

## **Gender Disparities in the Prevalence of Drug and Substance Abuse among Youth Clients at Mandipa Hope Rehabilitation Centre, Harare, Zimbabwe**

***Ireene Dzadza, Lillian Tariro Savadye & Kudzai Mwapaura***

Women's University in Africa, Zimbabwe

### **Abstract**

*The study aimed at exploring the prevalence of drug and substance abuse among male and female youths offered rehabilitation services by Mandipa Hope Rehabilitation Centre. This was in a bid to inform gender sensitive interventions. The study revealed gender differences in drug and substance use patterns among male and female youths in Zimbabwe. The prevalence of drug and substance abuse was explored under the purview of the prevalent rate of drug and substance abuse among male and female youths; prevalent types of drugs and illicit substances abused by male and female youths; and the frequency of drug uptake by male and female youths. Utilising a mixed methods approach, information was collected from 35 male and female youths, and 5 key informants using a survey, in-depth interviews and key informant interviews. The study established a higher prevalence of drug and substance abuse among male youths when compared to their female counterparts. Crystal meth was noted as the most used drug by both male and female youths, whilst there were notable differences in the use of alcohol, marijuana, cocaine and prescriptive drugs. The frequency of drug use was high among male youths compared to female youths. This study highlights the differences in the prevalence of drug and substance abuse among male and female youths as essential knowledge for social workers to tailor their interventions so that they address the prevalent drug and substance issues for both genders.*

**Keywords:** drug and substance abuse, gender, prevalence, rehabilitation, substances, youths.

### **Introduction**

Drug and substance abuse is an issue of concern in several countries, Zimbabwe included. This is because it significantly affects the well-being of youths. The challenges posed by substance abuse among young people are multifaceted, leading to detrimental health outcomes, social dysfunction, and long-lasting economic repercussions. Despite several studies having been conducted on drug and substance abuse, there is a dearth of literature regarding gender differences in drug and substance abuse. Male and female youths experience and respond to substance use differently, often shaped by societal norms, cultural expectations, and varying psychological factors. As a result, interventions to address the challenge of drug and substance

abuse need to be gender specific, taking into account the differences in male and female users. To this end, the researchers chose Mandipa Rehabilitation Centre because it specialises in providing rehabilitation services for individuals struggling with drug and substance abuse, making it an ideal location for studying the prevalence of drug and substance abuse among male and female youths between the ages of 18-35 years in Zimbabwe. The centre also offers comprehensive and holistic treatment programs to both male and female end users, hence it informed the choice of the study setting.

Mandipa Hope Rehabilitation Centre is a facility in Zimbabwe that provides comprehensive services for individuals recovering from drug and alcohol addiction. The Centre was founded by Carol Tapfumaneyi Mashingaize (also referred to as Caroline Mashingaidze-Tapfumaneyi). Having been a successful entrepreneur for many years, she identified a critical gap in Zimbabwe's response to the rapidly increasing drug and alcohol addiction crisis, particularly following the challenges brought on by the COVID-19-induced period of idleness and economic challenges (Mandipa Hope Rehabilitation Centre, n.d.). The organisation has centres in Harare, Bulawayo, and Mutare. Focus is on recovery from drug and alcohol addiction. The centres offer a two-phase recovery approach, often lasting more than two months. Their core services include medical detox & supervised withdrawal, counselling & therapy, skills training, occupational therapy & recreation, spiritual & emotional support, and ongoing support.

Rehabilitation centres in Zimbabwe, such as Mandipa Hope Rehabilitation Centre, provide several rehabilitation services in an attempt to solve drug and substance challenges. However, drug and substance abuse challenges persist in Zimbabwe, which could suggest that the existing rehabilitation programmes often lack a gender-sensitive approach. This may therefore limit the effectiveness of rehabilitation centres in addressing the specific needs of male and female youths in Zimbabwe. The study therefore explored the prevalence of drug and substance abuse among male and female youths in Zimbabwe to guide the implementation of gender specific rehabilitation programmes. It focused on three components of prevalence: prevalent rates, prevalent types of drugs abused, and the frequency of abuse among male and female youths.

## **Background to the study**

Drug and substance abuse is a persistent global challenge, with far-reaching consequences for individuals, families, and communities. Worldwide, it is estimated that over 35 million people suffer from drug use disorders, with the majority being youths (UNODC, 2021). WHO (2023) reports that the abuse of substances, such as alcohol, tobacco, cannabis, opioids, and stimulants,

can lead to a range of physical and mental health problems, including cardiovascular disease, liver damage, anxiety, and depression. Numerous studies have shown that male youths are more likely to engage in substance use compared to their female counterparts, with risk-taking behaviour often driving higher rates of alcohol and illicit drug consumption (European Monitoring Centre for Drugs and Drug Addiction, 2020). However, the notable gap in substance use between genders is narrowing, with an increasing number of young women experimenting with drugs and alcohol (Cosma et al, 2022). Hence, since there is a high prevalence of drug and substance abuse amongst males, there has been a significant rise in the uptake of drugs and illicit substances among women. Similarly, in Asia, gender differences in substance abuse are pronounced. A study conducted by Srivastava et al. (2021) in India found that male adolescents displayed higher rates of alcohol and drug use largely influenced by peer pressure and societal expectations of masculinity. In a different study carried out in Brazil, the overview of substance abuse exhibited notable gender differences. In another study, Rebelatto et al. (2022) established that, while males predominantly engage in illicit drug use, female users are increasingly drawn to substances like crack cocaine, often as a coping mechanism for trauma and socio-economic hardships. Therefore, such gender dynamics in drug and substance abuse indicate that drug and substance abuse across the globe is gender specific, hence requiring gender specific interventions to deal with this challenge among youths.

The prevalence of alcohol and drug use disorders in Africa is higher than the global average, with significant variations across countries and genders (WHO, 2023). This was evidenced in a study conducted in South Africa that revealed that the lifetime prevalence of substance use disorders was 13.3% among males and 8.1% among females. In a different South African study, Shuro and Waggie (2024) indicated that young males are more likely to engage in excessive drinking and illicit drug use compared to their female counterparts, who often face stricter societal norms regarding substance use. However, more females were reported to be using substances such as alcohol and cannabis as a result of peer pressure and changing societal expectations (Chen, 2020). In Nigeria, a study revealed that, while male adolescents predominantly abuse substances such as alcohol and cannabis, female youths are increasingly turning to prescription drugs and psychoactive substances often as a means to cope with stress and mental health issues (Uwaibi, 2022). This shows that there is an arguably high prevalence rate of drug and substance abuse in Africa, with males being the most affected gender.

In Zimbabwe, the issue of drug and substance abuse among youths is a menace (Chikoko & Mwapaura, 2024; Muzondo, 2023). According to the National Drug Master Plan (2019), the

country has witnessed a significant increase in the use and abuse of various substances, including alcohol, cannabis, heroin, and cocaine, particularly among the youth population. Studies conducted in Zimbabwe on drug and substance abuse and gender issues, such as Chikoko et al. (2021) and Masvawure (2020), indicated that males are more likely to engage in risky behaviours such as binge drinking and the use of illicit drugs, compared to their female counterparts. Despite such gender differences in the use of drugs and illicit substances, existing rehabilitation programmes in Zimbabwe often do not adequately address gender-specific needs. Jacobs and Maseko (2022) reiterate that treatment approaches must be tailored to address the unique challenges faced by both male and female youths as gender roles and societal expectations can influence treatment outcomes. It is therefore against this background that this study explored the prevalence of drug and substance use among male and female youths in Zimbabwe. This would enhance the effectiveness of rehabilitation centres in dealing with the problem.

## **Literature review**

The prevalence of drug and substance abuse among youths is a serious public health issue that varies significantly by gender, with several studies carried out across the globe indicating a high prevalence of drug use among male youths. A study conducted in Brazil by Gómez-Núñez et al. (2023) reported that 14% of male adolescents and 8% of female adolescents were recorded to have used illicit drugs in 2019. Males were found to have higher rates of experimentation with drugs, particularly in urban areas (Gómez-Núñez et al., 2023). In the United States, the Substance Abuse and Mental Health Services Administration (2020) reported that approximately 12.3% of male high school seniors used illicit drugs, compared to 7.9% of females. In Europe, the European Monitoring Centre for Drugs and Drug Addiction (2020) noted that young males exhibit higher rates of risky behaviours, including severe drinking and illicit drug use. Studies in the Americas and Europe therefore indicated a high prevalence of drug use among males. Studies in other countries such as India suggest that increasing numbers of young females are engaging in substance use, often influenced by social changes and peer pressure (Srivastava et al., 2021). All these studies revealed that males engage in drug and substance abuse more than females, although there is an increasing rate of female users. Similar trends were noted in Ethiopia. In a study conducted by Muthoni et al. (2023), it was revealed that 60% of male youths reported using substances compared to 40% of female youths. Studies on drug and substance use among males and females in Africa; therefore, also showed similar trends to those across the globe, as males were noted as having a high prevalence. The

prevalence rates of drug and substance abuse among male and female youths in Zimbabwe have been a growing concern, with various studies highlighting alarming statistics and trends (Chikoko et al, 2021; Muzondo, 2023). A study conducted by Matutu and Mususa (2019) highlights significant gender disparities in substance abuse among Zimbabwean youths. Their findings suggest that male youths are more likely to engage in substance abuse compared to their female counterparts, with prevalence rates reported at 65% for males and 45% for females.

Evidence from various studies conducted across the globe suggests that males and females abuse different types of drugs. These studies revealed that males are more likely to engage in substance abuse compared to females, such as alcohol, marijuana, cocaine, and heroin (European Monitoring Centre for Drugs and Drug Addiction, 2022), whilst females are more likely to abuse prescription drugs, such as opioids and benzodiazepines (National Institute on Drug Abuse, 2021). Additionally, females may be more prone to binge drinking and alcohol-related disorders compared to males (WHO, 2023). In countries such as Brazil and Colombia, alcohol and cocaine remain the most commonly abused substances among both males and females, but gender disparities exist, with males often exhibiting higher rates of illicit drug use (WHO, 2023). There is limited literature in Africa on gender differences in substance abuse among youth. However, available studies provide insights into the prevalence and patterns of substance use. In a study conducted in Nigeria, Olanrewaju et al. (2022) revealed that alcohol and cannabis were the most commonly abused substances among both male and female youth. The study further revealed that male youths were more likely to engage in substance abuse, that is, alcohol and cannabis, compared to their female counterparts. Similarly, a study by Mokwena and Setshego (2021) in South Africa also showed that alcohol and cannabis were the most commonly abused substances among both male and female youth. However, their study also highlighted a significant increase in the use of inhalants among female youth.

Studies on drug and substance abuse do not explicitly indicate the frequency of drug and substance use among male and female youths. In South Africa, research indicated that young males are more likely to abuse substances such as alcohol and cannabis, while females often face greater social stigma, which may prevent them from seeking help despite similar levels of substance use (Chen et al., 2020). A study in Nigeria revealed that male adolescents reported higher frequencies of drug use compared to females, with peer pressure being a significant contributing factor for both genders (Durowade et al., 2021). In Zimbabwe, a study indicated that approximately 57% of the youth population engages in drug abuse, with a notable increase in the use of methamphetamine among both genders, although males tend to use it more

frequently than females (Hlahla et al, 2024; Mugari, 2024; Chikoko et al, 2022). However, these studies lack specificity regarding the frequency of drug and illicit substance uptake by both male and female youths in Zimbabwe.

## **Theoretical framework**

The study adopted the gender-responsive approach developed by the Forum of African Women Educationalists in 2005. The gender-responsive approach (GRA) recognises the distinct experiences, needs, and challenges faced by individuals of different genders (Alber, 2024). This approach emphasises the importance of understanding how gender norms, roles, and expectations can shape individual and societal attitudes, behaviours, and access to resources. In the context of drug and substance abuse, the gender-responsive approach implies that male and female youths may encounter different risk and protective factors that contribute to their patterns of substance use and abuse. For instance, gender-specific socialisation processes, peer influences, and coping mechanisms can all play a significant role in shaping the trajectories of substance abuse among male and female youths (UNODC, 2018). The framework advocates for the development of gender-specific interventions that address the unique needs of males and females.

The GRA promotes a holistic understanding of individuals, considering not only their substance use, but also the broader social, economic, and cultural contexts that influence their behaviours. This can be utilised to understand prevalence rates of drug and substance abuse among youths, as studies indicate that males are more likely to engage in substance use, with a global prevalence rate of 13.9% compared to 8.5% for females aged 15-24 (WHO, 2023). However, females are more likely to misuse prescription opioids and tranquillisers (SAMHSA, 2019), and experience faster escalation from initial use to dependence (NIDA, 2020). GRA acknowledges that societal expectations, gender roles, and power dynamics contribute to these disparities. The approach can thus be used to explain the development of gender-sensitive rehabilitation programs that cater to the specific needs of both genders, which is significant in an environment where substance abuse is a growing concern among youths, with significant implications for public health and social stability (Hlahla et al, 2024; Mugari, 2024). Therefore, the GRA served as the befitting theoretical framework for the study.

## **Methodology**

The research adopted a mixed method study to examine the prevalence rate of drug and substance abuse between males and females. The study was conducted at Mandipa Hope

Rehabilitation Centre, which is a facility for the rehabilitation of drug and substance users in Mandara, Harare (Zimbabwe's capital), about 12 km from Harare Central Business District (Map data, 2024). The rehabilitation centre is a medical facility that offers home-based treatment to people with drug and substance misuse issues, as well as any other mental health issues, with the Zimbabwe Institute of Drug and Alcohol Combating overseeing its operations (Muchetu, 2022). It was selected as the setting of the study because it specialises in providing rehabilitation services for individuals struggling with drug and substance abuse, making it an ideal location for studying the prevalence of drug and substance abuse among male and female youths between the ages of 18-35 years in Zimbabwe.

The study adopted a mixed methods approach in the form of a convergent parallel design to describe the prevalence of drug and substance abuse among male and female youths in Zimbabwe. The design enabled the triangulation of data, with quantitative findings and qualitative findings complementing each other to yield in-depth, relevant and valid data. Data was collected from a total of 40 samples (35 youths, both males and females with a history of drug and substance abuse, and 5 key informants). The 35 youths comprised 13 females (37.41%) and 22 males (62, 59%). For key informants, 3 (60%) were females, which was the majority, and 2 (40%) were males. This inclusion ensured a fair representation of the study participants to ensure a balanced view of the problem. The 35 youths were statistically chosen using stratified random sampling, where the researcher obtained a list of youths abusing drugs who had received and who are receiving rehabilitation services from Mandipa Hope Rehabilitation Centre, and separated male from female youths. As a result, 2 separate lists were developed (1 for males with 36 youths, 1 for females with 19 youths). From each stratum, the researcher then used random sampling to select 22 male and 13 female youths to participate in the study. Data was collected from these respondents by means of a survey that was guided by a questionnaire.

From the 35 youths, 8 (5 males and 3 females) were selected using quota sampling to participate in interviews. The selection was guided by the principles of data saturation; hence, after interviewing 8 youths, the researcher noted that similar data was being generated, and the interviews were therefore deemed exhaustive. Data was collected from these youths using in-depth interviews, which lasted between 30-45 minutes. These were guided by unstructured questions from an in-depth interview guide. Five key informants were selected to participate in the study using purposive sampling. The researcher, therefore, used personal discretion to select the study's key informants. As a result, 2 social workers, a clinical psychologist, a

psychiatrist, and a life coach, whom was deemed as possessing expert knowledge regarding gender specific differences in drug and substance use, were part of the sample. Data were collected from the study's key informants using key informant interviews, which were guided by a key informant interview guide.

Permission to carry out the study was granted through a formally written letter. The researcher then proceeded to collect both quantitative and qualitative data. To collect quantitative data, questionnaires were administered to 35 youths (currently in rehabilitation, and those who previously received rehabilitation services at Mandipa Home Rehabilitation Centre). The questionnaires were accompanied by informed consent forms, which contained all pertinent information regarding the study's purpose, objectives, and possible harm so that respondents could give their informed consent and respond to the questionnaires. In collecting qualitative data from youths and key informants, the researcher began by self-introduction, outlining the aim of the interview, and assuring the participant that the researcher would be obligated by the confidentiality principle to keep the participant's name private and not share any information obtained from the interview. The participants were informed of their right to withdraw from participating at any time they deem necessary. For key informants who had not provided their informed consent, they were provided with informed consent forms, which they were requested to sign before the interview session, after fully understanding the research purpose (Mwapaura, 2024). For participants who agreed, the researcher recorded the audio sessions and collected field notes.

After the data was collected, quantitative and qualitative findings were analysed separately, categorised into themes, and then presented in the report using graphs and verbatim narrations. Data from both quantitative and qualitative evaluations were integrated using a convergent parallel design. This necessitated presenting both types of data simultaneously and comparing the results to draw comprehensive conclusions on gender differences in drug use (Alston, 2020). As a result, the study utilised Microsoft Office Excel, Microsoft Word, Excel sheets for coding, and other computer programs to analyse quantitative data. The findings were then transferred to a Word document, where comparisons with qualitative findings were made, and conclusions were drawn. Data was then presented using tabulations, graphs, and pie charts. Qualitative data were analysed using thematic analysis (Braun & Clarke, 2022). Thematic analysis helped to identify patterns or themes within a data set; hence, it was adopted in this study as it congruently incorporated and complemented the quantitative findings in this study.

## Results

### Demographic characteristics of respondents

The study captured the demographic characteristics of the 35 male and female youths who participated in the study. These were respondents to the questionnaire. However, 8 of them also took part in in-depth interviews. For the presentation of data, these 8 were given code names P1 to P 8. The age range in the sample was from below 20 to 31-35 years old. The largest age group, 18 respondents (51.43%), were within the 26-30 years old range. Youths between the ages of 21 and 30 comprised the majority of the 27 respondents (77.14%). Relatively fewer youths, that is, 6 respondents (17.14%), were in the 31-35 age group. The youngest age group (below 20) represented a small minority of 2 respondents (5.71%) of the total respondents. Hence, the data suggests that young adults in their mid-to-late twenties make up the largest portion of youths engaging in drug abuse treatment at the Mandipa Hope Rehabilitation Centre. Males constituted the majority of the respondents (22/35), accounting for 62.86% of the total respondents. Females, while fewer in number, still represented a significant proportion of the respondents, that is, 13, constituting 37.14% of the total respondents. The higher prevalence of male drug and substance abuse suggests potential gender-specific factors influencing substance use behaviours.

Data on the demographics showed that the majority of the youths, 25/35 (71.43%), had attained a secondary school level of education. A smaller proportion, 9/35 (25.71%), had pursued tertiary education. Only a single individual (2.86%) had a primary school education level. The high proportion of secondary school-educated individuals suggests that drug abuse is not solely confined to lower socio-economic groups. The presence of individuals with tertiary education levels indicates that academic pressures and personal issues may contribute to drug abuse, even among those with higher educational qualifications. The majority of the youth respondents, 21 (60%), were unemployed. A small percentage of the youths, that is, 2 (5.71%) were employed in the formal sector, or informal sector, that is, 3 (8.57%). Five out of 35 of the respondents were self-employed, constituting 14% of the total respondents, and 11% were students. The high unemployment rate among the study respondents can signify that drug abuse can lead to health problems, which can make it difficult to secure and keep a job. About half, 17 out of 35 respondents (48.57%), started abusing drugs between the ages of 15 and 20. This is followed by the 21-25 age group, which had 11 (31.43%) of the respondents, and then the 26 years and above age group, which had 4 (11.43%) of the respondents. A small percentage of the

respondents, 8.57% (3 out of 35 respondents), started abusing drugs before the age of 15. The findings do suggest that drug abuse is a problem that starts at a young age for many people

### **Demographic characteristics of key informants**

The study comprised 5 key informants who were reached out to for interviewing. For confidentiality purposes, the names of the key informants were not revealed in the presentation of data, but the study used code names KI 1 to KI 5. These key informants represented diverse genders, professional fields, and work experiences, as shown in the table below.

**Table 1: Demographic characteristics of key informants**

Name of Participant	Gender	Occupation	Work experience
Key informant 1	Female	Social worker	3 years
Key informant 2	Male	Social worker	1 year 4 months
Key informant 3	Female	Life coach	6 years
Key informant 4	Female	Clinical psychologist	2 years
Key informant 5	Male	Psychiatrist	8 years

The majority of the key informants, 3/5 (60%), were females, whilst males were 2 (40%). The participants comprised 2 social workers (40%), 1 life coach (20%), 1 clinical psychologist (20%), and 1 psychiatrist (20%). The key informants were of diverse work experience, with the minimum years of experience being 1.5 years, whilst the maximum was 8 years. While there was a slight majority of female key informants, the sample includes both genders, providing a balanced perspective. The key informants represented a variety of professions within the mental health and social work fields, ensuring a comprehensive understanding of the issues. The years of experience varied significantly, suggesting a mix of both experienced professionals and inexperienced new experts. The demographic characteristics of the key informants therefore indicate a diverse group with a range of experiences and perspectives. This diversity enabled the collection of rich information regarding gender differences in drug and substance abuse among male and female youths in Harare.

### **Presentation of findings**

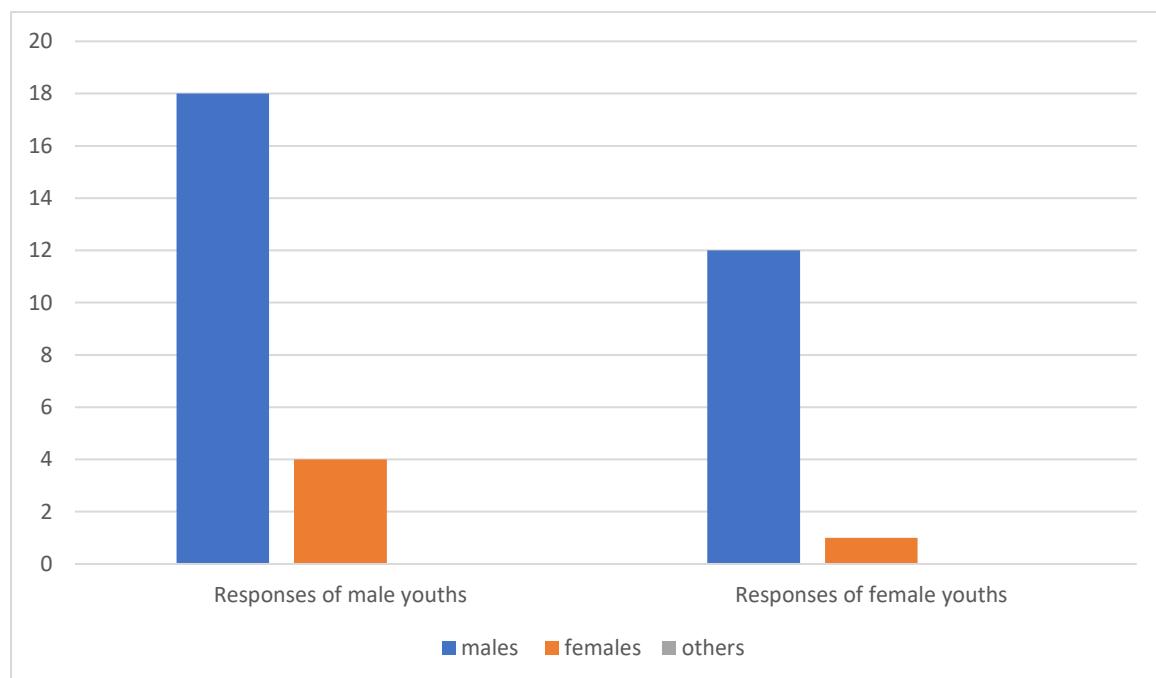
The study measured the prevalence of drug and substance abuse among male and female youths who abuse drugs and illicit substances in Harare. Discussed hereunder are the prevalence rates of drug abuse for male and female youths in Harare, the prevalent types of drugs abused by

male and female youths in Harare, and the frequency of drug uptake for both male and female youths in Harare.

### **Prevalence rates for male and female youths**

Findings from the study revealed the prevalent rates of drug and substance abuse among male and female youths in Harare. Questionnaires administered to both male and female youths (22 males and 13 females) collected data on the perceived prevalence of drug and substance abuse by both genders. The findings are illustrated in the bar graph below.

**Table 2: Prevalence of drug and substance abuse among male and female youths**



These findings were confirmed by one of the male youths who stated that:

*“Haaaa boys rinobatwa rough kudarika mababie, katori kashoma kuona musikana anodhakwa zvekudaro muareas, but haa boys rinenge rakanobatwa.”* [Hhhhhm, males abuse drugs more than females, it's rare to come across drug-abusing females, but males are always high] (P 6)

A key informant added to the above sentiments by purporting that:

*“In as much females nowadays engage in drug and substance abuse; the prevalence cannot be equated to that of males. There are societal norms that prevent females from publicly exhibiting drinking and smoking behaviours, stigma, for instance.”* (KI 2)

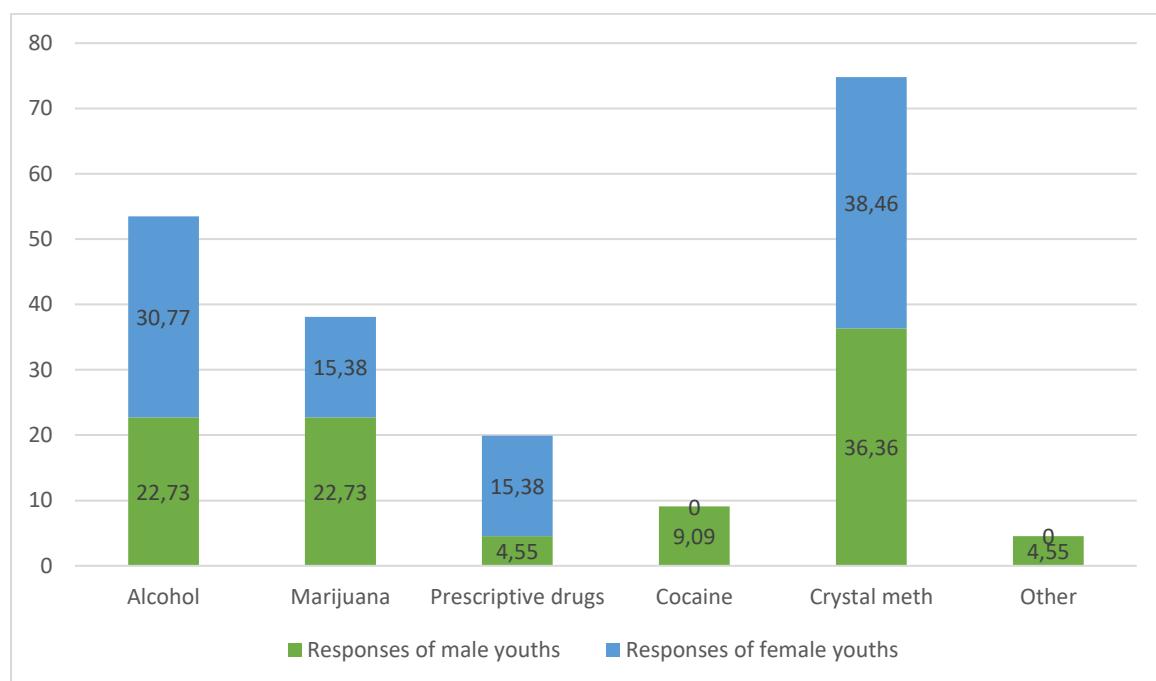
It can thus be established from the findings that both male and female respondents perceived a higher prevalence of drug and substance abuse among males. Responses of male youths

showed a high prevalence of drug and substance abuse among male youths, as 18 out of 22 male respondents (81.82%) indicated males as the gender that had a high drug and substance abuse prevalence rate, whilst only 4 (18.8%) indicated females as the gender with a high prevalence rate. Similarly, female respondents indicated that males had a high drug and substance abuse prevalence rate, as 12 out of 13 (92.31%) indicated male had a high prevalence rate, whilst one 1 female respondent (7.69%) indicated a high prevalence among female youths. There was a zero-response rate for “other” genders, implying that the knowledge of respondents regarding drug and substance abuse did not go beyond the male and female genders.

#### ***Prevalent types of substances abused by male and female youths***

The study revealed that male and female youths in Harare have a diverse prevalence in the types of drugs they abuse. The figure below shows an illustration of responses from both males and females regarding the most common type of drugs they abuse.

**Table 3: Prevalent types of drugs abused by male and female youths in Harare**



The data was substantiated by qualitative findings from the interviews. One of the male youths contacted for interviewing stated that:

“Guka ndorandairova, and chitori addictive chinhu chiya. Ndaisatoda kuchishaya zvekuti even ndisina mari ndatoona kuti ndaita plan.” [I used to abuse Crystal meth, and it is very addictive. I would struggle going for hours without using. When I had no money, I would make a plan to make sure that I managed to use] (P 8)

A female youth provided her own experience by expressing that:

*“Ndaisatogona kugara ndisina kudhakwa, ndayiita zvemutoriro but ndaiti ndikaushaya ndaitsvaga hwahwa.”* [I found it challenging to live in a sober state. I used to take Crystal meth, but whenever I could not access it, I resorted to alcohol] (P 3)

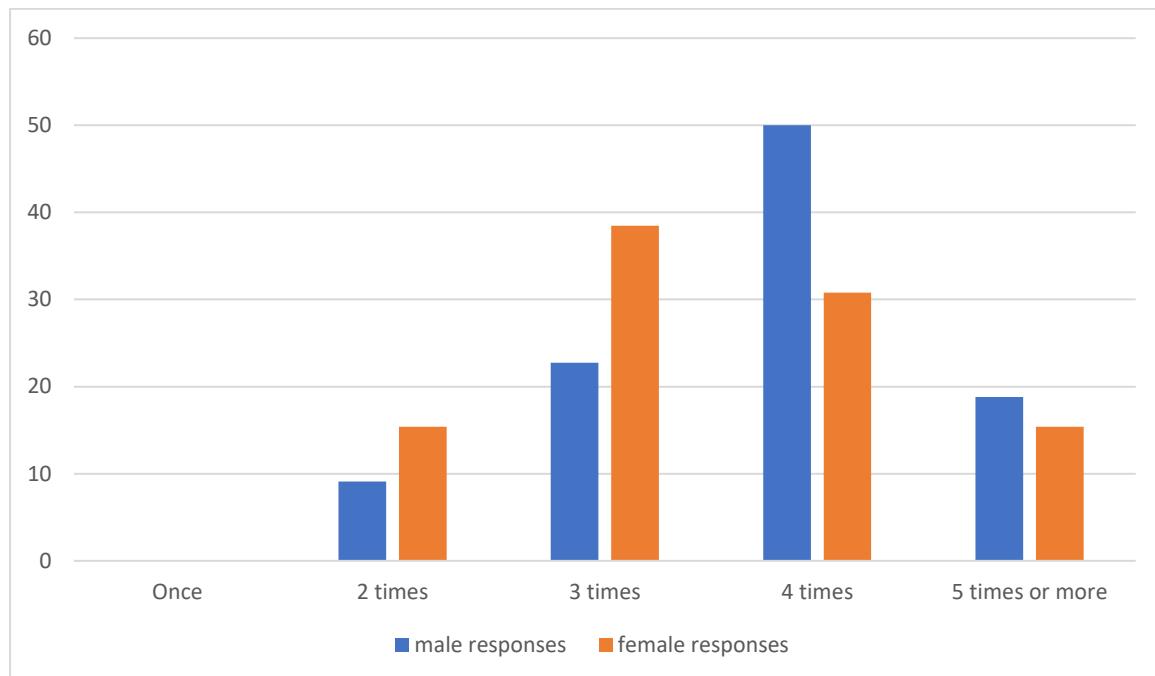
A key informant substantiated the above fact by narrating that:

“Nowadays, both male and female youths are into crystal meth. The rate of uptake is alarming, and the majority of our patients are crystal meth addicts. Gender variations can be there for other drugs and substances, but for crystal meth, I can safely say it’s the most abused drug these days, and it is affecting both genders” (P 1)

It is therefore clear from the findings that there were notable gender differences in the types of drugs abused by male and female youths. Findings showed that crystal meth (36.36%) was the most prevalent substance abused by male respondents, followed by alcohol and marijuana, both on 22.73% of the responses. This was followed by a 9.09% prevalence rate for cocaine. The least abused drugs by males at a 4.55% prevalence rate were reported to be prescriptive drugs, which they could buy without a prescription from unauthorised sources, and the “other” variable, which was specified as a drug from human waste, such as diapers. Crystal meth (38.46%) was also the most prevalent substance abused by female respondents, and followed by alcohol (30.77%). The responses indicated that marijuana and prescriptive drugs were not frequently abused by females, as a prevalence rate of 15.38 was reported for both drugs. There were no responses for cocaine and other drugs. The minimal use of cocaine in Harare, as revealed by the study, may reflect the inaccessibility of the drug or easy access to other drugs. Most of the drug using youths therefore engage in high uptake of crystal meth, popularly known among youths as ‘guka’, ‘mutoriro’ or ‘dombo’, which reflects the easy access of the drug as compared to cocaine.

#### ***Frequency of drug uptake by male and female youths***

The study revealed that male and female youths had a varied frequency of abusing drugs, with males reported to have a slightly higher frequency as indicated in Table 4.

**Table 4: Frequency of drug uptake by male and female youths**

These findings were confirmed by a key informant who stated the following:

“On average, males have a high frequency of drug abuse as they can take drugs even more than 4 times per day, depending on the type of drug, whilst high frequency for females can revolve around 3 times per day” (P 5)

The findings revealed that the majority of male youths who abused drugs and illicit substances, 11 out of 22 (50%), had a frequency of 4 times per day. This was followed by a 22.73% (5/22) frequency for those who took drugs 3 times per day, whilst 4 out of 22 (18.18%) reported taking drugs and illicit substances 5 or more times a day. Two out of 22 (9.09%) indicated abusing drugs twice a day, whilst there was no response for the ‘once per day’ measurement. A high number of female respondents, 5/13 (38.46%), reported using drugs 3 times per day, followed by a response of 4/13 (30.77%) who reported to abuse drugs 4 times per day. Frequencies of twice and 5 or more times per day were tied at 2 out of 13 responses, accounting for 15.38%. A zero-response rate for the ‘once’ variable showed that there was a relatively very low, if any, percentage of female drug addicts who used drugs once a day. It could thus be noted that, while both genders exhibit similar patterns of drug use frequency, there were notable differences in the distribution of these frequencies. Males tended to report a higher frequency of drug use, particularly at the 4-times-per-day level, whilst females, on the other hand, showed a slightly higher concentration of drug use at the 3-times-per-day level.

## **Discussion of findings**

Findings on the prevalent rates of drug and substance abuse resonate with the findings of Gómez-Núñez et al. (2023), who found in their Brazilian study that 14% of male youths, compared to 8% females, had used drugs during the year 2019. Similarly, a study conducted by Muthoni et al. (2023) in Ethiopia revealed a high prevalence of drug and substance abuse among male youths (60%) compared to 40% for females; whilst Matutu and Mususa (2019)'s findings from a Zimbabwean study showed that 65% of male respondents used drugs against a 45% among female youth. Hence, findings from the study confirm findings from previous studies that indicated a high drug use prevalence for male youths when compared to their female counterparts. The findings indicated that the low prevalence of drug and substance abuse among female youths can be ascribed to various socio-cultural factors. This could include a particularly high stigma attached to females abusing drugs compared to drug abusing male youths. The study, therefore, viewed a large gap between the prevalence rates of male and female drug use as a result of factors that inhibit drug use for females. This, however, differs from the findings of Gómez-Núñez et al. (2020) in Brazil, who established that the large gap in prevalence rates emanates from the innate drive of males to experiment with drugs. However, unlike the low prevalence rates of drug use among females in Harare, Srivastava et al. (2021) found that there is an increase in drug abuse among females in India. The findings on the prevalence of drug and substance abuse among male and female youths in Harare align with the principles of the gender responsive approach (GRA), which emphasises gender differences in drug and substance use and abuse. It can also be noted that the discrepancy between the two perspectives, particularly the female perspective's higher estimate of male prevalence, could indicate potential gender biases.

From findings on the prevalent types of drugs abused by male and female youths in Zimbabwe, it can be noted that both genders reported crystal meth as the most prevalent substance. These findings differ from the findings of WHO (2023), which established that cocaine is the mostly abused drug among both male and female youths in Brazil and Colombia. In Nigeria and South Africa alcohol and cannabis were revealed as the most abused drugs from the findings of a studies conducted by Olanrewaju et al. (2022) and Mokwena and Setshego (2021), respectively. However, from the study, alcohol was the second most prevalent substance for both genders; however, it was slightly higher among females (30.77%) compared to males (22.73%). These findings align with the findings by Mokwena and Setshego (2021) in South Africa who established that alcohol was one of the substances with a high frequency on females. Cocaine

was more prevalent among males (9.09%) than females (0%), whilst both genders reported minimal use of other substances. Gender differences in the types of drugs abused by male and female youths reflect the impact of the GRA on the study, as Alber (2024) asserts that this theoretical approach recognises the distinct needs of males and females in drug abuse.

Based on the findings on the frequency of drug uptake among male and female youths in Zimbabwe, it can be noted that the study aligns with the dictates of the GRA, which emphasises gender differences in drug abuse, including the differences in the frequency of uptake (Nyashanu & Zirima, 2023). The study findings are similar to the findings of a Nigerian study by Durowade et al. (2021), who found that male youths tend to have higher drug use compared to females because of peer pressure. In the same vein, Hlahla et al (2024)'s study in Zimbabwe indicated a high frequency of drug use among male youths when compared to female youths. Similarly, insights from interviews conducted revealed a high frequency of drug abuse for males who can take drugs about 4 times a day, whilst women participants indicated a high frequency of 3 times per day. These findings align with the findings of Chen et al. (2023), who noted that the frequency of drug use may be less for female youths compared to their male counterparts as a result of societal factors such as stigma. Thus, in practice, intervention to combat drug and substance abuse among male and female youths should focus on gender sensitive approaches, models, and intervention strategies to address the gender disparities in drug and substance uptake among male and female youths.

### **Implications of results**

The study implies that an understanding of gender differences in the prevalence of drug and substance abuse is key in enhancing social work interventions. The study revealed that males have a higher prevalence rate of drug uptake than females, and so is their frequency of uptake, whilst notable gender differences in the prevalent type of drug abused were noted. As a result, social workers must tailor their interventions according to the differences in the prevalence of drug and substance use by male and female youths. In addition, social workers could use the study's findings to advocate for policies that allocate resources and funding for gender-specific substance abuse programs within rehabilitation centres. This advocacy could help ensure that both male and female youths receive appropriate and effective treatment options, ultimately leading to better recovery outcomes and reduced rates of substance abuse in the community.

## **Conclusion**

The study concludes that gender differences are notable in the prevalence of drug and substance use among male and female youths in Zimbabwe. The study revealed that both male and female youths recognise a significantly higher prevalence of drug and substance abuse among males, indicating a shared understanding of the gender disparity in substance use. Crystal meth and alcohol are the most commonly abused substances for both genders in Zimbabwe, with crystal meth being particularly prevalent, which suggests that targeted interventions need to focus on these specific substances. Males exhibit a higher frequency of drug use compared to females, particularly in the number of times substances are consumed daily, highlighting differing patterns of substance engagement between genders. The study therefore recommends that social workers must tailor their interventions according to the differences in the prevalence of drug and substance use by male and female youths, and also lobby for policies that allocate resources and funding for gender-specific substance abuse programs within rehabilitation centres, as this may influence better treatment outcomes for both male and female youths.

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## **Competing interests declaration**

The authors declare that they have no competing interests.

## **References**

Alber, G. (2024). A novel approach to work towards gender-responsive urban climate policy. *Environment & Urbanization*, 36(1), 133-146.

Alston, M. (2020). *Research for social workers: An introduction to methods*. Routledge.

Chen, C., Mpinganjira, M. G., Motilal, A., Matukane, S., Letsoalo, R., McKee, T., ... & Francis, J. M. (2023). Prevalence and correlates of alcohol use and risky drinking among undergraduate students in Johannesburg, South Africa: a cross-sectional study. *BMC psychiatry*, 23(1), 553.

Chikoko, W., & Mwapaura, K. (2024). Substance abuse and sexual behaviour among street children with reference to the child agency theory: The case of Harare Central Business District, Zimbabwe (Part II). In Mutelo, I. (Eds.) *Human Rights in Southern Africa: Theory and Practice*. France: Domuni-Press. 129-138.

Chikoko, W., Zvokoumba, K., Mwapaura, K. & Nyabeze, K. (2021). 'Three some' and substance abuse among street children of the Harare Central Business District, Zimbabwe. *Journal of Development Administration (JDA)*, Vol. 6(2), 79-93.

Chikoko, W., Nyabeze K., Zvokuomba, K., Mwapaura, K. & Mhizha, S. (2022). "Hook-up" and Substance abuse among street children of Harare Central Business District, Zimbabwe: implications for development work. *People centred – The Journal of Development Administration (JDA)*, 7(2), 54-61.

Cosma, A., Elgar, F. J., de Looze, M., Canale, N., Lenzi, M., Inchley, J., & Vieno, A. (2022). Structural gender inequality and gender differences in adolescent substance use: A multilevel study from 45 countries. *SSM-population health*, 19, 101208.

Durowade, K. A., Elegbede, O. E., Pius-Imue, G. B., Omeiza, A., Bello, M., Mark-Uchendu, C., ... & Ogbonna, T. (2021). Substance use: prevalence, pattern and risk factors among undergraduate students in a tertiary institution in southwest Nigeria. *Journal of Community Medicine and Primary Health Care*, 33(2), 83-99.

European Monitoring Centre for Drugs and Drug Addiction. (2020). *European Drug Report 2020: Trends and Developments*. Luxembourg: Publications Office of the European Union. [https://www.euda.europa.eu/publications/edr/trends-developments/2020\\_en](https://www.euda.europa.eu/publications/edr/trends-developments/2020_en).

Gómez-Núñez, M. I., Molla-Esparza, C., Gandia Carbonell, N., & Badenes Ribera, L. (2023). Prevalence of intoxicating substance use before or during sex among young adults: A systematic review and meta-analysis. *Archives of Sexual Behavior*, 52(6), 2503-2526.

Hlahla, K., Azizi, S. C., Simms, V., Chikwari, C. D., Dauya, E., Bandason, T., ... & Ferrand, R. (2024). Prevalence of substance and hazardous alcohol use and their association with risky sexual behaviour among youth: findings from a population-based survey in Zimbabwe. *BMJ open*, 14(6), e080993.

Jacobs, L., & Maseko, M. (2022). Gender-Sensitivity Interventions for Mental Health Practitioners Working in Substance Use Disorder Treatment Facilities: A Systematic Review. *Gender and Behaviour*, 20(2), 19342-19352.

Mandipa Hope Rehabilitation Centre (n.d.). *About us*. <https://mandipahope.co.zw/about-us/>

Mokwena, K. E., & Setshego, N. J. (2021). Substance abuse among high school learners in a rural education district in the Free State province, South Africa. *South African Family Practice*, 63(3).

Muchetu, R. (2022, October 23). *Lack of public centres hampers drug rehabilitation initiatives*. *The Sunday News*. Accessed from: <https://www.sundaynews.co.zw/lack-of-public-centres-hampers-drug-rehabilitation-initiatives/>

Mugari, I. (2024). The emerging trends and response to drug and substance abuse among the youth in Zimbabwe. *Social Sciences*, 13(9), 469.

Muzondo, E. (2023). Women and illegal drug use in Zimbabwe: Causes and effects. *Sprin Journal of Arts, Humanities and Social Sciences*, 2(07), 11-25.

Mwapaura, K. (2024). Key considerations when doing research involving people with disabilities. *Journal of Social Issues in Non-Communicable Conditions & Disability*, 3(2), 309-313.

National Institute on Drug Abuse (NIDA). (2020). *Sex and Gender Differences in Substance Use*. NIDA. <https://nida.nih.gov/publications/research-reports/substance-use-in-women/sex-differences-in-substance-use>.

National Institute on Drug Abuse. (2021). *Monitoring the Future: Trends in Prevalence of Various Drugs*. NIDA. <https://nida.nih.gov/research-topics/trends-statistics/monitoring-future>.

Nyashanu, T., & Zirima, H. (2023). Treatment barriers and gender-based perceptions: Establishing gender-based treatment specialty facilities as a strategy to motivate South African young women to seek treatment for substance use disorders. *Journal of Community Psychology*, 51(1), 182-200.

Olanrewaju, J. A., Hamzat, E. O., Enya, J. I., Udekwu, M. O., Osuoya, Q., Bamidele, R., ... & Owolabi, J. O. (2022). An assessment of drug and substance abuse prevalence: a cross-sectional study among undergraduates in selected southwestern universities in Nigeria. *Journal of international medical research*, 50(10), 03000605221130039.

Rebelatto, F. P., Ornell, F., Roglio, V. S., Sanvicente-Vieira, B., Grassi-Oliveira, R., Pechansky, F., ... & Von Diemen, L. (2022). Gender differences in progression to crack-cocaine use and the role of sexual and physical violence. *Brazilian Journal of Psychiatry*, 44, 478-485.

Shuro, L., & Waggie, F. (2024). Trends in socio-demographic characteristics and substance use among high school learners in a selected district in Limpopo Province, South Africa. *BMC Public Health*, 24(1), 1407.

Srivastava, S., Kumar, P., Rashmi, Paul, R., & Dhillon, P. (2021). Does substance use by family members and community affect the substance use among adolescent boys? Evidence from UDAYA study, India. *BMC Public Health*, 21(1), 1896.

UNODC (2021). *UNODC World Drug Report 2021: Pandemic effects ramp up drug risks, as youth underestimate cannabis dangers*. Accessed from: [https://www.unodc.org/unodc/press/releases/2021/June/unodc-world-drug-report-2021\\_-pandemic-effects-ramp-up-drug-risks--as-youth-underestimate-cannabis-dangers.html](https://www.unodc.org/unodc/press/releases/2021/June/unodc-world-drug-report-2021_-pandemic-effects-ramp-up-drug-risks--as-youth-underestimate-cannabis-dangers.html)

Uwaibi, N. E., Omozuwa, E. S., & Agbonrofo-Eboigbe, G. E. (2022). Prevalence, Sociodemographic characteristics and substance abuse among young persons in Edo State, Nigeria. *Journal of Applied Sciences and Environmental Management*, 26(2), 361-367.

World Health Organization (WHO). (2023). *Substance abuse*. Accessed from: <https://www.who.int/health-topics/substance-abuse>.