

## Risks of the Female Youth to Drugs and Substance Abuse in Makindu Town, Kenya

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**Abstract** This study paid particular attention to investigating the nature and magnitude of risks exposed to the female youth abusing drugs in Makindu town Kenya. Consequently, this exploratory study had the following objectives: to identify and classify the type of risks experienced by female youth exposed to drug and substance use. The research design used in the study was case study design. Using snow ball sampling technique. 29 respondents were sampled for the study. The data was collected by use of unstructured interviews designed for female youth abusing drug and substance, focus group discussion guides for female youth whose partners abused drugs, key informant for key informants, participant observation and where possible an observation checklist. According to the finding of the study, it was evident that: Biological risks included: lung complications, HIV/Aids, poor duty performance, falling , chipping and staining of teeth etc, social risks included; neglect of children, fighting with spouse and others, influencing children to abuse sleeping pills etc, and psychological: loss of memory, mental illness, anorexia etc were cited to be some of the risks the female youth experienced after abusing drugs and substance.

**Keywords:** Drugs and substance abuse, female youth, risks and disasters.

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### 1. Introduction

According to United Nations Organization for Drug Control (2005), in the recent times, the cases of risks related to drug and substance abuse have increased the risks' situations which include many negative physiological health effects, ranging from minor issues like digestion problems or respiratory infections, to potentially fatal diseases, like AIDS and hepatitis C. The effects depend on the drug and on the amount, method and frequency of use. Some drugs are very addictive, like heroin, while others are less addictive. But the upshot is that regular drug abuse or sustained exposure to a drug - even for a short period of time - can cause physiological dependence, which means that when the person stops taking drugs, he/she experiences physical withdrawal symptoms and a craving for the drug.

Drug abuse also causes brain damage. Depending on the drug, the strength and character of this damage varies. Drug abuse affects the way the brain functions and alters its responses to the world. How drug abuse will affect one's behaviour, actions, feelings and motivations is unpredictable. By meddling in the natural ways the brain functions, abusers expose themselves to risks they may not even have imagined. Drug abuse damages the ability of people to act as free and conscious beings, capable of taking action to fulfill their needs. How free drug abusers are when they have no control over their actions or reactions is debatable. What is indisputable is that by giving in to bio-chemical processes that are deviant, a drug abuser loses what makes humans admirable and unique. Illicit drugs, whenever they are produced or used contaminate and corrupt, weakening the very fabric of society. Increasing worldwide abuse is destroying uncounted useful lives.

Drug abuse in the work place leads to lowered productivity, defective products, accidents, loss of

qualified employees and loss of income. Drug abuse by workers in sensitive occupations like those in the military, airline, pilots and air traffic controllers for example can result in disaster.

Women are disproportionately affected by disasters, as a result of gender inequalities. Women have high death rates in disasters, as they often do not receive warnings or other information about hazards and risks. Their mobility may be restricted or affected due to cultural and social constraints (United Nations Organization for Drug Control 2002).

Taking female youth in Makindu Town as the object of interest, this research seeks to identify some of the risks that youth in Kenya are exposed when they abuse drugs and substance

## 2. Study Objective

The goal of this study is to investigate the risks that female youth are exposed when they abuse drug and substance; to identify and classify the types of risks found among female youth exposed to drugs and substance.

## 3. Literature Review

### 3.1 Categories of Drug Related Risks and Disasters

Drug abuse has psychological, biological and social consequences. The psychological and biological consequences affect an individual and the social consequences affect both an individual and the society. (Fries (2003), Substance abuse has direct impact on education, vocational training and family life and it is linked to child battering and lack of safety in general. It impacts on health for example according to Fries (2003); young people are more vulnerable to the adverse reactions associated with cannabis use. Evidence shows that young and adolescent cannabis users are particularly in danger of becoming depressed and suicidal and to become involved in delinquency and crime. They are also more susceptible to developing schizophrenia. According to United Nations Organization for Drug Control (2001), Neal (1998), trafficking in and abuse of narcotic drugs and psychotropic substances are increasingly being linked to the various civil conflicts in Africa. The ongoing conflicts and post conflict situations that prevail in several African countries are conducive to increasing drug problems among children and youth in particular.

According to Pernanen (1991), drunken driving and its consequences form one of the major clusters in the determination of attitudes towards alcohol use. The population at risk of becoming victims of impaired driving is even largely independent of any selective criteria of morality or responsibility. No factors that would lessen the perceived loss and injustice to the victims or their intimates can be applied, since a significant moral blame or technical faults cannot be assigned to the victims. The non selective nature of risk makes it easy to identify with those involved in drinking and driving, both as potential victims and to some extent as potential culprits. Permanen (1991) further argues that offenders in robberies that led to homicides had been drinking and victims of robbery murders had been drinking too a situation he calls total alcohol involvement.

The largely unheeded spread of injection drug use in East Africa has wide implications for public health in the region. Injection drug users (IDU) are a 'high risk' or 'core group' for HIV infection. There are two main possible associations; people under the influence of drugs may lose inhibition leading them to indulge in risky sexual behaviour that exposes them to HIV/Aids. Secondly, people on Intravenous Drug Abuse -IDU- will expose themselves to HIV/Aids through direct blood to blood transmission. From the IDUs surveyed in Kenya by Ndetei (2004), at least 68 - 88% are HIV positive. The major concern is that emerging IDU trend in a situation of high HIV prevalence is a recipe for disaster, (Beckerleg et al, 2005; Ndetei, 2004).

According to Mora (2001), females that do not drink alcohol are also affected in their social role of mothers or wives of alcohol addicts which include violence and increased burden in their role as providers. The extent to which substance abuse affects women should be addressed urgently because of its far

reaching implications, (WHO 1993).

### *3.2 The Impact of Female Drug and Substance Abuse Related Risks on the Society*

Few can simply visualize a young drug dependent woman who is seriously ill and in need of medical attention and emotional support. Even when such realities are intellectually understood, they are no match for the often violent feelings that are aroused: anger, revulsion, anxiety and a sense of betrayal. It is felt that she has trespassed on territory beyond her proper sphere, that she has degraded herself in a particular odious, even unnatural manner.

Women are important in our society. Every woman has her own job or duty in this modern society in which men are still the 'strongest gender'; women's life is a lot more complicated, she has to take care of her own personal life and if she is a mother, she has to take care also about her children's life too. Mothers who use drugs are statistically more likely to have infants with low birth weight, small head size or microcephaly, and other adverse outcomes, since, many drugs cross the placenta to some degree. A smaller head size or microcephaly in newborns is thought to reflect a smaller brain. This therefore implies that the infant is likely to experience developmental and learning problems as they get older as compared to normally grown infants with normal head size. By influencing the mother's physical or emotional function, these substances may also affect the foetus indirectly, (Zuckerman 1991). This therefore means that since most female youth are at their reproductive prime age, if and when they abuse drug and substance it means that the coming generation will be of slow thinkers who will be able to develop their community adequately.

## **4. Methodology**

### *4.1 Research Design*

The study applied a case study design. This involved a case on the risks exposed to female youth abusing drugs and substance abuse in Makindu town. Research design was the program that guided the investigator as she collected analyzed and interpreted observations. It was the logical proof that allowed the researcher to draw inferences concerning causal relations among variables that had been investigated.

### *4.2 Site Selection and Description*

The study was carried out in Makindu town. Makindu town was selected purposively since no study risks to drugs had been carried out. The town was located 200km from Nairobi and 250km from Mombasa. It was long Mombasa Nairobi highway. It had a population projection for 2008 of 11,160 people, 3906 being female youth. There were 1860 households with an average of 6 heads, (Kibwezi District Development Plan 2008-2012, 2009).

Those classified as poor experience absolute poverty and food poverty. The poverty level stands at 34% contributing to 3.8% of the National Poverty level. The food poverty level is at 57.2%. The causes are attributed to circumstances such as unreliable, inadequate and erratic rainfall, lack of clean drinking water leading to increased cases of water borne diseases (typhoid, amoebic dysentery etc), reduced productivity, increased cost of medication, high rates of unemployment- both formal and informal leading to increased number of idlers and dependency, lack of credit facilities hence limiting investments, poor marketing system, unavailability and high prices of farm inputs, poor agricultural practices, sparse location of health facilities, absence of rural-micro industries, poor road network and lack of rural electrification to steer and bolster local industries such as the Jua Kali, (Kibwezi District Development Plan 2008-2012, 2009).

### 4.3 Sampling

The sampling frame for this study was generated from the occurrence register at Makindu Town Police Post, Makindu Town Location Chief's Complaints Records, Central Register at the Probation Department (Makindu District), Criminal Records at the Law Courts and Non Governmental Organizations (NGOs) dealing with youth and drug related issues.

Snow ball sampling was used to select 29 female youth abusing drugs and substance, selected from the sampling frame obtained and 10 key informants dealing directly with female youth abusing drugs and substance.

The criteria for participants to be selected for the study will include the following:

- a) Female youth arrested in relation to drug related crimes whose records exists in the Makindu police post or the chief's complaints records.
- b) Female youth serving on probation or Community Service Order (CSO) for drug and substance abuse related crimes.
- c) Female youth living with partners who abuse drug and substance abuse, from records obtained of male youth at Makindu Police Post, Makindu Town Location Complaints register or the probation and CSO Record.
- d) Key informants who deal with female youth abusing drugs and substance – The Probation Officers, The Police, The Provincial Administration, Youth Officers and relevant Non Governmental Organizations.
- e) The households around drug selling dens and bars
- f) Female youth in the streets.

### 4.4 Sources of Data

The study applied observing and interviewing as the principal data collection techniques. This was driven by the need to encourage greater interaction between the researchers and target respondents, eliciting hostistic information and attitudes (Walliman, 2005). Five sources of data were identified. They included: documentation, archival records, interviews, direct observations and case studies. This study obtained secondary data from archival records and documentation. The archival records will include: service records such as those showing the number of clients served over a given period of time; and telephone listings. The documentation will include: administrative documents- proposals, progress reports and other internal documents.

### 4.5 Methods and Tools of Data Collection

In this study the data collection methods will included: participant observation the tool used was an observation checklist. The researcher spent an afternoon with the respondents observing their activities. She was taken to places where drugs and substance was sold but was not allowed to take pictures. In the oral interview method, the tool to be used was a semi-structured questionnaire. Semi structured questionnaire. It was not possible to interview more than twenty nine (29) respondents because of the time the researcher needed to spend with the respondents. Adequacy of information by the time the researcher interviewed the 29<sup>th</sup> informant there was no new information emerging. In other words the researcher had reached a saturation point (Strauss and Korbin, 1998). Ten key informants were interviewed. The researcher employed key informant guide, a tool used in social inquiry, gathering detailed information and opinion based on key informant's own knowledge of a particular issue.

#### 4.6 Data analysis

This study employed qualitative data analysis general strategy developing a case description. In this analysis the data collected was sorted, categorized and tabulated. In this case study research collected data on the number of female youth depended on drugs and substance, all kinds of risks and hazards they had been vulnerable to. The data analysis categorize: the cause, extent, of the disaster risks involved the response and mitigation measures in place.

### 5. Findings

#### 5.1 Demographic Information

This study interviewed 29 female youth of ages between 15 and 30 years. The substance abusers were found to be more between ages 25 to 30 years. This constituted 62.07% of all substance users interviewed. Those who were between ages 15 to 18 years only formed 3.45% and 19-24 years constituted 34.48% of the sample size. The mean age of substance abuser at Makindu town is at 26.

**Table 1. Age of the respondents.**

Age	Frequency	Percent
15-18	1	3.45%
19-24	10	34.48%
25-30	18	62.07%
Total	29	100.00%

Since the issue of female youth drug and substance abuse was very sensitive in Makindu town, from the table 1 it was deduced that female youth who were below 18 years did not want to be known as abusers. Some thought that that their parents would be informed of their abuse. The fact that there was only one respondent does not mean that the numbers of abusers is small at that age set. The youth older than 25 years had developed a don't care attitude and did not worry much about who would know that they were abusers.

#### 5.2. Occupation Status

Respondents were also asked to state what they did apart from using the substances. The collated data presented in table 2 indicated that 10, (34.50%) of the respondents were unemployed. Another 8, (27.60%) were involved in small business. A total of 7, (24.10%) were casual labourers. The high level of unemployment in Kenya was clearly manifested in this sample as none of them was advantaged to be in full employment. This left the question begging that 'Could it be the high poverty levels that had driven these respondents to substance intake or there are other reasons?'

**Table 2. Employment status of respondents**

Employment status	Number of respondents	Percentage
Unemployed	10	34.50
Business lady	8	27.60
Casual labourer	7	24.10
Farmer	1	3.45

Tailor	1	3.45
Commercial sex worker	1	3.45
Student	1	3.45
<b>Total</b>	<b>29</b>	<b>100.00</b>

### 5.3. Drug and Substance Abuse in Makindu Town

All the respondents interviewed hadn't been involved in substance abuse and most of them still did. Only a few had stopped. Table 3 shows some of the substances abused by respondents and the level of abuse of the drug/substance as compared to other also listed. Khat was the most abused then followed by alcohol. Bhang and cigarettes were not as much abused but it is important to note that it is illegal in Kenya for one to smoke bhang. A figure of 18% usage was therefore quite alarming. The addition that most of these respondents mentioned meant so much needed to be done if the situation was to be reversed. The social deterioration at the town threatened everyone's livelihood if not checked.

**Table 3. Drug and substance abuse**

Drug/ substance	No of respondents using	Percentage
Khat	10	33
Alcohol	9	32
Bhang	6	18
Cigarette	5	17
<b>Total</b>	<b>29</b>	<b>100</b>

### 5.4. The Classification of the Type of Risks Among Female Youth Exposed to Drug and Substance Use.

From the table 4 below it was evidenced that the female youth in Makindu town were still enjoying the effects of drugs and substance abuse. 31.05% of the response given on the risks involved with drug and substance abuse was on hyperactivity, 13.79% was insulting other. According to the respondents when high they could abuse those that had wronged them without fear.

**Table 4. Risks involved in drug and substance abuse in Makindu town.**

		Frequency	Percent
<b>Risks involved</b>	Has children who should be seeing her as a role model	2	6.90%
	Lacks sleep	2	6.90%
	Hyperactivity	9	31.05%
	Insults/fights others	4	13.79%
	Misuse of funds	3	10.34%
	Poor reasoning capacity	2	6.90%
	Develops medical complications- anorexia, ulcers and stomach ache	3	10.34%
	Hallucinations	1	3.45%
	Encourages stealing	1	3.45%
	Stains relationship with spouse	1	3.45%
Gets arrested by the police	1	3.45%	
<b>Total</b>		<b>29</b>	<b>100.00%</b>



### *5.5 Hyperactivity*

The female who responded concerning the effects said that:

The fact that an individual admitted to work hard after abusing drugs and substance raised a lot of concern. It was argued that such an individual was low motivated. If and when she did not abuse drugs and substance would not work, had adverse effects on self and community as a whole. An individual who did not work unless high was in no position to cater for her basic needs and if she had children could not provide for them. Since she was not motivated to work unless high. She would indulge in criminal activities to get money to buy the drug or substance that would make her motivate to work therefore getting a bigger sum of money. It was therefore imperative that those who abuse drug and substance could commit petty theft or sell their property to get some money to motivate them to work. The fact that one worked unusually hard even if it was at night raised a lot of concern especially of issues related to security. When one was awake while others were asleep and under influence, one was vulnerable to all sorts of criminal activities which could include being raped or participating in a stealing gang. It also affected one's social networking ability because she would be considered a pervert who did not follow the community's normal working patterns.

### *5.6 Insulting and Fighting with Other*

It was inferred from this statement that those that abused alcohol used it as escapism where they can say things that they normally wouldn't when sober. When one abused drugs and substance to assault others, there was a likelihood she may end up injured. Most people who went insulting others ended up either being beaten up or losing their self esteem in the community. The female youth who were known to abuse others when high were isolated by the community since no one wanted to be associated with someone who could shame when drunk. Such kinds of people were also arrested by the law enforcers arraigned in court and charged fines. Such results left the female youth strained financially and lost time that would have been used to generate an income for them.

### *5.7 Effects on Significant Others*

From this statement those that abused drugs and substance also influenced their children to abuse and getting depended on drugs too. Children who got depended on sleeping pills slept with difficulty unless they ingested them. The female youth who let their children abuse drug and substance sometimes left their children in the houses alone unguarded. There was a case of a child that died after being given sleeping pills by a mother who was high.

The key informants asserted that the major risks as a result of drug and substance use was exposure to infectious diseases as a result of poor decisions made when one is high. The female youth's biggest fear had shifted from contracting HIV/Aids to getting pregnancy since the HIV/Aids was no longer a death sentence.

A very dangerous slogan the youth in Makindu had adopted. This meant that they were no longer concern about their well being as well as that of the community they lived in. when they had unprotected sex all the time it meant that there were chances of contracting HIV/Aids virus and other STIs or increasing their viral load if they had already contracted HIV/Aids virus. The chances of survival by the female youth on antiretroviral medication was minimised since their white blood cells were overworked because of the re-infections. This had adverse effects on the society in that many families were affected: where many children had been orphaned leading to development of orphanages in Makindu town such as Makindu Children's Centre (MCC), Church on the Rock \Children's Home. MCC was established in the year 2001 and had 300 Orphans and Vulnerable Children (OVCs) a number which had been increasing. The increase of OVCs in the town was as a result of prostitution along Mombasa road.

Drug and substance abuse had also led to overburdening of health care giving centres. Loss of self esteem by those who abused, teenage pregnancies, abortions, school strikes e.g. Makindu High School students burnt their dormitory, accidents had happened where individuals had been injured, slow development of the town because people were wasting their resourceful time using drugs. The health care givers interviewed said that they had received cases of female youth with liver complications but they had never associated it with drug and substance abuse. The female youth interviewed could not classify the risks they experienced when they abused drugs and substance.

### *5.8 Classification of the Risks Experienced*

The researcher classified all the risks identified by the respondent according to Fries (2003), as follows: Biological: lung complications, HIV/Aids and STI infections, poor duty performance, falling, chipping and staining of teeth, hyperactivity, stained nails and fingers, injuries from fight with spouse and others. Psychological: schizophrenia, depression, mood swings, urination in bed, loss of memory, inability to make sound decisions, anorexia and lack of appetite, low morale and insomnia.

Social: prostitution, neglect of children, fighting with the spouse and others, accidents, influencing children to abuse sleeping pills, loss of money meant for acquisition of property, isolation by the community and stealing.

## **6. Summary of the Study**

The study also established that three types of risks were experienced i.e. biological, psychological and social by the female youth who abused drugs and substance although majority was still enjoying the effects of abuse (table 4). The most experienced risk was hyperactivity. The other risks included insomnia, neglecting of children, biological complications such as stomach ache, and ulcers, hallucinations, straining of relations with the spouse, arrests by the police, stealing, poor reasoning capacity etc. the extent to which the female youth in Makindu were vulnerable to drug and substance abuse was high and increasing. The risks which the female youth were exposed to were classified according to Fries (2003), i.e. biological consequences which included: HIV/Aids and STIs, poor duty performance, falling, clipping and staining of teeth, hyperactivity, stained nails and fingers and injuries from fights. Psychological consequences included: mental illness such as schizophrenia, depression, mood swings, urinating in bed, loss of memory, in ability to make decisions, anorexia, lack of appetite, low morale and insomnia. The social consequences included: prostitution, neglect of children, fighting with the spouse and others, influencing children to abuse sleeping pills, loss of money meant for acquisition of property, isolation by the community and stealing. The most mentioned was hyperactivity. According to the youth the risk was positive. Most of them being casual labourers they were able to perform more chores in a short period of time. The study established that majority of the female youth had not experienced life threatening risks and that they were still enjoying its effects.

The other finding was on establishing remedial strategies that were put in place in the society for the youth to cope with risks related to drug and substance abuse. From the respondents it was clear that female youth who abused drugs and substance had 'signed a death certificate.' This was because those that had developed dependency had but to continue abusing the drugs and substance even when they adverse risks. There were no rehabilitation centers in Makindu. Majority of the female you did not know of existing rehabilitation centers, when it was mentioned to them they purported that they could not afford fares there let alone the rehabilitations fees.

## **7. Recommendations**

The study makes the following recommendations to decrease drug and substance abuse in Makindu.

1. Intense advocacy campaign against drug and substance abuse.



2. Establishment of youth empowerment centers where youth can spend their leisure time constructively.
3. Creation of a volunteer scheme where youth could gain on job training.
4. Campaign towards attitude change on employment.
5. Initiation of youth entrepreneurship clinics where youth can be mentored on viable business ideas.

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