

An Assessment of the Prevalence of Alcohol and Drug Abuse among Female Students in Kenyan Universities

Lucy W. Mureithi
Laikipia University, Kenya

***Corresponding Author:**

Lucy W. Mureithi

Email: wmureithipj@gmail.com

Abstract: Alcohol and drug use is a universal problem with targeted users mostly being young people. Previously, young men who dropped out of school were most commonly associated with this menace. However, alcohol and drug use has currently been witnessed among the educated and has actually penetrated the institutions of higher learning. It affects both male and female students in equal measure. The use of alcohol and drugs among university female undergraduates on campuses has become an issue of concern in the recent past. This has been informed by the fact that the female gender stands a greater risk of consequences of this vice than their male counterparts. Despite the existence of counselling services that are offered in these institutions the number of female undergraduate students using alcohol and drugs continues to increase. The purpose of this study was to investigate the prevalence of alcohol and drug use among female undergraduates in selected public and private universities in Kenya. This research employed *ex-post-facto* research design. The major findings were that a considerably high percentage of female undergraduate students were users of alcohol and drugs.

Keywords: Alcohol, drugs, female undergraduates, universities.

INTRODUCTION

Alcohol and drug use has become a major challenge in the world today and many nations are putting a lot of effort to curb the menace. Schliebner, Tait and Paroegoy [1] note that in the United States, concern about teenage substance use began in the late 1960's. At this time, adolescents were reported to be following a trend in experimenting with alcohol and drugs. Gallagher [2] observed in the United States, that binge drinking had increased to 56 percent among 18 to 20 years old. Predorgast [3] and Steenbarger [4] noted that alcohol use increased dramatically on college campuses throughout the United States of America during the 1990s, with serious consequences for student drinkers, fellow classmates and college officials.

According to Steenbarger [5], alcohol use is widespread among college students, with approximately 20 percent of all students qualifying as heavy drinkers and over 40 percent of students getting involved in binge drinking episodes. Gallagher [6] aver that this kind of drinking is associated with a number of adverse consequences, including sex misconduct, damage to property, poor academic performance, unsafe sex, antisocial behaviour, psychological imbalances and suicidal tendencies. He adds that sharp increases in sexual assaults, date rapes, and gang rapes on college campuses are often related to alcohol and other drugs use by the students.

A report by the United Nations office on Drugs and Crime (UNODC) [7] indicated that nearly 70% of youths aged 15 to 49 worldwide had used various substances at one point in their life; with alcohol being the most used substance. This is of great concern because university students are found in this age category.

According to Escandon and Galvez [8], Spain leads in cocaine consumption in the entire European Union and it is noted that a larger number of the consumers are college students. In Madrid the use of cocaine among students is about 4 percent, while the use of cannabis sativa is approximately 36 percent. In Spain the use of cocaine and heroin is alarming according to a report by the United Nations Office on Drugs and Crime [9]. The report also states that in Africa, the consumption of cannabis sativa is on the rise. Morocco is noted to be the largest producer of cannabis, most of which is meant for consumption in the African region [10]. Internal Narcotics Control Board (INCB) [11] found out that many African countries including Kenya are trade routes of drug trafficking. As they pass through these countries, some of the drugs find their way to penetrate into the society, increasing the rate of availability and use.

In Africa, studies conducted in Nigeria, and South Africa on substance use among undergraduate students reported high prevalence of substance use. Substance abuse is prevalent in South African universities because students use drugs and alcohol for many reasons, including curing depression, imitating role models, getting relief from loneliness and/or self doubt [12]. Studies conducted in a Nigerian University indicate that students use alcohol and drugs to enhance sexual performance, boost confidence and reduce stress. Others use heavy episodic drinking as a means of constructing social identity. Other studies reveal that a majority combines alcohol and other drugs and that anxiety, depression, injury to self and others and failing examinations are some of the alcohol –related problems among users [13].

A report by National Authority for the Campaign Against Drug Abuse (NACADA) [14] observed that drugs and substances are forming a sub-culture in Kenya among the students and that this is a challenge to the Kenyan society and that immediate attention is required. The report states that approximately 30 percent of students aged between 13 – 14 years abuse alcohol, tobacco and other drugs. The report notes that excessive consumption of alcohol and other drugs leaves a trail of misery, loss of academic opportunities and wastage of resources. The report indicates that alcohol is the most commonly used drug by about 61 percent of the population.

According to NACADA, [15], the use of alcohol and drugs has spread at an alarming rate in Kenya, majority of the users being students in secondary schools, tertiary colleges and universities. This agrees with the vice-chancellor’s committee on causes of disturbances and riots in public universities [16], which noted that the use of substances such as marijuana, heroin as well as heavy consumption of various types of alcoholic drinks by students in Kenyan public universities had greatly increased. The report further states that university students who participate in riots are known to engage in heavy use of alcohol and drugs prior to the rampage and destruction associated with riots. It also points out that academic performance of such students is affected when they become alienated and are most likely to become irresponsible in their behaviour and soon lose a sense of purpose and direction in life [17]. It is against this background that this study sought to investigate prevalence of alcohol and drug use among female undergraduate students in selected public and private universities in Kenya.

METHODOLOGY

This study adopted *ex-post-facto* research design. According to Kerlinger [18], an *ex-post facto*

research design explores and clarifies relationship between one or two variables. It is a systematic empirical inquiry in which the researcher has no control on the independent variable because its manifestations have already occurred. The independent variable was not directly controlled by the researcher since this influence had already occurred and therefore could not be manipulated. This design ensured that no control was exercised on any of the variables. The design was considered suitable for this study because it allows the researcher to select the relevant variables for an analysis of their influence since the conditions or types of behaviour has already occurred.

The target population comprised all female undergraduates in the public and private universities in Kenya. The accessible population comprised of three public and three private universities which were purposively selected. From a population of 15,003 female undergraduate students, a sample of 380 participants was selected through proportionate and stratified sampling methods. A questionnaire was administered to generate data. A sample of three public and three private universities was considered appropriate and therefore sampled for this study.

Proportionate stratified sampling was employed in selecting the participants from the six sampled universities. This was to ensure the sample was proportionately and adequately distributed among the six universities according to the population of each university. Further, stratified sampling was used to subdivide the first, second, third and fourth year undergraduate female students into strata based on the type of university, faculties and year of study. A proportionate number of participants were selected from each stratum in order to obtain a sample of 380 participants which reflected use of alcohol and drugs, social, psychological and academic characteristics.

Data collected was cleaned, coded, and keyed in a computer. The processed data was then analyzed using descriptive statistics with the aid of Statistical Package for Social Sciences (SPSS) version 22. The results of the analysis was interpreted and presented in tables and figures. Frequency tables were used to present data to enable the reader comprehends the pattern of distribution of the variables and the results.

FINDINGS AND DISCUSSIONS

The objective of this study was to establish the prevalence of use of alcohol and drugs among female undergraduate students in selected public and private universities in Kenya. It was guided by the research question; what is the prevalence rate of alcohol and drug use among female undergraduate students in

selected public and private universities in Kenya. The

findings were as indicated in Table 1.

Table 1: Prevalence of Alcohol and Drug Use among Female Undergraduate Students, N= 380

Prevalence of alcohol and drug use	Frequency	Percentage
Low	54	14.2
Moderate	152	40.0
Medium	39	10.3
High	135	35.5

Table 1 above shows that 40 % of the respondents were moderate users of the alcohol and drug compared to 35.5% who are high users. Smaller percentages (14.2%) were low users. High users of alcohol and drug were the frequent users, those who are leaning towards addiction, and the addicts. Moderate users were those who use alcohol or drugs in certain occasion or circumstances. They do so to fit into the situation or due to peer pressure. Low users were those who only test for the sake of curiosity or as a means of experimenting. They may not like their experience but cope up with it for the sake of fitting in a peer group. They are generally at low risk of drug effects.

These findings are similar to those by Underwood [19] who did a survey of alcohol and drug use among United Kingdom based dental undergraduates. According to Underwood’s findings 90% of female undergraduates reported drinking alcohol. Of those drinking, 42% of females drank in excess of sensible weekly limits (14 units), with 58.5% of females doing 'binge drinking'. In the same study 55% of female undergraduates reported cannabis use at least once or twice since starting dental school, with 6% of females reporting current regular use at least once a week. A further investigation on prevalence of alcohol/drug use by age of respondents showed results in Figure 1.

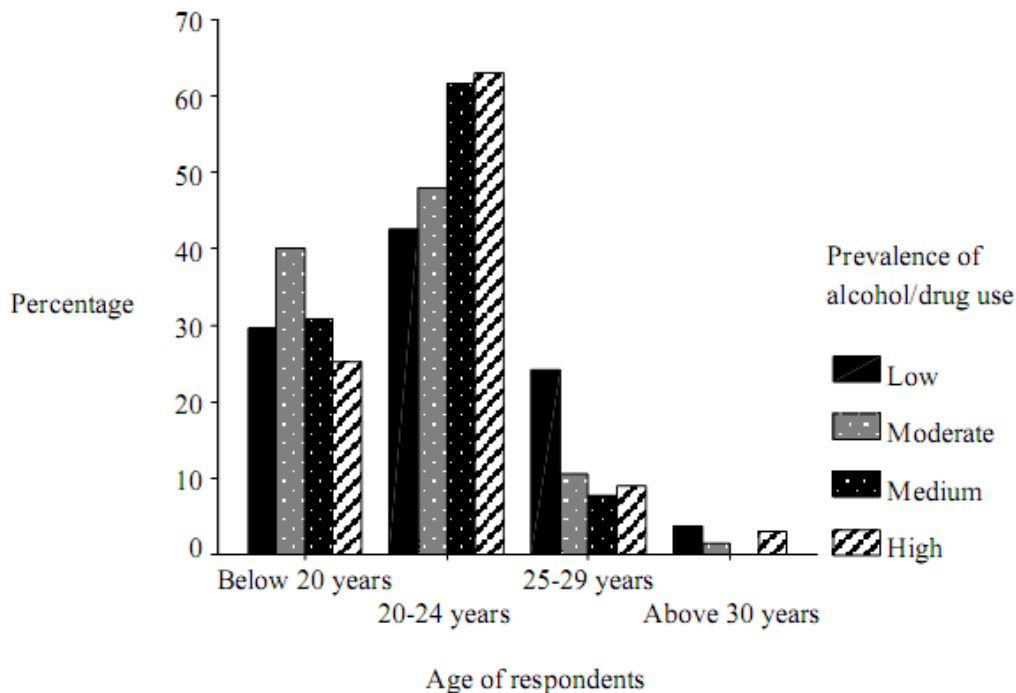


Fig-1: Prevalence of Alcohol/Drug use by Age of Respondents

Figure 1 show that the prevalence of alcohol/drug use among female undergraduate student is highest among those aged between 20-24 years with a range of 45% to 65% for low and high users. This age group bears the highest percentage of high and medium consumers of alcohol/drugs. The second largest group is those below 20 years of age with a range of 30% to 40%. The least users according to this study are those

aged above 30 years with average of below 5%. The study is in perfect agreement with Nielsen [20]. In his study of the Latinas/os groups, he found out that younger people aged 18–25 years old were greater abusers of drugs and alcohol compared to those who were older. His study argued that age was a predictor of substance use among Latinas/os. The results of the

current investigation on the use of alcohol/drugs with

regard to the year of study are shown in Figure 2 below.

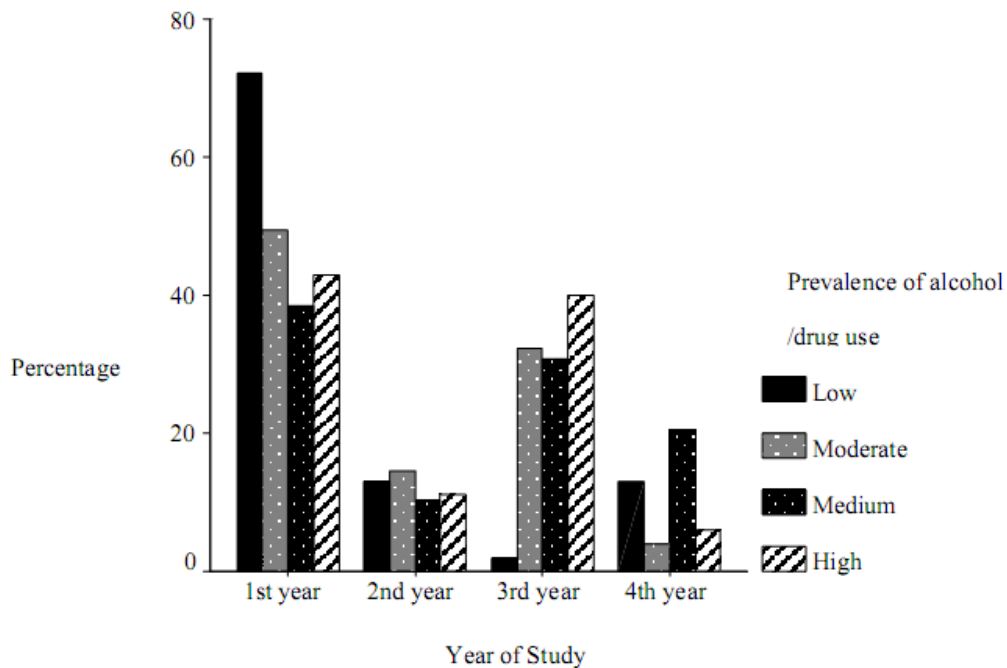


Fig-2: Prevalence of Alcohol/Drug use by Year of Study

Figure 2 shows that first years are the most prevalent users of drug and alcohol with range of 39% to 80% though contrastingly, they also have the highest percentage of low prevalence users. This group is followed by third year students. The fourth-year students show the lowest prevalence of between 3% and 20%. The finding seems to contradict similar study by Underwood [21] on regular tobacco smoking (10 or more cigarettes a day). Underwood found a statistically significant relationship between drug use and year of

study, 4th-5th year undergraduates being eight times more likely to regularly take drug than their junior colleagues.

The study also sought to establish the prevalence of alcohol/drug use by students with regard to the living arrangements; in terms of whom the student stayed with. The results are as shown below in Figure 3.

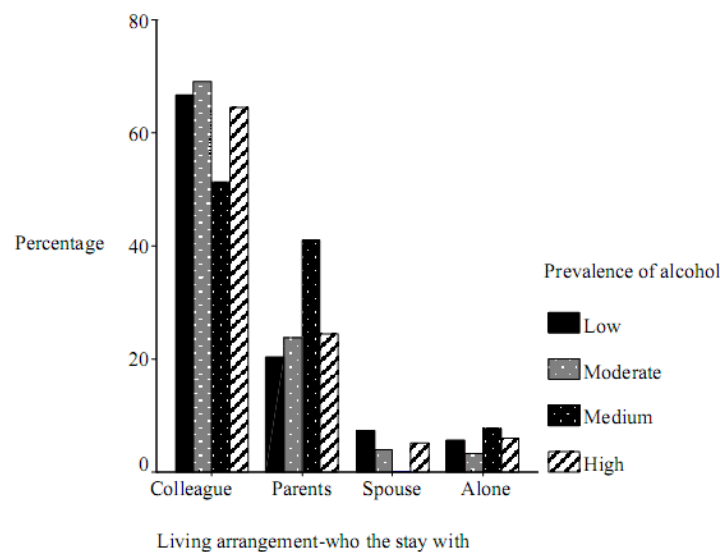


Fig-3: Prevalence of Alcohol/Drug use by student dictated by living arrangement in terms of whom the stay with

Figure 3 above shows that the respondents who stayed with colleagues had the highest prevalence of alcohol/drug use at a range of 50% to 70%. This was followed by those who stayed with their parents. Those who stayed with their spouses had the lowest prevalence of about 5% on average. These results agree with Liang and Huang [22] who in their national survey on alcohol consumption and related consequences found that 60% of students who live on campus with

colleagues reported drinking in their residence. A similar research by Nyaronga, Greenfield and McDaniel [23] found the place of residence as key contributor to drugs abuse. In their findings, private settings increased alcohol use among female students.

Investigation on Prevalence of Alcohol/Drug use by Marital Status showed the result in figure 5.

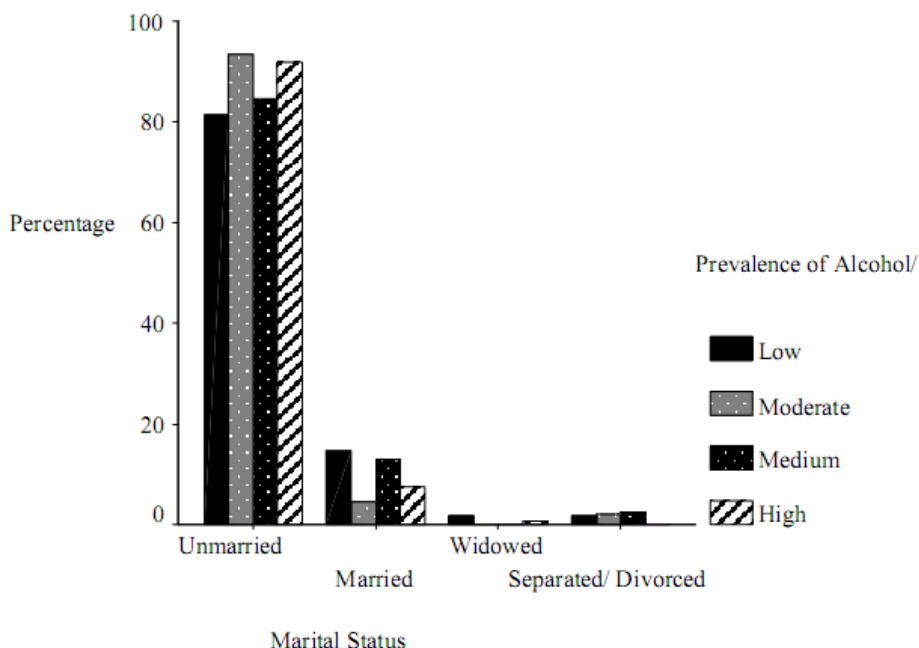


Fig-4: Prevalence of Alcohol/Drug use by Marital Status

The findings in Figure 4 indicate that the unmarried/single students were the most prevalent users of Alcohol/Drug at a range of 80% to 90%. The findings indicate that very few married students (between 5% and 10%) used alcohol/drug. The number of the widowed and Separated/ Divorced who use alcohol/drug were negligible. The findings are similar to those of Nielsen [24] who noted that being young and

unmarried predicted greater substance use among Latinas/os. His study also indicated that married Latinas/as had fewer alcohol-related problems; though in contrast, marital status did not predict the severity of these problems among Mexican-Americans.

Comparison of Prevalence of Alcohol/Drug use by Home Residence showed the result in Figure 5.

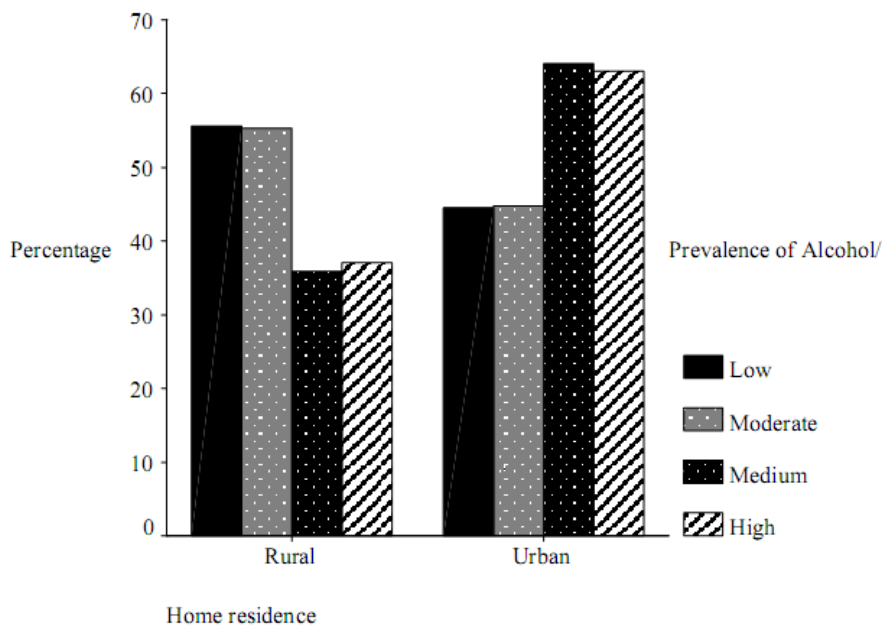


Fig-5: Prevalence of Alcohol/Drug use by Home Residence

Figure 5 indicates that majority of the rural folks had low and moderate prevalence of alcohol/drug use at 55% compared to those from urban residence who had prevalence of 45%. The urban residents lead in medium and high user at prevalence rate of about 60%. This finding disagrees with earlier studies by Maine Rural Health Research Center [25] where the

examination on alcohol use among rural and urban adolescents between the ages of 12 and 17 years old found that rural adolescents exhibited higher alcohol use than their urban counterparts.

Prevalence of Alcohol/Drug use by Religion is shown by the following the pattern;

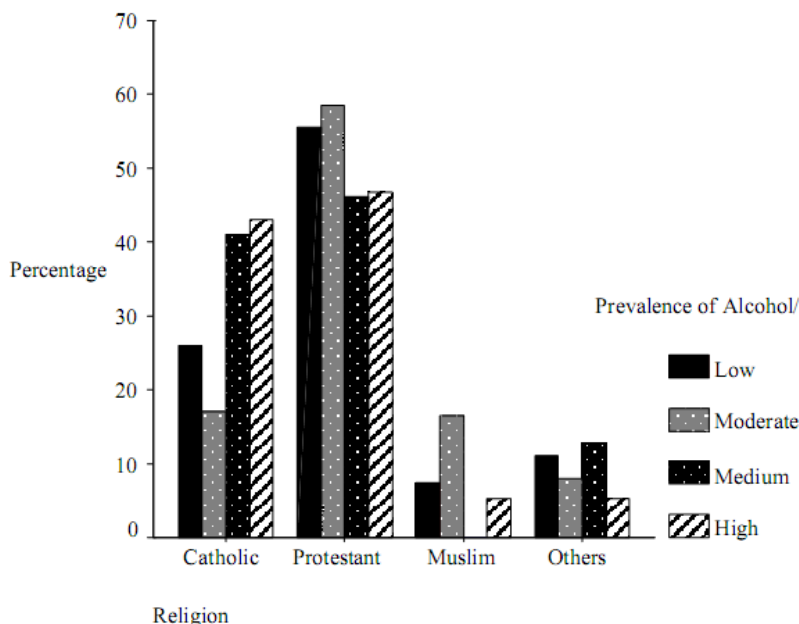


Fig-6: Prevalence of Alcohol/Drug use by Religion

Figure 6 indicates that Protestants had the highest prevalence of alcohol/drug use at a range of 47% to 60%. Catholic had the second highest

prevalence of between 15% and 43%, they however had a relatively higher percentage of medium and high consumers (43%). Muslims had the lowest prevalence

of 5% to 15% with majority of the users in low and moderate use category.

Investigation on prevalence of alcohol/drug use by programme sponsorship gave the result in Figure 7.

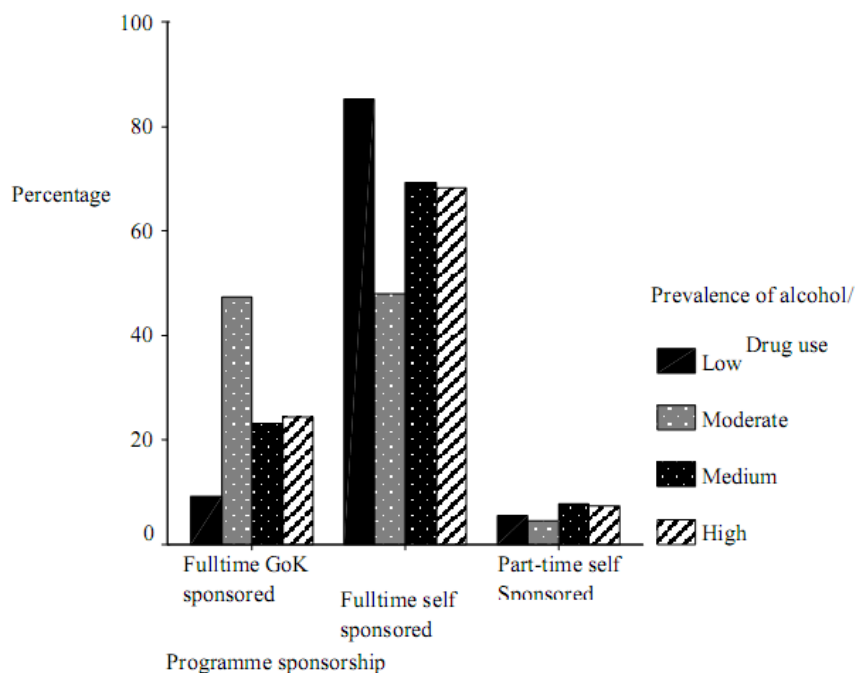


Fig-7: Prevalence of Alcohol/Drug use by Programme Sponsorship

Results in Figure 7 above indicate that fulltime self sponsored student had the highest prevalence of alcohol/ drug use at 50% to 90%. This was followed by fulltime government (GoK) sponsored. The prevalence of alcohol/drug use for part-time self-sponsored was the lowest at an average of 5%.

A related comparison targeting prevalence of alcohol/drug use by employment status was done and showed the result in Figure 8.

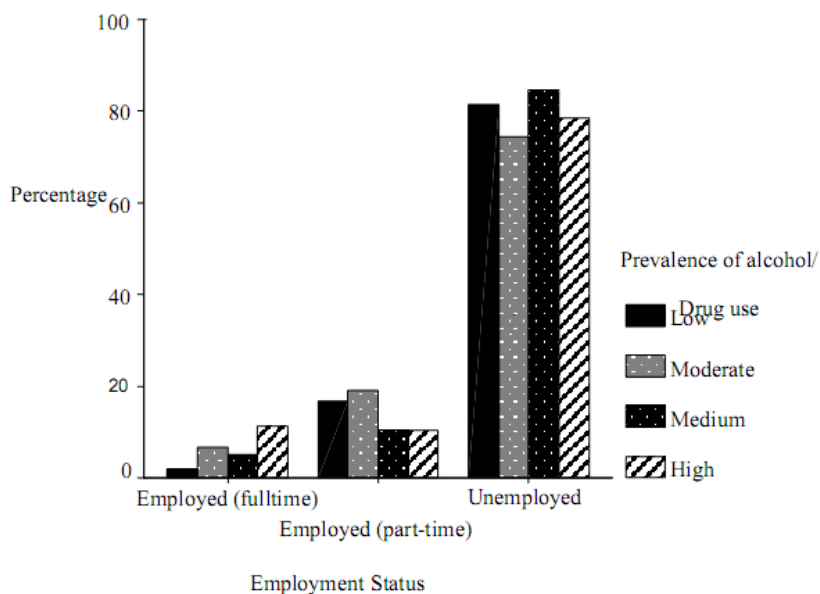


Fig-8: Prevalence of Alcohol/Drug Use by Employment Status

Figure 8 shows that the highest prevalence of alcohol/drug use was highest among the unemployed female undergraduate students at 75% to 83%. The lowest was among the fulltime employed at an average of 5%.

CONCLUSION

This study assessed the prevalence of alcohol/drug use among female students in private and public universities in Kenya. The results show that there are a high number of female students involved in alcohol/drug use. These findings concur with those of Sue and Sue [26] and NIDA [27] that the rate of alcohol and drug use by women generally has increased considerably worldwide. Similarly, the results of this study agree with Schliebner-Tait and Peregoy [28] who argue that alcohol and drug use among Asian female college students residing in the United States had been steadily increasing. Their study further observed that this increase cuts across all social status of the female college students, a factor that has been confirmed by this study. The study also agrees with findings of Patrick and Lloyd [29] who found out that alcohol use rates are very high among all college students. Contrary to the findings of Kariuki [30] who observed that the majority of female substance users tend to be in the age bracket of 14 – 16 years due to stress and crises associated with adolescence, this study found that the most prevalent users of alcohol and drug are aged between 21-24 years old. Very few of those aged 20 and below are engaged in this habit. The probable reason for variance may be the fact that the two samples were drawn from different populations. Another reason may be due to fact that a large group of those sampled has passed the adolescent stage of development.

REFERENCES

1. Schliebner-Tait C, Peregoy JJ; Working with selected populations: Treatment issues and Characteristics. In P. Stevens & R. L. Smith (Eds.) Substance abuse counseling, 2001.
2. Gallagher RP; National Survey of Counselling Center Directors. Alexandria, VA: International Association of Counselling Services, 2001.
3. Prendorgast ML; Substance use and abuse among college students: A review of recent literature. *Journal of American College Health*, 1994; 43: 99 – 114.
4. Steenbarger BN; Alcohol abuse and college counseling: An overview of research and practice. *Journal College Counselling*, 2001; 1: 81 – 92.
5. Gallagher RP; 2001. See note 2.
6. United Office on Drugs and Crime (UNODC), Cultural issues in substance abuse treatment. (DHHS Publication No(SMA) 99 – 3278). 2004.
7. Escandon R, Galvez C; Free from Drugs and Addictions, Madrid: Editorial Safeliz, 2006.
8. United Office on Drugs and Crime (UNODC); 2004. See note 6.
9. United Office on Drugs and Crime (UNODC); 2004. See note 6.
10. United Office on Drugs and Crime (UNODC); 2004. See note 6.
11. Internal Narcotics Control Board (INCB); Practical approaches in the treatment of women who abuse alcohol and other drugs. (DHHS publication No (SMA) 94 – 3006 Rockville, MD: U.S. Department of Health and Human Services. 2004.
12. World Health Organization (WHO); Substance Abuse. Global Statistics, retrieved from WHO Web. http://www.who.int/substance_abuse/en/index. 2011.
13. World Health Organization (WHO); 2011. See note 12.
14. Government of Kenya; The Vice Chancellors Committee on Causes of Disturbances /Riots in Public Universities. Nairobi; Government Press. 2000. Press.
15. NACADA; Drug and Substance Abuse in Tertiary Institutions in Kenya. A situational analysis, Nairobi: Government Press. 2006. Press.
16. Government of Kenya; 2000. See note 14.
17. Government of Kenya; 2000. See note 14.
18. Kerlinger FN; Foundations of Behavioural Research. New York. Holt Rinehart and Winston, 2002.
19. Underwood B; A survey of alcohol and drug use among UK based dental undergraduates. 2000. *Dent Journal*, 2000; 189(6): 314-317.
20. Nielsen AL; Drinking in adulthood: Similarities and differences in effects of adult roles for Hispanic ethnic groups and Anglos. *Journal of Studies on Alcohol*, 2001; 62:745–749.
21. Underwood B; 2000. See note 19.
22. Liang L, Huang J; The effects of zero tolerance laws on alcohol use and drinking and driving patterns among college students. 2008. *Health Economics*, 2008; 17:1261–1275.
23. Nyaronga D, Greenfield TK, McDaniel PA; Drinking context and drinking problems among Black, White, and Hispanic men and women in the 1984, 1995, and 2005 U.S. National Alcohol Surveys. *Journal of Studies on Alcohol and Drugs*, 2009; 70:16–26.
24. Nielsen AL; 2001. See note 20.
25. Maine Rural Health Research Center; Adolescent Alcohol Use: Do Risk and Protective Factors Explain Rural-Urban Differences? (Working Paper) 03/2012.

26. Sue D, Sue S; *Understanding Abnormal Behaviour* (6thed.). Boston: Houghton Mifflin. 2012.
27. National Institute on Drug Abuse (NIDA); *Facts about teenagers and drug abuse*. Rockville, MD: Author. 2006. Print.
28. Schliebner-Tait C, Peregoy JJ; 2001. See note 1.
29. Patrick MO, Lloyd DJ; *Epidemiology of Alcohol and Other Drug Use among American College Students*. *Journal of Studies on alcohol and drugs*, Supplement No, 2002; 14: 23- 39.
30. Kariuki D; *The Levels, Trends and Patterns of Drug addiction in Nairobi Secondary Schools*. Unpublished Thesis. Kenyatta University. 1998.