

SOCIO-CULTURAL AND GENDER ISSUES IN SUBSTANCE ABUSE IN KENYA

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Abstract

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

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

Introduction

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

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

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

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

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

Men, Women and Drugs

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

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

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

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

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

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

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

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

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

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

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

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

Smoking and Gender

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

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

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

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

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

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

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

Conclusion

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

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

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

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