

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

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**Abstract:** *The concept of vulnerability helps to identify those members of a population who are likely to suffer long term disruptions of livelihood and lifelines as well as those who will find it more difficult to re-establish their accustomed patterns of living. Many people in Kenya when asked about consumption of drugs and substance will express a sense that there is a crisis. Today women and children abuse drugs and substance which was unheard of in the past. In the past women were safe, they would hardly abuse drugs and substance. Currently female youth are abusing drugs and they are catching up with the men.*

*The objective of the study was to investigate the extent to which female youth in Makindu town are vulnerable to drug and substance abuse. The research design used in the study was case study design using snow ball sampling technique. Twenty-nine respondents were sampled for the study. The data was collected by the use of unstructured interviews, participant observation for female youth who abused drugs and substance and focus group discussion guides for female youth whose partners abused drugs. Data was analysed using both quantitative and qualitative methods. The major finding of the study was that the extent to which female youth were vulnerable was high due to; peer pressure, unemployment, availability of drugs and substance and availability of money to purchase the drugs and substance.*

### Introduction

Man has long used drugs not only to enhance pleasure and relieve discomfort, but also to facilitate the achievement of social, religious and ritualistic aims. The range of available psychoactive substances was not large, and one of them usually became the local drug of choice – alcoholic beverages in some countries, and opium, cannabis or coca preparations in others. The degree to which society accepted the use of drugs differed according to the history, the occasion and the dose (Kramer and Cameron, 1975).

The Incas of South America for instance took cocaine which had a central role in their religious and social systems throughout civilization which stretched from around 1200 to 1500 (Wolmer, 1990). In classical Greece and Rome, alcohol was widely drunk and some scholars of the time mention the problems of alcohol abuse. Many drugs that are routinely used today were once prohibited in medieval times. According to Wolmer (1990) coffee was banned in the Ottoman Empire but with little success. In the 17th century in parts of Germany and Russia, the penalties

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for smoking tobacco included splitting or cutting off the nose of the offender. On the other hand, many drugs that are routinely used today were once freely available. Wolmer (1990) notes that in the United Kingdom in the early 19th century opium would be bought over the counter from chemists and even from grocers. Without a prescription Cocaine and cannabis were both legal in the United Kingdom and United States of America.

The 19th Century saw the development of drugs for special purposes. The special picture of drug taking behavior showed signs of complication. Prominent leaders and professionals called for attention to social problems resulting from widespread abuse of alcohol, cocaine and opium among others. As a result, drugs like cocaine, opium, peyote, heroine etc. were declared illegal overtime in many countries. Cannabis which is illegal in many countries has been currently legalized in Netherlands (Daily Nation, 2<sup>nd</sup> September, 2003).

Kenyan people have been consuming and using intoxicant and drugs from time in memorial. Alcohol was the most popular form of intoxicant. Alcohol was consumed in its natural form, or it was distilled into a spirit and then consumed. Illicit drinks in Kenya include *chang'aa*, *toivo*, *tornado* or *piwa*. Herbs, roots, bark, leaves and plants were sources of drugs. The most common sources were the following; tobacco leaves (chewed, smoked, or inhaled as snuff) miraa or khat leaves and outer skin from twigs (chewed), bhang (marijuana) leaves (smoked or chewed). Other forms of drugs from these sources were commonly used for medicinal purposes forming the basis of indigenous pharmacology, (Mwenesi, 1995).

In the traditional society, beer drinking was a privilege for the old men; women, young men and boys were forbidden to drink it. Men would take beer to the father of the woman they wished to marry and the circumcision of a boy would be followed by general drinking by elderly men. The culture restricted the use of some substance such as alcohol to senior age group and to special occasions often sanctioning the use of alcohol under strict conditions. The conditions spelt out that, only elders could consume alcohol, which could be consumed only during occasions such as when a baby was born, after the harvest of crops and during funeral. This is no longer restricted to senior age group or to special occasions (Willis 2002). Instead it is readily available to adults and to youth between 10 – 24 years. Not only does the youth consume alcohol but also use drugs to the extent that substances pose dangers to the health of the youth and ultimately to the well being of the nation.

Women's lives are affected by substance abusers, and more women are themselves becoming involved in drug use. Among teenagers, girls as well as boys experiment with all kind of drugs and other mind altering substances. The increase in drug taking among young people

incorporates all levels, and what began as the use of drugs in African traditional society for social relations evolved over time into a problem of dependence and abuse and is of great concern, (Kerachio, 1994).

A rapid assessment for UNDP in 1997 in Kenya showed that substance abuse among school and university students, parents and teachers is increasing. Students abuse cannabis, heroine, khat and inhalants (UNDP, 1997). The trend is clear, substance abuse is increasing and girls and women are catching up fast with males. This is an indication that the female youth are getting more vulnerable hence the need to establish the reasons behind the rise in the drug intake among the young women and girls, the main thrust of this study. This concern is fuelled by changes in sex role attitudes and in the work and family role of women, which suggests that male and female drug and substance use patterns may become more similar. Role changes that may expose women to more drug and substance use occasion include increased labour force participation, an increase in the proportions of single or divorced adult women and later child bearing by young adult women. Women who ignore the social propositions against female intoxication are especially vulnerable to loss of control over their drug and substance use.

One social status believed to influence differential vulnerability to adverse consequences of alcohol and drug use is gender. Vulnerability based on gender differences is argued in terms of physical vulnerability, social control, labeling and internalized sex role norms. It is suggested that women are more vulnerable to adverse intrapsychic consequences. The expectation that alcohol and drug abuse will have more deleterious consequences among women than men is grounded on both biological differences and in social role expectations for men and women. From biological stand point, it is noted frequently that the lower ratio of water to total body weight in women causes them to metabolise alcohol and drugs differently from men. Even when body weight is controlled, women reach significantly higher blood alcohol concentration than men (Robbins 1989). Drugs such as marijuana that are deposited in body fat may be slower to clear in women than in men. Low clearance rate creates a potential for cumulative toxicity and adverse drug and alcohol interactions because of their relatively high use of prescription psychoactives. Thus make girls and women vulnerable to intoxication, dependence and associated problems, but the physical differences in dose effect relationships also could influence females to drink less and to take smaller drug doses. The expectations of more adverse psychological consequences for women than for men who abuse drugs or alcohol is based as much on men's and women's social roles as on biological differences, (Robbins 1989).

Feminine deviance is characterized by an internalization of distress. The greater the responsibility felt by females for care of relationships deters antisocial deviance by women. Alcohol and drug

abuse are believed to carry far more stigma for women than for men. When women fall out they are likely to fall and to take on a more damaging and more permanent stigma than men. This originates from the socialization experience of girls. Girls are socialized for eventual social family roles involving connection to and concern about children, husbands and other family members. This diverse and continuous nurturing role expectation makes female intoxication problematic. Woman's sobriety is more threatening than a man's because care of a field can be abandoned for a day, but care of a child cannot. This sex role argument is likely to be generalized to modern work roles. Even outside family women's roles and ideology are more relational, for example women's work in the labour force such as service workers, nurses, or teachers frequently extends the same home roles. Socialization for these roles encourages women to see morality and measure their self worth according to an ideal of responsive to and care for other (Robbins and Martin 1993).

The rapid spread of substance abuse can be attributed to the breakdown of indigenous society and to the introduction of foreign influences that have made a variety of substance available on large scale (National Agency for the Campaign against Drug Abuse, 2002). The survey demonstrated that substance abuse is widespread, affects the youth mostly but cuts across all social groups. Alcohol, tobacco, bhang and khat are the substances most often abused and the youth are also abusing imported illegal substances such as cocaine and mandrax. The survey further reveals that while substance abuse by the youth ranges from increasing use of illegal and 'hard drugs' to legal 'soft' drugs, the youth mostly abuse four substances in this order: alcohol, tobacco, bhang and inhalants. Substance abuse by the country's youth is turning out to be a major problem because they begin to consume substances in early adolescence.

Gender inequality can complicate and extend the time for women's recovery. Although the low position of women in many societies, and the extreme levels of female poverty worldwide increase women's vulnerability to disaster, women are playing a central role in disaster management in many cultures. They are an important force for change and need to be further strengthened as such. Without vulnerability assessment, communities will not know what predisposes them to vulnerability and how risks affect them. Without emergency preparedness and response mechanisms, an emergency can easily escalate into a risk. Vulnerability reduction, like development, empowers communities to take control of their destinies, and it must be integrated at every sector of a country at every level. (WHO, 1999)

Taking female youth in Makindu Town as the object of interest, this research seeks to identify some of the factors that make youth in Kenya vulnerable to drugs and substance abuse. The study is guided by the following research questions:-

- a) What is the extent of vulnerability to drug and substance abuse among female youth?
- b) What is the government and society doing about the problem of female youth's indulgence in drugs and substance abuse?

### **Study objectives**

The goal of this study is to investigate the nature and magnitude of vulnerabilities that expose female youth to drug and substance abuse in Makindu town Kenya.

### **Theoretical Framework.**

#### *Chaos theory*

The word chaos has been generally used to mean a state of confusion, lacking any order. According to Bower, (1988) chaos is the irregular, uncertain discontinuous aspect of change within the confines of a patterned whole. This means that there are those events we cannot predict in an organizational life and even in our desire to create order and control of the situation; events often seem one step ahead of us. Chaos theory describes the behavior of certain non linear dynamical systems that under specific conditions exhibit dynamics that are sensitive to initial conditions (popularly referred to as the butterfly effect.) as a result of this sensitivity, the behavior of chaotic and unpredictable results can and will occur in systems that are sensitive to their initial conditions.

The two main components of chaos theory are the ideas that systems – no matter how complex they may be – rely upon an underlying order, and that very simple or small systems and events can cause very complex behaviors or events. (<http://www.imho.com/grae/chaos/chaos.html>)

Bower (1988), further notes that as a qualitative study, chaos theory investigates a system by asking about the general characteristics of its exact future term behavior rather than seeking to arrive at numerical predications about its exact future state.

Disaster and emergencies epitomize on the unpredictability or non linearity of human events. There are many events that we can predict in the society but not disaster. Man cannot therefore predict when a disaster will occur, the number of fatalities or the amount of resources and personnel required to bring order to chaos. Factors to be considered in disaster safety cannot be accurately defined, quantified or even understood at anytime. This then leaves man with only the option of continuously improving the effectiveness of safety measures undertaken and having a

successful disaster response plan within his organization to effectively stop or respond to any eventuality.

It is imperative that the society prepares itself to tackle disasters. Since disasters that are related to drug and substance abuse such as car accidents affect those involved and not involved in drug and substance abuse. It is the responsibility of everyone in the society to act against drug and substance abuse because we could all be directly affected by the related disasters.

## **Literature Review**

### *Vulnerability of female youth to drug and substance related risks*

Illicit drug cultivation, processing, trafficking and abuse are on the rise in Africa. If the trend continues, Africa could be faced with a major crisis. Sub-Saharan Africa serves principally as a transit route between Asian suppliers and Western customers. African countries are being used as spring boards for international trafficking by criminal syndicates. The continent is also increasingly being used by drug cartels for production and consumption of illicit drugs as well as money laundering, (United Nations Organization for Drug Control, 2001). Overall, drug prevalence rates among youth in many countries are higher than for the general population.

During the past decade according to United Nations Organization for Drug Control (2001) patterns and trends in drug abuse among young people differed from region to region. In Africa, the limited data available indicate an increase in the abuse of drugs, especially cannabis, and the appearance of various synthetic drugs, as well as cocaine and heroin. Recreational use of drugs is found primarily among young people who are polydrug users (mixing or alternating a large range of substances) within recreational settings.

The stimulant properties of some of the drugs chosen for recreational use are exploited to allow the users to remain active for longer periods than would otherwise be possible. Nightclubs, discotheques and other social gathering places for youth have been at the centre of the widespread distribution and use of psychoactive substances. In that context, the drugs play a role as a social lubricant. At the same time, the recreational use of drugs is taking place in a cultural and social environment that has become more tolerant towards drugs, and in which young people are exposed to messages that give the impression that recreational use of drugs is safe,

acceptable or glamorous, and may even be beneficial in the pursuit of material success and the satisfaction of personal needs.

Amphetamine-type stimulants are abused more for instrumental use by people such as truck drivers, agricultural workers, sex workers and also students (mainly to keep awake when preparing for examinations). Recreational use of drugs has changed the traditional image of drug abuse as a part of the life of people living on the margin or underground, or excluded from society.

The abuse of drugs is increasingly also taking place among mainstream youth during their free time, usually at weekends and have become a part of the subculture of some young people. The trend signals a risk that the dangers of drug abuse are being increasingly ignored, and that drug abuse is coming to be seen as a normal activity, (United Nations Organization for Drug Control, 2002).

Heroin on the other hand has been a street drug at the Kenyan coast since the 1980s where its use has spread from a few large towns to many smaller settlements, including some rural villages. The increasingly easy availability of heroin is linked to the 1980s tourist boom when Italian investors set up businesses with local partners. The Swahili community was particularly affected because they were in the forefront of the tourist industry and came into direct contact with Europeans requesting heroin, (Beckerleg et al 2005).

According to an article printed from the UN Chronicle by The International Conference on Drug Abuse and Illicit Trafficking (1987), the reason why people turn to narcotics are as varied as the types of people who abuse them. Some of the apparent internal and external factors contributing to drug use are: ignorance of dangers of illegal drug use, and of the health consequences of abusing specific substances, feelings of alienation, changing social structures including breakdown of family unity and a sense of community and urbanization and unemployment (drug use may mitigate adjustment difficulties and loneliness resulting from migration to urban areas and loss of traditional values and support structures and lack of training and/or skills for employment).

When a young person starts using drugs, according to Neal (1998) and United Nations Organization for Drug Control (2001), this maybe due to individual factors, but also to social factors involving both the young person's local environment and society in general. These factors can, to varying degrees, be influenced through various measures. People with sensation seeking personalities run a particularly great risk of ending up in drug abuse, particularly because they are

attracted to environments where drugs are used. Other important individual factors are various psychological or social disturbances, unemployment, financial problems and a person's current state of mind. A person's attitude to alcohol, drugs and lifestyle issues may also be a contributory factor in substance abuse. Such attitudes can be influenced only to a limited extent, since they are often formed early in life. A good knowledge of the harmful effects of drugs and an awareness of the risks involved may make a person less inclined to try drugs. Thus, drug information and efforts to influence people's attitude to drugs are important tools when it comes to reminding people of the dangers of drugs reducing their curiosity about drugs. A person's susceptibility may vary quite considerably over time. Important contributory factors in a person's local environment such as peer influence, and the presence of a local drug culture, decide whether or not a young person will come into close contact with drug abuse and that he/she is presented with opportunity to try drugs (exposure to drug abuse).

Taboos against female drunkenness and recreational drug use have pervaded most societies throughout history and seem rooted in two focal concerns: female sex virtue and nurturing role obligations. According to United Nations Organization for Drug Control (2005), females who abuse drugs are more likely to be stigmatized by society than male drug abusers because their activities are considered to be doubly deviant. It is generally considered that drug abuse violates norms of behavior and many feel that drug abuse by female is even worse as it diverges from the traditional expectations of women as wives, mother, daughters and nurturers of families. Because of this stigma, females are more likely to conceal their drug abusing behavior, because it is often culturally unacceptable for women to take drugs. Those may try to hide it from others until they get very sick or need emergency care. Relationships form another area of vulnerability for female drug abusers. They often have male partners who also use drugs. Because of the unequal power balance in many of these relationships, females have greater difficulties abstaining from drug use, particularly if their male drug abusing partners continue and support drug use. The male partner may even discourage the female from seeking prevention and treatment services. These relationships are highly stressful, particularly for the female partner.

National Agency for the Campaign against Drug Abuse has been holding consultative meetings to develop a strategic plan that would include public awareness campaigns, intervention of special groups, counseling services and rehabilitation for the vulnerable, the youth and support services. These included institutional framework of drug abuse control, strategies of drug abuse treatment and in prevention education activities, (National Agency for the Campaign against Drug Abuse, 2007).



From the following newspaper article it is evident that the National Drug Policy is being enforced:

- From an article by Steve Mbogo sampled from 'The Business Daily' dated July 8, 2008, titled, *'Tough times for smokers as ban comes into force.'* He says that, *'Smokers will from today be buying cigarettes in packet, as tobacco companies comply with a new law meant to protect the public from exposure to cigarettes smoke. The law will end what has been a culture of buying cigarettes in sticks – except in up market outlets and supermarkets – instead of packets or boxes. The tobacco Control Act of 2007, which came into effect on October 2007, provided for a nine month implementation period which ended yesterday.'* This article has cited the Implementation of the Tobacco Control Act of 2007 which clearly indicate that the Kenyan government has put down measures to curb the abuse of drugs and substances in the country.

## **Methodology**

### *Research Design*

The study applied a case study design. This involved a case on the vulnerability of female youth to 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.

### *Site selection and description*

The study was carried out in Makindu town. Makindu town was selected purposively since no study of vulnerability to drugs had been carried out. The area was where the researcher worked and she wanted to better understand the female youth she worked with. The town was located 200km from Nairobi and 250km from Mombasa. It was along 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). 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.( KDDP 2008-2012, 2009)

### *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 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 Community Service Order 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.

The researcher faced the challenge where some of the female youth who had been referred to her refused to be interviewed.

### *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 holistic 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 included: administrative documents-proposals, progress reports and other internal documents.

### **Methods and tools of data collection**

In this study the data collection methods included: participant observation the tool used was an observation checklist. The researcher spent an afternoon with the respondents observing their

activities. In the oral interview method, the tool to be used was a 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.

Audio visual method was used employing a tape recorder during the interviews conducted.

There were three focus group discussions of 7 members each where female youth whose spouses abused drugs and substance were interviewed. In one group the female youth did not abuse drugs and substance. These discussions were guided by a focus group discussion guide a qualitative tool whose purpose was to obtain in-depth information on concepts, perceptions and ideas of a group. It aimed to be more than a question-answer interaction. The idea was that group members discuss the topic among themselves, with guidance from the facilitator. There was an observation checklist for the direct observation method. In the documentation method there were minutes of meetings and other written reports of events. The archival record method included the following: service records such as those showing the number of clients served over a given period of time and telephone listings. Case study utilized the above mentioned methods to discuss specific cases which were identified as exceptional during data collection. By triangulating the methods and tools of data collection internal validity was ensured in the study.

#### *Data analysis*

This study employed both qualitative and quantitative data analysis. Qualitative data was analyzed using case description. In qualitative data analysis the data collected was sorted and categorized. In quantitative data, descriptive statistics such as percentages was used.

### **Presentation and Interpretation of Findings**

#### *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
<b>Total</b>	<b>29</b>	<b>100.00</b>

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 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.

#### *Initial drug and substance abuse age*

When these respondents were asked the age at which they started using the substance/s, their responses varied.

**Table 2: Age at first drug or substance abuse**

Age ( years)	No. of respondents	Percentage
Below 18	9	31
18 - 25	17	59
26 – 30	3	10
<b>Total</b>	<b>29</b>	<b>100</b>

From Table 2, it was seen that majority started abusing drug from 18 years. This formed 59% of all the respondents. As ages increased, the introduction to substance use also reduced. This was seen in the ages between 26 years and 30 years. It was however sad that 31% of those interviewed first used drugs or substance before 18<sup>th</sup> birthday. This called for parents to still morals in children before they reached adulthood as when that happened, they would not have control over what their children did.

#### *Occupation status*

Respondents were also asked to state what they did apart from using the substances. The collated data presented in Table 3 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 laborers. 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 3: Employment status of respondents**

<b>Employment status</b>	<b>Number of respondents</b>	<b>Percentage</b>
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>

#### *Understanding drug and substance*

Khat which was the most commonly abused had a niche in Makindu town where some respondents referred to those who didn't use it as fools. This was an indication that khat was enjoyed by those who used it. If this was the notion that all the female youth in Makindu held about khat, then the use was rising. This was because anyone who heard of such an assertion would definitely want to experiment to prove the statement wrong or right.

Alcohol was the second most abused substance, most respondents claimed to abuse beer from legal brewers but there was a heavy presence of chang'aa (locally brewed gin) dens. It was claimed that the chang'aa from Makindu supplied towns from Sultan Hamud to Mtito Andei. Bhang was the other drug abused by the female youth and was as cheap as Ksh.10. most female youth interviewed claimed that they did not smoke the whole stick they had to smoke half and put off for later use since the sensation derived was too much and they could not handle. Cigarettes were also abused together with other drugs and substance, apart from one respondent who only smoked cigarettes. The knowledge and understanding of the female youth about drug and substance abuse was present but mostly they did not consider taking of alcohol and chewing of khat as abuse.

#### *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 4 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 4: Drug and substance abuse**

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

*Vulnerabilities of the female youth in Makindu*

The substance abusers were most of the time in a vulnerable state as the conditions that surrounded them could not make it easier for them in terms of temptation. The respondents were asked to mention what they considered as vulnerabilities to the drug and substance abuse. The findings presented in Table 5 a total of 29 responses were received.

**Table 5: Vulnerabilities that face substance abusers at Makindu town**

<b>Leading causes of drug and substance abuse</b>	<b>Frequency</b>	<b>Percentage</b>
Peer pressure	7	24.14%
Unemployment	5	17.24%
Easy access to substance	4	13.79%
Poor social life and family background	2	6.89%
Experimenting	3	10.34%
Existence of clients who are better served under drug and substance influence	1	3.45%
Lack of concern from parents/guardians	2	6.90%
Availability of resources	1	3.45%
Witchcraft	1	3.45%
Lack of basic needs – food	1	3.45%
Lack of fear	1	3.45%
Law enforcers are also in practise	1	3.45%
<b>Total</b>	<b>29</b>	<b>100.00%</b>

Peer pressure was a great concern as it emerged as the leading vulnerability to the substance abusers. It received a total of 7, (24.14%) of all the responses received. This was then followed by unemployment that contributed to 5, (17.24%) of all the responses received. The fact that these substances could easily be accessed encouraged their consumption. One of the respondents lamented that it was cheaper buying bhang than buying khat. No wonder bhang consumption rates were surprisingly high. Other vulnerabilities mentioned included: poor social life, and family background, experimenting, existence of clients who were better served under substance influence, lack of basic needs hence the struggle to get some money, absence of fear – all ages were equally involved, lack of concern from parents/guardians, availability of resources, law enforcers were also in the practice and witchcraft.

#### *Extent of vulnerability of youth to drug and substance abuse*

In the interview from FGDs it was mentioned that the reason why some of the female youth abused drugs and substance was that they gave into pressure from their spouses. Mombasa road has fuelled the trafficking and uptake of drugs and substance in the visitors especially truck drivers were entertained by *high* girls at night and that vehicles from up Nairobi or down to Mombasa ferried drugs and substance.

There were other assertions that poverty, lack of employment and idling had also contributed to drugs and substance among female youth. It had not rained from the year 2008; the people were left with no income since agriculture was the main economic activity in Makindu. This meant that people were unemployed and therefore idle. To pass time and also to escape the reality that they did not have income they abused drugs and substance, it was argued. It was further argued that during the years when it had not rained the female used mostly abused alcohol and bhang. Alcohol was used as a social lubricant where it assisted the youth to make money through prostitution or otherwise.

Bhang was purported to be used by female youth who could not afford khat and needed to get high.

This was a clear indication that drug and substance use was on the rise in Makindu town. From this assertion it was argued that female youth would abuse drugs and substance whether they've got money or not. When they have money they abuse khat. When they do not have money they abuse alcohol and bhang. Female youth assisted each other by sharing whatever kind of drug and substance was available to them, this further reinforced use of drugs and substance. It was established that khat was an addictive substance and when one developed dependency she could do anything to have it, even begging hence losing self esteem. Further, it was argued that abuse of drugs and substance could lead to dependence. Dependence could make one experiment on other drugs and substance if and when the choice was not available. This

assertion implied that introduction of drug and substance into one's system lead to further use of drugs and substance.

It was established that those who were influenced into chewing khat had receive positive information about its use as the statement above. Female youth who abused khat initially had monies to spare and needed to budget for it. The researcher further questioned the reasoning ability of female youth who fell for that kind of statement because majority of those who reasoned that way had no assets. It was argued that some drugs could lead to crimes such as becoming a con-man since the abusers talked of non existent monies.

It was established that the vulnerability to drug and substance abuse was increasing in Makindu. It was evidenced from observation of the number of chang'aa and bhang dens in Manyatta village. They were many, such that one did not need to walk for long distances to access drugs or substance. One respondent also asserted that the number of female youth with whom she chewed khat had increased form three to six. She also asserted that the bhang dealer in Makindu was not only *Chauvery*, a man who was famous for selling bhang, but there were others who were selling the drug.

From their interviews the level of drug and substance abuse was high and most involved in drug and substance abuse were low income earners. Substance abuse creates a gap between the abusers and the community. The respondents who were abusers were asked about the strategies the society had put in place to curb drug and substance abuse among female youth. The results tabled in Table 6 indicated that the female youth felt that the community had isolated them. Some of them even thought that the community had adopted a "don't care" attitude towards and considered them outcasts. They believed they were hated and considered as prostitutes. As a result of this, most abusers did not pay any attention to correction comments from community members.

**Table 6: Societal strategies against drug and substance abuse in Makindu**

<b>Societal strategies against substance abuse</b>	<b>Frequency</b>	<b>Percentage</b>
Considered a prostitute	3	10.35%
Denied opportunity to be married	4	13.79%
Interacts well	2	6.90%
Not taken seriously	3	10.35%
Hated	6	20.68%
Isolated	11	37.93%
<b>Total</b>	<b>29</b>	<b>100.00%</b>



From Table 6 above it was clear that the community in Makindu did not tolerate drug and substance abuse. Those that abused had been highly isolated. This was a relatively good move but had no long term affect on abusers since they developed a defence mechanism towards the isolation. It was also clear that besides isolation of the drug and substance abusers the community had not done enough to ensure that it addressed the initial cause of the female youth to abuse drug and substance. The reaction here was more geared towards response as compared to mitigation.

#### *Denial of opportunity to be married*

It was established that the community played a role in ensuring that female youth ceased from abuse of drugs and substance. From one of respondent's assertion it was established that she would quit using drug and substance when she got a husband, this made it clear that the mechanism does not work against drug and substance abuse reduction. It was therefore logical to conclude that the community needed to devise other methods of responding to drug and substance abuse since the one's it had embraced were pushing the female to further drug and substance abuse. At the end of one of researcher's participant observation she realized that one of the respondents bought khat with all the money she had given her. This raised a lot of concern because she did not bother to spare the money for food or later use. The researcher realized that drug and substance abusers were short sighted in terms of their lives and lived for the day. This notion adopted was risky for a nation's development. This called for drastic measures to ensure that drug and substance abuse among female youth decreased.

#### **Conclusions**

The study established that female youth in Makindu town had knowledge of drugs and substance. Further, khat was identified as the most abused substance. It was sad to note the female youth did not consider chewing khat, abuse. Peer pressure was identified as the main vulnerability in Makindu town. This was fuelled by the different positive assertions that were made by drug and substance abusers about the drug and substance abused. There were assertions of how one got courageous and could confront those that had wronged her. It was also established that Mombasa road was contributing toward the rise of female drug and substance abuse. At the road the female youth abused drugs and substance while waiting for male company to entertain for prostitution or otherwise. The road also played a role of transporting drugs and substance with ease to Makindu town. The researcher also discovered that availability of resources such as money influenced female drug and substance abuse. It was argued that when women had extra

monies to spare engaged in drug and substance abuse. The community in Makindu should undergo capacity building to help it understand better drug and substance abuse. This would therefore, assist in devising modifying or devising new strategies that would enhance reduced drug and substance abuse among female youth.

Response measures included the establishment of a rehabilitation center where those youth who have developed dependency could be rehabilitated. The mitigation measures such as advocacy campaigns against drug and substance abuse. This is important in order to demystify the consequences of abuse to reduce the peer pressure. There was also the need to create employment through initiation and boosting of youth enterprise. There was also need to establish youth empowerment centers where youth could spend their leisure time constructively.

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