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VULNERABILITY OF THE FEMALE YOUTH TO DRUG AND SUBSTANCE ABUSE: A CASE STUDY OF MAKINDU TOWN, MAKINDU DISTRICT.

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DECLARATION

This project report is my original work and has not been presented for a degree in any other university

Signed .... Date ....

This Research Project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I dedicate this paper to my beloved family and friends (especially my parents Mr. Raphael and Mrs. Felistus Wambua, friends: Ottone Cantore, Fadumo Farah and Cecilia Kibe) for their understanding, moral support and encouragement throughout the course and preparation of writing this project paper.

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ABSTRACT

This is an exploratory study on the vulnerability of the youth to drugs and substance abuse.

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. This study paid particular attention to investigating the nature and magnitude of vulnerabilities that exposed female youth to drug and substance abuse in Makindu town.

Consequently, this exploratory study had the following objectives:-

a) To investigate the extent to which female youth in Makindu town are vulnerable to drug and substance abuse.

b) To identify and classify the type of risks found among female youth exposed to drug and substance use.

c) To establish remedial strategies put in place in the society to cope with risk situations related to drug and substance use.

The data was collected by use of unstructured questionnaire designed for female youth abusing drug and substance, focus group discussion guides for female youth whose partners abused drugs, key informant guide for key informants, participant observation and where possible an observation checklist.

According to the findings of the study, it was evident that;-

a) The extent to which female youth were vulnerable drugs and substance was high; peer pressure, unemployment, availability of drugs and substance, Mombasa road, availability of money were some of the factors cited to have contributed to female youth abusing drugs and substance in Makindu town.

b) Biological: lung complications, HIV/Aids, poor duty performance, falling, chipping and staining of teeth etc, social: prostitution, neglect of children, fighting with spouse and others, influencing children to abuse sleeping pills etc, and psychological: loss of memory, mental illnesses, anorexia etc were cited to be some of the risks the female youth experienced after abusing drugs and substance.

c) It was established that there were organizations that were working towards vulnerability reduction such as the Ministry of Youth Affairs and sports through the YEDF programme, Hope worldwide Kenya through its CP programme and APHIA II Eastern through its Magnetic theatre programme. The community was said to be working through its elders where they gave advice to the youth on drugs and substance abuse.

The study thus recommends that there be an advocacy campaign against drug and substance abuse to demystify the stereotypes about drug and substance abuse in order to minimise the peer pressure. Another campaign on attitude change towards employment would assist youth appreciate different kinds of jobs that are legal to reduce apathy amongst them.

The study further recommends that there be establishment of empowerment centres where youth would spend their leisure time constructively.

In addition, the study recommends that further research should be undertaken mainly on female youth in towns along Mombasa road. The findings would give invaluable insight on Mombasa road as a vulnerability to drug and substance abuse. The study further recommends that there is need to compare vulnerability of male and female youth to drugs and substance abuse. This would help understand and contribute towards vulnerability reduction measures for youth in towns along Mombasa road.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
APA	American Psychiatric Association
CCC	Comprehensive Care Center
FEMA	Federal Emergency Management Agency
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Users
KDDP	Kibwezi District Development Plan
MCH	Mother and Child Hospital
MDMA	Methylenedioxymehtamphetamine
MOYA	Ministry of Youth Affairs
NACADA	National Agency for the Campaign against Drug Abuse
OVC	Orphans and Vulnerable Children
UN	United Nations
UNDP	United Nations Development Program
UNODC	United Nations Organization for Drug Control
VCT	Voluntary Counselling Testing
WHO	World Health Organization
HIV	Human immunodeficiency virus
STIs	Sexually transmitted Infections
CSO	Community Service Order
FGD	Focus Group Discussion
MCC	Makindu Children's Center
CP	comprehensive Package
IEC	Information Education Communication
YEDF	Youth Enterprise Development Fund

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

From the 1960's to date there is an exponential increase in human and material losses from disaster events, though there is no clear evidence that the frequency of extreme hazard events has increased (Yodmani, 2001). This indicates that the rise in disasters and their consequences are related to the rise in the vulnerability of people all over the world that is induced by the human determined path of development. Increasing disaster losses worldwide has highlighted the need to move beyond "managing disaster events" and to better address the risk processes that drive them in the first place. Noteworthy also is the recognition that this increase in vulnerability is not uniform. There are large variations across regions, nations, provinces, cities, communities, socio-economic classes, castes and even genders. From this realization that people's vulnerability is a key factor determining the impact of disasters on them, emphasis has shifted to using "vulnerability analysis" as a tool in disaster management.

It is now recognized that risks (physical, social and economic) unmanaged (or mismanaged) for a long time lead to occurrence of disasters. Risk and vulnerability are in extricably linked and therefore vulnerability must be understood if risk is to be managed.

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 Inkas 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 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 behaviour 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 among others were declared illegal overtime in many countries. Cannabis which is illegal in many countries has been currently legalized in Netherlands (Daily Nation, 2nd 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 as *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) khat (mairungi or miraa 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 Kamba society, beer drinking was a privilege for the old men, women, young men and boys were forbidden to drink it. Kamba 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 Kamba culture restricted the use of some substance such as alcohol to senior age group and to special occasions often suctioning 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).

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1.2 Problem statement

The main thrust of this study was to explore the vulnerability of female youth to drug and substance abuse risks establishing a relationship between the vulnerability of the youth to the community they live in and how the resulting disasters may affect them both.

The Kenyan government continues to emphasize and appreciate the role that women play in development activities. Women play a dominant role in food and cash crop production. The role that the female youth play in our society is certainly not fully recognized (MOYA 2006). The rampant drug and substance abuse that is threatening to tear the very fabric of our nation is yet another factor that will militate against the efficiency with which young women can fulfill their role in the society. In view that the 9.1 million youth who account for about 32% of the population of these 51.7% being female, (MOYA 2006). The youth form 60% of the total labour force but many of them have not been absorbed in the job market owing to the country's high unemployment level.

The rise in the number of drug and substance related risks, points towards an increase in vulnerabilities. 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 1990). 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 nurturant 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 can not. 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 (NACADA, 2002). The survey demonstrated that substance abuse is widespread, affects the youth mostly but cuts across all social groups. Alcohol, tobacco, bhang and miraa are the substances most often abused and the youth are also abusing imported illegal substances such as cocaine and mandrax. The survey further

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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.

According to UNODC (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 (UNDOC 2002).

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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)

In his speech at The Economic and Social Council On 24 May 1985 the then United Nations Secretary General Javier Perez de Cuellar said that 'Drug abuse presents as destructive a threat to this and coming generations as the plague which swept many parts of the world in earlier centuries.'

This therefore means that the organizational and technical processes of both the individual youth and that of the society she lives in interact, resulting in vulnerability. Makindu town being along Nairobi –Mombasa Highway where many truck drivers and other people on transit make stops everyday exposes female youth to vulnerabilities that could result in drug and substance abuse.

It is therefore imperative to examine factors that make our female youth vulnerable to risk, given that female youth, in addition to their role in the society must exist in cohesion. The female youth exist in a social structure and the society uses them for various functions; so when a female youth is vulnerable to risks, the entire society is at risk.

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 and the kind of mechanisms that have been put in place to cope with risks. The study was guided by the following research questions:-

a) What is the extent of vulnerability to drug and substance abuse among female youth?

b) What types of drug related risks are found among the female youth?

c) What is the government and society doing about the problem of female youth's indulgence in drugs and substance abuse?

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1.3 Study objectives

The study objectives were divided into broad and specific objectives.

1.3.1 Broad objective

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

1.3.2 Specific objectives

This study sought to address the following specific objectives:-

a) To investigate the extent to which female youth in Makindu are vulnerable to drug and substance abuse

b) To identify and classify the types of risks found among female youth exposed to drugs and substance.

c) To establish the remedial strategies put in place in the society to cope with risk situations related to drug and substance abuse.

1.4 Justification of the study

This is an exploratory study that sought to determine the vulnerability of Kenyan female youth to drug and substance abuse. In a survey carried out by NACADA in the years 2001 and 2002 it was established that alcohol, bhang and miraa have indigenous roots and have been widely used in the indigenous society, there however exists no evidence that substance abuse has been part of indigenous heritage: Indeed, the indigenous society for the most part regarded drunkenness as a disgrace.

Frequently, media houses have reported on youth abusing drugs and substances in the country. The following articles have reported incidents of drug abuse in Kenya lately: Bonface Gikandi, on July 29th 2008, in the Standard Newspaper reported: *"There were fears of heightened Mungiki activities in Murang'a after police recovered a jerrican of blood, three AK – 47 rifles and 87 rounds of ammunition from a suspect. Recovered alongside the arms were three pairs of military boots, a bullet proof jacket and two kilos of bhang, half kilo of honey and an assortment of crude weapon. It is believed that the blood and honey recovered from a farm in Gakarara village in Kandara, Murang'a South were to be used in oathing*

ceremonies. A man identified as Samuel Kinuthia escaped the police raid. He was however arrested seven hours later at Kamurugu area and is being held in Makuyu Police Station. Murang'a South District Commissioner Maalim Mohamed described the raid as a breakthrough and said Kiarie's gang had been involved in a series of robberies in Murang'a and neighbouring Thika District. Mohamed said the guns had Ugandan serial numbers........ the police were taken to a house suspected to be Kiarie's where they found a National ID and a card linking Kiarie with the National Youth Alliance.'

In his article 'The Last Word: Gangs Recruitment Season', Mwangi Muiruri quotes the former NACADA director, Kaguthi who says *"it is true that December holidays are fertile period for drug abuse as youth seek fun and they have time and energy making them vulnerable, he further adds that it is the duty of parents and the society in general to ensure that youngsters are guarded against falling prey to destructive habits, which destroy their future'.* (The Standard, December 24, 2008).

In an article *Alcohol will ruin the youth* in the Talking Point column of the Daily Nation dated July 30th 2008, Robert Mshindi comments: *"The Youth Enterprise Fund in the Budget was a reflection of the government's commitment to help youth establish themselves in business. But this effort will go to waste if the rate at which young people are taking alcohol rises. The youth have graduated from Kumi kumi[1] to wines and spirits. NACADA indicates that nine percent of youth aged 15 – 24 years drink alcohol. Lately wines and spirits retailers have been mushrooming in towns and estates. In many establishments in Nairobi, you will find one or two of such bars. it is in these very pubs, that youth get access to other drugs. Gone are the days bars opened at 4:00pm and closed at 11:00pm; they operate 24 hours. Estates bars have become recreational centers for students during holidays.......... Students ferment bread which is readily available to them and juices parents and relatives give them......"*

From these citations there is a clear indication that drug and substance abuse among young people is on the rise.

As a discourse of study, the topic of drug and substance abuse and specifically vulnerability of female youth had not been tackled widely enough to be generalized to vulnerability to drugs and substance theory. Previous research done by NACADA (2002,) Jensen (1999), Willis (2002), Haji (1985), Ndetei (1997, 2004), Acuda and Yambo (1982), UNDP/World bank/WHO (1997), Mwenesi (1995), Jensen (1999), Robbin (1989), Robbin and Martin (1993) had concentrated on the effects of drug abuse and had not been specific to the female youth. A recent report by WHO 'Programme on substance abuse: women and substance

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[1] An illicit alcoholic drink

abuse 1993' focused its findings on studies done in 1992 by Katsivo and Mutunga J.N., Wanjiru (1979) and Ogoia,(1993) which could be staie knowledge and that focused on samples that were not in any way related to Makindu Town in Makindu District for theory generalization. Other researches done by The UN 'Global Illicit Drug Trends' were also too general to be applied to the Kenyan perspective to my view.

These researches had also not exhaustively captured the causes of the drug and substance abuse by Kenyan female youth. There seemed therefore to be an academic lacuna to discourses such as vulnerability of female youth from different communities or individual female youth to drug and substance and abuse, thus justifying the nature of this study. Giddens (1991) says that with the advent of modernity and subsequent time space distanciation disaster situations are evidently unavoidable and are on the increase. Disaster situations are on the increase, a situation that was not common in the pre modern times. This makes it complex for places such as third world countries where every other individual/institution is being pulled to global circles within limited preparedness; as such; almost always get individuals and institutions unprepared. This therefore justified why a study of this nature should be carried out to identify and document specific areas to which our female youth are exposed to risky situations.

Identifying and documenting vulnerability in female youth was bound to raise the need for perceived remedies. Remedies can not be easily enumerated unless identified from the areas from which vulnerability is evident. In other words, the research is important in the sense that besides identifying factors leading to vulnerability; it will come up with ways in which vulnerability will be addressed.

Female youth are an important resource and an investment in vulnerability reduction is therefore paramount. Communities are made up of female youth who are a key component to its development and its existence. To protect a female youth is therefore to protect one of the most important resources of a community. Female youth represent the most active component of a community and when they are vulnerable then it could lead to disaster of all other social structures. A sociological analysis of female youth vulnerability to drugs and substance abuse was therefore important since when the female youth were vulnerable the entire community was vulnerable.

1.5 Scope and limitations

The study was restricted to factors that expose female youth to drug and substance abuse only. The study would have benefited from being carried out in a larger area where many more youth would be covered. Unfortunately, time and resource constrains did not allow.

1.6   Definition of Key Terms

Vulnerability: The extent to which a person, group or socio-economic structure is likely to be affected by a hazard (related to their capacity to anticipate it, cope with it, resist it and recover from its impact) (Twigg, 2001).

Addiction/ Dependence: Is defined as a physical or psychological need to use a drug or other substance regularly, despite the fact that it is likely to have a damaging effect

Substance: Something that people take for the sake of its no therapeutic effects on the mind or body

Substance abuse: According to APA (1994) as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period.

Substance dependence: This is when an individual persists in use of alcohol or other drugs despite problems related to use of the substance.

Drugs: These are those man-made or naturally occurring substances used without medical supervision basically to change the way a person feels, thinks or behaves so that they "can have fun" (UNDOC,2005).

Drug Dependence: A state, psychic and sometimes also physical resulting from the interaction between a living organism and a drug characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects and sometimes to avoid discomfort of its absence (Kramer and Cameron, 1975).

Drug and substance abuse: This is persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice.

Female youth: An individual who is aged between 15 to 30 years (MOYA, 2006). This study will also refer to this individual as a young woman or a young girl.

Risk: Twigg (2001), defines risk as the likelihood of a specific hazard occurring and its consequences for people and property.

Hazard: Hazard is defined as a function of: probability; primacy (shock value based on time elapsed since previous occurrence); predictability (degree of warning available); prevalence (the extent and duration of hazard impacts); and pressure (the intensity of impact). (Sharma, Burton, vanAalst, Dilley, and Acharya, 2000),

Disaster: A disaster can be defined as any occurrence that causes damage, ecological disruption, loss of human life or deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community or area, (WHO, 1999)

Community/ Society: Emergency Management Australia (2000) advances four means of community classification. These include geographically based groupings, shared, experience based groupings, sector based groupings (for example, manufacturing, education, etc.) and function based groupings (for example, health service providers, telecommunication providers, etc.).

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Every research should be placed in the context of the general body of specific knowledge and that it is important to indicate where the research fits in the picture. Having introduced the reader to the general purpose of the study one should then bring the reader up to date on the previous research on the area, pointing to the general agreements among the previous researchers, (Babbie, 1995).

It was on this basis that literature was reviewed in this chapter.

The chapter is divided into the following sections understanding vulnerability, vulnerability of female youth to drug and substance related risks, categories of drugs related risks/hazards and disasters, impact of female drug and substance abuse related risks on the society, theoretical framework and Conceptual framework.

2.2 Understanding Vulnerability

The possibility that a disaster might or might not occur will depend on whether risks are adequately managed or not. Looking at disaster from this perspective, the management of the emergency itself ceases to be a priority. The priority becomes the management of those risks, because if they are managed ineffectively, it can lead to disaster, (Yodmani, 2001).

A disaster takes place when a community is affected by a hazard. In other words, the impact of the disaster is determined by the extent of a community's vulnerability to the hazard (Twigg, 2001).

Vulnerability begins with a notion of *risk*. This vulnerability is not natural. It is the human dimension of disasters, the result of the whole range of economic, social, cultural, institutional, political and even psychological factors that shape people's lives and create the environment that they live in, (Alwang, Siegel, and Steen, 2001).

Vulnerability also has different dimensions and influences. For example one should not look at the mere fact that people abuse hazardous drugs, but why they abuse them– which could be the product of apathy (itself the result of increased poverty levels resulting from local, national and even global economic forces hence need for escapism), urbanization leading to loss of people's moral values and need to remain working actively for longer hours, legal-political issues such as legalization of some drugs such as

cigarettes, miraa and alcohol, and other political features such as the weakness of government and civil society institutions in protecting citizens.

The concept of vulnerability helps to identify those members of a population who are most likely to suffer directly and indirectly from a hazard. It is also useful in identifying those who are more likely to suffer longer-term disruptions of livelihoods and lifelines, as well as those who will find it more difficult to re-establish their accustomed patterns of living. In many situations, women and children are most vulnerable to disaster emergencies. This has important implications in defining priorities for vulnerability reduction, (WHO 2002).

This therefore means that the community plays a central role in vulnerability reduction. This study will try to establish the role the community in Makindu Town plays to ensure that the female youth do not indulge in drug and substance use leading to abuse and dependence.

2.3 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, which 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, (Neal 1998 and UNODC 1999). Overall, drug prevalence rates among youth in many countries are higher than for the general population During the past decade according to UNODC (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

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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, (UNODC 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, (Beckerieg 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 Jensen (1999), this maybe due to individual factors, but also to social factors involving both the young person's local environment and society generally. 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 were 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 nurtunant role obligations.

According to UNODC (2006), 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 behaviour 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, female are more likely to conceal their drug abusing behaviour, because it is often culturally unacceptable for women to take drugs. Those who 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.

2.4   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. UNODC (2002) further argues that there are reports of acute health consequences even among first-time abusers of Ecstasy or MDMA; and even though negative consequences may not be visible in the short term, there is mounting evidence that Ecstasy has neurotoxic effects and that its abuse may have an impact on the functioning of various body organs, including the liver and the heart. Short term physical effects such as increased jaw tension and grinding of teeth, loss of appetite, dry mouth, tachycardia, hot and cold flushes and sweaty palms, as well as long-term effects, including insomnia, depression, headaches and muscle stiffness.

According to UNODC (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. In the Democratic Republic of the Congo and Liberia, for example, child combatants were provided with drugs in order to induce them to carry out dangerous operations with impunity. It is also believed that illicit drugs are used to finance civil conflicts and the purchase of arms, as was the case in Angola and Rwanda.

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. Pernanen (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).

2.5 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. Psychoactive drugs such as opiates, cocaine, marijuana and alcohol are generally fat soluble and of small molecular size so that they can easily cross the placenta, therefore, potentially have a direct effect on the foetus. 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

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most female youth are at their reproductive prime age, if and when they are vulnerable to drug and substance abuse it means that the coming generation will be of slow thinkers who will be able to develop their community adequately.

Therefore it can be argued that in order to minimize the negative impact of drug and substance risks the structure of gender relations should be part of the social and cultural context that shapes a community's ability to prepare for, cope with, and recover from disasters. Thus, the gender issue requires special attention. The societal functions should have very clear gender roles. Men should know what they are responsible for as well as women during and before disasters. These responsibilities should be reflected in preparatory activities for an oncoming hazard. Women's and men's roles and social power in different social contexts need to be taken into account to address root causes and adopt risk reduction measures in an equitable and efficient way. Since vulnerability to hazards is not spread equally throughout communities, vulnerability reduction thus helps ensure equality of opportunity by reducing the susceptibility to harm of vulnerable groups.

Vulnerability reduction is like development, a process of empowering communities to take control of their own destinies. Investing in vulnerability reduction protects human development achievements. Vulnerability reduction requires a number of coordinated activities, including:

a) Policy Development

b) Vulnerability assessment (to describe the problems and opportunities)

c) Emergency Prevention and Mitigation (to reduce susceptibility).

d) Emergency Preparedness (to increase resilience) (WHO, 1999).

2.5.1 Kenya's Policy on Drug and Substance Abuse

'We will never know for sure what would have happened in the absence of drug control. But if we look at the costs and the magnitude of the problems generated by alcohol and tobacco consumption, we can be sure that containing drug abuse is at least worth our while'. (Fries, 2003, p 8).

This emphasizes on the need to develop measures that will control drug and substance abuse which the Kenyan government has been undertaking through the Kenya National Drug and Legislation.

The Kenya National Drug and Legislation involve drug control, legislation and legal framework under which treatment and rehabilitation of drug abuse takes place. Kenya government has ratified the three major United Nations conventions on drugs and psychotropic substances namely:

1. Single convention on Narcotic drugs, 1961 as amended by the 1972 protocol.
2. Convention psychotropic substances 1971.
3. United Nations convention against illicit traffic in narcotic drugs and psychotropic substances united nations 1988.

The narcotic drugs and psychotropic substances (control) Act 1994, is the latest Kenyan legislation against drug trafficking and abuse. This enactment was followed by the setting up of the interministerial Drug Control Committee in 1995 whose responsibility was to coordinate, monitor and evaluate drug policies in the country. The greatest achievement of the interministerial committee was the production of the drug control master plan in 1999 which was approved in early 2001. The same year the National Agency for the Campaign against Drugs (NACADA) was formed to enhance advocacy against drugs of abuse in the country. Its major objectives were coordination, implementation, monitoring and evaluation of programmes on the campaign against drug abuse in Kenya.

NACADA 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, (NACADA 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 indicated that the Kenyan government had put down measures to curb the abuse of drugs and substance in the country.

2.5.2 Vulnerability Assessment

Vulnerability assessment, also known as "hazard analysis" and "risk assessment", is based on a series of techniques for determining the hazards that may affect a particular community, and the impact they may have. It also determines what factors make the community vulnerable to emergencies and disasters, by analyzing the community's social, infrastructural, economic, and demographic composition. Vulnerability assessment informs strategies for reducing the vulnerability of development programmes to disruption; it enables emergency prevention, mitigation and preparedness measures to be carried out effectively; it facilitates rapid and relevant emergency response, based on an understanding of gaps in resources that need to be filled with external support; it provides information on likely damage and operating difficulties; and it provides a picture of the pre disaster situation, to enable appropriate objectives to be set for recovery programmes.

Vulnerability assessment can determine community vulnerabilities, describe hazards and the harm they may cause, and provide information for all aspects of emergency management. The accuracy of a vulnerability assessment is determined by the quality of:

a) Community participation;

b) The information used;

c) The resources applied;

d) The assumptions about the community, the environment, and the hazards;

e) The conceptual models

(WHO, 1999)

2.5.3 Emergency Prevention and Mitigation

Emergency prevention and mitigation involve measures designed either to prevent hazards from causing emergencies or to lessen the likely effects of emergencies.

Without emergency prevention or mitigation, communities are exposed to unnecessary risk (WHO, 1999). Mitigation according to FEMA (http://www.fema.gov/government/mitigation.shtm) is the effort to reduce loss of life and property by lessening the impact of disasters.

2.5.4 Emergency Preparedness

Emergency preparedness is: *"a programme of long-term development activities whose goals are to strengthen the overall capacity and capability of a country to manage efficiently all types of emergency and*

bring about an orderly transition from relief through recovery, and back to sustained development." (WHO 1999, p12)

The development of emergency preparedness programmes requires that the community's vulnerability be considered in context. Emergency preparedness can be ensured by creating a supportive political, legal, managerial, financial, and social environment to coordinate and use efficiently available resources to minimize the impact of hazards on communities and to coordinate an efficient transition from emergency response to recovery, according to existing goals and plans for development.

Emergency preparedness requires that emergency plans be developed, personnel at all levels and in all sectors be trained, and communities at risk are educated, and that these measures are monitored and evaluated regularly.

Without emergency preparedness and response mechanisms, an emergency can escalate into a disaster, causing great harm and setting development back years.

Emergency preparedness includes the following elements:

a) Legal frameworks and enabling policy for vulnerability reduction

b) The collection, analysis, and dissemination of information on vulnerability

c) Strategies, systems, and resources for emergency response and recovery

d) Public awareness

e) Organizational and Human Resource Development (WHO, 1999).

2.6   Theoretical Framework

A theory is a set of ideas, which provide an explanation for something. It is a body of knowledge that attempts to explain a given social reality. A sociological theory is a set of ideas, which provides explanation for human society (Haralambos and Holbom, 1991).

Theoretical framework has a central role to play in disaster management. Theory informs policy makers and disaster practitioners by guiding the development of effective disaster preparedness and response strategies.

2.6.1   Addictive Experiences Theory

A person can begin to use or try a drug for any of the whole range of human motivations; indeed, the desire to alter consciousness through drug use seems to be nearly universal. The reasons for initial use can determine whether or not the user will ultimately become addicted. In approximately descending order of

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the likelihood of a motivation leading to addictive use are the following reasons for starting to take a drug: a sense of adventure; a need for stimulation; a desire to emulate others in the peer group; and personal needs, such as to avoid pain, to escape from reality, to gain a predictable gratification in the absence of other life rewards, to compensate for a sense of personal inadequacy. It is these latter ego and life deficiencies which most readily embark an individual on the addiction cycle, although no initial reason for taking a drug is entirely free of these components (Peele, 1977).

Persons use drugs when they find such use to be rewarding in terms of values, needs, and overall life structure. Conceivably a drug can fulfill positive functions for an individual—such as enabling him or her to work better or to relate to others. Even in this case there is the danger that functioning in a positive sense will become dependent on continued drug use. In all cases, use of the drug will probably make it harder for the person to eliminate underlying and unresolved problems. While the experience the drug produces for the person must provide rewards for him or her in order to maintain drug use, this is not to say that its objective impact on the user's life will not be negative. Thus narcotic or barbiturate users find the removal of pain and the absence of anxiety induced by the drug to be rewarding, even though these effects make them less sensitive to and less effective in dealing with their environment. In fact, it is this very depletion of capabilities which best guarantees continued use of the drug.

Addiction occurs along a continuum, so that it is impossible to designate an exact point at which a drug habit becomes an addiction. Viewing addiction as an extreme at one end of this continuum, one can say drug abuse is any use which tends to move the individual in this direction along the continuum. There are several criteria in terms of which it is meaningful to evaluate a drug involvement for its addictive potential. Some of these criteria derive from initial motivations for using a drug and from the motivations for continuing use. If a drug is used in order to eradicate consciousness of pain, problems, and anxieties, then its use will tend to be addictive. Another aspect of this type of abuse is the inability of users to derive pleasure from drug use, since they are relying on the drug primarily to avoid unpleasantness rather than for any positive effect. In this case, a criterion for abuse and addiction is that the drug is relied on at regular times for the very predictability of its effects. The most crucial criterion for the addictiveness of an involvement is whether use of the drug destroys or harms other involvements. For when this is the case, abuse moves inexorably along the continuum toward addiction as other reinforcers fall away, and the drug experience becomes the primary source of reward for the individual, (Peele 1977).

The sign of addiction is the absence of a degree of choice about drug use. The sense of suitability or appropriateness, where certain situations or people rule out use of the drug, is lost. Also lost is the capability for making discriminations with regard to the experience the drug produces. That is, addicts will not reject a brand of cigarette, a type of alcohol, or a narcotic of inferior purity, since they are interested in only the grossest sensations of the drug experience. Finally, identity and continued functioning have become so connected to the effects of the drug that it is impossible for the addict to conceive of life proceeding without the drug.

To cease being addicted to a drug, one must develop the ability to derive real rewards from the world to replace the unrealistic rewards that the drug provides. Such rewards include those which come from basic competence, from the ability to carry out meaningful work which is rewarded by others, from the capacity to form intimate relationships with other people, and from having a comfortable and satisfying relationship generally with one's environment. While it may be necessary to restrict or eliminate drug use in order to accomplish these goals, simple cessation of use in no way implies that these goals are accomplished.

This theory is relevant to this study since it includes an analysis of the feelings which led to use of drugs, explores more functional methods of coping with these feelings, and tries to encourage practice (actions) which are incompatible with reliance on the drug experience. It therefore addresses the question why an individual female youth will be depended to drug and substance abuse regardless of the adverse risks involved. It also gives practical solutions to cessation of drug and substance dependence a paramount need for both the female youth and the community she lives in.

2.6.2   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 behaviour 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 behaviour 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 behaviours 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 behaviour 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 can not 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 with in 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.

2.6.3 Conceptual Framework

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┌─────────────────────────┐
│ VULNERABILITY OF FEMALE │●───────────┐
│ YOUTH TO DRUGS AND      │            │
│ SUBSTANCE ABUSE         │            │
└─────────────────────────┘            ▼
         │              ┌────────────────────────────┐        ┌──────────────────────────┐
         ▼              │ Interventions              │        │ DEVELOPMENT OUTCOMES     │
┌──────────────┐        │ Policy development         │───────▶│ Reduced vulnerability    │
│ RISKS/HAZARDS│───────▶│ Vulnerability assessment   │        │ Improved well being      │
└──────────────┘        │ Emergency prevention and   │        │ Increased food security  │
         │              │ mitigation                 │        │ Increased income         │
         │              │ Emergency preparedness     │        └──────────────────────────┘
         │              │ Vulnerability reduction    │
         │              └────────────────────────────┘
         │                          ▲
         ▼                          │
┌──────────────┐                    │
│ DISASTERS    │●───────────────────┘
└──────────────┘
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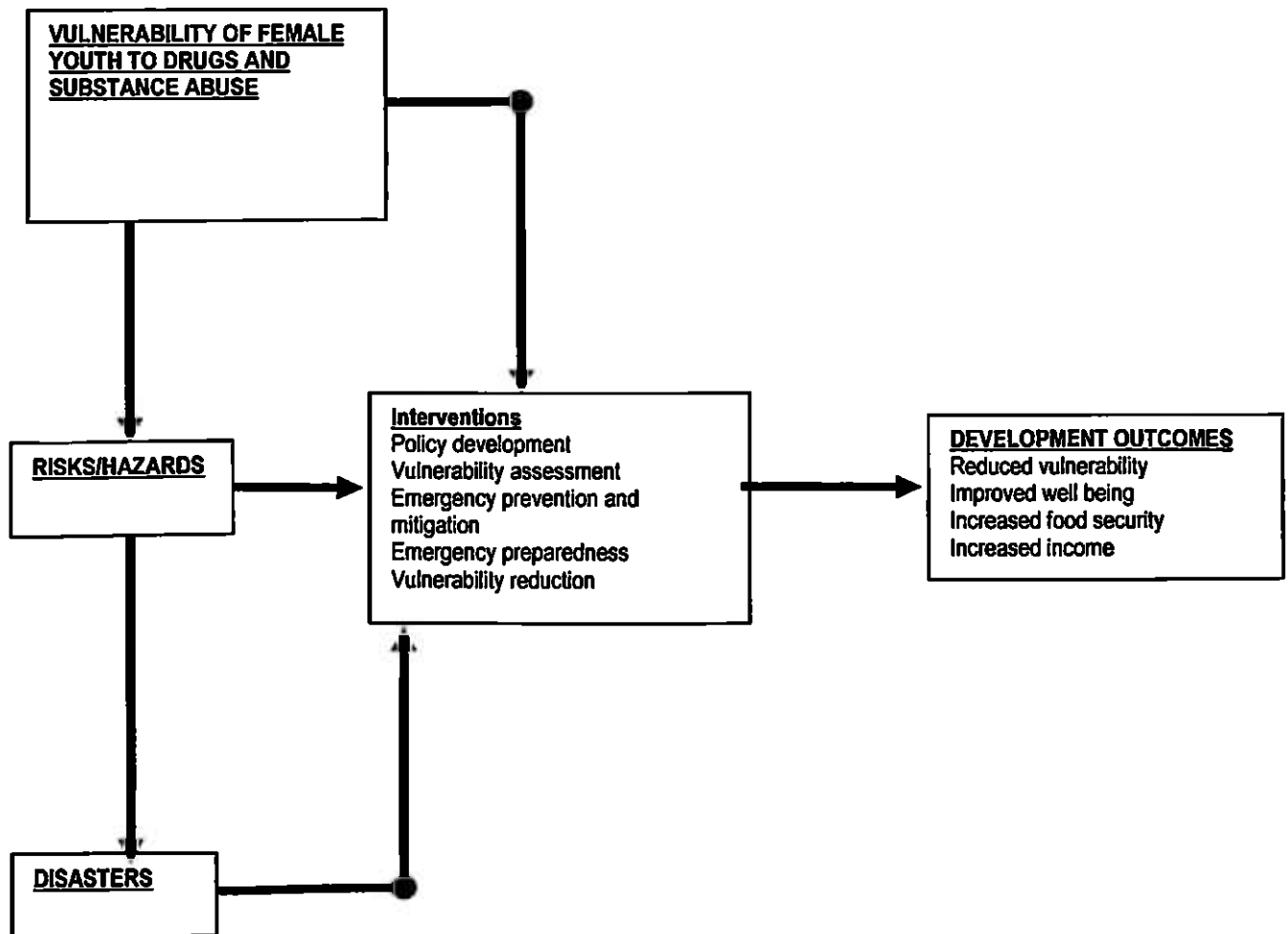
The vulnerability of female youth to drug and substance abuse leads to them being exposed to risks and hazards which therefore lead to disasters. When interventions are made there are development outcomes. When there are interventions the risks are not triggered and there are development outcomes. From this conceptual framework it is clear that managing vulnerability is the key to development in stead of waiting for risks to be triggered or disasters to occur then manage them to achieve development outcomes.

2.6.4 Operational Definition of Concepts

Female youth: refers to a young woman or a girl who is 15 to 30 years; she could be married, with children and in or out of school.

Drug and substance abuse: refers to use of drugs and substance without prescription from a medical practitioner.

Vulnerability: refers to the leading causes to abuse of drugs and substance abuse.

Risk: refers to hazards related to drug and substance abuse and their consequence on an individual or society.

Disaster: refers to consequences as a result of drug and substance abuse and their affects to an individual or a society that can not be addressed within that society where assistance has to come from outside.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The study was exploratory in nature, through a qualitative mode of inquiry. Baldwin (1995) summarized the characteristics of a qualitative research as follows: Qualitative research is descriptive; qualitative research has the natural setting as the direct source of data and the researcher is the key instrument; qualitative research is descriptive; qualitative researchers are concerned with the process rather than simply with outcome or product; qualitative researcher tends to analyze inductively; and, "Meaning" is of essential concern to the qualitative approach.

3.2 Research Design

The study applied a case study design. This involved a case study 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. The design according to Yin (1989), is the logical sequence that connects the empirical data to a study's initial research questions and ultimately, to its conclusions. A research design is an action for getting form 'here' to 'there', where 'here' may be defined as the initial set of questions to be answered and 'there' in some set of conclusions (answers) about these questions. Between 'here and 'there' may be found a number of major steps including collection and analysis of relevant data. A research design is much more than a work plan. The main purpose of the design was to help avoid the situation in which the evidence did not address the initial research questions. In this sense, a research design dealt with logical and not logistical problem.

3.2.1 Site selection and description

The study was carried out in Makindu town. Makindu town was selected purposively since no study on 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 for. The town was located 200km from Nairobi and 250km from Mombasa. It was along Mombasa Nairobi highway.It was in two sub-locations i.e. Kiu and Manyatta. It had eight villages/estates: Kiumbe, Manyatta, Misongeni, Kiu, Kai, Ngilani and Ngukuni. It had a population

projection for 2008 of 11,160 people, 3906 being female youth. They were 1,860 household with an average of 6 heads. (Kibwezi District Development Plan 2008-2012, 2009).

Those classified as poor experienced absolute poverty and food poverty. The poverty level stood at 34% contributing to 3.8% of the National Poverty level. The food poverty level was at 57.2%. The causes were 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)

Plat 1 A sample of households in Makindu town..

3.2.2   Unit of analysis

Unit of analysis is the most elementary part of the phenomenon to be studied; it influences the research design, data collection and data analysis decisions, (Nachimias and Nachimias 1996).

Yin, (1989), refers to unit of analysis as case and defines a case as a problem that has plagued many investigations at the outset of case studies. In this study the unit of analysis was vulnerability of female youth to drug and substance abuse; the unit of observation was female youth in Makindu town.

3.2.3   Sampling

This study used purposive sampling method. Sampling is a device of selecting a sample from population in research (Walliman, 2005).

According to Kothari (1984), sampling may be defined as the selection of part of an aggregate or totality on the basis of which a judgment or inference about the aggregate or totality is made.

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A sample is any subset from sampling unit from a population. A subset is any combination of sampling units that has been defined as the population, (Nachimias and Nachimias, 1996).

A good sampling technique should be a true representative of the universe and free of bias. There are two methods of selecting a sample i.e. deliberate also known as purposive and random sampling. (Kothari, 1984 and Walliman, 2005).

The sampling frame for the 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 and 10 key informants dealing directly with female youth abusing drugs and substance.

The criteria for participants selected for the study included 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, 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.

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

3.2.4 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 researcher and the 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 included: 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.

3.2.5 Methods and Tools of data collection

The type of data one finds depends on the type of data one is looking for and also on the method one uses to collect them. The type of data collected partly determines the need for a clear definition of the conditions and admissibility of data. (Walliman, 2005)

Nachimias and Nachimias, (1996) argue that data in social sciences are obtained in either formal or informal settings and involve verbal (oral and written) or non verbal acts or responses.

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. She was taken to places where the drugs and substance was sold but was not allowed to take pictures. In the oral interview method, the tool used was a semi-structured questionnaire.   A total of 29 respondents were interviewed through the semi structured questionnaire. Semi structured questionnaire according to (Nachmias and Nachmias 1996) is a form of personal interviewing where the interviewer, respondents are encouraged to relate their experiences, to describe whatever events seem significant to them, to provide their own definitions of their situations and to reveal their opinions and attitudes as they see fit. 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 29th 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 the key informant guide, a tool used in social development inquiry, gathering detailed information and opinion based on a key informant's own knowledge of a particular issue.

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

There were 3 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 discussions 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 records 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 the data collection.

By triangulating the methods and tools of data collection internal validity was ensured in the study.

3.2.6 Data analysis

Every investigation should start with a general analytic strategy yielding priorities for what to analyze and why, (Yin 1989). Analysis involves breaking data down into bits and then 'beating' the bits together. It is a process of resolving data into its constituent components to reveal its characteristic elements and structure. Without analysis we would have to rely on impressions and intuitions about the data as whole. The aim of analysis was to develop a theoretical hypothesis from field data. After collecting data about the chosen issue and spending sometime reflecting on it, the researcher devised a range of categories into which the data can be fitted, (Dey 1993).

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 the research collected data on the number of female youth depended on drugs and substance, the kinds of risks and hazards they had been vulnerable to, what had made them vulnerable to drugs and substance abuse, if the number of female youth involved and disasters related to the abuse had increased. The data analysis categorized: the cause, extent, of the disasters risks involved the response and mitigation measures in place.

3.2.7 Ethics

There were two perspectives from which the ethical issues in research were viewed. One was concerned with values of honesty, frankness and personal integrity and the other with those of ethical responsibilities to the subjects of research such as consent (the question of how voluntary was participation in the investigations), confidentiality (the question of guaranteeing anonymity and confidentiality, or the question of the admissibility of undercover forms of observation) and courtesy. (Flick, Kardorff and Steinke 2004, Walliman, 2005).

This study ensured ethics by letting the respondents give their views voluntarily and that no cameras or tape recorders were used if and when the respondents were unwilling. The respondents were guaranteed confidentiality of their information since they were not asked their names or contacts.

CHAPTER FOUR

PRESENTATION AND INTERPRETATION OF FINDINGS.

4.0 Introduction

In this chapter, the findings have been discussed in relation to the study objectives and research questions. The findings have been summarized using descriptive statistics such as tables and percentages.

4.2 Demographic information

4.2.1 Age of the respondents

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 abusers at Makindu town is at 26.

Table 4.2.1: Age of the respondents

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

Since the issue of female youth drug and substance abuse was very sensitive in Makindu town, from table 4.2.1 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 was small in 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.

4.2.2 Initial drug and substance abuse age

When these respondents were asked the age at which they started using the substance/s, their responses varied. Figure 4.2.2 highlights a summary of the findings.

Figure 4.2.2: Age at first drug or substance use
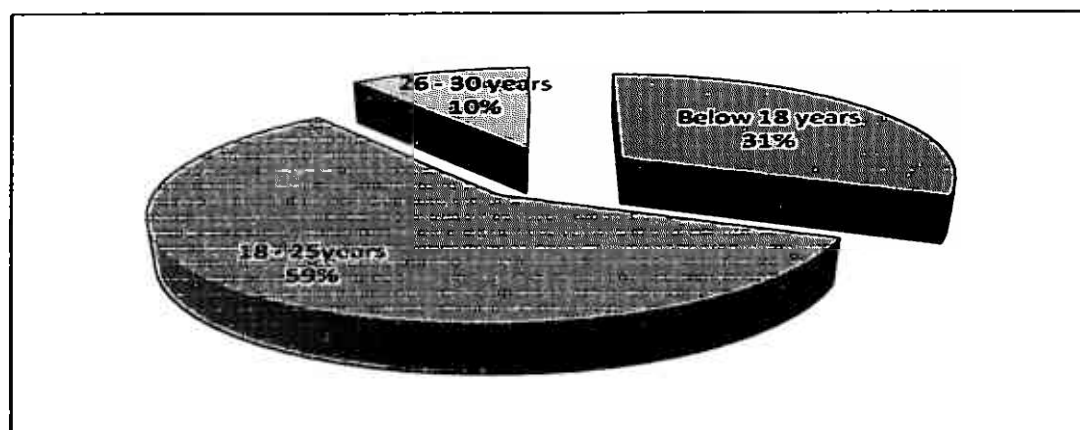
From Table 4.2.2, it was seen that majority started abusing drugs from 18 years. This formed 59% of all the respondents. As ages increased, the introduction to substance use also reduced. This was seen in the ages between 26 years and 30 years. It was however sad that 31% of those interviewed first used drugs or substances before their 18th birthday. This called for parents to still morals in children before they reached adult hood as when that happened, they would not have control over what their children did.

4.3.2 Residence

The villages where respondents were drawn from included: Ngilani, Makongeni, Manyatta, Nguuni, Kiu, Kiwanzani, Misongeni and Kiumbe. A total of 28% of these respondents had resided in Makindu for up-to 10 years. The remaining 72% were born in Makindu. Only 76% of these respondents had traveled out of Makundu at least once in their life time. Apart from traveling to major cities like Mombasa and Nairobi, most had left Makindu town for their countryside homes. Though they had countryside homes, the statistics showed that they did not make frequent visits to the country side. The places that they mentioned to have traveled to included; Mombasa, Nairobi, Voi, Kitui, Maungu, Mbitini, Machakos, Athi River, Ngwata, Mtito Andei, Emali, Mbui Nzau, Kibwezi, Masimba, Kiboko, Other East Africa Countries, Kalawa, Makutano, Sultan Hamud and Kiangini. The countryside regions visited pointed that most of those interviewed were from Eastern Province. This could be because Makindu was a major town that served the lower parts of Eastern province.

Plate2: A sample of the households at Kiu where female youth who abuse drugs and substance reside in.

4.2.4 Occupation status

Respondents were also asked to state what they did apart from using the substances. The collated data presented in Figure 4.2.4 indicated that 10, (35%) of the respondents were unemployed. Another 8, (28%) were involved in small businesses. A total of 7, (24%) 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?'

Figure 4.2.4: Employment status of respondents
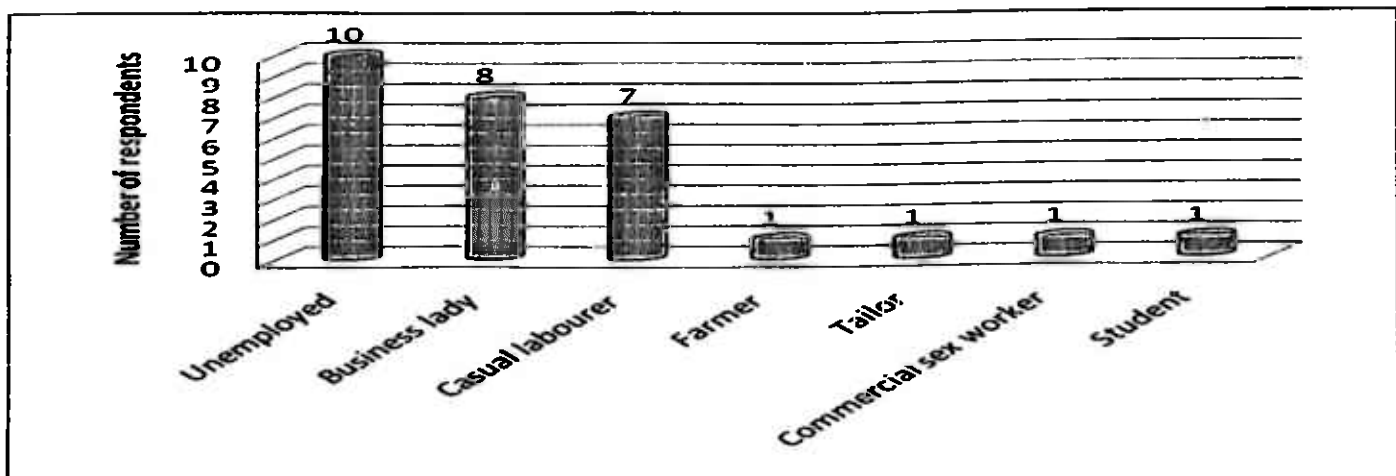
When the respondents were asked to mention their role model and the reason behind it, most of them mentioned people who either had stable families (married and could afford basic needs) or people with appealing asset base. This was also an indicator that they also yarned to achieve financial stability at some point in their lives.

One respondent who admitted to be a prostitute along Mombasa road said:

> *Sikupenda kwangu mi huenda Mombasa road, niko na watoi madhee ananiangalia upande wa food na mavazi. Lazima ni bangaize ni tafute doo. Nikipata msee anibuyiye drinks zingine na weka kwa counter akienda choo ndio nipewe doo zake baadaye...* (It's not my wish that I go to Mombasa Road, but I've got children and a mother who depend on me to provide food and clothing. When I get clients I wait for them to go to the toilet then I return some drinks to the counter so that I can be given money for them when I am done with ......)

This statement explained why female youth in Makindu town went to Mombasa road. From this assertion it was concluded that not all youth who abused drug and substance along the road were prostitutes. Some from the assertion looked for people who they could give company while they secretly traded the beers bought for them for money.

The prostitution practised by these female youth was mainly meant to support their families and cater for their basic needs. The female youth were forced by circumstances and not sexual disorders.

Female youth who admitted to have role models, admired people from the community who were financially stable. There were some who did not admire anyone in their lives. One said:

> *Mi napenda bibi ya Rahma, yeye hupata kila kitu atakacho, akitaka kuchonga ana pata gomba, watoto wakiwa wagonjwa wapelekwa hospitali kwa teksi....*(I like Rahma's wife life, she gets all she wants. If she wants to chew miraa, she gets, when her children fall ill, they are taken to hospital in a taxi...)

From this assertion it was concluded that the youth in Makindu town desired good life; they would like their children to enjoy the necessities of life without much constraints. This is what all people desire in life and this therefore made the female youth in Makindu no different from other people.

4.3 KEY FINDINGS

4.3.1   Vulnerability of female youth to drug and substance abuse

The first objective in this study sought to study the extent to which female youth in Makindu were vulnerable to drug and substance abuse.

4.3.1.1 Understanding drug and substance

All respondents understood about the drugs and substance which they referred to them as *sheteem*[2]. Miraa which was commonly abused had a niche in Makindu town where some respondents referred to those who didn't use it as *mafala*[3]. Miraa was commonly available and the cheapest was *suluba*[4] which was sold at ksh.50. There was an option of *Meru*[5] and *chyullu*[6], i.e. miraa from Meru[7] or from Chyullu Hills[8]. *Meru* was preferred to *Chyullu* since it was considered soft. It was purported that, *chyullu* made people's get mouth sores since it was difficult to chew.

One respondent described chewing miraa as:

> *Kuchonga ni kama kula miwa, saa zile unachonga, ukiwa barabarani, ukimeza uki wake hata gari ikipiga honi hauwezi kuisikia......* (Chewing miraa is like chewing sugarcane, when one's chewing and is along the road when swallowing the sap and   a vehicle honks at you, you wouldn't hear it ....)

This was an indication that miraa was enjoyed by those who used it. If this was the notion that all the female youth in Makindu held about miraa, 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.

From this statement it was also clear that those who abused miraa were so absorbed in its sweetness and would hardly be bothered by what was happening around them. This is very dangerous in any society since it implied that those that abused were less concerned regardless of how risky and dangerous situations around them may seem. If for example one was riding a motorcycle or driving a car and was chewing miraa, she was going to be so self absorbed that concentration would be lost and could easily cause an accident. Mothers would not be concerned about what their children did as long as they chewed miraa. This

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[2] All forms of drugs and substances
[3] Fools
[4] The smallest bundle of miraa that can be sold
[5] Miraa from Meru
[6] Miraa from Chyullu Hills
[7] A town in upper Eastern province, in Kenya where miraa grows.
[8]Government gazetted forest and hills that is in both Kibwezi and Makindu districts

also explains why some had gone to the extent of starving their children for days so that they could satisfy their urge to chew. It was concluded that a miraa abuser would do anything to chew; this meant stealing or even prostitution.

Alcohol was the second most abused substance, most respondents claimed to abuse beer from legal brewers but there was heavy presence of chang'aa dens mostly at Misongeni, Manyatta and Kiu. 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 and had to dona[9] (smoke half and put off for later) since the shteem 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.

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 miraa as abuse.

Plate 2: A sample of a bhang stick sold and consumed in Makindu town by female youth.

Plate 3: A sample of a kilogramme of miraa sold and consumed in Makindu town by female youth.

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[9] Smoking some part of the bhang stick and putting it off for later use

4.3.1.2 Drug and substance abuse in Makindu town

All the respondents interviewed had been involved in substance abuse and most of them still did. Only a few had stopped.

Figure 4.3.1.2 shows some of the substances abused by the respondents and the level of abuse of the drug/substance as compared to the others also listed. Miraa 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 bang. A figure of 18% usage was therefore quite alarming. The addiction 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.

Figure 4.3.1.2: Drugs and Substance abuse
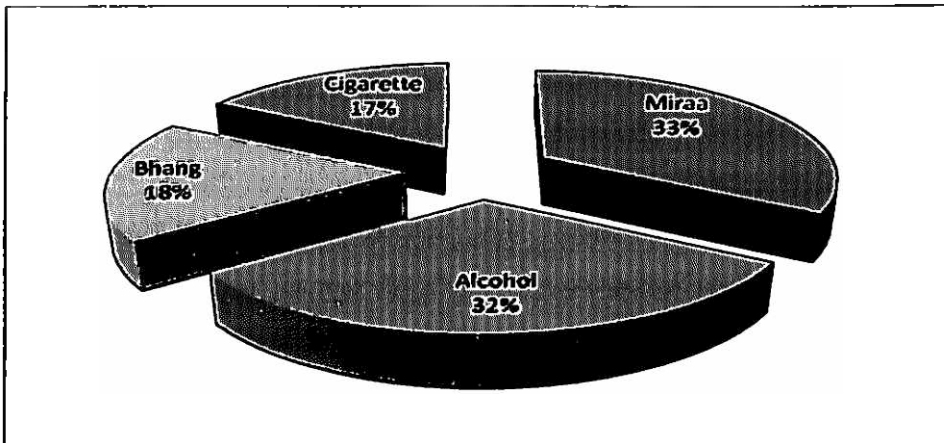
4.3.1.3 Vulnerabilities of the female youth in Makindu

The substance abusers were most of the time in vulnerable state as the conditions that surrounded them could not make it any easier for them in terms of temptation. The respondents were asked to mention what they considered as vulnerabilities to their drug and substance abuse. The findings are presented in Table 4.3.1.3 A total of 29 responses were received.

Table 4.3.1.3: vulnerabilities that face substance abusers at Makindu town

Leading causes of drug and substance abuse	Frequency	Percentage
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 the practice	1	3.45%
Total	29	100.00%

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 bang than buying miraa. No wonder bang 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.

4.3.1.4   Extent of vulnerability of youth to drug and substance abuse

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

There were other assertions that poverty, lack of employment and idling had also contributed to drugs and substance abuse 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 miraa and needed to get *high*.
One respondent said that:

..... badala ya kuzunguka kila mahali ni creamiwe, afadhali nichome nipate shteem yenye haiparari.... (in stead of moving from one place to another begging for miraa I would rather just smoke bhang and properly 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 miraa. When they do not have money they abuse alcohol and bhang. It was also clear from this statement that female youth assisted each by sharing whatever kind of drug and substance that was available to them. This reinforced towards further use of drugs and substance. It also meant that those who wanted to experiment easily assessed drugs and substance since the female youth were willing to share.

From this statement it was established that miraa 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 drug of 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.

Arguments such as the following had also led to rise in the use of drugs and substance in Makindu:

> *..... nikichonga nina weza kufanya mahesabu ya pesa zangu na nikafanya mpango mzuri sana......*(when I chew miraa I am able to make good plans for my money and come up with a good plan...).

From this statement it was established that those who were influenced into chewing miraa had received positive information about its use as the statement above. Female youth who abused miraa initially according to this statement normally 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. From this assertion it was argued that some drugs could lead to crimes such as conman ship since the abusers talked of non existent monies.

From the case study below 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 needed not walk for long distance to access drugs or substance. The informant also asserted that the number of female youth with whom she chewed miraa had increased from three to six. She also asserted that the bhang dealer in Makindu was not only Chauvery[10], but there were others, who were selling the drug.

Figure 4.3.1.4: Case study on extent of vulnerability among female youth

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Box 1

A participant observer study of a femaie youth abusing drugs and substance

Kanini*[11]

She is 22 years old and had been in Makindu for the last 10 years. She traveled out of Makindu to Nairobi, Mombasa and Emali.

The researcher spent a whole day with her. In the morning Kanini prepareed tea and asked me whether I was ready to buy her *shteem*. I asked her why she would be interested in using something that would affect her and the community. She says, *kama hakuna shteem niambie kitambo* (if there is no drug or substance tell me in advance). I was a bit hesitant but I gave in anyway. I promise to buy her half a kilogramme of miraa. Kanini got exited and told me that I was welcome to stay with her for the day. Her friend Asha passed by and asked her if she could *cream* (give a few sticks of miraa) for her. Kanini replied that she would be having some later and asked if there was anyone at *base*. Asha replied that no one was there and that all had gone to look for work. I asked Kanini what *base* was and she tells me that it was where she and her friends met to chew miraa. She says *tuko na kikao cha wasichana ambacho sisi huchonga pamoja. Kama sasa hivi ukatununulia tutafurahi sana* (we have a place where we ladies chew miraa together. If you bought us miraa right now we would be very happy). *How many ladies are you?* I asked. Kanini said that they were six but initially they were three. *How come the number has increased?* I asked. Kanini said that it was because all drugs and substance were easily accessible. *Nikitaka suluba ni 50bob na sitaenda town ya*

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[10] A man in Makindu town purpoted to be the biggest bhang supplier

[11] Not her real name

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> *juu nitapata hapa Manyatta tu.*(If I want one eighth of miraa I will get it for fifty shillings and I will not have to go to the upper town I will get it here in Manyatta). Kanini told me that she wanted to go wash clothes at a client's house. I accompanied her to her job. Her washing was relatively slow she said. If she was *high*, she said she would have washed faster and better. After her being paid for the job done we decide to walk to the miraa kiosk while conversing. Kanini started pointing out to me places where chang'aa, and bhang were sold. The she says, *unaona hii chang'aa yote haikua miaka miwili iliopita, bhangi ilikuwa ya Chauveri peke yake, sasa iko kila mahali. Tutahepuka aje jamani?* (you see all these chang'aa dens, they never existed two years ago, bhang was sold by Chauvery only, see its everywhere now, how shall we escape?). We get to the miraa kiosk and I give Kanini money to buy the half kilogramme miraa I had promised her. She tells me that the Ksh.150 she had received from the cleaning services would buy food for her children. She was overly exited and as we walked back we decided to go to another of her friends' house On arrival Kanini introduces me as her friend from Nairobi and they decide to start chewing the miraa. They no longer want conversation, it was 5pm so I left them.

The probation officer provided the central registry from where the researcher was able to compare the number of female youth from the year 2004 to 2009 who were on probation in relation to drug and substance related crimes. Of all the female youth supervisees she had had, the number had increased with 2009 having a record number of seven female youth arrested for bhang possession. From the courts, the clerk had records of female youth who had been fined for being drunk and disorderly. The number had been increasing from the year 2004 to 2009 according to the records provided. Up to the month of October 2009, the number had risen to 30 female youth as compared to the whole of 2008 where the number was 25. From the occurrence register at Makindu Police Post it was established that female youth who had been arrested in relation to crime on drug and substance abuse had been increasing. There were records of 25 female youth in the year 2007, 27 in 2008 and 24 up to October 2009.

From their interviews the level of drug and substance abuse was high and most involved in drug and substance abuse were low income earners.

4.4 The classification of the type of risks among female youth exposed to drug and substance use

The second objective of the study sought to classify the types of risks among female youth exposed to drug and substance abuse.

From the figure 4.4 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 others. According to the respondents when *high* they could abuse those that had wronged them without fear.

Table 4.4: Risks involved in drug and substance abuse in Makindu town

		Frequency	Percent
Risks involved	**Has children who should be seeing her as a role model**	2	6.90%
	lacks sleep	2	6.90%
	Hyper activity	9	31.05%
	Insults/fights others	4	13.79%
	Misuse of funds	3	10.34%
	Poor reasoning capacity	2	6.89%
	Develops medical complications - anorexia, ulcers and stomach ache	3	10.34%
	Hallucinations	1	3.45%
	Encourages stealing	1	3.45%
	Strains relationship with spouse	1	3.45%
	Gets arrested by the police	1	3.45%
Total		29	100.00%

4.4.1   Hyperactivity

The female who responded concerning the effects said that:

Nikiwa shteem ninaweza kufanya kazi nyingi sana, hata kama kungekuwa na mbala mwezi ninaweza kulima. (When I am high am able to do a lot of work, if there was full moon I could cultivate....).

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 motivated to work therefore getting a bigger sum of money. It was therefore imperative that those who abuse drugs and substance could commit very petty theft or sell their property to get 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 on issues related to security. When one was awake while others were asleep and was 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 abilities because she would be considered a pervert who did not follow the community's normal working patterns.

4.4.2   Insults and fighting with others
Another respondent argued:

> Mtu akinikosea naenda kumkunywia pombe ndio nije ni mtukane... (When someone wrongs me I go drink beer so that I abuse him/her....).

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.

4.4.3   Effects on significant others
Another respondent argued:

> Shteem zangu hazitaki kelele kwa hivyo saa zile na chonga watoto wote na wapa piriton wasinipigie kelele... (When I am high I do not like noise, since I have children and would make noise when am chewing I give them sleeping pills so that they sleep...).

From this statement those who 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 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 her mother who was *high*.

Some female youth had indulged in fighting with their spouse or other people they felt were making noise to them.

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 pregnant since the HIV/Aids was no longer a death sentence.

They had developed a slogan:

Hata nikienda nipimwe na hakuna dawaa... (Even if one gets tested and there is no medication what's the use).

A very dangerous slogan the youth in Makindu had adopted. This meant that they were no longer concerned 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 bythe 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 OVCs a number which had been increasing. The increase of OVCs in the town was as a result of prostitution along Mombassa 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.

4.4.5 Classification of the risks experienced

The researcher classified all the risks identified by the respondents 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 finger, injuries from fight with spouse and others

Psychological: schizophrenia, depression, mood swings, urinating in bed, loss of memory, in ability 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.

4.5   Societal Strategies

The third objective of this study sought to establish remedial strategies put in place in the society to cope with risk situations related to drug and substance abuse.

4.5.1   Societal strategies against drug and substance abuse in Makindu

Substance abuse creates a gap between the abusers and the community. The respondents who were the 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 Figure 4.5.1 indicated that the female youth felt that the community had isolated them. Some of them even thought that the community had adopted don't care attitude towards and considered them outcasts. They believed they were hated and considered prostitutes. As a result of this, most abusers did not pay any attention to correction comments from community members.

Table 4.5.1   Societal strategies against drug and substance abuse in Makindu

		Frequency	Percentage
Societal strategies against drug and substance abuse	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%
Total		29	100.00%

From table 4.5.1 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 effect 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.

4.5.2 Denial of opportunity to be married.

From the case study below it was established that the community played a role in ensuring that female youth ceased from abuse of drugs and substance. From the informant's assertion that she would quit abusing drug and substance when she got a husband it was clears 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 youth to further drug and substance abuse. At the end of my day with Munira she bought a quarter kilogramme of miraa with all the Ksh.200 I 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 realised 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 therefore called for drastic measures to ensure that drug and substance abuse among female youth decreased.

Figure 4.5.2:   *Case study on societal strategies against drugs and substance abuse*

Box 2
A participant observer study of a female youth abusing drugs and substance.
Munira*12
She is 26 years old and was born in Makindu town. Had never travelled out of Makindu. During the afternoon that was spent with her, the only thing she did was sit and talk of how she longed to break the fast since it was Ramadhan so that she could get to her *shteem*. She mentions that she had been abusing drugs and substance since she was 14 years old. She said that the first substance she ever abused was miraa; initially it was out of desire to

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[12] Not her real name

experiment. I ask her *where did you get the money from?* She replies *I stole from my mother's shop.* She says that she always saw people chew it and got curious. When she tried (*nilipata inaraha*) found it highly enjoyable. With time she became depended and could not sleep without chewing. I ask her *Are you sure you are dependent if you can avoid using since morning?* She replied that since it was Ramadhan she wanted all her sins forgiven and therefore she could sacrifice a few hours. From the year 2008 she claims that no one had made a marriage proposal to her. She claims that she was left with no other option other than abusing bhang which was harder to forget that fact. She claims to have got bolder and did not care what the people around her said about her. This she says had made her isolated by the community and all the bachelors were advised against marrying her. I ask her if she is willing to quit so that she could get married and she replies ...kama sina bwana shteem siwezi kuiwacha.. siwezi ishi bila ...(with out a husband I can not quit... I can't live without it...). The conversation was free flowing and she admitted that when she was high all things seemed equal to her. She said that she only realised that she needed to get married when she was sober. I ask her what she would do if someone offered to marry her then. She says that she would be the happiest person in the world. .. *unaona sasa hivi nina miaka 26 sitaki kuchelewa zaidi ya hapo...* (See now I am 26 years old, I do not want to wait for a husband longer than that). At around 5pm we go to her dealer and she buys a quarter kilogramme of miraa with the Ksh.200 I had given her and tells me that she would chew it after breaking the fast.

4.5.3 Lessons learnt by the female youth abusing drugs and substance

The female youth had seen people who had succumbed to the risks of drug and substance abuse. Some claimed that since that they were still enjoying the effects of the *shteem*, they saw no reason for quitting. One repsondent said:

> *Hiyo ni bahati yake mbaya, niko poa na shteem zangu....* (That's her bad luck I am cool when high...).

The female youth in Makindu seemed to have adopted a selfish attitude towards the risks related to drug and substance abuse. Despite the fact that they had seen other people succumb to effects of drugs and substance, as long as it did not affect them they were okay with it. The researcher read this as denial or

escapism from the fact that they were depended and that they did not know how to quit. It could also have meant that they were actually enjoying the effects they got from the abuse of the drugs and substance. There were some respondents who admitted dependency and needed to quit and did not know how. One said:

> Nikikumbuka vile shteem imenifanya nirudi nyuma ki maendeleo, mi hutaka kuiwacha, nimetumana watu waniletee dawa ya kuacha kama ipo lakini sijapata usaidizi.... (When I reminisce of how much drug and substance abuse has slowed my development, I have sent people to get me medication but no one has brought me .....).

Some female youth had started experiencing the negative effects of drug and substance use and wanted to quit but did not know how. This was an indication that there was a response gap toward decreasing the drug and substance use in Makindu town. Therefore this calls for urgent measures to help rehabilitate female youth abusing drugs and substance.

4.5.4 Mechanisms of dealing with risks related to drug and substance abuse

The police force was identified as an institution that dealt with risks related to drug and substance abuse such as being available at a scene of crime, accident and also making swoops at night to reduce prostitution.

The hospital through the casualty handled emergencies related to drug and substance use. At the CCCs[13] it was where youth who had contracted HIV/Aids virus received counselling and therapy services to live positively.

It was also in these hospitals where VCT[14] services could be accessed. This service was vital since it helped one know her HIV/Aids status.

The respondents asserted that the chang'aa/alcohol dens were crucial for those who were totally depended on alcohol since they provided the liquor their bodies craved for. One respondent said:

> .... Asubuhi ukienda place ya cham utapewa ujikuamue juu umefika mwisho .... (When one wakes up in the morning, you'll be given at least a glass because you are at a point of no return ...).

Going to the chang'aa den was a coping remedy for the individual substance abuser but it had adverse effects on the female youth and the community in which the female youth lived in. From this assertion it

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[13] Comprehensive Care Centers
[14] Voluntary Counseling and Testing

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was clear that there were no rehabilitation centers for drug and substance abusers in Makindu. Those who had become depended entirely depend on their suppliers for daily survival. It also meant that when one was depended in Makindu town, then she had 'dug her own grave' because that was a point of no return. The fact that these individuals went to the dens in the morning, it meant that they were no longer resourceful in the community because they were drunk throughout the day when their man-hours were required to develop Makindu town. It was also concluded that they had lost their self esteem in the community they lived in since they added no value in the community they live in and they were not recognized as viable individuals. Such kinds of women also had lost their nurturant role in the community and their children were neglected.

The government through the Probation Department and Internal Security and other development partners had been rehabilitating female youth who had been arrested in relation to drug and substance related crimes.

It was evidenced from the key informants that there were activities on the ground that were trying to mitigate the drug and substance use. Barazas were held to campaign against drug and substance use. Hope worldwide engaged in a Comprehensive package programme which was behaviour change communication oriented, where it engaged peer educators in school and out of school, to undertake peer education sessions against drugs and substance use. The Ministry of Youth Affairs and Sports had been loaning youth enterprise fund to initiate and expand business activities.

APHIA II Eastern organised magnet theatre as a behaviour change tool that aimed at generating dialogue; where everyone was free to make their own decision about drug and substance after the skits and drama. Distribution of IEC materials on drugs and substance was evidenced. Response to risks related to drug and substance abuse was through VCT centers, Condom distribution and plans to create a youth friendly health centers in the town were underway. The key informants felt that there was further need for capacity building for people involved in drug and substance campaigns and more advocacy be increased so that the people could understand the risks of drug and substance abuse.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter represents the summary of major finding, conclusions and recommendations. The broad objective of the study was to investigate the nature and magnitude of vulnerabilities that expose female youth to drug and substance abuse in Makindu town.

The study further sought to answer the following research questions: what is the extent of vulnerability of drugs and substance abuse among female youth? What type of drug related risks are found among female youth? What is the government and society doing about the problem of female youth's indulgence in drug and substance abuse? The findings were gathered from 29 female youth who abused drugs and substance in Makindu town.

5.2 Summary of the study

Although drug and substance abuse had been associated with men, women were catching up fast with the men. The question that nags those who see the women abuse drugs and substance is what could possibly drive a woman into risking her social status in the community; risk both her biological and psychological well being. The study established that female youth abused drugs and substance. They first abused miraa, alcohol, bhang and cigarette in that order (Table 4.3.1.2).

The female youth in Makindu town were most vulnerable because of peer pressure. Other vulnerabilities mentioned include: unemployment, ease of access to drugs and substance, poor social life and family background etc. the study established that the vulnerability had been increasing.

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 substances although majority were still enjoying the effects of abuse (table 4.4). The most experienced risk was hyperactivity. Other risks included insomnia, neglecting of children, biological complications such as stomach ache, and ulcers, hallucinations, straining of relationship 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, chipping and staining of teeth, hyperactivity, stained nails and fingers and injuries from fights. Psychological consequences

included: mental illnesses such as schizophrenia, depression, mood swings, urinating in bed, loss of memory, in ability to make sound 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 risk 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. Addictive Experiences theory in the theoretical framework consequently applied here.

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 experienced adverse risks. There were no rehabilitation centers in Makindu. Majority of the female youth 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 rehabilitation fees. It was also established that there were organizations and government agencies in Makindu that were working towards mitigation and response on the vulnerabilities although their impact was yet to be felt. Chaos Theory in the theoretical framework consequently applies here.

It was established that the Ministry of Youth Affairs and Sports through the YEDF programme had loaned youth money to start or expand their enterprises. It was also established that Hope worldwide Kenya had a Comprehensive Package programme which was behaviour change oriented, where it engaged peer educators in school and out of school to undertake peer education sessions against drug and substance abuse. It was further established that APHIA II Eastern was organizing magnetic theater as a behaviour change tool where everyone was free to make his/her decision about drug and substance abuse after skits and drama. The provincial Administration held barazas at the grass root levels where they campaigned against drugs and substance abuse.

The police force, probation department and the Ministry of Health were identified as government agencies that responded to risks that were related to drug and substance abuse. It was established that the hospital

through the casualty, VCT and CCCs attended to individuals who had experienced drug and substance related risks that required medical attention.

The probation department worked with supervisees who had been referred on the CSO program. In this program the supervisees reported monthly and were attached in a government institution where they provided community service. They were further visited by counselors who tried to establish their problems. Some of the supervisees had been referred to hostels where they learnt technical skills. It was further established that the police force played a critical role of response where by the arrived at scenes of crime or accidents. They also made swoops at night to minimize on the prostitution levels in Makindu town.

5.3   Conclusions

They study established that female youth in Makindu town had knowledge of drugs and substance. Further, miraa was identified as the most abused substance in Makindu. It was sad to note that the female youth did not consider chewing miraa 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 drugs and substance they abused. There were assertions of how when one abused drugs and substance was able to work harder and longer. There were other 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 town should undergo capacity building to help it understand better drug and substance abuse. This would therefore, assist it in devising modifying or devising new strategies that would enhance reduced drug and substance abuse among female youth.

It was finally concluded that there was need to establish response and mitigation measures in Makindu town.

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 enterprises in Makindu. There was also need to establish youth empowerment centers where youth could spend their leisure time constructively.

5.4 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.

5.5 Areas for further research

The study recommends that further research should be undertaken mainly on female youth in towns along Mombasa road. The study further recommends that a comparative study be undertaken on vulnerability of both male and female youth to drug and substance abuse in towns along Mombasa road.

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APPENDICES

Appendix 1: Semi structured questionnaire for female youth abusing drug and substance.

Date ....

Introduction

My name is Ms. Faith Mbulwa, an MA student at the University of Nairobi. I am carrying out a study vulnerability of female youth to drug and substance abuse. Kindly assist me with information. I assure you that what we will discuss will be treated in strict confidence.

Background Information

Name (optional)..

1. How old are you?

    ☐ 15-18 years   ☐ 19 – 24 years   ☐ 25 – 30 year

2. What do you do for a living?

    ....

3. How long have you been in Makindu town?

    ☐ Less than one year ☐ 1 – 5 years ☐ 6 -10 years ☐ 11 – 15 years ☐ 16 – 29 years. Born

    ☐ here.

4. Which village/estate do you live in, in Makindu Town?

    ....

5. How many times do you travel out of Makindu per year?

    ....

6. Where do you mostly travel to?

    ....

PART II

7. A) Do female youth in this town abuse drugs and substance?

    No   ☐

    Yes   ☐

B) If yes which drugs?

....

....

C) If No, why?

....

....

8   A) At what age do most female youth begin to use drugs and substances?

....

B) Why?

....

9   A) Do you think that you are vulnerable to drug and substance abuse?

Yes   ☐   No   ☐

B) If yes how?

....

....

C) If No, why?

....

....

10 A) Do you know someone who is vulnerable to drug and substance abuse?

Yes   ☐   No   ☐

B) If yes how?

....

....

11 What in your opinion makes a female youth vulnerable to drug and substance abuse?

....

....

PART III

12 What happens when a female youth abuses drugs and substance?

....

....

....

13 A) Do you have practical experiences of risks related to drug and substance abuse?

No   ☐

Yes   ☐

B) If yes could you list or explain?

....

....

14 How can you rate or classify the risks mentioned in drug and substance abuse?

....

....

15 A) In your opinion, have these risks acted as lessons to potential female youth drug and substance abusers and those abusing drugs and substances?

No   ☐

Yes   ☐

B) If yes, how?

....

....

C) If No, why?

....

....

D) In your opinion comparing now to previous years, how would you describe the level of vulnerability of female youth to drug and substance abuse?

....

PART IV

16 A) Who is your role model?

....

B) Why?

....

17 A) How does the community respond to female youth who abuse drugs?

....

....

D) In your opinion how do female youth who abuse drugs cope with the risks involved in the abuse?

....

....

18 A) Are there mechanisms put in place to ensure that female youth reduce or stop abuse of drugs and substances?

Yes   ☐   No   ☐

B) If yes, by whom?

....

....

C) How does it work?

....

....

19 A) Are you satisfied by how it works?
    Yes   ☐   No ☐

B) If no, give recommendations

....

....

C) If yes, comment.

....

....

20 A) Are there mechanisms put in place Makindu town to ensure that female youth are able to cope with drug and substance related risks?

Yes   ☐   No   ☐

B) If yes how do they work?

....

....

C) If yes, by whom?

....

....

21 A) Are you satisfied by how they work?

Yes   ☐   No   ☐

B) If no, give recommendations

....

....

C) If yes, comment

....

....

Appendix 2: Key Informant guide

<u>**Key Informant Guide**</u>

<u>**Date**</u>..

<u>**Introduction**</u>

<u>**Name**</u>..

<u>**Position**</u>..

Department/organization/Ministry ....

1. Comment about drugs and substances abuse in this town?

2. To what extent are female youth involved in drug abuse?

3. What drugs and substances are commonly abused?

4. At what age do they begin to abuse drugs and substances?

5. In your opinion what makes a female youth to drug and substance abuse?

6. In your opinion have the female youth you've come across developed dependency to these drugs and substances?

7. What has led to this dependence?

8. Comparing now and the past years what would you say about the vulnerability levels of female youth to drug and substance abuse?

9. What in your opinion are the immediate effects of the female drug and substance abuse to the female youth and the society?

10. What are the common risks the female youth experience in this town? Can you categorize these risks?

11. What is the impact of these risks to the female youth as well as the society as a whole?

12. How in your opinion do these female youth cope with the risks?

13. What mechanisms are on the ground to curb the drug and substance abuse?

14. What recommendations could you give to ensure that there is reduced vulnerability?

15. Any other comments?

Appendix 3: Focus Group Discussion

<u>Date</u>.................................

<u>Introduction</u>

<u>Name of group</u>.................................

Focus Discussion Guide

1. What substances and drugs abused in Makindu town by female youth?

2. What would make a female youth vulnerable to drug and substance abuse?

3. How do you think you are vulnerable to drug and substance abuse?

4. Could you give practical risks that are involved in the drug and substance abuse?

5. Could you categorize the risks involved?

6. What in your opinion are the long term effects of female youth' drug and substance abuse?

7. How in your opinion do female youth cope with the risks involved?

8. What would make a female youth continue abusing drugs and substances despite the risks involved?

9. Comparing the past years to date what would you say about the vulnerability of female youth to drug and substance abuse?

10. How does the abuse of drug and substance by female youth affect the community?

11. What has the community done to curb the drug and substance abuse?

12. Give recommendations for vulnerability reduction on drug and substance abuse?

Appendix 4: Observation Checklist

Observation Checklist

Drug abused	Age group A. 15 -18 years B. 19 – 24 years C. 25 – 30 years	Risk involved (indicator)	Where abused	Activity when abusing	Composition of abusers	Time of abuse