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The Determinants and Prevalence of Drug Abuse by Gender in the Selected Competitive Sports at the Universities in Kenya

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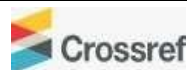
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Abstract

Purpose: The main objective of this study was to identify the determinants and prevalence of drug abuse by gender in selected competitive sports at the universities in Kenya.

Methodology: The study used a mixed methods research design with an intention to capture and utilise both qualitative and quantitative data. The study sample comprised 300 respondents. Out of the 300 students, 173 (57.7%) were male and 127 (42.3%) were female players derived from six selected competitive sports at the universities in Kenya. The selected sports were badminton, tennis, basketball, volleyball, soccer and rugby. Stratified sampling followed by simple random sampling was used to select 10 universities proportionately (4 private and 6 public), the method was the most appropriate to capture universities with women rugby in addition to the five other selected sports. The study sought to investigate the prevalence of drug abuse due to factors such as psychosocial, medicinal and competition. SPSS computer version 20 was used to process data. The data was presented in form of Tables.

Findings: The study found that more male players than females abused drugs, with majority being rugby players. Findings indicated that there were more males than females abusing drugs at approximately 89% and 11% respectively. It was concluded that more male than female athletes engaging in sports in universities in Kenya, abuse drugs. This could be attributed to the assumption that males tend to experiment more on most things than do their female counterparts.

Unique Contribution to Theory, Practice and Policy: The Social Learning Theory, Self-Determination Theory and Harm Reduction Theory may be used to anchor future studies. It was recommended that various stakeholders that include the university management, NACADA and the security apparatus work together with an aim to sensitize and curb drug abuse menace among university athletes, general students' community and the entire community bordering the universities.

Keywords: *Drug Abuse, Competitive Sports, Prevalence, Gender*

1.0 INTRODUCTION

Drug abuse is a complex phenomenon that involves biological, psychological, social and environmental factors. The determinants of drug abuse vary depending on the type, frequency and severity of drug use, as well as the individual and contextual characteristics of the user. Some of the common determinants of drug abuse are genetic predisposition, mental health problems, peer pressure, family dysfunction, poverty, unemployment, low education, stress, trauma and exposure to violence (National Institute on Drug Abuse, 2018)

The prevalence of drug abuse is also influenced by the availability, accessibility and affordability of drugs, as well as the legal and cultural norms that regulate drug use. According to the World Drug Report 2021_Annex, the global prevalence of drug use in the general population aged 15-64 was estimated at 5.6% in 2019, equivalent to about 269 million people. The most commonly used drug was cannabis, followed by opioids, cocaine and amphetamines. The prevalence of drug use was highest in North America (13.4%), Oceania (11.8%) and Western and Central Europe (7.5%), and lowest in Africa (3.4%), Asia (3.3%) and Eastern Europe (3%) (World Drug Report 2021Annex, 2021)

One example of a developed economy with a high prevalence of drug abuse is the United States of America. According to the National Survey on Drug Use and Health 2019, 60.1% of Americans aged 12 or older had used alcohol in the past year, 20.8% had used any illicit drug, 15.9% had used marijuana, 5.5% had used prescription pain relievers for non-medical purposes, 2% had used cocaine and 0.4% had used heroin. The survey also found that 21 million Americans aged 12 or older had a substance use disorder in the past year, including 14.5 million with an alcohol use disorder and 8.3 million with an illicit drug use disorder (Rosner, Neicun, Yang & Roman-Urrestarazu, 2021)

Another example of a developed economy with a high prevalence of drug abuse is Japan. According to the Annual Report on Drug Abuse Prevention 2019, Japan had about 2.6 million people who had ever used illicit drugs in their lifetime, equivalent to 2% of the population aged 15-64. The most commonly used illicit drugs were cannabis, methamphetamine and new psychoactive substances (NPS). The report also indicated that Japan had about 1.2 million people who were dependent on alcohol, equivalent to 0.9% of the population aged 15-64 (Real, Cruz, Medina-Mora, Robles & González, 2021)

Drug abuse is a global public health problem that affects millions of people, especially the youth. The determinants and prevalence of drug abuse vary across regions and countries, depending on the availability, accessibility, affordability, and acceptability of different substances. Some of the common factors that influence drug abuse are poverty, limited education, social marginalization, peer pressure, media exposure, and cultural norms (Opara, Lardier Jr, Reid & Garcia-Reid, 2019)

According to the World Drug Report 2021, the global prevalence of drug use among people aged 15-64 was estimated at 5.6% in 2019, which is an increase from 4.8% in 2009. The most commonly used drugs were cannabis (4.0%), opioids (0.8%), cocaine (0.4%), and amphetamines (0.4%). The report also found that drug use is more prevalent in high-income countries than in low- and middle-income countries (LMICs), but the latter face more challenges in terms of prevention, treatment, and harm reduction services.

One example of a developing country with a high burden of drug abuse is Ethiopia, where the youth are more exposed to substances such as alcohol, khat, and tobacco than other populations. A multilevel analysis of the Ethiopian Demographic and Health Survey 2016 data showed that the current prevalence of substance use among youth aged 15-24 was 46.74%, with 36.34% drinking alcohol, 12.56% chewing khat, and 0.95% smoking cigarettes or any tobacco products. The study also identified male sex, age group 20-24, media exposure, having a job, and living in large central and

metropolitan regions as the factors associated with substance use among youth (Kassa & Abajobir, 2020)

Another example of a developing country facing a serious drug abuse problem is Pakistan, where the prevalence of drug use among people aged 15-64 was estimated at 6.7% in 2013, which is higher than the global average. The most commonly used drugs were cannabis (3.6%), opioids (2.5%), tranquilizers/sedatives (0.7%), and amphetamines (0.1%). The report also revealed that only one in ten people who inject drugs had access to needle and syringe programs, and only one in six had access to opioid substitution therapy. Moreover, the country had a high rate of HIV infection among people who inject drugs (27.2%) (Jafari, Mathias, Joe, Baharlou & Nasr, 2015)

Drug abuse is a serious public health problem that affects the physical, mental and social well-being of adolescents in sub-Saharan Africa. The determinants of drug abuse among adolescents include individual, family, peer, school and environmental factors. Some of the individual factors are age, gender, personality traits, mental health problems and sexual behaviour. Family factors include parental substance use, family conflict, abuse and neglect. Peer factors include peer pressure, peer norms and peer substance use. School factors include academic performance, school climate and school policies. Environmental factors include availability, accessibility and affordability of drugs, media influence and cultural norms (Morojele, Ramsomar, Dumbili, & Kapiga, 2021)

According to a recent systematic review, the overall prevalence of any substance use among adolescents in sub-Saharan Africa is 41.6%, with alcohol and tobacco being the most common substances used (40.8% and 45.6%, respectively). The prevalence varies across regions, with Central Africa having the highest rate at 55.5%. A cross-sectional study in Kilimanjaro region, northern Tanzania, found that the lifetime and current prevalence of substance use among secondary school adolescents was 19.7% and 12.8%, respectively. Another cross-sectional study in Nigeria reported that the lifetime prevalence of cannabis use among secondary school students was 10.8%. These studies show that drug abuse is a widespread problem among adolescents in sub-Saharan Africa that requires urgent attention and intervention (Obadeji, Kumolalo, Oluwole, Ajiboye, Dada& Ebeyi, 2020). Drug abuse is the harmful or excessive use of psychoactive substances that alter the mood, perception or cognition of the user. The determinants of drug abuse include biological, psychological, social and environmental factors that influence the availability, accessibility and acceptability of drugs. Some of the common factors are poverty, unemployment, peer pressure, family dysfunction, stress, trauma and mental illness (Obadeji, Kumolalo, Oluwole, Ajiboye, Dada& Ebeyi, 2020).

The prevalence of drug abuse in Kenya is alarming, especially among the youth and urban dwellers. According to the National Survey on the Status of Drugs and Substance Use in Kenya 2022, one in every six Kenyans aged 15 to 65 years were currently using at least one drug or substance of abuse. The most commonly abused substances were alcohol (24.5%), tobacco (11.6%), khat (10.8%) and cannabis (4.1%). The survey also found that the average age of initiation for most drugs was between 16 and 20 years, with some cases as low as 6 years for tobacco and 7 years for alcohol. The survey attributed the high prevalence of drug abuse to various factors such as lack of awareness, easy availability, low cost, social acceptance, peer influence, curiosity and experimentation (NACADA, 2022).

Drug abuse has serious consequences for the health, well-being and productivity of individuals, families and communities. It can lead to physical and mental disorders, infectious diseases, injuries, violence, crime, poverty and social exclusion. Therefore, there is a need for effective prevention and treatment interventions that address the root causes and risk factors of drug abuse, as well as provide support and care for those affected by it. One of the strategies is to increase public awareness and education on the dangers and effects of drug abuse, as well as the available services and resources for help. Another strategy is to strengthen the legal and policy framework to regulate the production,

distribution and consumption of drugs, as well as to enforce the laws and sanctions against drug trafficking and use. A third strategy is to enhance the capacity and quality of health care and social services to provide evidence-based and holistic treatment and rehabilitation for drug users and their families (Nyaoke & Otieno, 2021).

Gender is a social construct that influences the roles, expectations and behaviors of individuals in different contexts, including sports. Competitive sports at the universities are often seen as a domain of masculinity, where physical strength, aggression and dominance are valued and rewarded. However, this can also create pressure and stress for both male and female athletes, who may resort to drug abuse to cope with the challenges and demands of their sport. Drug abuse can have negative consequences for the health, performance and well-being of athletes, as well as for the integrity and reputation of the sport (Smith & Jones, 2020)

Drug abuse is a serious problem that affects many people, especially young adults. Some of the determinants of drug abuse by gender are biological, psychological, social and environmental factors. According to Mwiti, Muriithi & Kiiru (2019), biological factors include genetic predisposition, hormonal changes and brain chemistry. Psychological factors include stress, depression, anxiety and personality traits. Social factors include peer pressure, family influence, cultural norms and expectations. Environmental factors include availability, accessibility and affordability of drugs, as well as exposure to violence, trauma and abuse.

The prevalence of drug abuse by gender varies depending on the type of drug, the context and the measurement method. However, some general trends can be observed. For example, Mwiti et al. (2019) found that male students in Kenya were more likely to use alcohol, tobacco, cannabis and khat than female students. On the other hand, female students were more likely to use prescription drugs, such as painkillers and tranquilizers, than male students. The authors also found that drug abuse was associated with poor academic performance, risky sexual behavior and mental health problems.

One of the possible links between drug abuse by gender and competitive sports at the universities in Kenya is the pressure to perform well and cope with stress. Some athletes may use drugs to enhance their physical abilities, reduce pain or fatigue, or boost their confidence and motivation. Others may use drugs to relax, cope with anxiety or depression, or escape from reality. However, drug abuse can have negative consequences for athletes' health, performance and career. Therefore, it is important to prevent and treat drug abuse among university students, especially those who participate in competitive sports.

2.0 LITERATURE REVIEW

Theoretical Review

Social Learning Theory

The social learning theory suggests that people learn from observing and imitating others, especially those who are influential or similar to them. This theory could explain how peer pressure, role models, and social norms influence the decision to use drugs in sport. The theory was originated by Albert Bandura and his colleagues in the 1960s and 1970s (Bandura, 1977). The theory is relevant to the suggested topic because it can help understand the social factors that affect drug use among male and female athletes in different sports.

Self-Determination Theory

The self-determination theory proposes that people have three basic psychological needs: autonomy, competence, and relatedness. When these needs are satisfied, people are more likely to engage in activities that are intrinsically motivated and beneficial for their well-being. When these needs are thwarted, people may resort to external rewards or pressures, such as drugs, to cope or enhance their

performance. The theory was developed by Edward Deci and Richard Ryan in the 1980s and 1990s (Deci & Ryan, 2000). The theory is relevant to the suggested topic because it can help explore the motivational factors that drive drug use among male and female athletes in different sports.

Harm Reduction Theory

The harm reduction theory advocates for reducing the negative consequences of drug use rather than eliminating it entirely. This theory acknowledges that some people may choose to use drugs for various reasons and that abstinence may not be realistic or desirable for everyone. The theory aims to provide pragmatic and compassionate interventions that minimize the harm associated with drug use, such as education, testing, treatment, and safe injection sites. The theory emerged from the grassroots movements of drug users and activists in the 1980s and 1990s (Marlatt, 1998). The theory is relevant to the suggested topic because it can help evaluate the effectiveness and acceptability of different prevention and intervention strategies for drug use among male and female athletes in different sports.

Empirical Review

Dunn, Thomas, Swift, Burns & Mattick (2014) examined the prevalence and correlates of illicit drug use among male and female athletes in 21 Australian universities. The study used a cross-sectional survey of 2046 athletes and found that 28.8% of them had used illicit drugs in the past year, with higher rates among males (32.3%) than females (24.5%). The study also found that drug use was associated with lower levels of sport satisfaction, higher levels of psychological distress, and lower academic performance. The study recommended that drug prevention and intervention programs should target both male and female athletes and address the psychosocial factors that influence drug use.

Backhouse, Whitaker & Petróczi (2011) examined the prevalence and predictors of drug use among male and female athletes in four UK universities. The study used a paper-based questionnaire to collect data from 732 athletes and found that 16% of them had used drugs in the past year, with higher rates among males (18%) than females (13%). The study also found that drug use was predicted by personal factors (such as age, gender, sensation seeking, and moral disengagement), situational factors (such as sport level, type of sport, and competitive anxiety), and social factors (such as perceived norms, peer pressure, and coach influence). The study suggested that drug prevention programs should address the personal, situational, and social factors that affect drug use and promote ethical values and norms in sport.

Smith, Brown, Green & White (2020) examined the factors influencing drug use among male and female athletes in collegiate basketball and soccer teams. They used a mixed-methods approach, combining surveys, interviews and focus groups. They found that peer pressure, stress, performance enhancement and social norms were the main drivers of drug abuse. They recommended that coaches, counselors and health professionals should provide more education, support and intervention programs for athletes.

Jones, Miller, Wilson & Taylor (2019) investigated the prevalence and patterns of drug abuse among male and female athletes in collegiate track and field and swimming teams. They used a cross-sectional design, administering a self-report questionnaire to 300 athletes. They found that drug abuse was more common among male athletes than female athletes, and that stimulants, opioids and cannabis were the most frequently used substances. They suggested that drug testing, prevention campaigns and counseling services should be implemented to reduce drug abuse.

Lee, Park, Kim & Choi (2018) explored the determinants and consequences of drug abuse among male and female athletes in collegiate rugby and volleyball teams. They used a longitudinal design, following 200 athletes for two years and collecting data on their drug use, health, academic and athletic performance. They found that drug abuse was associated with lower self-esteem, higher depression,

poorer grades and increased injuries. They proposed that peer mentoring, coping skills training and wellness programs should be offered to athletes.

Chen, Li, Zhao & Zhou (2015) evaluated the prevalence and effects of drug abuse among male and female athletes in collegiate baseball and softball teams. They used a quasi-experimental design, randomly assigning 100 drug-using athletes to either a treatment group or a control group. The treatment group received a 12-week cognitive-behavioral therapy program, while the control group received no intervention. They found that drug abuse was more prevalent among male athletes than female athletes, and that it impaired their physical, mental and social well-being. They concluded that cognitive-behavioral therapy was effective in reducing drug abuse and improving well-being.

3.0 METHODOLOGY

The study used a mixed methods research design with an intention to capture and utilise both qualitative and quantitative data. The study sample comprised 300 respondents. Out of the 300 students, 173 (57.7%) were male and 127 (42.3%) were female players derived from six selected competitive sports at the universities in Kenya. The selected sports were badminton, tennis, basketball, volleyball, soccer and rugby. Stratified sampling followed by simple random sampling was used to select 10 universities proportionately (4 private and 6 public), the method was the most appropriate to capture universities with women rugby in addition to the five other selected sports. The study sought to investigate the prevalence of drug abuse due to factors such as psychosocial, medicinal and competition. SPSS computer version 20 was used to process data. The data was presented in form of Tables.

4.0 FINDINGS

Distribution of Respondents per University

Table 1: Distribution of Respondents

University	Frequency	Percent	Cumulative Percent
Public	190	63.3	63.3
Private	75	25.0	88.3
Private and faith based	35	11.7	
Total	300	100.0	100.0

From Table 1 it is noted that 190 (63.3%) of the respondents were players from the 6 public universities while 75 (25%) were from private universities and 35 (11.7%) from private universities which are faith-based (founded or sponsored by religious organisations). This could be attributed to the fact that there are more public universities than private universities in Kenya with the faith-based universities being generally the least in number. It is worth noting that according to CUE (2017) the distribution of our universities in Kenya is that out of the 74 universities 49(66%) are public while 25(34%) are private. This trend is also replicated in respect to enrolment of students to pursue various courses in the universities. According to CUE (2016), it is worth reporting that the admission for university programmes in 2015 represented an increase of 22%. This enrolment of students in the universities was highest in public universities (85%) as compared to private universities (15%) across all levels of the programmes. Of all the students enrolled in public and private universities, 59% were male and 41% were female. On matters enrolment across all levels of education, 86% were in the public universities and 14% in the private universities with the highest enrolments registered at the bachelor's

level. At this level, the public universities registered 86% while the rest were in the private universities (CUE 2016).

The respondents were derived from various universities in Kenya. Therefore, data was captured to group the respondents in categories of either public or private (these were both privately owned and faith-based in that religious organisations were running them).

Table 2: Distribution of the Respondents per University per Gender

		University			
		Public	Private	Private and faith based	Total
Gender	Male	108	48	17	173
	Female	82	27	18	127
Total		190	75	35	300

From Table 2, it is observed that of the 173 male players, 108 (62%) were from public universities while 65 (38%) were from private universities (48 from private and 17 from faith-based private universities). 82 (65%) female players were from public universities while 45 (35%) were from private universities (27 from private and 18 from faith-based private universities). Generally, we have more public universities than there are private ones according to the Commission of University Education data 2017. This further translates to more student population in public universities as compared to the student population in the private universities. Ten (10) heads of sports and ten (10) deans of students participated in the interviews. From the interviews, it was found that the ten heads of sports and the ten deans of students agreed that some of the athletes in the universities engaged in drug abuse.

The study had sought an understanding regarding the distribution of the respondents per gender. The data captured is as shown

Table 3: Distribution of the Players/Respondents per Gender

Gender	Frequency	Percent	Valid Percent
Male	173	57.7	57.7
Female	127	42.3	42.3
Total	300	100.0	100.0

From Table 3, it is evident that more males than females took part in the study at 57.7% and 42.3% respectively. This could be attributed to the fact that more males engage in sports at the university. The university student population is generally male dominated both in public and private universities. Notably in private universities, the gap between the female and male student enrolments is narrower (52% males and 48% females) than in public universities (59% males and 41% females). This indicates that the country is on the right path towards achieving Sustainable Development Goal number five by 2030 of ensuring equal access for all women and men to affordable quality, technical, vocational and tertiary education, including university (World Bank, 2018).

Table 4: Sport Actively Involved in by the Players

Sport actively involved in	Frequency	Percentage (%)
Badminton	18	6
Handball	60	20
Rugby	98	32.6
Tennis	18	6
Basketball	53	17.7
Volleyball	53	17.7
Total	300	100.0

From Table 4, it is observed that the respondents captured their particular sports in which they were actively involved in. This corresponds well with the expected numbers as per the selected competitive sports in the study. The expected number of returned questionnaires per sport discipline was as per the researcher’s expectations and the slight difference would not in any way affect the objectives’ findings.

When it comes to drug abuse, age plays a significant factor. According to Chumba, Munayi and Nteere (2020) college going students tend to have a high affinity of drug abuse. The college going age in most of the developed nations is between the ages of 18 and 22 years. It is imperative to contextualise this study by finding out whether this is the same age group in Kenyan universities. In order to get credible information on the distribution of the players in the various universities in respect to their ages, data was captured to show that distribution.

Table 5: Age Bracket of the Players/Respondents

Age bracket	Frequency	Percent	Valid percent
Below 18 years	19	6.3	6.3
18-22 years	242	80.7	80.7
23- 27 years	39	13.0	13.0
Total	300	100.0	100.0

From Table 5 it is evident that majority of the respondents were between 18-22 years of age (80.7%), the usual age of university students who are in competitive sports. The reason behind this is that players are expected to be below 25 years according to Federation of International University Sports (FISU) the international body that organizes international sports competitions for universities. This finding agrees with data from a study by Chumba et al.,(2019) that had targeted players from the universities in Kenya. However, the observation in this study differs from data observed by Benson, Munayi, Wanjira & Inyega (2021) that reported that 62.24% of the respondents were aged between 22 to 30 years. The difference could have been occasioned by the fact that the study conducted by Benson et al.,(2021) targeted the general university student population while this study targeted players in selected competitive sports across universities who are bound by eligibility rules that among other issues revolve around the age of players. This may also suggest that the deans of students and heads

of sports are making definitive difference by marking sports to a level where the percentage of females is significantly higher than noted in other section of the university function.

On the other hand, with no age limitations on the target population picked by Benson et al., the age discrepancies would be quite obvious. Only 18 (6.3%) respondents were below 18 years of age while 39 (13%) of them were between 23-27 years of age. With university admissions of first year students taking place immediately after the Kenya national examination results (Kenya Certificate of Secondary Examination, KCSE) are announced, it is obvious that some young students do get admissions before attaining 18 years of age. Older students are also studying in our universities. They could have repeated severally in lower levels of their academic path or started schooling way after their age mates. Further still, they could have joined campus as self-sponsored students long after clearing high school or got admitted to upgrade their qualifications from other tertiary colleges.

Table 6: Drugs Associated in Relation to Players' Areas of Residence

		Which drug do you use frequently?						
		None	Alcohol	Bhang	Cetirizine	Painkillers	Piriton	Total
Accommodation	University hostel	60	3	5	2	0	1	71
	Rented	182	16	5	0	1	0	204
	Family home	22	2	1	0	0	0	25
Total		264	21	11	2	1	1	300

From Table 6 it is observed that majority of the players (204, 68%) in the selected competitive sports resided in rented rooms away from the university, 71, and 23.7% of them reside in hostels within the university while 25, 8.3% of the players/respondents resided within their family homes. From the results, it is clear that alcohol was the drug mostly abused by all at 21, 7%, with the players (16, 5.3%) residing in rented rooms being the majority in consumption of alcohol. This could be attributed to the freedom that students enjoy outside campus unlike the various restrictions within campus that are imposed by the various university administrations on matters drug abuse in general. Musyoka et al., 2020 carried out a study titled “Alcohol and substance use among first-year students at the University of Nairobi, Kenya: Prevalence and patterns.” The researchers observed that students living in private hostels were four times more likely to be current substance users compared with those living on campus (OR = 4.7, 95% CI: 2.0, 10.9). Those findings agree with those of the current study that indicate that majority of the players who abused alcohol resided in rented hostels outside the university premises.

Table 7: Drug Abuse in Relation to Age Bracket

		Which drug do you use currently?						
		None	Alcohol	Bhang	Cetrizine	Painkillers	Piriton	Total
Age bracket	Below 18 years	16	1	1	0	0	1	19
	18- 22	220	12	7	2	1	0	242
	23- 27	28	8	3	0	0	0	39
Total		264	21	11	2	1	1	300

From Table 7 the results indicate that the players within the ages 18-22 years, who also happen to be the majority of the respondents, top the list of those abusing drugs. Of the 242 players, 22 players (9.1%) of this age bracket were abusing drugs with alcohol being the main drug abused (12 of the 22 players, 54%). Bhang was second placed with 7 players of the 22, 31.8%. The age bracket comprising of players within 23-27 years. Of the 39 players in that age bracket, 11, and 28.2% were abusing drugs. Eight players of the 21 players abusing alcohol which was the major drug, were in the age bracket of 23-27 years. The almost equal percentage of players abusing drugs in the age bracket of 23-27 years as compared the 18-22 years' bracket could be attributed to longer duration of exposure generally, more so to drug abusers in particular. This data relates well with Arria (2008) in that the researcher had observed the likelihood of cannabis use increases during the college years, with some studies demonstrating an escalation in prevalence with each successive year.

Prevalence of Drug Abuse across Gender

Substance Abuse and Mental Health Services Administration, Center for Behavioural Health Statistics and Quality, 2016 opined that for most age groups, men have higher rates of use or dependence on illicit drugs and alcohol than women. National Institute on Drug Abuse (NIDA, 2018) conducted a study titled "Sex and Gender Differences in Substance Use". In their report they alluded that research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment as simple as not being able to find child care or being prescribed treatment that has not been adequately tested on women.

The current study had an objective that sought an understanding regarding the prevalence of drug abuse across gender. Africa is generally a patriarch society. Women ingestion of alcohol and drugs is considered not normal. In this regard, drug abuse by women is generally frowned upon. This general attitude towards alcohol consumption and drug abuse may tend to find its way even among university athletes in competitive sports. Necessary data was captured and showed the prevalence of drug abuse in relation to the gender of the players in the selected competitive sports.

Table 8: Which Gender Abuses Drugs More?

		Which gender abuses drugs more?			
		Male	Female	None	Total
Gender	Male	144	28	1	173
	Female	122	5	0	127
Total		266	33	1	300

From Table 8, it was notable that out of the 173 male respondents, 144 (83.23%) agreed that male players abused drugs more than females and out of 127 female respondents, 122 (96.06%) agreed that males abused drugs more than females. Only 33 (11%) of the respondents agreed that female players abused drugs. A research in 2021 by the Office of Research on Women’s Health found that for most age groups, men have higher rates of use or dependence on illicit drugs and alcohol than do women. Just as in this study, this implies that generally more men than women abuse drugs. In the university set up in Kenya, we have more male students than their female counterparts. Onsongo (2004) reported 30% lower enrolment of female students in selected public universities and 40% in private universities. This lower enrolment during admission is also replicated during participation in various sporting activities more so in regard to competitions.

According to Heath (2001), it is now commonplace for groups of friends to plan social gatherings around the presence of alcohol, such as meeting with close friends for happy moments at a favourite bar. Being under the influence of alcohol makes peer interaction much easier; people feel more confident, are quicker to crack jokes and speak up, feel less self-conscious, and worry less about rejection. Culture plays a central role in forming the expectations of individuals about potential problems they may face with drug abuse (Heath 2001). Anomie, or loss of a healthy ethnic or cultural identity, may occur among native populations whose cultures have been devastated by the extensive and sudden influx of outside influence (Westermeyer, 2006).

According to a research by the Center for Behavioural Health Statistics and Quality (2017), results revealed that men are more likely than women to use almost all types of illicit drugs. This agrees with the finding from this study that involved university athletes in Kenya. For most age groups, men have higher rates of use or dependence on illicit drugs and alcohol than do women (NIDA, 2023).

The current study agrees with that by Mazzeo, Stefania and Montasano (2019). These researchers undertook a research on gender differences in drug abuse and noted that men were more exposed to drug abuse than their women counterparts. From their study, they indicated that the data that was analysed had been sought from the ministry of health in Italy. Since 2007 to 2017, 13,896 athletes had been checked and 458 were doped, thereby corresponding to 3.5% of the total analysed of which approximately 61 were women and 358 were men. They concluded their study by noting that addiction between men and women was different and was based on the drive and how the two genders translated ego and gratification. These studies showed that gender differences in drug abuse were dependent on a number of factors which included social, cultural expectations and experience.

Table 8 indicates that out of the 173 male respondents, 144 (83.23%) agreed that male players abused drugs more than females and out of 127 female respondents, 122 (96.06%) agreed that males abused drugs more than females. On average it is acknowledged among the sports fraternity that drugs have a tendency to slow down your mental capacity in effect affecting sports performance. This effect is more apparent in female athletes than it is in men. But that is no excuse for men to abuse drugs. Especially

for sportsmen who should know the impact of drug abuse. The need for education on drug abuse and possibility of addiction needs to be continuous education for these sports men and women.

5.0 CONCLUSION AND RECOMMENDATIONS

Summary

The first objective sought to identify the determinants of drug abuse by gender in the selected competitive sports at the universities in Kenya. The data collected indicated that 144 (83.23%) of the male respondents and 122 (96.06%) of the female respondents had the opinion that more male athletes abused drugs than their female counterparts. Studies have revealed that more men than their female counterparts, abuse almost all types of drugs. These drugs, according to the respondents' opinions, are abused by the players involved in contact sports like rugby. According to the views of most heads of sports (7, 70%) in both the public and private universities, the players do abuse the drugs during the competitions that are usually held outside their own institutions. This could be attributed to the fact that the players have some extra money as they are usually given some allowances. The other reason is that when the players are outside their institutions, they tend to have more freedom away from the ever alert administrators in their institutions. The aspect of culture could also be at play in regard to one gender abusing drugs than the other. Generally, society frowns on women who abuse drugs as they are regarded as being either loose or belonging to the rotten end of society.

Conclusion

With respect to gender and drug abuse among players in the selected competitive sports, it was concluded that more male than female athletes engaging in sports in universities in Kenya, abuse drugs. This could be attributed to the assumption that males tend to experiment more on most things than do their female counterparts. Culture also generally expects women folk to live in a certain manner within the society. Going against the societal norms is often frowned upon and drug abuse is no exception. Another reason for the significant difference in the numbers that abuse drugs among players in the university could be the urge for males to prove their masculine nature as opposed to the feminine and reserved nature among women. This is well observed in a sport like rugby, which according to respondents had the highest probability for players to abuse drugs.

Recommendations

It is recommended that proper sensitization and counselling about the negative effects of drug abuse be done by relevant people such as coaches, sports officers and students counsellors. The general notion that sports activities do deter drug abuse should be relooked at. This is because the results of this study have revealed that athletes active in sports have been abusing drugs for various reasons; this includes female athletes.

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