



**INFLUENCE OF GENDER DIFFERENCE ON DRUG ABUSE ON MARITAL
STABILITY AMONG SPOUSES IN MURANG'A COUNTY, KENYA**

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Abstract

Drug abuse has adverse negative effects on the psychological, social and economical development of people. It may cause breakages and stress among spouses, as well as model negative behaviours associated with alcohol and drug abuse to the children. The purpose of this study was to establish the gender differences in abuse of alcohol among alcohol and drugs abuse in Murang'a County, Kenya. The accessible population was comprised of 554 spouses where one or both spouses were on alcohol or drug abuse. One hundred and twenty (120) spouses were proportionately sampled from three sub-counties. Data was analyzed through inferential and descriptive statistics. The hypotheses of the study were tested at .05 level of significant.

Keywords: drug abuse, Gender difference, marital stability

INTRODUCTION

Alcohol and drug abuse is a problem that is of major concern to the leaders all over the world. It affects young, rich, poor, old and people from all walks of life. A study by Escandon and Galvez

(2006) indicates that 73 % of Americans in the United States of America has at one time abused drugs and alcohol. Report by United Nations (2004) estimated that about 227 million people throughout the world were on drugs and alcohol abuse during the last few years of the 20th century. More than 146 million consumed marijuana. The same report stated that United States of America has a large market for drugs and alcohol. This has probably had an influence on other countries that adore United States of America as a country to be emulated. El-mondo (2004) as cited in Escandon and Galvez (2006), states that Spain currently occupies the first position in cocaine consumption in the European Union. A large number of the consumers are people below 45 years of age. In Spain the use of cocaine and heroin is alarming according to the United Nations office on drugs and crime (2004). In Madrid the use of cocaine among families is about 9 %, while the use of cannabis is approximately 39 %. The use of cocaine has led to high incidences of HIV/AIDS transmitted through intravenous injection. It is estimated that drugs and alcohol abuse may have caused the loss of 11.2 million years of healthy life in 2003 and 0.8 % of deaths throughout the world (Diclemente, 2006).

In Namibia and South Africa, marital instability is characterized by marital violence, 30 % of ever married women experienced emotional violence from their husbands, while 37 % reported physical violence (Jewkes, Penn-Kekana & Rose-Junius, 2005). These percentages were reported by spouses who were abusing alcohol and drugs. The same study reported 25% of violence was initiated by women against their husbands. Violence was 2-3 times more prevalent among spouses who abuse alcohol and drugs. This indicates that alcohol and drug abuse is a societal problem that is steadily growing and contributes to the destruction of families and communities (Rivers, 1994). The percentage is higher among low income bracket families (Kingori, 2013). The excessive consumption of alcohol and other drugs leaves a trail of misery, wastage of resources and crime in families.

Violence among spouses has profound implications on the general wellbeing of the family members but is often ignored. WHO's World Report on Violence and Health noted that one of the most common forms of violence against women is that performed by a husband or male partner. This type of violence is frequently invisible since it happens behind closed doors, and effectively, when legal systems and cultural norms do not treat it as a crime, but rather as a "private" family matter, or a normal part of life. This might be no exceptional in Murang'a

County, spouses can be involved in violence that maims or kills either the husband or the wife as often reported by the media.

From the foregoing background to the study on influence of alcohol and drug abuse on marital stability among spouses, it is notable that most of the programmes have focused on administrative strategies of curbing the menace of alcohol and drug abuse.

Statement of the Problem

Alcohol and drug abuse is a serious problem facing families in the world. Alcohol and drug abuse have adverse negative effects on family in relation to social, economic, and psychological well being of the individuals involved. This has affected spouses in various dimensions which have a negative influence on their marital stability. Murang'a County has constantly featured as a marital instability hot bed in the media. In most cases the instability is sometimes attributed to alcohol and drug abuse. Murang'a County has been identified as one of the counties in Kenya with high incidences of alcohol and drug abuse leading to issues that affect the welfare of spouses. Alcohol and drug abuse have been also attributed to family conflict and violence. It has been associated with ill health, and negative economic consequences that may load negatively on family stability. The government of Kenya has initiated several programmes to address the issue of alcohol and drug abuse in various levels of society; community, schools and work places. There is need then to establish the influence of alcohol and drug abuse on marital stability. This study seeks to establish whether the high incidences of marital instability reported in Murang'a County are influenced by alcohol and drug abuse. Despite all efforts by government and other organizations alcohol and drug abuse remains a major problem in Murang'a County.

Objective of Study

This study sought to establish the gender differences in alcohol and drugs among spouse in Murang'a County, Kenya.

Research Hypothesis

The study was guided by the following hypothesis which was tested at .05 level of significant:

- i. To establish the types of drugs and alcohol abused by spouses in Murang'a County Kenya.

HO₁. There is no statistically significant gender difference in abuse of alcohol and drugs among spouse in Murang'a County, Kenya.

LITERATURE REVIEW

Concept of Alcohol and Drug Abuse Throughout history people have swallowed, sniffed, smoked, or otherwise taken into their bodies a variety of chemicals substances for the purpose of altering their moods, levels of consciousness or behavior (Sue, 2010). The widespread use of drug in the Kenyan society today is readily apparent in the vast consumption of alcohol, tobacco, medically prescribed tranquilizers, and illegal drugs such as marijuana, cocaine and heroin. A drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Escandon & Galvez, 2006). The term 'drug' in general sense will include all the drugs that was alter the brain functions and create dependence. Different drugs and alcohol abused produce adverse negative effects within the body. According to DSM IV TR the person may spend a great deal of time obtaining the drug or alcohol or recovering from their effects. In some instances of alcohol and drug abuse, virtually all of the person's daily activities revolve around the drug. Important social activities, occupational, or recreational activities may be given up or reduced because of alcohol and drug abuse. The individual may withdrawal from family activities hobbies in order to use the drug in private or to spend more time with alcohol and drug abusing friend. This was a major concern of the former president and current Kenyan presidents as reported in the local dailies.

WHO (2003) defines drug abuse as the self administration of any drug in a manner that diverts from approved medical or social patterns within a given culture. Abused Drugs that impact on psyche of the individual are normally referred to as psychoactive substances. The definition includes both legal and illegal drugs and substances. The legal or licit drugs and substances are socially accepted and their use does not constitute any criminal offence or breaking the laws of the state and countries. Some of the legal drugs and substance in Kenya include alcohol, khat, and cigarettes. The drugs that are illegal and socially rejected, possessing them, or sale of the same constitutes a criminal offence. Drug abuse among the Murang'a people is dominated by legal drugs and substances like tobacco, khat and alcohol and also illegal ones like marijuana. The type of alcohol commonly abused could be *changa'a*. When other chemicals are added, it becomes lethal; affecting the central nerves system causing death and blindness. Common examples among the illegal drugs are cannabis, ecstasy, heroine, mandrax and lysergic acid diethylamide (NACADA, 2004). Cannabis is the most accessible and heavily abused

psychoactive drug according to the World Drug Report (2006). In Muranga County it is also prevalent because it is farmed together with other crops.

The relationship between alcohol or other substance abuse and spousal violence is complicated. A prevailing myth about spouse violence is that alcohol and drugs are the major causes of violence and abuse among spouse. In reality, some abusers rely on alcohol and drugs as an excuse for becoming violent. Alcohol allows the abuser to justify his/her abusive behaviour as a result of the alcohol or drug abused. While an abuser's use of alcohol may have an effect on the severity of the abuse or the ease with which the abuser can justify his or her actions, an abuser does not become violent "because" drinking causes him to lose control of his temper. Spousal violence is used to exert power and control over another; it does not represent a loss of control (Wener 2006).

Research by Sue (2010) indicates that a large quantity of alcohol, or any quantity of alcoholics, can increase the user's sense of personal power and domination over others. An increased sense of power and control can, in turn, make it more likely that an abuser will attempt to exercise that power and control over another. Violence may be triggered by conflict over alcohol use or in the process of obtaining and using substances, particularly illegal drugs. Other research indicates that a battered woman may use alcohol with her abuser in order to attempt to manage the violence and increase her safety; her abuser may also force her to use alcohol or other drugs (UNFPA, 2005).

Gender Difference in Alcohol and Drug Abuse.

National survey on drug use and health report (2010) in the United States of America did a survey on drug abuse and gender the findings indicated that 57.5% of the men were abusing drug against 45.5 % women. The rate of drug abuse is currently lower for women than men nevertheless the number of women abusing alcohol is on the rise zilbermann (2011). The same study postulated that once women are addicted to alcohol they find it more difficult to quit than men. Women also exhibit greater negative effects. Epstein (2011) found out that a woman who weighs the same as a man and consumes the same amount alcohol over the same length of time is likely to have a higher alcohol level in her system. Women have less body water than men leading to higher blood alcohol concentration. They also have less lean muscle mass and fewer

enzymes in stomach that break down alcohol leading to absorption of ethanol directly to the blood stream, causing damage to the organs like heart, brain, and liver.

Conceptual Framework

CONCEPTUAL FRAMEWORK

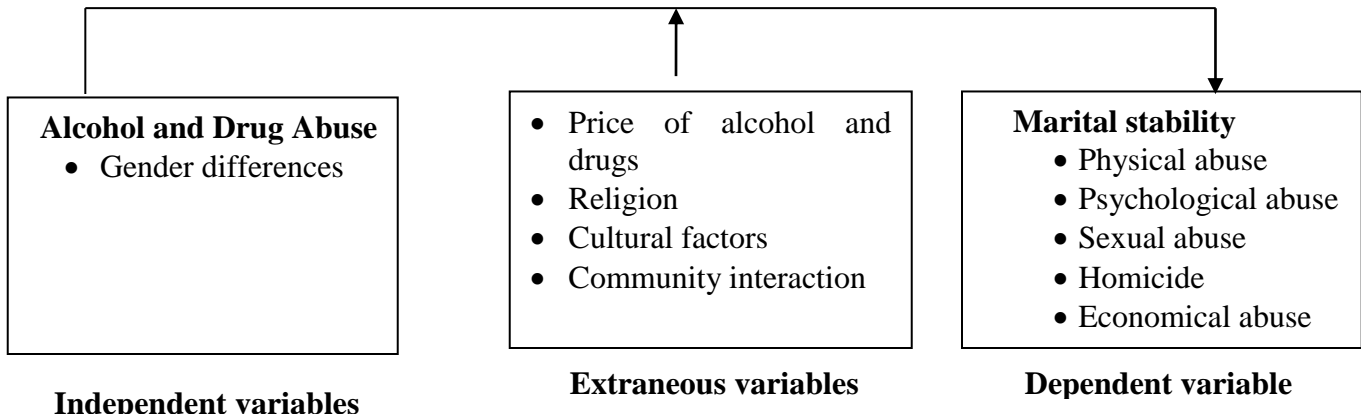


Figure 1. Conceptual Framework

Population of Study

The target population includes all the members of a set of people, events or objects to which a researcher wishes to generalize the results of research while the accessible population refers to all individuals who realistically are included in the sample (Borg & Gall, 1998).

In this study the target population was comprised of all spouses in Murang'a County. The accessible population was one or both of the spouses who are on alcohol and drug abuse and are experiencing marital instability in Murang'a County. The general population of Murang'a County according to the statistics of 2009 census is 253,463 spouses. Table 2 shows the distribution of the target Sub- Counties and their populations of spouses in Murang'a County.

The spouse's population in Murang'a County from the population statistics bureau (2009) was 253463. The accessible population for this study was 554 from three sub-counties in Muranga County this is indicated in table 1.

Table 1: Distribution of Accessible Population of Spouses on Alcohol and Drug Abuse

Sub-Counties	Chiefs	locations	Spouses On alcohol.
Kandara	9	9	195
Kangema	11	11	203

Murang'a South	12	12	156
Total	32	32	554

The spouses' respondent were sampled using simple random sampling from the chiefs' record for the year 2014 of those families affected by alcohol and drug abuse. The sampling frame constituted those spouses involved in alcohol and drug abuse. According to Frankel and Warren (2006), for descriptive study a sample with a minimum of 100 respondents is essential and sufficient. Among the 554 spouses on alcohol and drug abuse, proportionate sampling was be utilized to select a representative sample of 120 spouses from the three sub- counties. This number is slightly above the recommended 100 for descriptive study by Frankel and Warren (2006). Table 2 shows the distribution of sample size as per each location selected for this study. The number of respondents was 120 to cater for attrition and the chief's was ten (10). According to Gary (1992) a small number of non-probability sampling methods a minimum sample size of 30% is adequate for an educational study. This is reflected below.

Therefore:
$$\text{Sample Size} = \frac{30 \times 32}{100} = 9.6$$

To the nearest whole number the chiefs respondent was be 10. Thus the Sample size for the chiefs was 10 respondents.

The total number of respondents both the chiefs and the spouses on alcohol and drug abuse was be 130 (120 +10).

Table 2 shows the distribution of sample size by locations.

Table 2: Distribution of Sample Size Locations

Sub-County	Location	Chief Population	Chief Sample	Accessible Population(Spouses)	Spouses Sample
Kandara	9	9	3	19	42
Kangema	11	11	3	203	44
Muranga south	12	12	4	156	34
Total	32	32	10	554	120

RESULTS AND DISCUSSION

Gender Differences in Alcohol and Drug Abuse

The second objective of this study purposed to find out whether there was any gender difference on the abuse of alcohol and drugs among men and women respondents. This is useful because one is able to deal with each gender from an informed point of view especially when with the counseling process of alcohol and drug abuse.

Chi-square was used to test the frequency of the male and female respondents as shown in table 3, as well as the frequency of their spouses who comprised of male and female as shown

Table 3: Gender Differences in Abuse of Alcohol and Drugs as Reported by the Respondents

Substance	Use	Gender		Inference		OR
		Male n (%)	Female n (%)	$\chi^2_{(1)}$	p-value	T-test _(118 df) (95% CI)
Alcohol	Yes	49(77.8)	33 (57.9)	5.467	0.019	(-0.365 - -0.033)
	No	14 (22.2)	24 (42.1)			
Cigarettes	Yes	37 (58.7)	19(33.3)	7.755	0.005	(-0.430 - -0.078)
	No	26 (41.27)	38 (66.7)			
Cannabis	Yes	31(49.2)	6(10.5)	20.994	0.001	(-0.540 - -0.234)
	No	32 (50.8)	51 (89.5)			
Khat	Yes	29 (46.0)	5(8.8)	20.460	0.001	(-0.522 - -0.223)
	No	34(54.0)	52(91.2)			
Kuber	Yes	17(27.0)	2 (3.5)	12.374	0.001	(-0.361 - -0.109)
	No	46 (73.0)	55 (96.5)			

Table 3 represents alcohol and drugs abused by various respondents in the study. A close observation of the table shows that some respondents were poly abusers of the various drugs and alcohol. Table 3 also shows the most common substance abused by the male and the female

respondents, in which case alcohol emerged the most popular(82), followed by cigarettes(56). Khat (34) and Kuber (19) were the least common substance abused, while cannabis was abused mostly by men (31), and only 6 women abused cannabis.

From the chi square analysis, the P-values obtained from Alcohol (0.019), Cigarettes (0.005), Cannabis (0.001), Khat (0.001) and Kuber (0.001), with 1degree of freedom, were less than the level of significance (0.05).Therefore, the null hypothesis is rejected.

From the T-test analysis, the confidence interval obtained from all the various drugs and alcohol under study did not include Zero. Therefore, the null hypothesis, that there is no statistically significant gender difference in the abuse of Alcohol and drug abuse, was rejected.

Table 4: *Gender Differences in Abuse of Alcohol and Drugs as Reported by The Respondents About their Spouses*

Substance	Use	Gender		Inference		OR T-test _(118 df) (95% CI)
		Male respondents' spouse	Female respondents' spouse	$\chi^2_{(1)}$	p-value	
		n(%)	n(%)			
Alcohol	Yes	21 (33.3)	43 (75.4)	21.316	0.001	(0.256 - 0.586)
	No	42 (66.7)	14(24.6)			
Cigarettes	Yes	11(17.5)	39(68.4)	31.974	0.001	(0.355 - 0.664)
	No	52 (82.5)	18 (31.6)			
Cannabis	Yes	7 (11.1)	33(57.9)	29.474	0.001	(0.318 - 0.617)
	No	56 (88.9)	24 (42.1)			
Khat	Yes	4 (6.4)	28(49.1)	27.997	0.001	(0.286 - 0.569)
	No	59(93.6)	29(50.9)			
Kuber	Yes	1 (1.6)	13(22.8)	13.075	0.001	(0.102 – 0.323)
	No	62 (98.4)	44(77.2)			

Table 4 shows abuse of Alcohol and Drugs among the respondents' spouse. Each respondent was married to one spouse, which means there were 120 spouses of the respondents in the study. This includes 63 wives and 57 husbands.

A chi square test done to test the frequencies of the spouses based on their gender obtained a P-value of 0.001 in all the drugs and alcohol with 1 degree of freedom. Hence the null hypothesis that there was no statistically significant gender difference in abuse of alcohol and drugs among spouses in Murang'a County, Kenya.

Again, T-test was done to establish the mean difference in the abuse of alcohol and drugs between the wives and husbands of the respondents. All confidence interval obtained with 118 degrees of freedom did not include zero. Hence, we reject the null hypothesis.

This implies that there is a significance gender difference in the abuse Alcohol and drugs among spouses in Murang'a County, Kenya.

This indicates that men had higher proclivity for alcohol and drug abuse than women. However research shows that the rate of women abusing alcohol and drugs is on the increase. A study by Escandon & Galvaz (2006) indicates that in Netherlands and European countries the percentage of women on alcohol and drugs abuse is on the increase. Perhaps the issue of women liberation and equal rights has something to do with it. In Spain there's a tradition of ending every meal with a cigar or a glass of alcohol this practice increases the percentage of women on alcohol and drug abuse. Both genders abuse both licit and illicit alcohol and drugs. The abuse of local brew and second generation alcohol were more prevalent in most of the locations. The chiefs from the selected locations reported that most of the clients on alcohol and drug abuse are usually men. Women cases are less but they are also increasing with time and depend on the areas were these people are coming from.

Summary of the Findings

The following are therefore the key findings of this study.

- i) There is significant gender difference in alcohol and drug abuse where men were more on alcohol and drug abuse than women; however the percentage of the women abusing alcohol and drugs was on the increase.

Conclusions

Men were more inclined to the abuse of alcohol and drugs although women were on the increase in the abuse.

Recommendations

The study makes the following recommendations in the effort of trying to curb the problem of alcohol and drug abuse based on the above conclusions.

- i. There is need for more awareness among the spouses on effects and treatment of alcohol and drug abuse. This can be done through religious bodies and also mass media.
- ii. The government needs to assist men and women in the County to have some economical activities where they can generate some income aimed at reducing poverty in their house hold.

Suggestion for Further Research

- i. Relationship between poverty and alcohol and drug abusing behaviour

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