported having experienced at least one social consequence associated with alcohol consumption in their lives in the last 12 months. Women were less likely to report any of the listed social consequences of alcohol consumption than men (56% vs. 74% respectively) (Tumwesigye & Kasirye, 2005) and (Room & Selin, 2005).

Increased interpersonal violence when under the influence of alcohol has been documented in many studies. In a study conducted in Rakai district in between 2000-2001, 52% of women who reported domestic violence reported that their partners had consumed alcohol before the incident. Women whose partners frequently or always consumed alcohol before sex faced risks of domestic violence almost 5 times higher than those whose partners never drank before sex (Koening, Tom, & Zhao, 2003)

In a separate study conducted in Rakai district, 4279 reproductive-aged women were surveyed in 1998-99 to understand the prevalence and associated risk factors to coercive sex. Results showed that alcohol consumption before sex by male partner was strongly and positively related to risk of coercive sex(Koening, et al., 2004). Similar studies conducted in Mbale district in 2003 revealed an association between alcohol consumption and intimate partner violence. 5% of 457 women surveyed attributed intimate partner violence to alcohol. Yet in focus group discussions, alcohol consumption, mainly by men but also by women, was stated as an important reason for intimate partner violence (Karamagi, Tumwine, Tyllesskar, & Heggenhougen, 2006). Quarreling in public, lawbreaking, work-place related problems and pressure from others to cut down on alcohol consumption have also been cited as negative outcomes of alcohol abuse(Tumwesigye & Kasirye, 2005)

## 2.4 Solutions to Drug Abuse and Domestic Violence

Researchers and advocates find that one of the most effective ways to deal with partner violence is by giving the victim the power, encouragement, and support to stop it. In "Estrangement, Interventions, and Male Violence toward Female Partners" (Violence and Victims, vol. 12, no. 1, spring 1997), Desmond Ellis and Lori Wight of York University assert that abused women want the violence to stop and most, if not all, attempt to do something to stop it. They find evidence showing that empowerment of abused women is related to a decrease in the likelihood of further violence. The interventions Ellis and Wight recommend to promote gender equality include:

- Social service agencies such as counselors or shelters to provide information and support
- Mediation to facilitate a woman's control over the process
- Prosecution with an option to drop the charges, which also facilitates control by female victims
- Separation, which indicates the woman's strength in decision making

Ellis and Wight find that separation or divorce is one of the most effective strategies for ending abuse. Levels of violence after separation vary with the type of legal separation or divorce proceedings. Women who participate in mediation before separation are less likely to be harmed, either physically or emotionally, than women whose separation is negotiated by lawyers. Ellis

and Wight find that other legal proceedings, such as restraining orders and protection orders, were relatively ineffective in protecting female abuse victims.

In "Survivor Preferences for Response to IPV Disclosure" (Clinical Nursing Research, vol. 14, no. 3, 2005), Jacqueline Dienemann, Nancy Glass, and Rebecca Hyman examine how intimate partner violence survivors want to be treated when disclosing the violence to health care professionals. The researchers find that surveyed survivors want to be treated with respect and concern when disclosing intimate partner violence. They also want health care professionals to document the abuse and provide protection. The women say they want to retain control over their options. They believe health care professionals should listen, present choices, and ultimately leave the decision about what to do up to the victim herself.

According to Yoon G. Lee in a study on Illicit drug abuse in rural communities, concludes that individuals aged 30-49, males, Whites, and alcohol dependents are important predictors of illicit drug abuse in both rural and urban communities. Thus, drug abuse prevention programs could be designed to target the middle age working group. It should also focus on the link between alcohol drinking patterns and illicit drug use. Since the types of drug abuse were different among those with different ethnicities (e.g., Whites were more likely to abuse marijuana, while residents of other races were more likely to abuse cocaine), this information might need to be included in drug abuse intervention programs. While there was no association between income level and illicit drug abuse in rural communities, other economic variables such as wealth or debt levels of individuals and families residing in rural communities could be considered in understanding illicit drug abuse in rural communities.

# CHAPTER THREE

# METHODOLOGY

## 3.0 Introduction

The research methodology outlines the manner in which the study was be executed. It is all about procedures for obtaining, organizing data, by considering the logic behind using the methods and techniques selected and to give explanation why such research strategy, data collection methods and techniques for data analysis were selected.

## 3.1 Study Design

The study adopted descriptive research. Descriptive research design involves gathering data that describes events and the organizer, tabulates, depicts, and describes the data collection (Glass & Hopkins, 1984). It often uses visual aids like graphs and charts to help the reader understand the data distribution. This was done with the help of quantitative and qualitative approaches to data analysis. Quantitative analysis involves analysis of quantitative variables like age of the respondents which can be displayed using a frequency table whereas qualitative analysis is analysis of qualitative variables like education level and sex of respondents which are displayed using pie charts and bar graphs.

## 3.2 Study Population

The study population consisted of 140 household member aged 18 years and above in Nagongera Sub County. The study targeted the population within this age group because they are the most exposed to drugs compared to the young group below 18 years.

## 3.3 Sample Size

Using the Cochran's equation, the sample size was determined from the target population of community members and community leaders in Nagongera Sub County at e=0.05 as shown in the table below

$$n = \frac{N}{1+N(e)2}$$

Where, n-sample size

N-the population size

e-level of significance, fixed at 0.05

$$n = \frac{140}{1+140(0.005)\,2}$$

**Table 1: Showing Sample Size of the Respondents**

| Target population | N | Sample size (n) |
|---|---|---|
| Community members | 130 | 97 |
| Traditional leaders | 10 | 10 |
| **Total** | **140** | **107** |

*Source: Krejci,R.V and Morgan, D.W(1970) in Amin (2005)*

### 3.4 Sampling Technique

The sampling method which was used in this study is simple random sampling which involved selection of cases where by each member in the population had an equal chance of being selected for the study.

### 3.5 Methods of data collection

These were the steps, procedures and strategies for gathering data in this study. Data collection refers to gathering specific information aimed at providing or refuting some facts. (Tromp, 2006:99). In this study the following methods were be used in collecting the required information: Interview, questionnaires, materials from library, which include books, newspapers, internet, leaflets and journals related to alcohol and drug abuse and domestic violence.

### 3.5.1 Interview

Interview method was used for collecting data from respondents, to reduce errors arising from using only questionnaire method and to ensure that all the intended information was obtained. Interviews involved oral questioning of the household members who could not read and interpret the questionnaire.

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## 3.5.2 Questionnaire

A questionnaire is a form of interrelated questions prepared by the researcher about the research problem under investigation based on objectives of the study. A semi structured questionnaire was self-administered to household members. The researcher formulated questions in order to make it easier for the respondents to complete the questionnaire in time with ease.

## 3.6 Data Processing and Analysis

Qualitative data was analyzed by describing phenomenon and by use of charts. Quantitative data was analyzed with the help of tables showing various statistics like frequencies, means and percentages which helped to draw phenomenon. Data was analyzed with the help of various computer packages like Microsoft office word, Microsoft office excel and SPSS.

# CHAPTER FOUR

## DATA PRESENTATION AND ANALYSIS

### 4.1 Introduction

This chapter presents the findings and discussions of the data collected on Drug Abuse and Domestic Violence in Nagongera Sub County, Tororo District. The study involved gathering information from the respondents who were household members in the selected households.

### 4.2 Socio demographic analysis

Socio demographic analysis is analysis of factors that directly affect the study population with time and such factors include; age of the respondents, gender and employment status and education level. Socio demographic analysis starts with analysis of age as shown below;

### 4.2.1 Age Distribution

The age group was presented using the table below;

**Table 2: Age distribution of respondents**

| Age Group (years) | Frequency | Percentage (%) |
|---|---|---|
| (18-28) | 15 | 14.0 |
| (29-39) | 17 | 15.9 |
| (40-50) | 28 | 26.2 |
| (51-61) | 18 | 16.8 |
| (62-72) | 20 | 18.7 |
| 73 and above | 9 | 8.4 |
| Total | 107 | 100 |

*(Source: Primary Data 2017)*

Findings from table 2 above reveal that out of 107 respondents that took part in the study, 14.0% revealed that they are in the age bracket of (18-28)years, 15.9% were in the age bracket of (29-39)years, 26.2% were in the age bracket of (40-50) years, 16.8% were in the age bracket of (51-61) years and only 18.7% were in the age bracket of (62-72) years and only 8.4% were in the age

bracket of 73 years and above. The age findings therefore signify that the sample size was mature enough to provide reasonable information for the study.

## 4.2.2 Gender of the respondents

The study sought to analyze the gender distribution of the study population. The percentage representation of the male and female respondents is as analyzed below;

**Table 3: Gender of the Respondents**

| Gender | Frequency | Percentage (%) |
|--------|-----------|----------------|
| Male | 58 | 54.2 |
| Female | 49 | 45.8 |
| Total | 107 | 100 |

*(Source: Primary Data 2017)*

Findings from table 3 above indicate that out of 107 respondents that took part in the study, 54.2% revealed that they were male and 45.8% were female. The above findings signify therefore that there was a fair representation of both gender in the study, though the population of male respondents being slightly more than that of female shows that male is the most engaged gender in drugs compared to their female counterparts.

## 4.2.3 Level of Education

The study sought to establish education level of the respondents and the results are presented below;

**Table 4: Level of education**

| Education level | Frequency | Percentage (%) |
|-----------------|-----------|----------------|
| Nil | 18 | 16.8 |
| Primary | 45 | 42.1 |
| Secondary | 32 | 29.9 |
| Diploma/Degree | 12 | 11.2 |
| Total | 107 | 100 |

*(Source: Primary Data 2017)*

Findings from table 5 above show that out of 107 respondents that took part in the study, 16.8%did not attain any level of education, 42.1% attained primary level of education, 29.9% attained secondary education and 11.2% attained diploma/degree. The above findings imply that there was low level of education among respondents that took part in the study, drawing conclusions for high level of drug abuse among household members 5 years and above in Nagongera Sub County.

## 4.2.4 Level of Occupation

Respondents were engaged in different forms of employment in Nagongera; the study analyzed and presented the findings in the table below;

Table 5: Type of Occupation

| Form of Occupation | Frequency | Percent |
|---|---|---|
| Farmers | 37 | 34.6 |
| Employed | 30 | 28.0 |
| Self Employed | 20 | 18.7 |
| Housewife | 20 | 18.7 |
| Total | 107 | 100 |

(Source: Primary Data 2017)

Findings from table 6 above indicate that out of 107 respondents that were selected to take part in the study, 34.6% were farmers, 28% were employed, 18.7% were self-employed and housewives.

The highest percentage of respondents was farmers, implying that most of the community members in Nagongera are farmers and the least percentage of the households in Nagongera consists of house wives and those who are self-employed. This implies that farmers are engaged in their farming activity mostly in morning hours, while in the afternoon and evening, they resort to drinking and smoking hence they end up victims of drug abuse.

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## 4.2.5. Marital Status

The study analyzed the marital status of the respondents and the results were presented in the below;

**Table 6: Marital status**

| Marital Status | Frequency | Percentage (%) |
|---|---|---|
| Single | 20 | 18.7 |
| Married | 46 | 42.9 |
| Divorced | 25 | 23.4 |
| Separated | 14 | 13.1 |
| Widowed | 2 | 1.9 |
| **Total** | **107** | **100** |

*(Source: Primary Data 2017)*

Findings from table 7 above indicate that out of 107 respondents that were sampled for this study, 18.7% were single, 42.9% were married, 23.4% had divorced, 13.1% had separated and only 1.9% we widows. The highest percentage of the respondents were married implying that they were responsible enough to hold family problems and also knowledgeable to provide meaningful findings for the study.

## 4.3 Percentage response on Drug Abuse

The study obtained individual response on usage of drugs by community members of Nagongera and the results were presented on a column graph below;

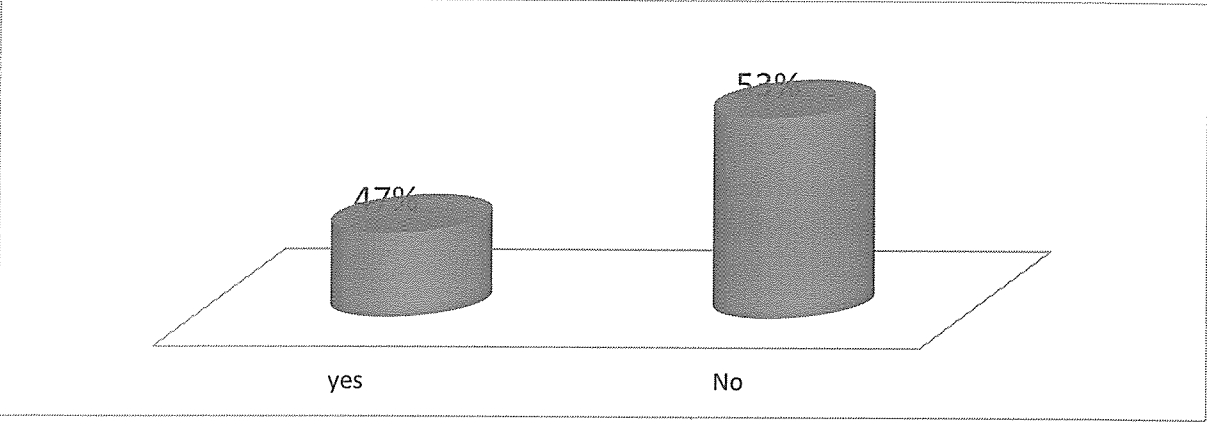**Figure 1: Percentage response on Drug usage**
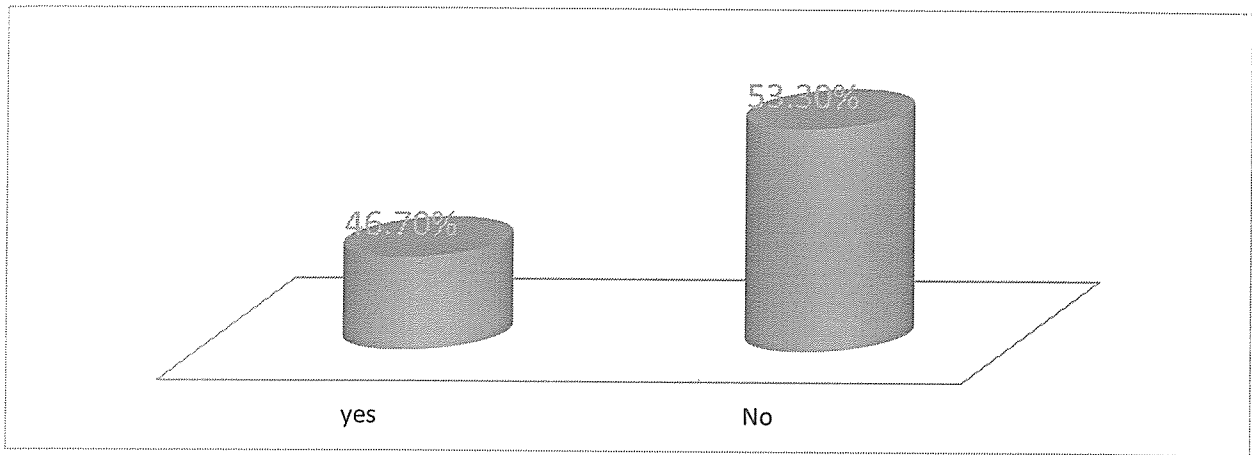


*(Source: Primary Data 2017)*

Findings from figure 1 above indicate that out of 107 respondents that took part in the study, 46.7% revealed that they use drugs for certain reasons, 53.3% revealed that they do not use drugs for either reasons. Though not at the average, the percentage of drug users according to the study is relatively high in Nagongera Sub County. This explains why there is continuous domestic violence, being influenced by additional factors.

It can also be explained that due to fear, respondents could deny the fact that they do not use illicit drugs. This explains why the percentage of respondents who admitted that they do take some kind of drugs was low (46.7%).

In an interview between the researcher and the respondents they added that *"they get addicted to certain drugs like alcohol, marijuana and Kuber"*. Make them so used to that they find it very hard to leave. They further added that *"smoking among the young group is brought about by peer influence"*.

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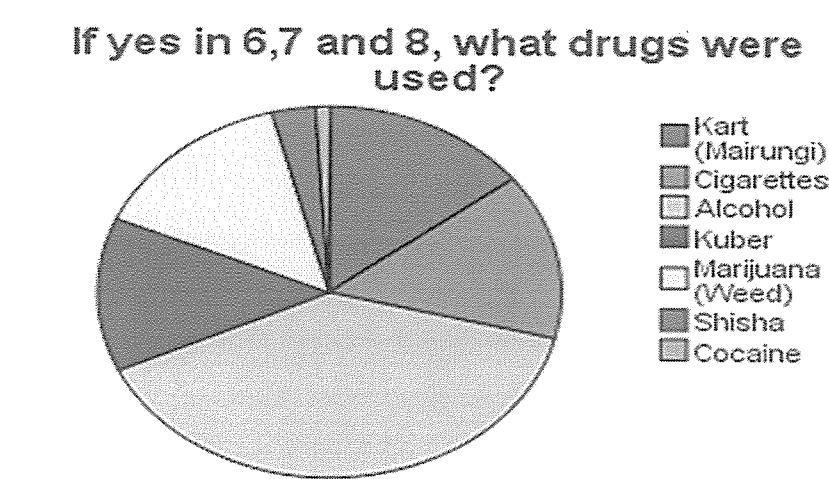**Figure 2: Percentage response on Victims of Drug Abuse**



*(Source: Primary Data 2017)*

Findings from figure 2 above show that out of 107 respondents that took part in the study, 47% reported that they have been victims of drug abuse while 53% of the respondents revealed not to have been victims of drug abuse. This implies therefore that the percentage of community members who are victims of drug abuse is relatively high thus explaining cases of domestic violence in Nagongera.

## 4.4 Type of Drugs commonly used

There are various types of drugs abused in Nagongera; they are displayed in the pie chart below;

**Figure 3: Common Drugs Abused**



If yes in 6,7 and 8, what drugs were used?

- Kart (Mairungi)
- Cigarettes
- Alcohol
- Kuber
- Marijuana (Weed)
- Shisha
- Cocaine

*(Source: Primary Data 2017)*

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Findings from figure 4 above show that alcohol is the widely abused drug in Nagongera Sub County followed by Kuber, Marijuana, Mairungi, and Cigarettes which could be due to their ready availability and affordability in terms of the prices. Then the least used drugs were Shisha and Cocaine which are quite expensive drugs to obtain.

## 4.5 Causes of Drug Abuse

**Figure 4: Causes of Drug Abuse**
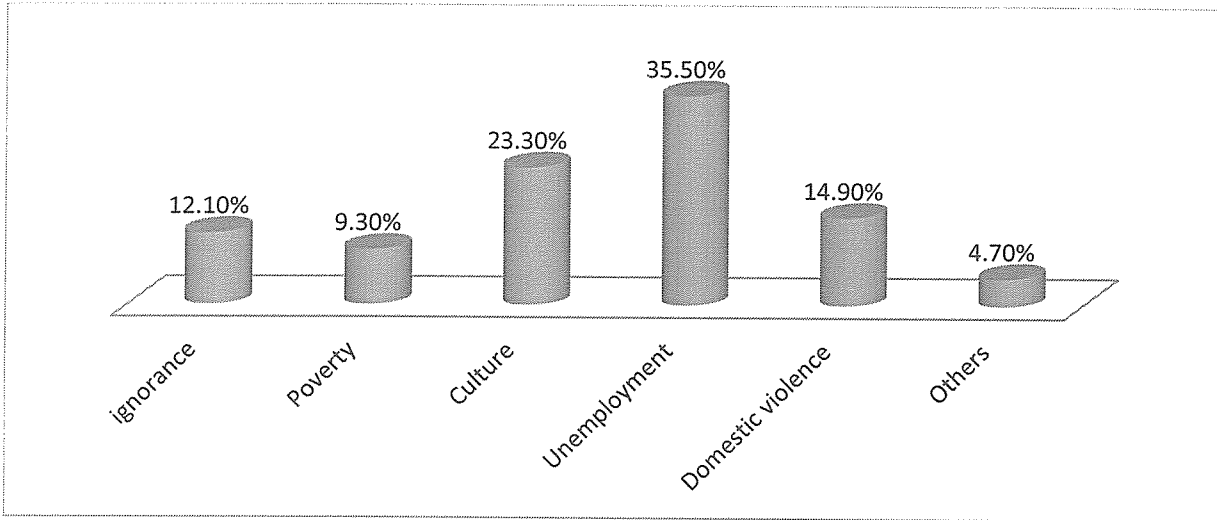


*(Source: Primary Data 2017)*

Findings from figure 5 above show that out of 107 respondents that took part in the study, 35.5% responded that alarming rate of unemployment in Nagongera causes many young adults to engage in drug abuse as a means of passing time, 23.3% of the respondents said it is due to culture of taking alcohol for leisure and prestige, 14.9% reported domestic violence as a cause of drug abuse after a family member getting frustrated of violence, 12.1% reported that drug abuse is caused by ignorance of members of Nagongera, 9.3% revealed that it is poverty causing drug abuse and only 4.7% gave other causes like lack of tuition among students.

However some percentage of the respondents (14.9%) admitted that drug abuse was due to domestic violence as the victim and perpetrator resort to mainly alcohol to relieve themselves of whatever situations they could be facing. This on the other hand leads to even higher risk of the violence re-occurring. 10.3% reported that drug abuse was due to the ignorance about the dangers of drug abuse and 7.2% said that drug abuse was caused by poverty within the households.

*In an interview with the community leaders in various villages in Nagongera, they ascertained that "frustration among household members brought about by family problems, like poverty, lack of school fees among the students, sickness in the family, divorce and idleness are the leading causes of drug abuse in Nagongera".*

### 4.6 Causes of Domestic Violence

There are various factors according to the study that cause domestic violence in Nagongera. The main causes are analyzed below;

**Table 7: Causes of Domestic Violence**

| Causes | Frequency | Percentage (%) |
|---|---|---|
| Ignorance | 10 | 9.3 |
| Poverty | 24 | 22.4 |
| Culture | 23 | 21.5 |
| Unemployment | 12 | 11.2 |
| Drug abuse | 35 | 32.7 |
| Others specify | 3 | 2.8 |
| **Total** | **107** | **100** |

*(Source: Primary Data 2017)*

Findings from table 8 above show that out of 107 community members that were sampled for the study,9.3% reveled that ignorance cause domestic violence in Nagongera, 22.4% revealed that poverty, 21.5% reported culture, 11.2% reported unemployment, 32.7% reported drug abuse and only 2.8% reported other causes. From the responses given, it is clear to see that the leading cause of domestic violence is drug abuse indicated by 32.7% response.

*In an interview with the community leaders, they added that "community members spend most of their time after garden work in drinking alcohol and smoking in trading canters of Nagongera".*

### 4.7 Drug Abuse and Domestic Violence

The two variables go hand in hand according to the study; the relationship comes in because violent acts are associated mostly with drunkards. The analysis of domestic violence depicts the level of drug abuse as shown below;

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**Figure 5: Drug Abuse versus Domestic Violence**
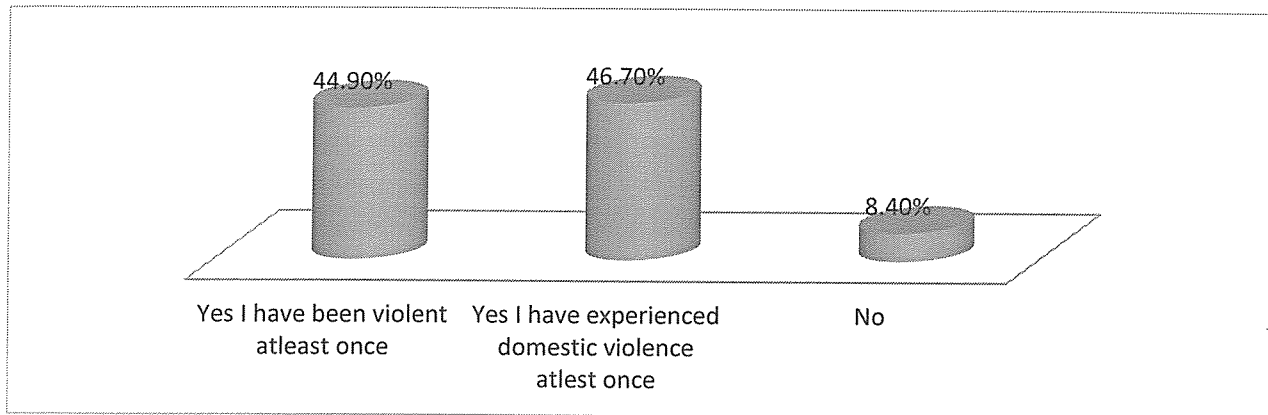


*(Source: Primary Data 2017)*

Findings from figure 8 above show that there was a satisfactory count among respondents who had ever been violent or experienced domestic violence had prior abuse of drugs, 44.9% of the respondents, who said that they had ever been violent at least once, related their violence to drug use and 46.7% of the respondents who had experienced domestic violence related the cases of domestic violence to drug abuse. Only 8.4% responded that they had never experienced either of the two. The relationship between Drug abuse and Domestic violence can be seen clearly from the bar chart below. Though drug abuse is not the direct cause of domestic violence, it is a risk factor in that a partner can defend himself/herself on the wings of being under the influence of the drug while engaging in violent acts. On the other hand one can first have the intention of being violent then just take drugs to get the cover for his/her violence. Drug abuse is not only a risk factor for partner violence but also violence in the community.

## 4.8 Efforts to Curb Drug Abuse and Domestic Violence

According to the study there are various ways to curb drug abuse in Nagongera sub county, however below is analysis of the effective efforts that were suggested by the respondents;

**Table 8: Analysis of efforts to curb Drug Abuse and Domestic Violence**

| Efforts | Frequency | Percentage (%) |
|---|---|---|
| Effective sensitization | 38 | 35.5 |
| Strengthening the law | 40 | 37.4 |
| Promoting education | 20 | 18.7 |
| Others | 9 | 8.4 |
| Total | 107 | 100 |

*(Source: Primary Data 2017)*

Findings from table 9 above show that out of 107 respondents that took part in the study, 35.5% suggested that there is need for effective sensitization of the community on dangers of drug abuse and domestic violence, 37.4% emphasized that there is need to strengthen the law on drug abuse and domestic violence, 18.7% of the respondents added that promoting education among the youth can help to reduce drug abuse and domestic violence and only 8.4% suggested other measures like promoting sports and creating employment for the youth.

Most of the respondents agreed that the government laws on prohibiting drug abuse are not effectively implemented. One respondent was quoted as saying "drug abusers are just everywhere and the government is watching and doing nothing".Others indicated that educating communities on the dangers of drug abuse right from young ages to avoid drug use and domestic violence would yield a drug and violence free society in time to come.

*In an interview, one respondent was quoted as saying, "let the government just barn the importation of the illicit drug and shut down all the alcohol producing companies and all will be well".*

A good number of respondents also added that domestic violence is due to the bride price paid during marriage. One female respondent said that he husband can batter her and then he says "after all your parents have my cows".

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# CHAPTER FIVE

## SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

### 5.0 Introduction

This chapter presents the summary and description of findings derived from the study. The chapter also provides findings, conclusion and recommendations as well as suggested areas for further research.

### 5.1 Summary of findings

Culture, unemployment, frustration brought about by family problems like sicknesses and domestic violence are the leading causes of drug abuse according to the study.

The need for continuous sensitization of the communities by government through various stakeholders was cited as one of the efforts to reduce drug abuse in Nagongera Sub county, Tororo district.

From the responses given, drug abuse leads to domestic violence but it is clear that drug abuse is mainly a risk factor than a cause of domestic violence. Looking at the relationship between drug abuse and domestic violence, it is clear that drug abuse is more likely to result to domestic violence than domestic violence would result into drug abuse.

### 5.2 Conclusion

The conclusion below is drawn on each objective of study as shown below;

### 5.2.1 Causes of Drug Abuse

Culture, unemployment and frustration brought about by family problems like sicknesses are the leading causes of drug abuse according to the study. According to the study, is shown that there is a strong relationship between drug abuse and domestic violence in Nagongera Sub County. From where it was found that unemployment, frustration due to family problems and idleness are on the forefront in causing drug abuse in Nagongera, Tororo district. The unemployed have a lot of freedom to be driven by peer influence hence they become addicts to alcoholism and smoking.

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The drunkards tend not have room to understand their family members, causing more arguments in there households, resulting into domestic violence

.

## 5.2.2 Efforts to curb drug abuse and domestic violence

Efforts to curb drug abuse and domestic violence include strengthening the law on drug abuse and domestic violence through effective coordination with local leaders to identify the perpetuators so that they can be charged in court. There is need for continuous education of the communities by government through various stakeholders was cited as one of the efforts to reduce drug abuse in Nagongera Sub county, Tororo district.

## 5.2.3 Effects of Drug Abuse

From the responses given, drug abuse leads to domestic violence but it is clear that drug abuse is mainly a risk factor than a cause of domestic violence. Looking at the relationship between drug abuse and domestic violence, it is clear that drug abuse is more likely to result to domestic violence than domestic violence would result into drug abuse.

Drug abuse is said to be a leading cause of domestic violence among family members in Nagongera Sub County, Tororo district. A cause of greater importance is the results which provide evidence of a strong relation between drug abuse and having been violent or being harassed at home.

The results of this study indicate that once socio-demographic factors and drug use are taken into account, the experience of domestic violence is weakly, if at all, associated with any other factors.

## 5.3 Recommendations

The following recommendations were presented based on findings drawn from each specific objective as shown below;

## 5.3.1 Recommendation on causes of Drug Abuse

There need by the government to design policies that will create employment for the youth, so that most of them are kept busy in productive ventures. This is believed to reduce drug abuse and domestic violence in Nagongera Sub county, Tororo district and in other parts of Uganda.

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## 5.3.2 Recommendation on efforts to curb Drug Abuse and Domestic Violence

There is need to increase the enforcement of the available laws regulating drug use. In addition rehabilitation facilities need to be increased not only in Nagongera but the entire country. The only government-owned alcohol and drug rehabilitation center in the country is at Butabika National Referral Mental Hospital located in Kampala.

Government, through other stakeholders needs to effectively sensitize the community in Nagongera and in Uganda as a whole on the dangers of drug abuse and domestic violence.

## 5.3.3 Recommendation on effects of Drug Abuse

Due to the danger associated with drug abuse that is domestic violence, the researcher recommends that community members from Nagongera Sub County should desist from too much drinking and smoking of various drugs, through engagement in other activities like spots to ensure that they are kept busy.

## 5.4 Suggested Areas for further study

Further research is needed to determine whether the use of illicit drugs actually promotes violent behavior, is employed as a culturally sanctioned justification for engaging in violence without taking responsibility for it, or is associated through some third causal factor to violence.

A number of important limitations should be considered when interpreting the results of this study. First, the study sample was not large enough due to the resource limitation, the prevalence of violence and drug use in other populations may be different. Second, our assessment of abuse was limited because it did not evaluate the full psychological impact of an abusive relationship that typically involves a climate of threat and fear.

Third, the assessment of violence through limited questions about current experiences of violence does not allow for an understanding of the causal ordering of the relationship between violence and drug use. Finally, validity of the assessment of drug use may be altered since it was conducted mainly through self-participation, rather than through relevant authorities and bodies within the area of study which would perhaps offer different figures. With these limitations in mind, in addition, assessment of psychoactive drug use among women and their partners is critical, since such behaviors may be employed as a marker for risk for domestic violence. Since violence and drug use reflect a wider set of environmental conditions and psychosocial factors

that create a context that is detrimental to a family, prevention and intervention efforts will need to be set within a framework of services to address these needs.

Training of health care professionals at village level about the problems of drug abuse and family violence is a critical and necessary first step in early identification and intervention efforts. Reformulation of policies on discipline and rights by the relevant authorities can also play a big role in addressing the issue of drug abuse and domestic violence.

# REFERENCES

Amaro, H., Lise, F. E., Cabral, H., & Zucherman, B. (1990, May). Violence During Pregnancy and Substance Use. *American Journal of Public Health, 80*(5).

Bamuhigire, O. (2007, November). Alcoholism Linked to childhood history. *The New Vision.*

Bennett, L. W., Tolman, R. M., Ragalski, C. J., & Srinivasaraghavan, J. (1994). *Domestic Abuse by Male Alcohol and Drug Addicts.*

Brenner, M. (n.d.). Domestic Violence: Causes and What we can do to Control it. doi:Listing on Expert.com

Cook, P. W. (2009). *Abused men- The hiden side of domestic violence.* Preager second edition.

De, M. 1., King et al, 2., & 2008, R. &. (2008). *Drug Addiction and Abuse.*

(2001). *Demographic and Health Survey: Uganda.* Kampala: Uganda Bureau of Statistics and ORC Macro.

Dienye, P., & Gbeneol, K. (2009). Domestic violence against men in primary care. *American journal on men's health*, 333-339.

(2004). *Global Status report on Alcohol.* Geneva: Worl Health Organization.

(2004). *Global Tatus Report on Alcohol.* Geneva: World Health Organisation.

Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic vilence: findings from a South African Cross-seectional study. *Soc Sci Meed*, 1603-1617.

Karamagi, C., Tumwine, J., Tyllesskar, T., & Heggenhougen, K. (2006). Intimate Partner Violence Against Wwomen in Eastern Uganda: Implications for HIV Prevention. *BMC Public Health 2006 November 20*, 284-296.

Koening, M. A., Lutalo, T., Zhao, F., Nalugoda, F., Wabwire, M. F., Kiwanuka, N., . . . Ron, G. (2004). Coercive Sex in Rural Uganda: Prevalenc and Asociated Risk Factors. *Soc Sci Med*, 787-98.

Koening, M. A., Tom, L., & Zhao, F. (2003). Domestic Violence in Rural Uganda: Evidence from a Community Based Survey. *Bull World Health, 80*(1), 53-60.

Martin, S., Tsui, A., Maitra, K., & Marinshaw, R. (1999). Domestic violence in Northern India. *Am J Epidemiol*, 417-426.

Newhouse, E. (1999, Febuary 21). Science closes on genetic secrets behind addiction. *Great Falls Tribune.*

Orodho, D. K., & Tromp, D. L. (2006). Proposal and Thesis Writing. In D. K. Orodho, & D. L. Tromp, *Proposal and Thesis Writing* (p. 71). Nairobi: Don Bosco.

Rao, V. (1997). Wife-beating in rural South India: a qualitative and econometric analysis. *Soc Sci Med*, 1169.

Room, R., & Selin. (2005). *Gender, Alcohol and Culture: An International Study*. Geneva: World Health Organization.

Tapouzis, D. (1994). *The socio-economic impactif HIV?AIDS on rural families with emphasis on youth in Uganda*. Kampala: Food and agricultural organization of the United Nations.

Tumwesigye, N., & Kasirye, R. (2005). *Gender and the Major Consequences of Alcohol Consumption in Uganda*. Geneva: World Health Organization.

# APPENDIX 1

## QUESTIONNAIRE: AQUESTIONNAIRE FOR MEMBERS OF THE COMMUNITY

I am Masari Joachim Emmanuel a student from Kampala International University Uganda. I am undertaking a Bachelor of Public Administration and I am required to carry out research which is considered as a prerequisite for the award of a Bachelor's Degree. The research topic is "Drug abuse and Domestic Violence in Uganda: Nature and Relationship". In order to accomplish my field work I will use questionnaires for collecting basic information. I hereby affirm that the information which you will give will be strictly confidential. Thank you for your co-operation.

**Instructions**

1. *Please tick the alternative that fits your response either one or even more*
2. *All the information provided in this questionnaire will be kept highly confidential*

Personal particulars:

1. In which age bracket do you belong?

(1) 18 – 28 ☐

(2) 29 – 39 ☐

(3) 40 – 50 ☐

(4) 51 – 61 ☐

(5) 62 – 72 ☐

(6) 73 and above ☐

2. What is your gender?

(1) Male ☐

(2) Female ☐

3. What is your level of education:?

(1) Nil ☐

(2) Primary education ☐

(3) Secondary education ☐

(4) Diploma/Degree ☐

4. What is your Occupation level?

(1) Farmer ☐

(2) Employed ☐

(3) Self employed ☐

(4) Housewife ☐

(5). Extra type of work: _____

5. What is your marital status?

(1) Single ☐

(2) Married ☐

(3) Divorced ☐

(4) Separated ☐

(5) Widow ☐

(6) Others ☐

6. Do you use any drugs for any reason?

   (1) Yes ☐

   (2) No ☐

7. Have you ever experienced any kind of drug abuse in your household?

(1) Yes ☐

(2) No ☐

8. Have you ever noticed any drug abuse in your neighborhood/community?

(1) Yes ☐

(2) No ☐

9. If yes in any of 6, 7 and 8, what drugs were used?

(1) Kart (Mairungi) ☐

(2) Cigarettes ☐

(3) Alcohol ☐

(4) Kuber ☐

(5) Marijuana (Weed) ☐

(6) Shisha ☐

(7) Cocaine ☐

10. What do you think are the reasons for drug abuse?

(1) Ignorance ☐

(2) Poverty ☐

(3) Culture ☐

(4) Unemployment ☐

(5) Domestic violence ☐

(6) Others specify....................

11. Have you ever been violent at home or experienced domestic violence?

(1) Yes, I have been violent at least more than once.

(2) Yes, I have experienced domestic violence at least more than once

(3) No

12. If yes, would you relate the problem mentioned in number (11) above with drug abuse?

(1) Yes ☐

(2) No ☐

13. What do you think causes domestic violence?

(1) Ignorance ☐

(2) Poverty ☐

(3) Culture ☐

(4) Unemployment ☐

(5) Drug abuse ☐

(6) Others specify....................

15. Why is drug abuse continuous in Nagongera Sub County?

...............................................................

...............................................................

...............................................................

16. What are the effects of drug abuse in your community?

...............................................................

...............................................................

...............................................................

18. In your opinion can you please suggest measures to be taken to control drug abuse?

...............................................................

...............................................................

...............................................................

## APPENDIX II: INTERVIEW GUIDE FOR COMMUNITY LEADERS IN NAGONGERA SUBCOUTNY

1. Have you ever experienced any kind of drug abuse in your community?
2. In your opinion what causes drug abuse in your community?
3. In your observation are the common drugs used by the community members in Nagongera?
4. What have you done as community leader to reduce drug abuse in Nagogera?
5. What are the causes of drug abuse in Nagongera Sub County?
6. In your opinion how is drug abuse related to Domestic Violence in Nagongera Sub County?
7. What is the community concern on the effects of drug abuse?
8. I would like to end here, any comment or addition on what we have shared?

## THANK YOU FOR YOUR TIME

# APPENDIX III: INTRODUCTORY LETTER

**KAMPALA INTERNATIONAL UNIVERSITY**

Ggaba Road, Kansanga* PO BOX 20000 Kampala, Uganda
Tel: +256 (0) 382 277 030 * Fax: +256 (0) 41 - 501 974
E-mail: admin@kiu.ac.ug * Website: http://www.kiu.ac.ug

Office of the Head of Department

Date: 16th July, 2017

Dear Sir/Madam,

### RE: INTRODUCTION LETTER FOR MR. MASARI JOACHIM EMMANUEL REG. NO.BPA/43634/143/DU

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Bachelor's Degree in Public Administration.
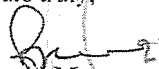
He is currently conducting a field research for his dissertation entitled, **DRUG ABUSE AND DOMESTIC VIOLENCE IN UGANDA: NATURE AND RELATIONSHIP A CASE STUDY OF NAGONGERA SUB COUNTY TORORO?** Your organisation has been identified as a valuable source of information pertaining to his research project. The purpose of this letter then is to request you to accept and avail him with the pertinent information he may need.
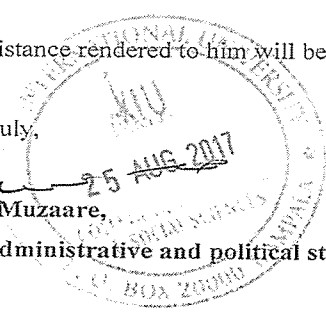
Any data shared with him will be used for academic purposes only and shall be kept with utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours truly,

Gerald Muzaare,
HOD-Administrative and political studies

*"Exploring the Heights"*

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