

# SOCIO-CULTURAL AND GENDER ISSUES IN SUBSTANCE ABUSE IN KENYA

Martin Njoroge, Department of English and Linguistics, Kenyatta University

## Abstract

*In the global scene, today substance abuse is said to contribute to many social problems, including the break-up of family structures, decreased productivity, injuries and automobile accidents. Criminal activity is often the result of substance abuse or the desire of money to purchase drugs. There are many factors that lead members of a specific society to abuse drugs. These could be religious, curative, cultural, social or recreational. However, some questions do arise: are there any gender disparities in substance abuse? Are there socio-cultural factors that, for example, push a man to substance abuse and leave out a woman or vice versa? What socio-cultural and gender issues do children, adults and the elderly face that predispose them to substance abuse in Kenya? What does the current literature on substance abuse say as regards gender disparity in the field?*

*In this paper, we purpose to address the problem of substance abuse in Kenya and discuss how socio-cultural and gender disparities interplay in pushing both male and female members of society into substance abuse den. There is also a review of literature on gender and substance abuse specifically highlighting any disparities in how society generally view men and women who abuse drugs. In our discussion, the term social denotes all that relates to human society while culture summates the total range of the inherited ideas, beliefs and knowledge which constitutes the shared basis of social action. In discussing gender issues, we take account of special pre-dispositions or strengths that come about because of being male or female.*

## Introduction

Drug abuse is of immense concern globally and particularly in many third world countries. The UN Secretary General Koffi Annan, in the World Drug Report (2000) says that substance abuse brings misery to millions of families around the world every year and drug trafficking cyclically promotes and exploits that misery for commercial gain. WHO (2002) as quoted in Microsoft Corporation on-line document estimates that 62 million people worldwide suffer from alcohol dependence? In the United States nearly 15 million people experience problems related to their use of alcohol. In Canada, close to 600,000 people are alcohol dependent. In Africa, every country is faced with the reality that a huge population of her population abuses drugs and that quick measures are needed to curb the volatile situation.

In Kenya, like in other developing countries, substance abuse, HIV AIDS and poverty are major problems that the country has to contend with. These problems, which are very much intertwined, threaten the stability of family institution, education system and the society at large. As time goes by, more and more people, young or otherwise are getting hooked to drugs and the cycle goes on.

The use and consumption of drugs in traditional Kenyan societies was done within the cultural mores of the community. Most of these communities had rules and values that strictly prescribed the circumstances under which drugs and other intoxicants could be obtained, used and consumed.

Drinking of alcohol was restricted to elders – both male and female. Restrictions and control were placed on the young and adults. In addition to this, there was a cultural stigma towards drunkenness, although the consumption of alcohol was acceptable during specific activities. The actual existence of drug abuse as a social problem was rare because of strong social cohesion, which acted as a mitigatory mechanism. But with modernization, new values and attitudes have sprung up and the emergence of urbanization has hastened the spread of these values.

Substance of abuse is any drug which, when either taken by mouth, inhaled or injected, produces an effect on the behaviour of the person and which, when taken regularly, can cause either dependence or addiction. Substances that are often abused are alcohol, illicit drugs, prescribed drugs, solvents and plants. Some drugs are depressants; that is, they modify the functions of the brain by depressing the central nervous system and slowing down the way by which the brain relays the messages to the rest of the body. Others are stimulants, that is, they quickly lower inhibitions leading to loss of control of behaviour, often with disastrous effects.

## Men, Women and Drugs

World over, there are good and bad drugs. Some substances such as tea, coffee, food, glucose are socially acceptable even if one becomes addicted to them. In most cases, alcohol is viewed as a substance, which if taken in moderation, enhances social interaction. On the other hand, illicit drugs such as opiates, cannabis, cocaine or any drugs obtained illegally are socially condemned and their use may lead to imprisonment. As these drugs are seen as bad drugs, users of these drugs experience social exclusion from the dominant culture. They are marginalised, stigmatised and become outcasts.

Implicit in this hierarchy is the view not only that some substances are better than others are but also that some substances are more polluting both chemically and socially than others. Substance abusers pollute themselves as well as their social environment or social hygiene. Those who abuse drugs in Kenya, especially women, are seen as a direct challenge to social stereotypes and culturally defined expectations of normal acceptable women. They face a lot of criticisms rooted in their position as women in the society. They are seen to contradict social ideals of feminine behaviour. An ideal Kenyan woman is a homemaker and an alcoholic one will ruin her home, marriage and cannot take care of her children. In some Kenyan societies, for example Kikuyu, drinking was a 'male thing' and women would only be allowed to drink during very special occasions like wedding negotiations and even at that time the husband's approval had to be sought.

Regardless of whether or not they abuse drugs, women in Kenya share the same cultural commandment to be guardians of moral and social values. The ideal woman's role has been equated with the stabilising function of wife and mother. Women with substance abuse problem present a special threat to this traditional female role and are considered to have deserted respectability in every area of their lives. Since there is a greater chance that moral judgements will be made about women, for example who abuse alcohol, than about their men counterparts' since double standards are employed by society to judge men and women.

Clearly, in relation to men, women alcoholics in Kenya tend to experience a stigma that is more distressing and more destructive than that suffered by men. This is not just a Kenyan phenomenon; even in the western movies and soap operas that grace many a Kenyan living room, women alcoholics are portrayed as lonely, unhappy, lacking self confidence, destructive and dependent. Their companion is the bottle of alcohol. This is mostly because societies operate from patriarchal principles, which emanate from men's perspective.

In Kenyan public eye a woman who abuses drugs is viewed as a fallen angel, an evil slut or a loose woman who cannot be trusted and should be avoided. She is seen as trash, degraded, the lowest form of life, dope fiend, bum, bitch, stinking whore, despicable, dirty and she will do anything for a shot. Female drug users emerge as insufficiently feminine, uncaring about men and risking the loss of male attention and approval. As Brownmiller (1984: 78) suggests, to be insufficiently feminine is viewed as a failure in core sexual identity, or as a failure to care sufficiently about oneself, for a woman found wanting will be appraised as mannish or simply unattractive, as men have defined these terms. In effect, any polluted woman is seen to reject her identity as a woman. She spoils her identity. No Kenyan woman worth her salt would like to interfere with this so called ideal woman: home-maker, role model as far as moral uprightness is concerned and dares not abuse any form of drugs.

Along with the stigma attached to women who abuse drugs in Kenya is the notion that a woman who drinks is sexually promiscuous. Drunkenness in women is equated with rampant sexuality. Sometimes links are made between women's alcoholism and prostitution. Substance abuse is seen as expressions of women's self-destructiveness. While in some societies or in specific social situations, drunkenness defines a 'real man' for women this is not the case. Kenyan society expects women to be in control of themselves on all occasions and in some well-defined

social contexts, in control of their husband's drinking as their own. Social expectations are clear:

- Kenyan Women should not get drunk or smoke in public.
- Kenyan women should not display any sort of anti-social behaviour.
- There is a social stigma attached to a woman in Kenya who abuses alcohol or other forms of drugs.
- A woman drug abuser is seen to be a bad mother, uncaring for her children or an irresponsible wife, not considering the needs of her husband.
- She is viewed as out of control of her domestic and work situation or as an evil or loose woman who cannot be trusted.

Yet it is clear from literature on women and alcohol in the developed world that women use drugs as an avenue for relieving stresses, discomforts and strains of daily life (see Reed 1985, 1987; Knupfer 1982; Cuskey et al. 1977; Snell et al. 1987). A study on Canadian women reports that alcohol use in women is related to such reasons as 'relaxation, to forget cares due tension' (Philo et al. 1986). The problems of alcoholic women or women who use drugs are linked whether implicitly or explicitly to women's subordinate role in the society.

## Human Development and Drug Abuse

### Childhood issues

Middle childhood and adolescence are generally periods of rapid social and biological change. Work done in Kenyan schools confirms that the issues of drug abuse are important and present from age 10-11 years. Research done by Mukhovi (2003) report that substance abuse is not only a problem in Kenyan universities but also in secondary and primary schools. The commonly abused drugs are alcohol, tobacco, khat (miraa), bhang, cocaine, heroin, meth-aqualone (mandrax), opium and steroids.

Kenyan youth have raised the following as reasons for abusing drugs:

- Peer pressure
- To cope with difficult situations
- Idleness
- Just to see what happens
- Bad parenting
- Failure at school

In dealing with the entire above, one has to be aware of the rapid changes taking place in the minds and bodies of young people. By nature young people are restless and need experiment. They must be taught to be young in a safe environment.

### Young Adults

Both males and females in Kenya are subjects of much pressure from society. They have the following issues to contend with, all of which predispose them to drug abuse:

- Peer pressure
- Unemployment
- Poverty

- Living alone
- Marital problems
- Physical / psychological illness

e.g.- diabetes

- depression
- anxiety
- schizophrenia

Drug abuse is often a complication of many of the above conditions.

## Adults

Kenyan society does not allow men to show any weakness, for example crying. Many men, therefore, cope with emotional stress by drinking or using other drugs. Surprisingly, African culture permits men to use alcohol and other drugs more easily than it allows women. For example men come home drunk with punitive consequences.

Women on the other hand have special issues that predispose them to drugs. They have higher rates of depression especially due to absence of confiding relationships particularly professional women. Women may face difficulties with family, for example, in-laws or worse still could be having problems with the children, especially if they are adolescents. There is also the loneliness of single women and pressure to conform, for example, to get married.

## Elderly

Old people suffer from many diseases that lead them either to seek medical attention and hence prescription of psychotropics, or self medicate with alcohol. The following conditions predispose the elderly to abuse of drugs: insomnia, pain, bereavement, loneliness and depression.

## Socio-Cultural Issues

Cultural factors do lead to drug abuse. Ceremonies such as weddings, funerals and circumcisions are marked with a lot of fanfare and merry making and traditionally Kenyan societies marked the same with alcohol taking or sniffing of tobacco. After circumcision the initiates face a lot of pressure to conform and behave like adults.

Throughout history, society has viewed people who drink to excess as irresponsible, immoral and of weaker character. Substance abusers, be they men or women, are seen as a public nuisance. Many of them are violent, especially to their spouses and children. Substance abusers stay out all or most of the night, denying their families a sense of protection and subjecting them to loneliness and destitution. There is disintegration of family social set up. Institutions get disrupted and social norms are affected. There is increase in incest and other social ills like homosexuality. In other words, there is a sharp increase in moral and spiritual erosion. As a result, crime increases and general insecurity rapidly increases. Productivity and reproductivity drastically reduces. Eventually, drug abusers are detested by society and become social misfits.

## Gender Disparities in Drug Abuse: What Does the Literature Say?

The field of substance abuse is dominated by males and majority of the counsellors and psychiatrist who offer therapy are predominantly men. Ettore (1992) asserts that more males than females abuse drugs. Plant (1981) suggests that there could be biological or personality differences between the sexes, which predispose males more than females to indulge in drug use. He suggests that males are 'more aggressive... There is evidence that hostility is a trait associated with drug dependence, so perhaps females are generally psychologically less disposed than males to become drug dependent.' In the event that some women do get involved with drugs, they are seen to have greater problems and to be more deviant or more psychologically disturbed than their male counterparts.

If women are seen in partnership with men who use drugs, they are seen as etiological agents, that is, helping to cause addiction. The idea that women victims of assault after a heavy bout of drinking may be in some way responsible for male violence is subtly suggested in current literature (Shepherd et al. 1989). While the link between substance abuse and domestic violence has remained hidden, women have been viewed as in some way responsible for it.

In the current literature on substance abuse women who abuse drugs are viewed as diseased, polluted or bad women. The woman's needs are invisible. In reality women who experience problems with a whole variety of substances are usually left feeling stigmatised, marginalised and demoralised. Unlike the male abuser of drugs, a woman drug user is seen to defile and indeed desecrate the sacred symbol their sexual essence: their bodies which house their wombs and reproductive power.

She is seen as a wicked woman defiling her body with harmful substances. For example for women, problem drinking is highly disgraceful and is a deviant deviance. Much research on substance abuse disregards then gender order with its established social division of patriarchy.

By centring on men, the most socially visible participants within the drug-using cultures, scientific research tends to uphold traditional, patriarchal images of men and women. As a result a distorted view of women is presented. Within the field of substance abuse, the centrality of the notions that men are socially dominant and active participants in the drug-using culture and women are socially subordinate and relatively passive participants has meant that the situations and needs of women are largely unacknowledged and unrecognised within the field of substance abuse; that drug abuse is a male disease or a male problem.

Society more often than not fail to see the variety of reasons why women use drugs differently from men. Women substance abuse and use may be seen as more of a social problem than men's because it implies de-stability in the family. Specifically, images of alcoholic women have been seen historically as a threat to clear lines between the gender roles of women and men. Furthermore, there are few public settings, contexts or mechanisms whereby women can address their experiences in terms of choices they make or the benefits they receive from their consumption of addictive substances.

Ettore (1992: 79) says that to survive and maintain her habit, the woman drug user who prostitutes herself needs to be tough, aggressive, cold, hard, manipulative and tough and she acts that way... when she prostitutes herself, she may offer herself, and take the money without delivering the goods- in some ways a more risky undertaking. Her body, her sexuality are instruments she uses for gain and for power and dominance. For while some may see her as the victim, as being used, in her own eyes, in her own mind she is in control- the guy is the sucker. She is using him. Her own feelings are not involved.

## **Smoking and Gender**

When cigarettes were introduced before the American civil war, at first they were seen as effeminate because of their less powerful quality than pipe smoking, snuffing tobacco or chewing tobacco (Robert 1952). With time, cigarette-smoking images changed and it became linked to the perpetuation of a war economy and more acceptable as a male activity. But while men were able to smoke in public, women tended to smoke in private (Robert *ibid*). What had previously been viewed as an effeminate activity gradually became masculinised by the war. As early as 1885, tobacco was identified as an enemy of women (Gritz 1980). Tobacco was seen as the persistent foe of a woman, isolating her from her society... marring, of not positively undermining the relations between the sexes.

As one of the first commodities to be taxed in North America, tobacco became an essential requirement for the generation of substantial revenue for the US Federal government. The social relation of the production and the consumption of tobacco took priority over what was seen as the damaging effect on the social relations between the sexes. Perhaps this was easy to justify, given that this damaging effect was occasioned in the private sphere, a sphere over which men were already beginning to exert control.

Cigarettes are viewed as socially damaging yet they are commodity as well as a legal drug. This drug is produced, distributed and sold for vast profit. Millions of men and women of all social classes in developed and developing countries consume it for a variety of social, psychological and emotional reasons.

To a number of smokers, smoking is a way of coping with stress, parenthood and man's experience of poverty. It can also be a leisure activity. It represents a space and time for the parent-smoker to look after himself / herself rather than the other responsibilities. In this way, it becomes a smoker's real taking of space for herself / himself.

The quest for pleasure has been linked to women's use of substances. As a deep sense of personal and social satisfaction, based on emotional and physical well-being, pleasure tends to be in small supply in the lives of women substance users, if not all women. In this wider context, Jackson (1984) contends that given both the social and individual constraints placed upon women, their sexuality and their bodies within a patriarchal society, real pleasure for women is impossible to attain.

Viewed traditionally as a self-destructive, a woman's use of substances may be viewed as an assertive choice and a move towards pleasure. If this is so, she becomes an active consumer and challenges the myths and the stereotypes of her as a destructive or out-of-control individual as well as a passive consumer. Whether or not smoking may be perceived as threatening, active consumption of substances by women tends to be socially threatening. Active consumption challenges social stereotypes of female users. For women, any substance which actively goes beyond the ideas and practices of women as the controlled and men as the controllers spurns traditional forms of power.

By focusing on pleasure, we are looking objectively at whether or not the use of substances contributes to women's sense of well-being – feeling good, if not only in the very short term but also enables them to exert autonomy and thus to feel a certain amount of independence from the everyday experience of their own dependence as women.

## Conclusion

The discussion in this paper has highlighted gender disparities that arise in drug abuse particularly in Kenya. A woman's perspective is hardly considered because in the first place she is not expected to be a drug abuser. She should live to be the ideal woman that man has created for her: a homemaker and a custodian of society's morals. To expose and struggle against the invisibility of women's issues in the field of drug abuse is to begin to take women substance users seriously and to be sensitive to their needs instead of condemning them and not giving them a voice with which to shout their plight out. Obviously there is need for enormous changes in the substance use field in order to nurture transformative spirit. With this type of transformative spirit in mind, Asphodel (1988: 13) aptly says:

...Women as well as men have drunk the poison of patriarchy. We all have to sweat it out, vomit it out, to get rid of it. What does this mean? Simply that women will have to be recognised and to recognise themselves as normative, powerful members of the human race, not its under half.

There is need to give a more balanced picture of women. Only then could we begin to more effectively beyond what Rose (1986) calls 'masculinist realities' and challenge patriarchal notions oppressive to women. Women need more public and private space to explore what pleases them and to empower themselves as women. Specifically women substance users need to explore the many, often-contradictory reasons why they turn towards and indeed use substances. They need to challenge stereotypical images, which characterise them as diseased, neurotic, pathological, decadent or polluted.

## References

- Asphodel (1988) '1968: Prague Winter, Feminist Spring', in A. Sebestyen (ed.) '68, '78 '88: *From Women's Liberation to Feminism*: Bridport, Dorset: Prism Press, pp. 7-14.
- Brownmiller, S. (1984) *Femininity*, London: Paladin, Grafton Books.
- Cuskey, W.R. (1982) 'Female Addiction: A Review of the Literature', *Focus on Women: Journal of Addiction and Health*, 13, 1, pp. 3-33.
- Ettore, E.M. (1984) 'A Study of Alcoholism Treatment Units: Treatment Activities and the Institutional Response', *Alcohol and Alcoholism*, 19, pp. 243-55.
- Gritz, E.R. (1980) 'Problems Related to Use of Tobacco by Women', in O.J. Kalnt (ed.) *Alcohol and Drug Problems in Women*, London: Plenum Press pp.487-543.

- Jackson, M. (1984) 'Sexology and the universalization of male sexuality from Ellis to Kinsey, and Masters and Johnson', in L. Coveney, M. Jackson, S. Jeffreys, S. Jeffreys, S. Kaye and P. Mahoney *The Sexuality Papers: Male Sexuality and the Social Control of Women* London: Hutchinson, pp. 69-84.
- Jeger, L. (1965) 'The Social Implications', in C.M. Fletcher, H. Cole, L. Jeger and C. Wood, *Common Sense about smoking*, Harmondsworth: Penguin, pp.71-989.
- Khikovi, S. (2003) *A Teacher's Viewpoint on Substance Abuse*. UK. Alcohol Advisory Service Publication
- Knupfer, G. (1982) 'Problems associated with drunkenness in women: some research issues', in NIAAA Alcohol and Health Monograph 4: *Special Population Issues* (Rockville, Maryland: NIAAA.
- Plant, M. (1990) 'Sex Work, Alcohol, Drugs and AIDS', in M. Plant (ed.) *AIDS, Drugs and Prostitution* (London: Routledge) pp. 1-17.
- Reed, B.G. (1985) 'Drug misuse and dependency in women: the meaning and implications of being considered a special population or minority group', *International Journal of the Addictions*, 201, pp. 13-62.
- Reed, B.G. (1987) 'Developing Women-sensitive Drug Dependence Treatment Services: Why so Difficult?', *Journal of Psychoactive Drugs*, 19, 2, pp. 151-64.
- Sandmair, M. (1980) *The Invisible alcoholics: Women and Alcohol Abuse in America*, (New York: McGraw Hill.
- Shepherd, J., Irish, M., Scully, C. and Leslie, I. (1989) 'Alcohol consumption among Victims of Violence and among Comparable UK Population', *British Journal of Addiction*, 84, 9, pp. 1045-51. Shiell, A. (1991) 'Long-term tranquilliser use: the contribution of health economics', in J. Gabe (ed.) *Understanding tranquilliser Use: the role of the social sciences* London: Tavistock/Routledge, pp. 92-111.
- Snell, W.E, Belk, S.S. and Hawkins, R.C. (1987) 'Alcohol and drug use in stressful times – their influence on the masculine role and sex-related personality attributes', *Sex Roles*, 16, 7/8, pp.359-73.
- United Nation (2000). *World Drug Report*. United Nations Publication
- WHO (2002) *Microsoft Encarta Reference Library- 2003*. (Online Document)