

**FACTORS AFFECTING ALCOHOLICS' PARTICIPATION IN DEVELOPMENT
PROJECTS IN NYAHURURU SUB-COUNTY IN LAIKIPIA COUNTY, KENYA:
EXPERIENCES OF PEOPLE RECOVERING FROM ALCOHOLISM BEFORE AND
IN RECOVERY**

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**A Thesis Submitted to the Graduate School in Partial Fulfillment of the Requirements
for the Master of Arts Degree in Sociology (Community Development and Project
Management) of Egerton University**

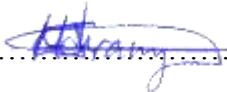
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DECEMBER, 2021

DECLARATION AND RECOMMENDATIONS

Declaration

This thesis is my original work and has not been presented in this university or any other for the award of a degree.

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Recommendation

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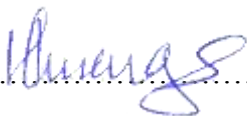
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DEDICATION

This work is dedicated to my parents and my family for their value for education and unconditional support.

ACKNOWLEDGEMENTS

I thank God, for His Grace, through which I was able to undertake this study. I acknowledge that conducting this study could not be possible without the support of Egerton University, especially the Department of Peace, Security and Social Studies. I am grateful to St Martin Catholic Social Apostolate and the entire staff of the Addiction Department who gave me access to their documents and introduced me to respondents to this study. My heartfelt gratitude goes to my supervisors Professor Wokabi Mwangi and Professor Hadijah Murenga for their support and guidance throughout the process of carrying out this study. Special thanks go to Doctor Sangoro, George, Monica and Anastasia for their support throughout the data collection process. I acknowledge Susan and my colleagues at work who took my responsibilities for the many times I was out of the office for the purpose of this study. I sincerely thank all the respondents of this study, especially those recovering from alcoholism and those in active alcoholism for their openness and willingness to give information needed for this study despite the deep emotions it elicited to some respondents. As well, I express my appreciation to the Alcoholic Anonymous group, Nyahururu town. Thank you for your support. Lastly, I thank my wife Alice, my children Jennifer, Jasmin and Caleb for their love, encouragement and understanding and many family members especially Simon and friends for the support you accorded. I take responsibility for any omission and mistakes in this work.

ABSTRACT

Literature reviewed indicated that alcoholics participate marginally in social processes globally and in Kenya. A gap in knowledge exists as effects of alcoholism on alcoholics' participation in development projects have not been adequately researched. The broad objective of this study was to explore factors affecting alcoholics' participation in development projects in Nyahururu Sub-County. This study explored effects of social reaction, economic effects of alcoholism and alcoholics' behaviour towards participation in development on alcoholics' participation in development projects. Participatory development was practiced in the study area for long yet alcoholics participated marginally and reaped meagre benefits which denied the community an opportunity to exploit their resourcefulness. Articulating the factors that hindered alcoholics from participating in development project would facilitate their reintegration in development resulting in individual and societal benefits. This study was guided by the labelling and social exchange theories. The two theories explained the interplay between inter and intrapersonal dynamics in alcoholism that influenced alcoholics' participation. The study used an exploratory research design to allow the researcher to explore the relationship between variables. The study population comprised of recovering alcoholics. It used a combination of purposeful and simple random sampling to select a sample of 49 respondents. To enrich data from respondents, 4 key informants were selected purposefully, 2 self-help groups were selected by use of purposeful and simple random sampling methods and 24 active alcoholics were selected using snowballing. Interview method of data collection was used to allow in depth data collection. Focus group discussion was used to collect data from active alcoholics and self-help groups members. Qualitative data was summarized and organized in thematic areas and presented in text form. Quantitative data was processed using the Statistical Package for Social Sciences and presented in tables, graphs and charts. The main findings indicated that alcoholics were labelled and stigmatized, where 98% of respondents used negative terms to refer to alcoholics; hence, they were excluded and alienated from development projects. Alcoholics adopted self-defeating behaviours and powerlessness, where 96% did not influence any decision in development while in active alcoholism; diminishing their abilities and capacity to participate. This study concluded that alcoholism influenced alcoholics' participation in development negatively and hence recommended changes in development projects' design to make them more inclusive.

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LIST OF ABBREVIATIONS AND ACRONYMS

AA	Alcoholic Anonymous
NACADA	National Campaign Against Drugs Abuse
SPSS	Statistical Package for Social Sciences
UNDP	United Nations Development Programme
UNODC	United Nations Office for Drugs and Crime

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

This study explored factors affecting alcoholics' participation in development projects in Nyahururu Sub County. It was inspired by an observation that alcoholics in the study area were stigmatized and they spent much of their time drunk. Out of stigmatization, alcoholics were denied opportunities to participate in community activities (Collins & Schlenger, 1988). In addition, their reaction to ill social treatment blocked them from accessing opportunities to meaningfully participate in development projects that affected them directly or as members of the community.

Alcoholism can be defined as a chronic and progressive illness manifested by persistent use of alcohol despite ill health, conflict with law, poor relations within the family and society in general (Padwa & Cunningham, 2010). Birech et al. (2013) defined alcoholism as a "chronic disability characterized by habitual drinking of alcohol to a degree that it interferes with physical and/or mental health or with normal social or occupational functioning". The two definitions agree that alcoholism has some health, social and behavioral effects that interfere with the normal functioning of individual alcoholics. The society as well suffers negative effects of alcoholism, leading to varied societal reactions based on specific society's value system. This influenced alcoholics' participation in development projects, an aspect this study investigated.

Alcohol use is an old traditional practice across the globe. A study on the Global Alcohol Exposure Between 1990 and 2017 and Forecasting Until 2030, estimated that alcohol consumption rose by 70% in the past 30 years. The study estimated that 47% of world's population was current alcohol users and the number was expected to rise to 50% by the year 2030. Additionally, 20% of adults were estimated to be heavy episodic drinkers (Manthey et al., 2019). Alcohol and substance abuse remained a major social problem in Kenya, where alcohol was the most abused drug and its abuse had far reaching social and economic effects on individual users and the society in general (NACADA, 2017). According to NACADA (2017) survey, 10.4% of Kenyans were reported to have alcohol use disorder. Nairobi region was leading, with 18.4% of respondents reported to have alcohol use disorders, followed by Western (13.1%) and Rift Valley (10.7%) regions respectively.

The study further established that 9.0% of respondents were life time users of *chang'aa* where Western region was leading with 18.7% of respondents, followed by Rift Valley region at 12.6% and Nairobi region at 12.3%. On use of traditional liquor, 12.5% of respondents were reported to be life time users of traditional liquor, where western region led with 26.1% of respondents, followed by Rift Valley region at 16.2% and Coast region was third at 13.8%. Findings of the NACADA (2017), study underlined that alcohol abuse was more rampant in Nairobi, Western and Rift Valley regions. This dispels a common perception among Kenyans that alcohol is mostly abused in the Central region. The region was ranked 7th in prevalence of alcohol use disorder at 8.3% and in terms of life time use of traditional liquor and *chang'aa*, the region was ranked sixth where 8.3% and 3.5% of respondents reported to be lifetime users of traditional liquor and *Chang'aa* respectively.

Nyahururu Sub County lies in the Rift Valley region. The region recorded higher prevalence of alcohol use disorders as compared to the national average and it was among the first three regions with the highest prevalence of alcohol use disorders. This underlined the need of conducting this study in Nyahururu Sub County, where according to the Ministry of Health officials and Nyahururu Deputy County Commissioner, alcohol abuse was a rampant social problem. According to a base line survey conducted in 2013 by St Martin Catholic Social Apostolate in Nyahururu Sub County, 80% of respondents reported that at least one member of their household used alcohol and 18% reported that at least one member of their household is a problematic alcohol user. A report by the same organization, Alcohol and Drugs Abuse Department (2016), noted that out of 704 clients who sought addiction rehabilitation services in their facility for the past three years (April 2013 to March 2016), 498 (71%) were alcoholics. This suggested that alcohol was the most abused drug in the study area and effects of its abuse may have an effect on alcoholics' participation in development projects.

According to life stories of 15 recovering alcoholics recorded in Alcoholic Anonymous 4th edition (2001), the most common experiences of alcoholics were physical and emotional pain, seclusion, loss of wealth, family and social status. A study conducted in Argentina on perceptions and experiences of stigma and discrimination: Psychoactive drug use was associated with criminal activities. Drug users who responded to the study reported that they were viewed as incompetent and untrustworthy hence discriminated against (International Narcotics Control Board, 2012). Magnavita (2000), observed that alcoholics and other drug addicts are disadvantaged. They have low accessibility to jobs, quality public and private

services and informal social support. This worsens progressively and with time, alcoholic neglect responsibilities and withdraws from family, social and communal activities, opting to spend much of their time drinking. NACADA (2012), survey found out that alcohol users and abusers were stigmatized; respondents described them as people who were incapable of contributing positively to the welfare of the community.

The World Bank's Human Development Report (1991), asserted that "development should be for the people, by the people and of the people". This means that beneficiaries of development must participate meaningfully for development to have an impact in their lives. However, local elites are more likely to participate as compared to the poor and marginalized. According to Lund and Saito-Jensen (2013), local elites have higher socioeconomic status, higher levels of education and wider social networks. Despite the fact that some alcoholics may have some of these qualities, their low social ratings out of stigma, deny them an opportunity to take part in development projects.

Participation in development has been identified as a solution to exclusion of the poor and marginalized, however, the question of who participates, when and how has remained largely unanswered (Desai, 1995). Reviewed literature on participatory development gave prominence to barriers to participation and less attention is given to factors that may lead to individuals' nonparticipation. Addiction literature on the other hand notes that, addiction to alcohol and other psychoactive drugs is a process and as individuals sink deeper into addiction, they shed off their social relations and status in their social network and concentrate more on use of drugs of choice (Wegscheider, 1981). Extreme ends of the two scenarios; that is, less efforts put in place to improve individuals' participation in development and the alcoholic behaviour may in the long run lead to marginalization of alcoholics in development projects.

Many studies have been conducted on barriers to popular participation in development and how people's participation contributes to success and sustainability of development projects as noted by Chitere (1999). On the other hand, many researches on social and economic effects of alcoholism are mainly limited to its effects on alcoholics' close social network, workplace, education, public order and safety, policy and health consequences of alcoholism (Room et al., 2010); however, factors at play between alcoholism and participation in development projects has not been adequately scientifically studied. This study therefore

explored factors affecting alcoholics' participation in development projects in Nyahururu Sub County. The study will collect data from people recovering from alcoholism since they had experienced active alcoholism and after.

1.2 Statement of the Problem

Alcoholism has been identified as a felt, significant and a widespread problem in Kenya and Nyahururu Sub County in specific. Ideally, alcoholics like other members of the society should have equal rights to participate in development projects that affect their lives. It was noteworthy that there were many development projects targeting the poor and marginalized like alcoholics in the study area. However, alcoholics ended up participating marginally and gained meager benefits from such projects. Additionally, participatory development was under criticism out of its failure to adequately address one of its basic premises of reducing alienation of the poor and marginalized in development. Factors affecting alcoholics' participation in development projects had not been adequately researched, leaving a gap in knowledge and practice that needed to be filled. This study therefore explored factors affecting alcoholics' participation in development projects. The aim was to identify the factors that hindered alcoholics' participation in development projects. Knowledge generated would give insight on how to improve alcoholics' participation in development projects for their own benefit and the benefit of the society.

1.3 Objectives of the Study

The main aim of this current study was to assess how alcoholism affects alcoholics' participation in development projects in the study area.

1.3.1 Broad Objective

The broad objective of this current study was to explore factors affecting alcoholics' participation in development projects in Nyahururu Sub-County, Laikipia County, Kenya.

1.3.2 Specific Objectives

- i. To explore effects of social reaction to alcoholism, on alcoholics' participation in development projects in Nyahururu Sub-County.
- ii. To examine socio-economic effects of alcoholism on alcoholics' participation in development projects in the study area.

- iii. To assess effects of alcoholics' behaviour towards participation in development projects in the study area.

1.4 Research Questions

- i. In which ways does social reaction to alcoholism affect alcoholics' participation in development projects in Nyahururu Sub-County?
- ii. What are some of the social-economic consequences of alcoholism that influence alcoholics' participation in development projects in the study area?
- iii. How does alcoholics' behaviour towards participation in development affect their participation in development projects?

1.5 Justification of the Study

It was important to carry out this study out of the following reasons: First, alcohol abuse has become a significant and a widespread social problem in Kenya (NACADA, 2012) and Alcoholics are socially stigmatized. The stigma pushes alcoholics deeper into addiction. As they sink deeper into alcohol addiction, they lose their social status and withdraw from their social relationships; they also experience behaviour change and economic effects of alcoholism. Effect of alcoholism on alcoholics' participation in development projects is not well articulated, despite alcoholism affecting 10.4% of Kenya's population (NACADA, 2017). Hence, there was need to conduct this current study to shed light on the same. Secondly, development is for all (World Bank, 1991).

Similarly, popular participation enhances community ownership and sustainability of community development initiatives and therefore leaving alcoholics out of development sustains the failure by participatory and community development approaches' basic premise of including all in development. Individuals suffering from alcoholism therefore should have equal opportunities to participate and benefit from development projects in their communities. This current study sought to establish barriers to alcoholics' participation in development. Knowledge generated from the study would enhance alcoholics' participation, improve equity in development participation and increase their benefits from gains made and hence improve ownership and sustainability of community development initiatives.

Thirdly, findings of this current study would be useful to development projects planners and managers, since they would enhance their strategies of facilitating alcoholics' popular

participation in development projects for greater successes and fulfilment. This would also contribute to the body of knowledge in community and participatory development discourse on barriers and possible ways of including the marginalized in community development projects.

1.6 Scope and Limitations of the Study

This current study was limited to the factors affecting alcoholics' participation in development projects in Nyahururu Sub County. The area was selected out of the fact that it lies in the Rift Valley region that recorded higher prevalence of alcohol use disorders than the national average and ranked second nationally in lifetime use of *Chang'aa* and traditional brews (NACADA, 2017). Local leaders and officials from the Ministry of Health acknowledge the problem, and their views were confirmed by a baseline survey conducted by St Martin Catholic Social Apostolate in 2013. The survey found out that 80% of household surveyed had at least one of their members who used alcohol and 18% of the same households had at least one member who was a problematic alcohol user.

The researcher anticipated that alcoholism was stigmatized in the study area and people affected may refuse to participate in the study. These factors would have delayed identification of respondents and present challenges in getting relevant information from them. To address these challenges, the study identified respondents who were recovering alcoholics through the help of St Martin Catholic Social Apostolate, Addiction Department that was the only organization that offered free rehabilitation services in the study area and hence its services were the most accessible. The study employed snow balling sampling technique to identify active alcoholics with the assistance of a social worker in the same department. This was beneficial in both identification and creating rapport with respondents' following their prior relationship with the organization.

Respondents, especially those who were engaged in small businesses, employees in private business and waged labour proved hard to get. Business people like hawker and power saw operators were not stationed in a specific location; the same applied to those in waged labour who were forced by circumstances to be in constant movement in search of jobs. This resulted to bouncing of many appointments despite having prior arrangements. Respondents who ran their businesses and employees of private businesses prioritized serving their

customers over the interview and as result they kept on interrupting interviews; meaning that it took longer to complete an interview and some went for more than one day.

To address these challenges, the researcher organized only one interview per day to avoid inconveniencing others and some interviews were conducted in respondent's homes at night since it was easier for them to create time and concentrate for long. For those interviews that were not completed in one sitting, the researcher kept record of what was discussed previously to remind respondent where they stopped. Following this, data collection took longer than anticipated. Additionally, frequent bouncing of appointment and interviews that took more than a day presented challenges in engaging a research assistant and therefore the researcher collected data from respondents' single handed, thus slowing down the process further.

Nyahururu Sub-County is heterogeneous in terms of ethnicity, where communities such as Kikuyu, Kalenjin and Turkana have significant representation. The researcher therefore translated data collection tools to Kiswahili, a language that could be understood by majority of the target population. This addressed the challenge of communication barrier, but not that of losing meaning while translating tools in Kiswahili and responses from Kiswahili to English. Some respondents would not be able to translate some of their views and feelings in Kiswahili from their mother tongue. It was also challenging to capture and translate some statements given in local languages that the researcher could not understand. To minimize loss of meaning, the researcher tried to stick to Kiswahili language as much as possible and translate responses into English as the respondents spoke. This helped the researcher to confirm from respondents whether their views were captured correctly.

The terrain of the study area was hostile and it was served with poor road network which were sometimes difficult to navigate especially after raining. Although the researcher had anticipated collecting data in dry seasons, this was not practical out of a prolonged rainy season and as a result the researcher used motorcycles and/or walked where vehicles could not have reached. This also contributed to planning only one interview per day to create ample time for travelling.

1.7 Definition of Terms

Active alcoholics: Refers to individuals who admit that they are alcoholic but they continue drinking

Alcoholic: An alcoholic is a person suffering from impulsive alcohol use and as a result the person continues using alcohol despite the dangers he or she is exposed to during and after using.

Alcoholic behaviour: Refers to observable traits shared by alcoholics such as hooding, secretive, defensive, manipulative and generally disoriented and withdrawn from social activities especially those that do not support or facilitate alcohol use.

Alcoholism/alcohol dependency: Impulsive alcohol use, leading to continued drinking despite risks and dangers an individual is exposed to during or after drinking.

Chang'aa: It is a local illicit brew, made by fermentation and distillation of grains like maize, millet and sorghum, and is very potent.

Development project: Refers to planned set of activities or piece of work aimed at improving the wellbeing of the target population. A development project has clear goals, set beforehand and is time bound.

Economic effects of alcoholism: Refers to the financial effects of alcohol consumption on alcoholics.

Influence: Refers to the process of producing effects on behaviour, opinion and action or variable(s).

Participation in development: It is a process through which people are freely and actively involved in development and its governance (Baetz, cited by Chitere, 1999). In this study it refers to the process of engaging people in a locality in development projects that directly or indirectly affects their lives.

Recovering alcoholic: Refers to a person who had been previously suffering from alcohol dependency and has made an effort to abstain from use of alcohol.

Societal reaction to alcohol: Refers to a society's response towards alcohol use and abuse and it determines consequences of alcohol use and alcoholism in a specific society.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers a review of scholarly works relevant to the study. The review is reported in the following thematic areas; societal reaction to alcoholism, economic effects of alcoholism, participation in development and its importance and factors affecting alcoholics' participation in development. The chapter also discusses theories guiding the study and presents a conceptual framework that exposes the relationship between variables under investigation.

2.2.1 Overview on Participation in Development Projects

Participation in development is an elusive concept that varies in its definition, interpretation and application. According to Oakley (1995), participation in development is an active process, where beneficiaries influence the direction and implementation of development projects as opposed to receiving benefits. This means that individuals have a stake or a part to play in whatever they are participating in. This current study views participation in development as a process through which beneficiaries of development share control with other stakeholders in the whole project cycle. This view focuses on empowering beneficiaries and the marginalized in development. In the process they play an active role in project conception, decision making, planning, implementation and evaluation. In the long run, participation would lead to improved capacities, confidence and authority to the marginalized and powerless, and therefore they determine their destiny and balance power relations with other stakeholders in development.

Since 1990s, participation in development has been identified as an important ingredient in achieving positive development outcomes (Mulwa, 1995). According to Chambers (1997), participatory development approaches reversed biases that marginalized and alienated the poor from development. He proposed a paradigm shift where people in the low socioeconomic stratum participate more and have a greater say in their own development. In this new shift, the backward, ignorant, illiterate and the least valued persons should take the center stage in determining their own objectives and goals in development. Chambers (1997), presents an ideal situation where development should be for all, including alcoholics irrespective of their social and economic standings. In practice, the opposite of Chambers' proposed paradigm shift happens; where the marginalized like the alcoholics are left out in

development processes and as a result, challenges of yester years' development approaches persist.

According to Chitere (1999), individuals' participation in development is important. He further argued that "betterment of more individuals is betterment of groups or communities of which they are members. The betterment of groups or communities is in turn the betterment of the whole society. He further observed that leaders in development projects are obliged to create conducive environment in which individuals, groups and communities, can actively participate in development projects and hence enhance their potentials. In support of Chitere's views, Burnes and Davies (1995), observed that, development projects conceived and designed without community and beneficiaries' involvement were not suitable in changing people's lives.

In addition, Chambers (1983), insisted that the cornerstone of development is active involvement of targeted community. Development agencies should therefore seek to establish structures that are flexible enough to accommodate a wide range of individuals with their views, values, aspiration and capacities (Burnes & Davies, 1995). Also, they should encourage active involvement of projects beneficiaries throughout the process. In practice this does not necessarily happen with respect to involvement of alcoholics in development projects. It is noteworthy that alcoholics are 10.4% of the country's population (NACADA, 2017). Development agencies including the Government of Kenya lack a clear-cut policy addressing involvement of alcoholics in development. This leaves the question of whether development is for all.

2.2.2 Alcoholism and Participation in Development Projects

Development projects are more often than not geared towards improving the quality of life of their beneficiaries. According to Chitere (1999), participation should optimize the use of people's resourcefulness, supplement external support and nurture the self-help spirit. Unfortunately, participation of all is not assured and the extent to which they participate is highly influenced by a myriad of factors. This raises the question of; what alcoholism related factors hinder alcoholics' participation in development and how well do they participate as beneficiaries of development?

Gupte (2004), observed that social and economic factors play a significant role in determining how people participate and outcomes of their involvement in development projects. In support of Gupte's observation, a study by Kenya Institute of Public Policy Research and Analysis (KIPPRA) (2006), found out that the marginalized participate poorly in development projects out of exclusion and poor prioritization. The study further revealed that duty bearers were less committed to the marginalized participation even in cases where structures and policies provide for popular participation. A study conducted by Kariuki and Misaro (2013), on Socio-Economic Status and Participatory Development in Kenya, concluded that social and economic variables influenced individuals' levels of participation in development projects significantly. Alcoholism has been confirmed to have negative social economic effects on alcoholics (NACADA, 2017). This indicated that characteristics specific and/or attributed to alcoholism may have significant influence on alcoholics' participation in development and benefits accrued. This current study therefore sought to explore social and economic factors, in reference to their influence on alcoholics' participation in development. These included how economic effects of alcoholism and social reaction to alcoholism influenced alcoholics' participation in development projects.

Societies are stratified. Individuals in different society's stratus are treated differently and they have different abilities to realize goals and avoid misfortunes defined by the social value system (Mwangi, 2011). The status-based treatment stimulated intra and interpersonal reactions that determine levels of trust and synergy among community members. Alcoholics are less valued out of their alcoholism related behaviours, stereotypes and prejudices associated with alcohol dependency; as a result, they are stigmatized and segregated. The International Narcotics Control Board (2012) stated that, "Society reacts negatively to secluded individuals and tends to discriminate against them and close the door to inclusion and they are relegated to an underclass that cannot participate in the society in which they live."

Alcoholics were therefore subjected to the injustice of being denied a chance to take part in community processes. This partly contributed to their nonparticipation since they did not have a feeling of belonging to their own society and hence, they did not own what happens in it. In reaction to social prejudices and stigmatization, alcoholics adapt by engaging in negative social behaviours. The current study sought to explore how alcoholic behaviour affected their participation in development.

People who occupy the low social status are the most powerless. According to Stoker et al. (1994), the feeling of powerlessness increases nonparticipation in development. Stoker et al. (1994), further argued that the feeling of powerlessness made the poor and marginalized not to believe in their abilities. They demean the impact their inputs could have in development. Similarly, they do not believe in their capacity to bring change. Stoker et al. (1994) observed that this sense of powerlessness diminished their efforts to participate thus their nonparticipation. In comparison, Chambers (1983), acknowledged that the powerful people in a community stand a better position to participate significantly and accrue more benefits from development projects. He further observed that the poor and the marginalized are weak, powerless and isolated and hence they are not able to articulate their issues, concerns and needs especially in public meetings. Alcoholics are more likely to be poor, powerless and socially segregated or they occupy low socioeconomic status in their communities. This lowers their self-esteem and hence the confidence to articulate their aspirations, needs and concerns in public. The extent to which this intrapersonal dynamic made them passive participants or fail to participate at all needed to be explored further.

Power relations determine the patterns of distribution of resources and authority to make decisions. According to Wileden (cited by Chitere, 1999) certain members of the community are more important in making decisions as compared to others. Burnes and Davies (2005), noted that significant inequalities in power relations may influence participation negatively, same as actual and perceived lack, in terms of skills and expertise. Power, information, skills and knowledge are more likely to be possessed by elites in the society as compared to others. Alcoholics may have information, skills and knowledge. Unfortunately, they lack community's goodwill and trust that they have the information, skills and knowledge to crown them with authority. There was need to explore whether these social dynamic hindered alcoholics participation in development despite their capacities and abilities.

According to Poss (1996), a community with many alcohol and drugs abusers faced problems of insecurity. The view corroborated The International Narcotics Control Board (2012) observation that psychoactive drug abusers tend to be "stereotyped as socially handicapped, immature and deviant. Alcohol and drug abusers may face stigmatization out of their conflict with law and existing social control systems. This is because addiction to alcohol may lead individuals to criminal activities like theft to get money to buy drugs or violence and abusive behaviour among other offenses out of altered thought processes and feelings. According to

The International Narcotics Control Board (2012), alcoholics are excluded from daily life, from social and emotional situations, and from places of social integration. This leaves alcoholics alienated in development and other social activities. As a result, they do not attempt to participate, neither do development stakeholders attempt to include them in development process. The extent to which alienation based on sense of insecurity affected alcoholics participation in development projects in Nyahururu Sub County needed to be documented.

Chronic and heavy drinking is associated with numerous physiological and psychological problems. Poss (1996), observed three factors that may lead alcoholics to poverty. First, they are prone to health challenges such as mental illness and HIV. Second, they are also less involved in economically productive activities and third they spend more on drugs. In NACADA (2012) survey, 13.2% of respondents aged 15-65 years who had reported use of alcohol or drugs in the last one year, had ever had sex while drunk or on drugs, with someone other than their regular partner. As well 16.3% of the respondents in NACADA (2017), study reported they had a family member with a mental disorder caused by alcohol and drug abuse. People who are poor, mentally ill or infected with HIV are more likely to be stigmatized and have low self-esteem as compared to other members of the community.

The International Narcotics Control Board (2012), observed that “condition of exclusion can psychologically reinforce such problems as low self-esteem, lack of self-confidence, and a fatalistic view of the future”. Mentally and physically ill, as well as poor alcoholics are more likely to lack the confidence, power and authority to appear in public gatherings where issues of development are discussed and decisions are made. This is likely to condemn alcoholics to nonparticipation or passive participation an assertion that needed to be explored.

In an ethnographic study in Gau, Fiji by Toren (1994), changes in alcohol availability and consumption were noted to have given rise to deeper divisions out of cultural contradictions in its use. One of the divisions identified by Toren was between the young people and the elders in the village, over “haphazard versus ritualized” use of alcohol. In Sri Lanka Abeyansinghe (2002), observed that alcohol consumed signified social class where people who used licit brews viewed those who used illicit brews as people of low social class and they avoided interacting with them. Alcohol use and abuse happens in a social context which is informed by among others traditions and a peoples’ culture.

According to Schmidt and Room (2012), alcohol use plays a significant role in leisure activities and in certain cultural and religious traditions. This suggested that those people whose drinking behaviour is viewed as haphazard and individuals who use illicit liquors like *chang'aa* may face challenges in interacting with other members of their own societies, leading to lack of information and non-involvement in development projects. Research has not adequately explored this aspect of alcoholics' nonparticipation in development projects.

Burnes and Davies (1995), noted that development is often dominated by project activities that are limited by time, defined by change agents and judged by pre-set objectives and expected results. As a result, less effort is put in policy and procedures formulation to include and assist the marginalized and their communities to take part or even understand how development processes are conducted. Based on time factor and bureaucracies, some development agencies may not have time to include alcoholics in their projects. Otherwise, it is convenient and efficient to work with the elite and the powerful in the community than to seek to empower the marginalized or change policies to bring on board the marginalized. As a result, alcoholics and other marginalized groups are left out. They remain less involved in development projects and empowered to participate as compared to the elites and leaders in their communities. Alcoholics' inexperience in contributing to development therefore could lead to persistence in their nonparticipation and passive participation and needed to be explored.

2.2.3 Social Reaction to Alcoholism

Different societies react to different social situations differently. Positive or negative social reaction determines how social actors are treated not only in the situation in question but also in others. According to Herd (1984), the social context in which drinking occurs determines to a greater extent the consequences of alcohol consumption. Issues like ethnicity, dominant culture, gender and age determine societal reaction to drinking. In instances where social norms prohibit drinking, one episode of drinking may elicit immediate negative effects and may affect one's social interactions and threaten his/her social valuing and status.

This might be completely different in another community where alcohol consumption is socially accepted and valued. Prevailing social environment of a drinker may therefore determine their role in development projects. This means that in societies where alcohol use is stigmatized as is the case of the research area, alcoholics are more likely to be marginalized

in development projects and hence contravene one of the basic principles of participatory development; that all members of a community should have equal opportunities to participate and benefit from development projects that affect them. This underlined the question how well alcoholics participate and benefit from development projects.

According to Collins and Schlenger (1988), social consequences of alcoholism emanate from two factors. First, changes in social interactions of an alcoholic and changes in one's social status out of low self-esteem and stigma associated with alcoholism. Second, biological and physical effects of excessive alcohol consumption such as; distorted perception, poor judgment and distorted thought process impacts individual's ability to interact and perform social roles as expected. In a society, each member occupies a set of social roles. Social roles determine how a person should behave. As well, they inform shared expectations and expected behaviour toward the person performing a specific role. Alcoholism impacts on societal and familial roles and related responsibilities negatively. Alcoholics fail to conform to social expectation and negate social roles. Consequently, they are punished by the society through lack of respect, segregation and rejection (Velleman, 1992).

Respondents in different focus group discussion in NACADA (2012) survey agreed that alcoholics behave in socially unacceptable manner, negate their social and familial role. As a result, they are viewed as individuals who are not worth respect, have nothing to offer to the community and have low capacity to head their families and the community. NACADA (2012), survey captured some of the prejudices and stereotypes associated with alcoholism and alcoholics that may have an impact on general evaluation of alcoholics in social and community process. However, the study did not specify how societal prejudice and stereotypes affects alcoholics' participation in development projects in the country, an aspect this current study sought to investigate.

Helzer et al. (1991), observed that heavy drinking disturbs family and marriage stability. Heavy drinking intensified marital conflict and increased tension in spousal relationships. The conflicts and tension worsened as alcoholics sunk deeper into addiction. According to a study conducted in Mukuru slums in Nairobi on effects of alcoholism on families; 42% of respondents reported that alcoholism had led to many family breakups and separation, while 21% of respondents felt that alcoholism led to domestic violence. Respondents to the study attributed this to negation of familial role by alcoholics (Chweya & Auya, 2014). In many

cultures in Kenya and in the research area violence, abusive behaviour and family breakup are not desirable and they may attract social sanctions like stigma and seclusion.

Despite this realization, the study did not expound on how effects of alcoholism on marriage and family stability affects alcoholic participation in development projects. Social valuing influences level of stigmatization and seclusion subjected to individuals in the community. Level of participation in community activities can be determined by individuals' social valuing. The social valuing is in turn influenced by among other factors marriage and familial stability and meeting roles associated with the two. Individuals who are less valued in a community are more vulnerable to stigmatization and seclusion in community process. This current study sought to assess how stigmatization and seclusion that is contributed by alcoholics' social valuing affects their participation in development projects.

Friends are part of the social contexts in which people learn how to drink and how to behave after drinking. Individuals select and create networks of friends based on their drinking habits and attitude towards alcohol. In this scenario, alcohol becomes the main determinant of friendship network and intensity of relationship (International Narcotics Control Board, 2012). NACADA (2007), study noted that drugs related subcultures are emerging in Kenya especially among the youths. According to Liu (1994), when a subculture is considered to be outside the conventional society or a group of people is labelled deviant, its members are more likely to be stigmatized and secluded. In the long run such individuals may lack information and chances of participating in community activities including development. For instance, respondents in a focus group discussion described alcoholics as "... odd people who are incapable of positively contributing to the welfare of the community..." others described them as people with distorted minds, with low capacity and who lack focus (NACADA, 2012).

To a greater extent, such statements indicated that alcoholics were not only secluded but also alienated from their own communities and their activities out of the assumption that they lacked capacity to contribute positively to the community's welfare. This might not be necessarily true because some alcoholics are well educated and may possess capacities that would contribute positively to development. However, societal prejudices earn them the label "odd people" who have nothing to offer to the community and therefore their competences

and capacities are overshadowed by the label. This current study therefore sought to assess effects of labels assigned to alcoholics on their participation in development projects.

Alcohol use and alcoholism has a gender and gender relations dimension in specific societies. According to Cusack (1984), men's alcohol use and addiction is more socially acceptable in many cultures as compared to women. As a result, alcoholic women are more likely than men to be considered deviant. According to NACADA (2012), survey, women and girls are more stigmatized for their alcohol use compared to men. This means that women are more likely be segregated out of their interaction with alcohol even after recovery. Gender differentiation in society's reaction to alcoholism therefore, may impact women's participation in development projects more negatively as compared to their male cohorts.

In a nut shell, literature on social effects of alcoholism is over-skewed on health, family and addicts' behaviour, less attention has been given on interpersonal relationship and social interaction of alcoholics. However, literature reviewed in this section confirmed that alcoholism altered individuals' interaction with other members of the society and it has an effect on their social status. This indicated that alcoholism may have an effect on individuals' participation in social processes and activities. Consequently, it could have a bearing on alcoholics' participation in development projects.

2.2.4 Economic Effects of Alcoholism

In a study conducted in Nairobi and Mombasa Counties, it was noted that emerging drugs and trends in psychoactive substances use, had a lot of impact on the micro and macroeconomic levels (Kahuthia et al., 2013). Kinuthia et al. (2013), established that over 90% of the respondents in Nairobi and between 70-80% in Mombasa positively agreed that alcohol and drug abuse had a lot of impact on county's security, economy, education, drop-out rate in schools and non-performance at the work place. This meant that alcohol abuse has some economic effects at micro and macro levels. The alcoholics' nonparticipation in development was not the focus of this study as a possible cause of negative effects on micro and macroeconomic factors of the economy. This current study however concentrated on the economic effects of alcoholism at individual level that had a bearing on individuals' participation in development projects.

A study conducted in United Kingdom confirmed that alcoholism has negative effects on workforce. The study found out that alcohol related work absenteeism led to the loss of between £8 to 11 billion per year (Institute of Alcohol Studies, 2017). Narcotics Control Board (2012) observed that alcoholics are also more likely to be exposed to risky behaviour that may threaten safety and security of other employees, and that unemployment and heavy drinking are related. As a result, heavy drinkers have a higher risk of losing their jobs and they are less attractive to employers hence their chances to be engaged in economically productive activities lowers.

To the contrary, as time progresses alcoholics develop tolerance to alcohol; that is more alcohol is needed to give the same effects as compared to the recent past. This translates to increased expenditures on alcohol and reduced time to source income, leading to poverty and/or it limits alcoholics' economic growth. Lund and Saito-Jensen (2013), opined that poverty contributes to nonparticipation in development; they observed that local elites are more often in higher socioeconomic classes as compared to others in their locality. Therefore, alcoholics do not only lose wealth but also their influence in development projects, an aspect this study was interested in.

NACADA (2012), survey found out that, 25.4% of alcohol users in employment reported absenteeism at work out of drinking related issues. The study further revealed that 35.7% of all alcohol users reported to have ever diverted resources for other uses to buy alcohol, in the 12 months preceding the survey. In the same study, respondents in focus group discussion reported to have known people who had lost their jobs, sold properties and wasted their livelihood and inheritance to maintain alcohol use, rendering them homeless and hopeless. In a study conducted in Mukuru slums in Nairobi, 11% of respondents reported that alcohol use led to loss of jobs out of going to work drunk, leaving work early to go drink, or even drink within working hours, or not reporting to work at all when they had money to drink (Chweya & Auya, 2014). The two surveys observed that alcohol and drugs abuse increased poverty level; however, they were silent on the effects of the same on alcoholics' participation in community activities and process. This current study therefore sought to establish the relationship between poverty caused by alcoholism and participation in development.

Alcohol causes 1.8 million or 3.2% of all deaths and accounts for 40% of the disease burden worldwide (WHO, 2004). In Kenya a survey conducted by NACADA (2007), found out that

5% of alcohol users had ever sought medical care for direct alcohol related health problems. The study however, did not capture the number of alcohol users who sought medical care out of indirect alcohol related health problems like accidents and assaults among others. Over indulgence in alcohol is also related to spread of diseases like HIV and mental illness. Six percent (6%) of respondents in a study in Mukuru slum reported that when people are drunk, they are more likely to engage in unprotected sex with people they do not know their HIV status, leading to HIV infection (Chweya & Auya, 2014).

According to NACADA (2012), survey, 20.6% of the respondents reported that they had a family member with a mental disorder resulting from alcohol and drug abuse. Although the study did not specify cases of mental illness caused by alcohol abuse, it indicated that alcohol has far reaching health effects, especially when it is considered that alcohol is the most abused substance of abuse in the country. Individual's health status is a key determinant to their economic productivity; poor health means low productivity and more expenditure on health. This current study assumed that the poor are more likely to be powerless, occupy low social status and they may feel incapacitated to contribute resources and ideas in development projects. Material poverty and lack of confidence to articulate issues was assumed to have influenced alcoholics' sense of powerlessness and low self-esteem, hence the need to conduct this current study to establish whether this assumption holds water.

Alcoholism has been identified as a cause of poverty through increased spending and reduced earning. It also contributes to loss of jobs and job opportunities as well as loss of property. Alcoholism coupled with poverty especially caused by loss of property, jobs and wealth out of overindulgence in alcohol use may have serious implication on affected individuals' participation in development. Despite this realization as demonstrated in literature reviewed, development stakeholders and scholars in development have not given adequate attention on the effects of alcoholics' economic loss on participation in development and less effort has been put in place to address the same in theory and practice, hence there was need to carry out this study to bridge the gap.

According to the literature reviewed, it is evident that individuals within a community do not enjoy equal opportunities to participate and benefit from development projects aimed at changing their lives. Local elites deny individuals who possess undesirable characteristics in the community like the alcoholics the opportunity to meaningfully participate in development

projects. As a result, such people are relegated to passive participants or do not participate at all. Indifference on the plight and place of alcoholics in development coupled with stigmatization, whether practiced by individuals, communities or governments may leave alcoholics less empowered and passive recipients of development. Seclusion, stereotyping and stigmatizing of alcoholics are some of the major social reactions that may determine alcoholics' position in development projects. Alcoholics as well play a significant role in sealing their fit, same as the economic effects of alcoholism. This current study gathered information on some of the factors that affected alcoholics' participation in development and therefore form the basis of breaking the cycle.

2.3 Theoretical Framework

This section presents the theoretical basis of the study. First, the labelling theory that explains why some people or groups of people within a society are secluded from mainstream society and its processes resulting to their alienation in development projects and secondly the social exchange theory that explain why people choose to be involved in social processes and activities through the use of their own rational choice.

2.3.1 Labeling Theory

According to the literature reviewed social reaction to alcoholism may have some effects on alcoholics' nonparticipation or low levels of participation in development. This means that alcoholics' participation in development projects may vary from one society to the other. In societies where alcohol use is stigmatized, alcoholics' involvement in social process and community activities is negatively affected. This might be different in other societies where alcohol use is more accepted (Herd, 1984). The reason behind this can be explained by the labelling theory.

Labelling theory has its roots in symbolic interaction theory (Knutsson, 1977). Symbolic interaction theory postulates that individuals are active participants in making meaning out of their environment through interaction and interpretation. This means that individual's behaviour is not only influenced by internal factors such as thoughts, feelings and needs but also by the social environment (Liu, 1994). Labelling theorists have concerned themselves with the socially determined self-identity and self-concept that results from social reactions and social expectation. The theory grew from the work of Tannenbaum (1938) who described the process of making a criminal as a process of "dramatizing the evil"; initiated, sustained

and emphasized by the society, rather than individuals themselves (Liu, 1994). According to Liu (1994), when behaviour of an individual is defined as evil, that definition is transferred to the individual and he/she is described as evil. Tannenbaum, further argued that measures taken against deviants by the community results to more evil (Knutsson, 1977).

This current study was guided by Becker's (1963) perspective. Becker researched marijuana use and control in describing labelling. According to him, some members of a society construct and apply attributes to others. Where a tag of a negative label is successfully applied on an individual or a group in a society it leads to stigmatization. Those labelled are considered to be outside the conventional society (Liu, 1994). Labelling entails assigning an identity to an individual who integrates the negative label to his/her self-perception. The society attributes certain behaviour to the labelled person or group and expects the person or the group to behave in certain ways that fits the label. Those labelled respond to social expectation by exhibiting behaviour that does not contradict the label.

The behaviours confirm the stereotype attached to the label. The behaviour which is the subject of the label is called the primary behaviour and it has minor effects on individual's status and relationship. Societies attribute sanctions and stigma to the deviant behaviour. Sanctions attached to the label alter the deviant's self-identity, producing social roles and self-regarding attitude that fits the label as a way of adjusting. This forms the secondary behaviour that forms part of individual's central identity and is regarded more important than other aspects of the person or the group (Knutsson, 1977).

Societies define some deviant behaviour as problematic and this influences its members' reaction to such behaviours. Once individuals or a group of people are successfully labelled alcoholics, they are subjected to prejudices and stereotypes that the society attach to alcoholism. Other aspects of their identity which may include high levels of education, leadership qualities, intelligence among other desirable qualities in development projects, are overshadowed by the label. For example, Kimani a former university lecturer and Gitau a former police officer, noted in their life stories that they were stigmatized and rejected by their families and communities and they were described by their drinking (Otieno, 2015). Once labelled, all alcoholics despite some having desirable qualities worthy to be local elites are treated as if they do not possess such qualities. Alcoholism becomes their most visible

characteristic and the most important aspect to describe them. As a result, they are not given a chance to participate in development according to their capacity.

Generally, alcoholism is linked to some deviant behaviour like domestic violence, conflict with law, child neglect and abuse and negation of familial and social responsibilities among others (Wegscheider, 1981). These characteristics become the main subject of judging alcoholics, irrespective of whether an individual exhibit such behaviour or not. Negative behaviours associated with alcoholism constitute a stereotype that is applied to all alcoholics. This attracts social sanctions that may include seclusion where individuals labelled as alcoholics are treated as if they are not members of the conventional society. Marginalized groups of people and in this research alcoholics might be denied access to information and social structures that support and sustain development initiatives, since they are not part of the mainstream society. Their ideas, aspirations and contribution to development are considered less important. In most cases other members of the society do not identify with them. This limits their participation in development and hence they are reduced to passive recipients of development.

Labelled individuals tend to behave in ways that confirms the stereotype associated with the label as a way of adjusting (Knutsson, 1977). One such reaction is withdrawal from familial and social activities and antisocial behaviour such as child abuse and neglect. Self-seclusion and antisocial behaviour widen their relationship gap with the mainstream society. With time they lose touch with their society hence reducing their chances for meaningful participation in development. The situation may worsen when alcoholic suffer physical effects of alcoholism like mental illness and other chronic diseases like HIV that are as well stigmatized.

According to this theory, alcoholics' exclusion in development is not their own creation but a product of social reaction to alcoholism. Alcoholics are therefore victims of a society's prejudices and pictures created by what is defined as alcoholism. This means that this state can be reversed by addressing societal stereotypes associated with alcoholism and hence reduce their nonparticipation in development projects. However, addressing prejudices and stereotypes associated with alcoholism may not necessarily yield to improved participation. Labelling theory negates the fact that human behaviour is not only influenced by the social reactions and social expectations but also by other intrinsic factors like motivation. The

theory therefore assumes that individuals respond to social expectation and reaction passively without engaging their rational judgment.

Labelling theory is silent on individual's rational choice to participate in development and what motivates them to participate. Individual's rational choice is an important variable in this study. With or without labelling, individuals can either choose to participate or not. Additionally, rewards and punishments influence behaviour either positively or negatively and therefore individuals may choose to participate in development out of perceived or actual benefits expected or accrued. This underlines the need to assess individuals' rational choice and motivation to participate in development. Social exchange theory explains why individuals choose to partake in some community activities and leave out others by engaging their rationality. Hence the choice of the theory to fill the gap left by labelling theory.

2.3.2 Social Exchange Theory

Level of alcoholics' participation in development projects is not only determined by societal reaction and individuals' reaction to labels assigned to them by the society but also by alcoholics' motivation to partake and rational judgment on gains and losses of such engagements. George Homas (1974), model of social exchange theory explained why alcoholics may choose to participate in development projects or not. Social exchange theory postulates that the society is made up of a series of interactions that are based on estimates of rewards and punishments. Homas was more interested in social relations, which he conceptualized as exchange relations or transactions. According to him, no pattern of interaction will emerge or persist, not unless all actors benefit from it. Those who lose withdraw and pursue more profitable course of action. He argued that entry or exit to exchange relations will continue until the point at which all participants are able to equalize the profits secured in relationship and those that could be gained from available actions (Scott, 2006).

Individual's choice to be, or not to be involved in development projects involves a complex appraisal of diverse rewards and cost. Actors in development projects are therefore motivated by benefits they accrue, some of which does not have a monetary value. Beneficiaries of development accrue benefits such as access to goods and services while others feel good, safe and secure out of their association with a project. They may also gain authority, new capacities and courage to address challenges affecting them. This motivates them to

participate and increase their chances of participation in future development projects. This positive outcome of development addresses the inequities and imbalanced power relation in development as noted by Burnes and Davies (1995).

The outcomes increase alcoholics' need and motivation to participate in development. Similarly, community opinion leaders, gain prestige and satisfaction out of successes in projects they are involved in, improved social approval and authority, hence their motivation to participate in development projects. Out of these rewards they dominate development initiatives and process and exclude the less powerful in important stages of development projects as observed by Chambers (1983). This contributes to nonparticipation of the marginalized and in this case the alcoholics, since they do not possess desirable qualities and power to have a significant stake in development projects.

The net value of perceived or actual benefits of engaging an individual in projects may determine efforts put in place to make that individual participate. Development agencies therefore involve elites who would actually or ideally add value to development projects (Mulwa, 1995). This is based on local elites' resource base as compared to the marginalized, their influence on other members of the community and their privileged position in terms of formal education and status in the community. On the other hand, to alcoholics, drinking is more rewarding than other activities; as a result, it is given a higher priority than other activities (Van Cleave et al., 1987), including participation in development projects. Development agencies and other stakeholders therefore find it less beneficial to involve alcoholics and other marginalized people out of fear of failure or more time will be taken to achieve significant change. The extreme of the two scenarios leads to alcoholics' nonparticipation and on the other end fewer efforts are put in place by development agencies to make them participate.

Social exchange theory explains what drives individuals to participate or to be involved in development projects. Its assumptions are based on human capacity to involve their reasoning capacity in choosing how to behave in a social situation. This explains why some actors are not involved in development projects since the net or the perceived benefit of their participation is not worth their involvement. Others choose not to participate since other activities like drinking for alcoholics are more rewarding than taking part in development projects' activities. This means that participation in development for the marginalized is

influenced by both internal and external factors. These two factors need to be interrogated further to make informed decisions on the effects of alcoholism on alcoholics' participation in development project.

According to labelling theory, alcoholics are victims of societal reaction to alcoholism. They are labelled as "useless" people who have nothing to contribute to the welfare of the community as observed by respondents in NACADA (2012), survey. Alcoholics respond positively to this label by withdrawing from their social relations, roles and community activities, hence reinforce this stereotype associated with alcoholism. The society therefore defines all alcoholics in terms specified by its prejudices and stereotypes, and therefore their capacities and abilities are overshadowed by the label hence poor participation in development. Poverty, poor health and distorted thought process caused by alcoholism aggravate seclusion. Labelling theory only explains the problem from the perspective of social reaction and individuals' reaction to social expectation.

This negates an important aspect of human behaviour, that is; man is not a perceive recipient of behaviour but an active actor who chooses what fits his/her situation by engaging thought process and learning. Social exchange theory notes that individuals are motivated to partake in any process out of gains made or they are likely to make. Alcoholics may find drinking more gratifying than participating in development, this coupled with ill treatment by their local community out of stigma and labels associated with alcoholism, leaves them secluded from development projects and other social process. Despite this, literature reviewed did not give suggestion on how to improve alcoholics' participation in development projects and hence this created the need to go further and research on the topic.

2.4 Conceptual Framework

This section presents the diagrammatic representation and an explanation of the relationship between variables under investigation.

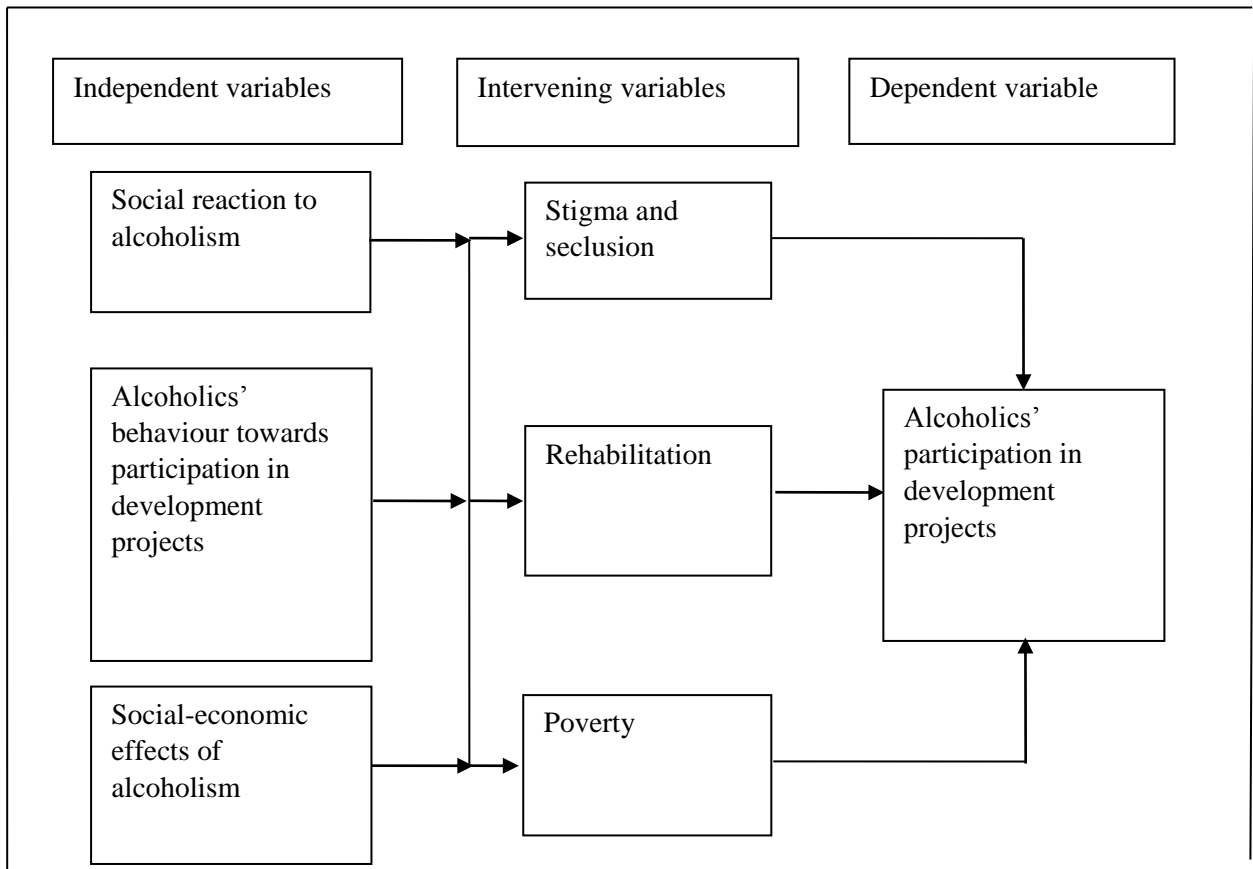


Figure 2.1. Conceptual framework

As noted in literature review, alcoholics' participation in development projects is influenced by a myriad of factors; key among them, the prevailing social context and recipients' response to call for participation. This current study therefore treated effects of alcoholism as the independent variable since they manipulate alcoholics' participation in development projects directly and indirectly. Alcoholism alters alcoholics' behaviour and the society's perception towards individual alcoholics and alcoholism. This in return influences alcoholics' participation in development projects depending on magnitude of change in behaviour and societal reaction to alcoholism and alcoholic behaviour towards participation in development. This is because, presense of alcoholism triggers negative societal reaction that differ from one society to the other depending on the level of acceptability of alcohol use. This forms the basis of alcoholics stigmatization and segregation that influences their participation in development projects.

As alcoholics sink deeper in addiction, they tend to behave in socially unacceptable manner that does not fit their roles and status in the society. Others negate their familial and social roles and shed off their social rating. Negative behavior change reinforce seclusion and their withdrawal from social processes contribute to their alienation in development. From the literature reviewed it is evident that alcoholics divert resources meant for other use to sustain their drinking, others sell properties and household goods for the same. This is out of increased expenditure in purchasing alcohol and reduced productivity, as well as lack of opportunities to earn a living that in the long run led to notable economic effects that influenced individual's social valuing and need to involve them in development projects.

This current study treated rehabilitation or treatment of alcoholism, stigma and seclusion and poverty caused by alcoholism as intervening variables. This is because, rehabilitation reverses excessive use of alcohol. When individuals abstain from alcohol use, they are more likely to revert to their normal life gradually and with time they shed off alcoholic behaviour, gain confidence and trust from other members of their community and the alcoholics' label fizzle out. In the long run, recovering alcoholics may regain their social status, improve their self-esteem and gain confidence to face people. This influenced their participation in development positively. Others may relapse and as a result the alcoholic label would remain and their nonparticipation persist. Alcoholics are more likely to become poorer as their alcoholism deepen and the opposite may happen after rehabilitation. Poverty denied alcoholics opportunity to participate in development processes since they lacked resources to contribute to development same as time and energy to contribute labour in projects where such resources were needed. Alcoholism also causes poor health and general weakness that may contribute to seclusion in development projects.

Effects of alcoholism therefore manipulated alcoholics' economic status, social reaction and alcoholic behaviour towards participation in development projects, resulting to changes in individual alcoholics' participation in development projects. Rehabilitation on the other hand reverses alcoholism, leading to changes in alcoholics' participation in development projects, as shown in the Figure 2.1 above.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the procedures and methods used in conducting this current study. The chapter will cover research design, study area, target population, sampling procedure, data collection tools, data analysis and ethical considerations.

3.2 Research Design

This current study adopted the exploratory research design. Exploratory research design is described as an investigation into a situation or a subject with an aim of gaining insights, ideas or formulating a hypothesis (Kothari, 2004). Kothari further observed that this design is appropriate in examining subjects that have scanty information and in studies that target to capture people's practical experiences with the subject under investigation. This design was suitable for this study in that, the topic is not adequately researched and therefore there exists little information about it and also the study sought alcoholics' practical experiences in participating in development. The design also allowed the researcher to give an account of relationship between alcoholism and participation in development projects based on characteristics of the sample population to obtain insight into the relationship between variables.

3.3 Study Area

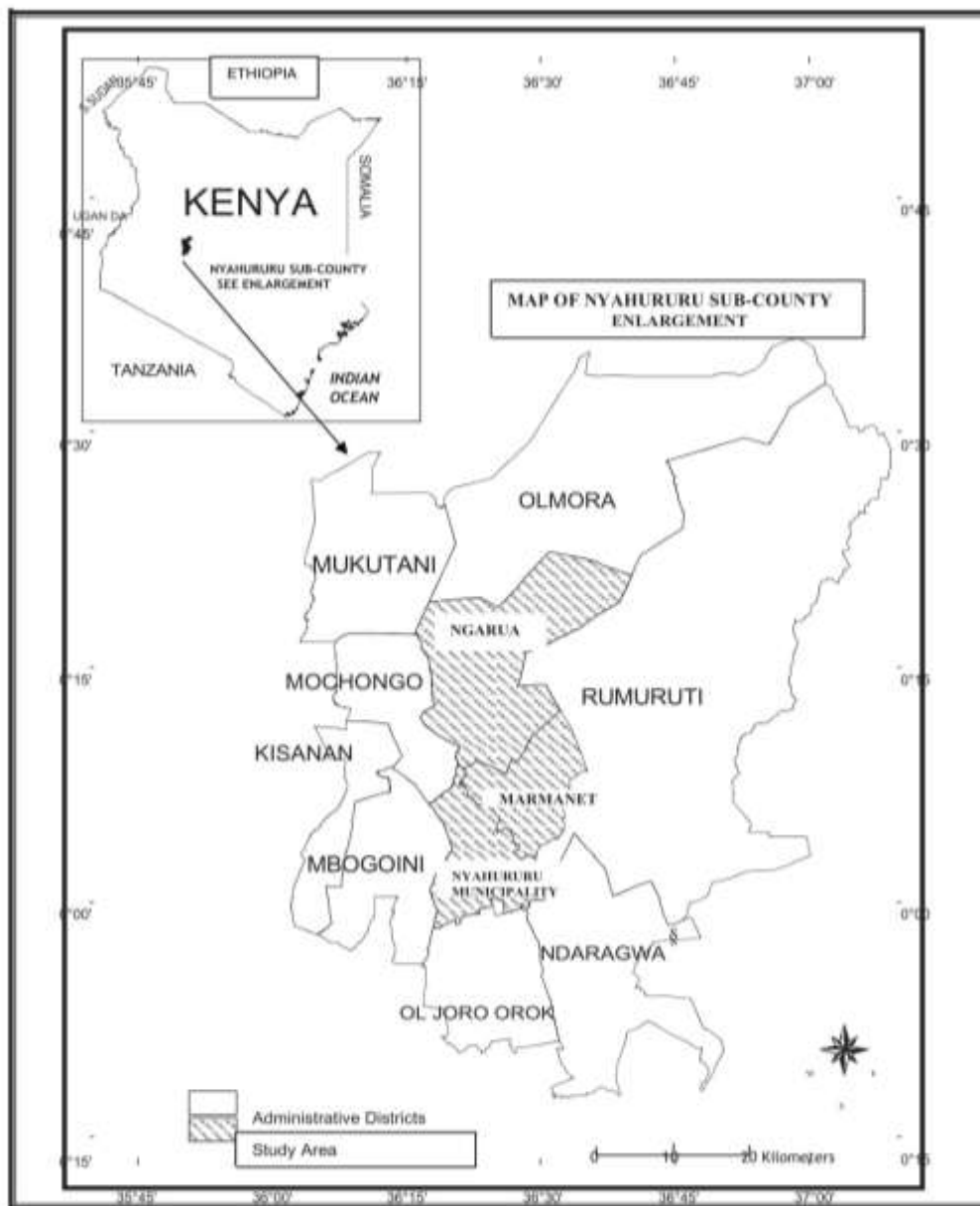
This current study was conducted in Nyahururu Sub County of Laikipia County between the months of July and December 2019. Administratively, the Sub County is divided into three divisions which include, Nyahururu Municipality, Ng'arua and Marmanet (Figure 3.1 on page 30). The study population was heterogeneous in terms of ethnicity, social, cultural and economic engagements (Laikipia County Statistical Abstract, 2018), since majority of the people living in the area are migrants from different parts of the country who settled in Nyahururu Sub-County after independence. Populace of Nyahururu Sub County lack a generally accepted social control system guiding alcohol use and abuse; a factor contributed by among others, erosion of traditional value systems out of modernization, commercialization of alcohol production, supply and sale and presence of people from different cultural background. The population's acceptability of alcohol use varies from one ethnic group to the other and thus increased use and abuse of alcohol in the study area.

Majority of the Sub County's population resides in rural area and their main economic activity is small scale farming. Maize and sorghum are some of the crops produced in the area (Laikipia County Statistical Abstract, 2018) and they are easily available and cheap to buy. These cereals are the main raw materials in production of local and illicit brews; this coupled with a large number of individuals who produce and sell local and illicit alcoholic beverages, increases availability and affordability of alcohol, resulting to increased number of people using and abusing alcohol.

River Ewaso Narok that cuts across Marmanet forest (Laikipia County Integrated Development Plan 2013-2017) in Nyahururu Sub County increases production of illicit brews that are easily accessible and cheap to buy. Illicit alcohol is produced and distributed under forest cover and hence pose a challenge to law enforcement agencies to curb the vice. The problem is further complicated by poor road network serving the area leading to low accessibility to some of the areas that illicit alcohol is produced and its distribution channels. Other factors like proliferation of slum areas like Kiamaina, Ngomongo and Maguu and several "Kang'a" ("Kang'a" is a settlement scheme that emerged in 1990s after peasant farmers who had encroached parts of Marmanet and Shamanek forests were evicted and they mobilized themselves into groups of around 20 to 30 people and bought pieces of land mainly one acre and subdivided them for settlement purposes), that favour illegal businesses like sale of illicit alcohol.

According to St Martin Catholic Social Apostolate, Alcohol and Drugs Abuse Department (2016) in the end of project period report covering the period April 2013 to March 2016, 704 clients sought addiction rehabilitation services from the facility, where out of the 704 clients, 498 (71%) clients were diagnosed with alcoholism and/or co-addiction where alcohol was one of the substances abused. This suggested that alcohol is the most abused drug in the study area and it may have affected a significant proportion of the study area's populace.

Map 3.1: Map of the Study Area



Source: ILRI 2000

3.4 Population and Sampling Procedure

According to the 2009 Kenya National Housing and Population (KNBS) Census, Nyahururu Sub County had a total population of 102,957 people and there has been no localized study on levels of alcoholism or alcoholics' participation in development in the area. This meant that information on the number of alcoholics or their participation in development projects does not exist and it was therefore unrealistic to define the population size for this study by use of statistics. The study therefore adopted purposive sampling procedure to identify respondents with desirable characteristics as proposed by Kothari (2004), in cases where research population is unknown.

The sample size of this study was informed by the number of recovering alcoholics residing in the study area who sought rehabilitation services at St Martin Catholic Social Apostolate outpatient rehabilitation centre. The organization had listed 84 people with alcoholism seeking rehabilitation services in its facility as from 1st of June to 31st December 2017. Among them were 3 females and 81 males. According to the organization, approximately 67% of its clients were committed to their rehabilitation plans and they were more likely to recover from alcoholism. This study therefore included 60% of enlisted males and 3 females who were also said to be committed to their recovery, this translated to 47 males and 3 females, making a total of 50 respondents.

From the list, male respondents to the study were identified by use of simple random method. This method was preferred because it gave all male recovering alcoholics in the list, equal chances to participate in the study and minimize the researcher's bias. The 81 male recovering alcoholics in the list were given a number after which all numbers were written on small pieces of paper that were later folded and placed in a basket. Forty-seven (47) pieces of papers were picked at random without replacement and the numbers were later marched with their respective names. One social worker at the facility was requested to assist the researcher in identifying and getting the contact of the respondents or even introduce the researcher to selected respondents where possible.

After the first sampling procedure 4 respondents selected from the list could not be traced, 7 others had moved out of the research area and 9 had relapsed, meaning that only 27 respondents were identified in the first round. As a result, 20 more papers were picked among the remaining ones where 1 respondent could not be traced, 1 had moved out of the research area and 3 others had relapsed and therefore 15 more respondents were identified making a total of 42 respondents. The researcher with the help of the social worker passed through the list and identified 5 more respondents to make a total number of 47 male respondents.

All the 50 respondents were contacted through phone calls and they were informed that they were selected to participate in the study. All the calls were made by the social worker as per the requirement of St Martin Catholic Social Apostolate as a way of safeguarding their clients' confidentiality and ensuring voluntary participation to the study. Forty-nine (49) out of the 50 respondents selected accepted to participate in the study. Recovering alcoholics

were selected as the respondents in this current study since they had experienced alcoholism and they were assumed to have information on their participation in development projects while they were in active alcoholism and during recovery process.

This current study also sought the views of active alcoholics on the topic. Since there existed no localized information on the number and gender of active alcoholics in the study area, 24 active alcoholics were sampled through snowballing technique. The use of snowballing was supported by Bhattacharjee (2012), who noted that where research population is not well defined, a researcher can start with the few participants who have the desirable characteristics for inclusion in the study and ask them to introduce him to others with similar characteristics. Through the help of the social worker from St Martin Catholic Social Apostolate, Addiction Department 2 people in active alcoholism (1 aged 35 years and below and the other above the age of 35) were identified from each of the 3 divisions of Nyahururu Sub County, making a total of 6 people in active alcoholism. Each of the 6 people in active alcoholism were requested to identify 3 more people in active alcoholism known to them and residing in their respective divisions and were within their age bracket. Through this method 24 people in active alcoholism were identified, where 12 were 35 years of age and below and 12 others were above the age of 35 years.

Snowballing sampling method was preferred since the researcher did not have information on how to get respondents who met the criteria for being included in the study. This also eased the process of creating rapport with respondents since they had primary relationships with individuals who identified them. Views of people in active alcoholism were important to this current study. They were assumed to be suffering the effects of alcoholism and therefore they held first-hand information on their participation in development. Their views were used to enrich data collected from primary respondents to the study.

This current study used purposive sampling and simple random sampling methods to identify 2 self-help groups that implement development projects in the study area. Through purposive sampling, Tree is life Trust; a nongovernmental organization, interested in empowering locals on improving their livelihoods while conserving existing natural resources was selected. The organization offered its services in the whole Sub County and it worked with self-help groups in a wide range of development projects. Its projects involved improving livestock production, crops production improvement, livelihood improvement and conservation of

forests and other natural resources through use of alternative sources of energy and technology.

The organization worked with 16 self-help groups spread across the Sub County. The 6 groups that implement livestock and crop improvement projects were picked since their membership cuts across gender and age. Energy conservation and use of alternative sources of energy and livelihood improvement projects involved mainly women groups and therefore were not suitable for the study since more men than women were affected by alcoholism.

Specific groups to participate in the study were identified by use of simple random method, where all the 6 groups that implement livestock and crop improvement projects were listed and assigned numbers. Numbers assigned were written on pieces of paper that were later folded and placed in a basket. Two (2) papers representing a third of the total number of groups were picked without replacement. Views of members of the 2 sampled groups helped the researcher to collect data on shared opinion in the general public on alcoholism that influenced alcoholics' inclusion in groups and development projects.

The study also identified 4 key informants through purposive sampling. They included two rehabilitation workers working in Recovery Trails Rehabilitation Centre and St Martin Catholic Social Apostolate. The former is a privately owned alcohol and drug abuse residential treatment centre. It was the nearest residential rehabilitation center to the study area. The latter offered outpatient rehabilitation services to the target population. Views of the key informants were necessary to the study since they helped the researcher to make sense from the data collected and explained some trends observed.

3.5 Sample Size

The total number of respondents for this current study was 50 people recovering from alcoholism. According to Bhattacharjee (2012), sample size refers to the selected number of units from which data will be collected. The study also collected data from 24 people in active alcoholism, members to 2 self-help groups that implemented development projects in the study area and 4 key informants. However, the input of people with active alcoholism, members of self-help groups and key informants was used to enrich the primary data and shed light on trends observed in the study, since they did not possess desirable characteristics for this study.

3.6 Methods of Data Collection

Primary and secondary data was collected to answer research questions. Primary data was collected from the sample population explained above. Interview guides and focus group discussion guides addressing issues of concern to the study were designed, pretested and adjusted before actual data collection was done. This current study used face to face interviews to collect data from people recovering from alcoholism. According to Kothari (2004), an interview is a method of data collection where the interviewer asks questions and interviewee responds with an aim of transferring information from the interviewee to the interviewer. This method was appropriate to the exploratory research design adopted by this study since it was flexible and allowed the researcher to capture information on respondents' experiences by use of open-ended questions. Probing technique was employed to seek more information and clarify issues, in cases of conflicting or scanty information to enrich the collected data.

Focus group discussions were used to collect data from people in active alcoholism (2 focus group discussions involving active alcoholics aged 35 years and below and the other involving active alcoholics aged above 35 years) and members of self-help groups identified (that is 2 focus group discussion; one for each group). Focus group discussion is a method of data collection where a small group of people are subjected to research questions with an aim of transferring their perceptions and opinions to the interviewer (Kothari, 2004). A focus group discussion guide with open ended questions guided the discussions. This method was preferred since it gave all group members a chance to participate in the study. It also allowed probing to clarify on issues and seek more information on grey areas.

The method was appropriate to capture information on people's perception and stereotypes associated with alcohol and drug abuse (NACADA, 2012). The 2 focus group discussions with people in alcoholism were aimed at capturing their experiences in participation in development projects since they were currently experiencing effects of alcoholism and therefore, they were assumed to have first-hand information, which would enrich data collected from primary respondents. This current study also collected data from members of self-help groups implementing development projects in the target area. Data collected was used to enrich data collected from primary respondents.

Key informants were included in this study out of the assumption that they had interacted a lot with recovering alcoholics and they held some important information about the topic of study that other groups did not have. A checklist designed to address key issues on effects of alcoholism was used to collect data. Relevant information that was not covered by the checklist was also recorded. Secondary data was gathered from review of documents that addressed issues of alcoholism, and participation in development. These materials included scholarly materials like books, journals and other publications and it was used to validate and enrich collected primary data.

3.7 Units of Analysis

According to Bhattacharjee (2012), unit of analysis refers to the persons, objects or units that are the target of the study. In this current study, 49 people recovering from alcoholism who responded to the study were the primary target of the study. They constituted the unit of analysis and therefore, their individual responses were analysed against all responses given.

3.8 Methods of Data Analysis

This current study collected both qualitative and quantitative data. The collected qualitative data was analysed using content analysis method. This involved three main stages, which included; data reduction, data presentation and conclusion drawing as recommended by Miles and Huberman (1994). Collected data was summarized, typeset and later coded. Coded data was organized in different emerging themes and related themes were clustered in broader thematic areas after which frequencies and relationship between sequences and variables were identified and recorded in prose format as proposed by Bowling (1997).

Observable trends and relationships were tallied, coded and keyed in the computer for analysis. The Statistical Package for Social Scientists (SPSS) was used to process the data where print out of tabulated data, frequency and percentage tables were used to present the data. Descriptions on common trends and relationships between variables and groups of respondents per thematic area derived from qualitative data were presented in form of text.

Data collected from people in active alcoholism, self-help groups and key informants was recorded in form of notes and typeset. These notes were reviewed to identify information collected. Information generated was used to corroborate information collected from respondents and giving deeper understanding of relationship between variables.

The collected secondary data helped the researcher to focus on the research topic, clear gray areas that were not clearly explained from the field and validate some of the information given by respondents. This gave a wider understanding of variables under investigation as suggested by Bhattacharjee (2012).

Finally, conclusions of the findings were drawn following the relationships between variable identified and consistence of trends observed from the data analysed. The conclusions guided the researcher in drawing recommendations of this current study.

3.9 Ethical Considerations

This current study observed the following ethical considerations to avoid harming study respondents. First, the researcher obtained a research permit from the National Commission for Science, Technology and Innovation. This ensured that the research was conducted within the confines of the law of the land defining how research should be conducted. Secondly, the researcher treated respondents to the study with respect, meaning that he sought their informed consent and participation in the study was on voluntary basis. Thirdly, the researcher concealed the identity of respondents and ensured that information given by respondents was kept confidential. This ensured that the researcher met one of St Martin Catholic Social Apostolate (an organization that helped the researcher to identify respondents) mandatory requirement for quality assurance and it also ensured that respondents' human dignity was safeguarded. This agreed with ethical considerations observed by NACADA (2017) survey.

This current study used the term alcoholic to refer to persons suffering from impulsive alcohol use; and as a result, the person continues using alcohol despite the dangers he or she is exposed to during and after use. NACADA (2020) defined alcoholism as a disease known as alcohol dependence syndrome. Authors in addiction literature do not agree on whether use of the term alcoholic is stigmatizing or not. In a memo dated 9th January 2017, the USA's Office of National Drug Control Policy, advised practitioners against the use of the term alcoholic, terming it as discriminatory, however, authors like Macfarlane and Tuffin (2010) use the word alcoholic to refer to persons who abuse alcohol. The National Alliance of Advocates for Buprenorphine Treatment (2008) and International Network of People Who Use Drugs (2014) did not mention the term alcoholic as stigmatizing. Nowinski (2014) and Benton (2010) observed that the term can either be stigmatizing or empowering depending on

the context and intent of the person using it. Alcoholics Anonymous proposes that individuals should identify themselves as alcoholic as opposed to being labelled by others as so (Alcoholic Anonymous, 2001).

This current study therefore adopted the views of Nowinski (2014), and Benton (2010), and used the term with caution to avoid hurting or harming participant to the study. Data was collected from respondents who acknowledged being alcoholic and were free to talk about it to accommodate the proposal by Alcoholic Anonymous (2001). The researcher explained to the interviewees and participants in focus group discussions the context in which this term was being used. Further, the researcher sought their consent to use it before interviewing them or conducting focus group discussions. This agreed with Stricker (1991), recommendation on ethical consideration in alcohol related research.

CHAPTER FOUR

RESULTS

4.1 Introduction

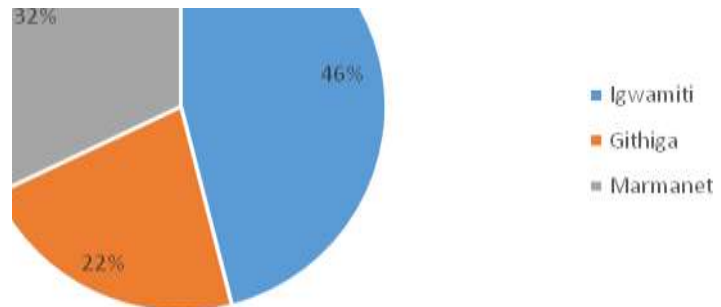
This chapter presents the results of this study. The collected qualitative data was organized in different emerging themes and later clustered in broad thematic areas based on the objectives of the study and presented in prose format. Identified trends within specific thematic areas were coded and keyed in the computer for quantitative analysis using the Statistical Package for Social Sciences (SPSS) and findings were presented in form of percentage score in figures and frequency distribution tables.

4.2 Characteristics of Respondents

This current study was interested in eight characteristics of respondents which included; area of residence, gender, age, level of education, occupation, their interaction with alcohol and duration of excessive drinking and whether they considered themselves alcoholic.

4.2.1 Respondents' areas of residence

Respondents to the study hailed from the three divisions of Nyahururu Sub County. They were randomly selected from the list of people recovering from alcoholism and were offered addiction rehabilitation services at St Martin CSA, outpatient rehabilitation facility during the selected period (1st June to 31st December 2017). Their distribution per division was summarized in Figure 4.1. Majority of respondents to the study hailed from Nyahururu municipality division at 46%, followed by Marmanet division at 32% and lastly Ng'arua division at 22%. Distribution of respondents was mainly influenced by the distance between individuals' areas of residence and the rehabilitation centre. For example, majority of clients who sought rehabilitation services from Ng'arua division, which was the farthest from Nyahururu town where St Martin CSA outpatient rehabilitation facility is located, hailed from areas that were nearer Nyahururu town.



Divisions of residence

Figure 4.2. Respondents' divisions of residence

4.2.2 Gender of respondents

Social situations affect men and women differently; hence the need to segregate respondents according to gender since alcoholism and its effects could impact on one gender more than the other in relation to participation in development projects. Results are given in Figure 4.2.

Gender of respondents

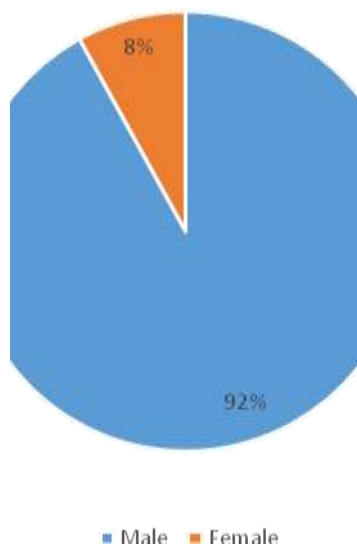


Figure 4.3. Gender of respondents

Among the respondents reached, 92% were males and 8% were females. Disparity between the number of males and females reached was mainly attributed to the low number of women who sought rehabilitation services from St Martin Catholic Social Apostolate outpatient rehabilitation centre during the selected period. According to addiction literature fewer women develop alcoholism tendencies and those who are in alcoholism are less likely to acknowledge that they are alcoholic and/or seek rehabilitation services, (Cusack, 1984). Cusack (1984), corroborating the disparity in the current study explained that alcohol use among women is more stigmatized and discouraged in many societies as compared to men.

4.2.3 Age of respondents

Age of respondents to the study ranged between 20 years to over 60 years as shown in Figure 4.3.

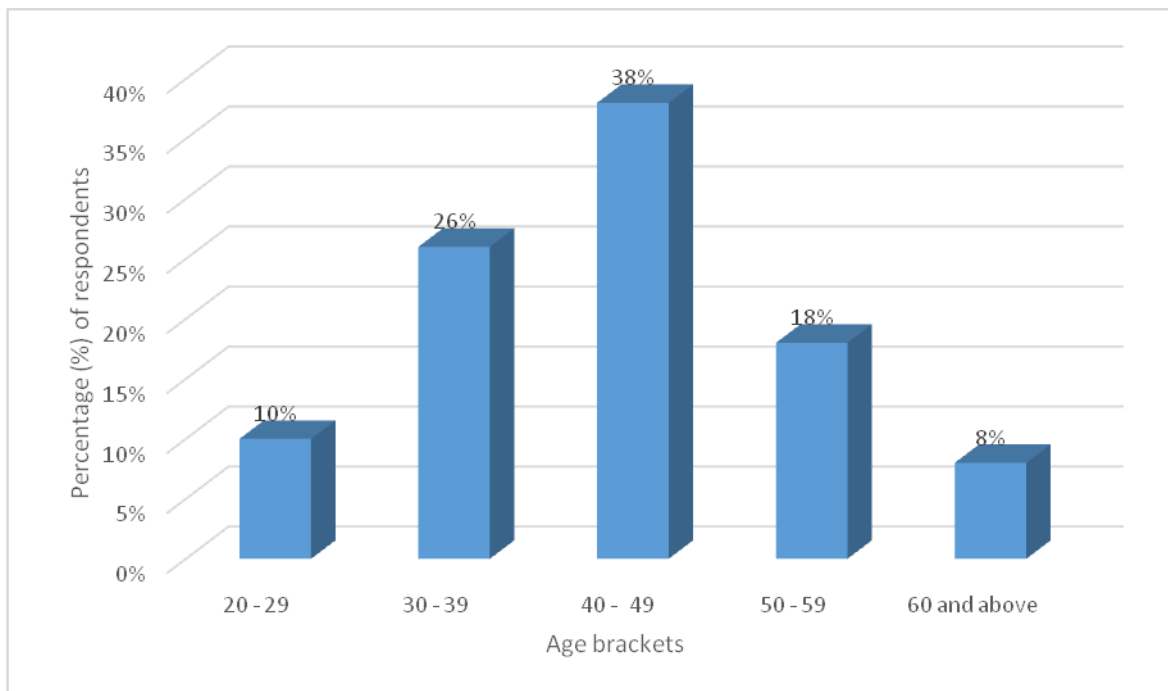


Figure 4.4. Age of respondents

Majority of respondents were between the age of 30 and 49 years. Respondents between 40 to 49 years lead at 38.8%, followed by 30-39 years' age group at 26.5%. Those aged 50 to 59 years accounted for 19%, and those aged 20 to 29 years accounted for 10%. The least represented age bracket was respondents aged 60 years and above at 8%. Generally, the age distribution of respondents indicated that people from all age groups sought support to address their alcoholism. However, those aged between 30 to 49 years were the most represented. It was observed that individuals in this age group started using alcohol when

they were much younger and therefore, they had experienced the negative effects of alcoholism and the disparity between their dreams in life and their realities, served as the main motivation factor to seek help.

4.2.4 Level of education of respondents

It was important for this current study to identify how alcoholism affected respondents with different levels of education. Results are given in Table 4.1.

Table 4.1. Respondents' levels of education

Education levels	Frequency	Percentage (%)
Primary	10	20
Secondary	20	40
Diploma/Certificate	11	22
Undergraduate	5	10
Post graduate	4	8
Total	50	100

In terms of levels of education, 40% of the respondents had secondary school education, 22% had diploma or certificates and 20% had primary school education. Respondents who had undergraduate level of education accounted for 10% and 8% had postgraduate level of education. Disparity in representation of respondents in different levels of education mainly reflected levels of education in the general population. This indicated that alcoholism is a generalized social problem, affecting individuals in all stratus of study area's society irrespective of their level of education.

4.2.5 Occupation of respondents

Respondents' occupation was analysed into four categories. These were business persons, casual labourers, employed and farmer. Respondents were engaged in a wide range of occupations as shown in Figure 4.3.

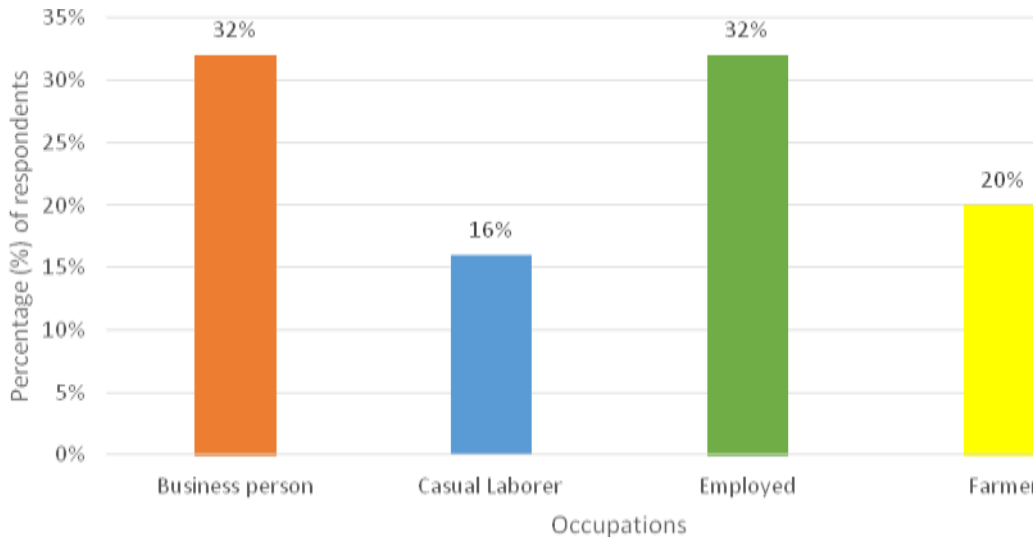


Figure 4.5. Respondents' occupations

The largest proportion of respondents was in employment and in businesses accounting for 32% of all respondents in each category. Those in business were engaged in small business which included kiosks, vegetable vending, tire repairs and carpentry shops. For those employed were teachers in both public and private schools while others worked in motor vehicle and motor cycle repair garage. This indicated that alcoholism affected individuals from all sectors of study area's economy and disparity between different occupations highlighted individuals who were more likely to seek help out of the magnitude of alcoholism on their livelihoods.

4.2.6 Ever used alcohol

This current study was designed to collect data from individuals who acknowledged to have ever used alcohol, where 100% of respondents reached acknowledged to have ever used alcohol.

4.2.7 Duration of excessive use of alcohol

Duration of excessive alcohol use depended on the time individual respondents started using alcohol and the time they took before seeking help. The duration was analysed in categories with a range of 5 years up to 35 years while those with drinking duration of 36 years and above were analysed in one category as shown in Table 4.2.

Table 4.2. Duration of excessive use of alcohol

Duration of use	Frequency	Percentage (%)
1 - 5	3	6
6 - 10	9	18
11 - 15	8	16
16 - 20	9	18
21 - 25	8	16
26 - 30	7	14
31 - 35	3	6
36 and above	3	6
Total	50	100

Majority of respondents at 18%, reported to have used alcohol excessively for a period of between 6 to 10 years and 26 to 30 years in each category. Those who had used alcohol for a period of between 11 to 15 years and 21 to 25 years followed at 16% in each category. Individuals who had used alcohol for a period of less than 6 years were fewer as well as those who had used it for more than 31 years. This indicated that it takes time for individuals to realize that they have a problem with alcohol and it also takes time for people in alcoholism to contemplate quitting and/or seeking help. This agreed with Wegshelder (1981) observation that alcoholism is a progressive disease, characterized by denial and resistance to change.

4.2.8 Respondents who considered themselves alcoholic

According to Alcoholic Anonymous (2001), it is only individuals affected by alcoholism who can identify themselves as so. This current study therefore sought to collect data from individuals who accepted that they were alcoholics. Respondents were therefore required to classify themselves as alcoholics or not. Results were as shown in Figure 4.5.

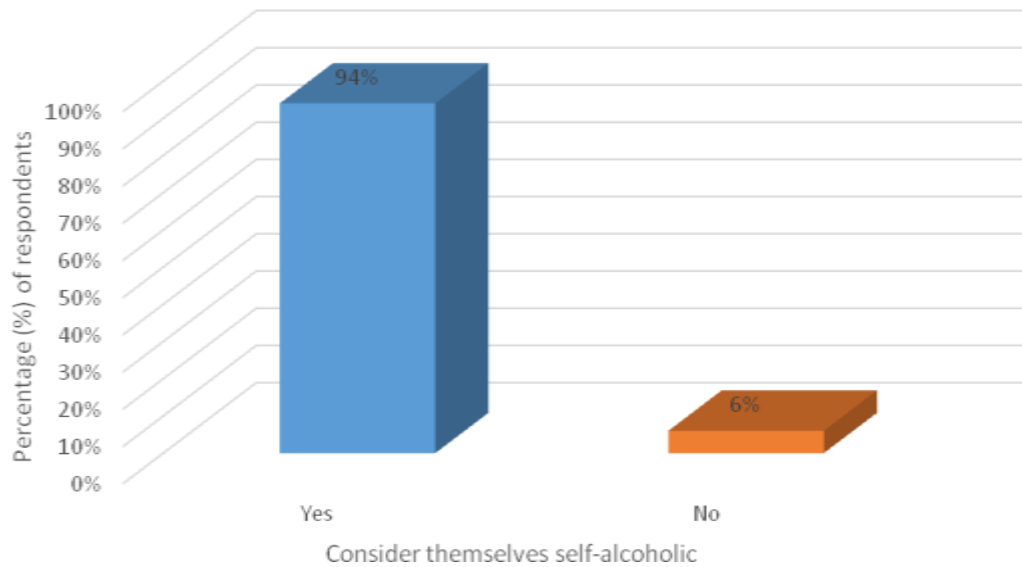


Figure 4.6. Respondents who considered themselves alcoholic

Ninety-four percent (94%) of respondents acknowledged that they were alcoholics in recovery, while 6% declined. Among the three respondents who declined 2 cited religious reasons and 1 respondent observed that this would be against his principle of never looking backward. The 3 respondents' interviews were discontinued since they did not meet the desired characteristics of respondents in this study.

4.3 Societal Reaction to Alcoholism

Societal reaction was assumed to have some effects on alcoholics' participation in development projects. It was important for this study to explore the relationship between societal reaction and alcoholics' participation in development projects in the study area.

4.3.1 Social perception on alcohol use and alcoholism

Social perceptions determine how individual members of a society react to a social situation. It was therefore important for this current study to identify the perceptions held by people living in the study area on alcoholism.

a. Names used to refer to alcoholics and reasons for using them

According to Liu (1994), societies assign negative labels to individuals or groups of people who behaves in socially unacceptable manner. In the long-run this leads to stigmatization of those labeled. It was therefore important for this current study to seek information on whether alcoholics were labeled. If they were labeled; how did it affect their participation in development projects in the study area?

b. Commonly used terms to refer to alcoholics in the study area

Commonly used names to refer to individuals and groups of people, may constitute a label. The study sought to explore whether alcoholics were known by specific names and how it affected their participation in development projects in the study area. Respondents were asked to give name(s) that people in their locality used to refer to them while they were in active alcoholism. Respondents identified 21 names and a count of 79 mentions. Results were as presented in Table 4.3. “Wamunyota” a Kikuyu word meaning “ever thirsty” was the most mentioned, with 21.5% (17 out of 79) mentions, the second was “kalewa” (corrupted version for “Mlevi” Swahili word for “drunkard”) and “Murebi” (Kikuyu word for a drunkard) both with 12.7% (10 out of 79) mentions each. Other names mentioned included Mlevi 10.1% (8), Mukane/MuKc 7% (6), Mukonyagi 6.3% (5), Muguruki 5.1% (4) Kinyui 1.3% (1), DDO (dairy drinking officer) 2.5% (2), Mundugugi 2.5% (2) among others as listed in table 4.3. The same names were mentioned by people in active alcoholism reached through focus group discussion.

Table 4.3. Names used to refer to respondents while they were in active alcoholism

Names	Frequency	Percentage (%)
Muriu	3	3.8
Mlevi	8	10.1
Murebi	10	12.7
Kalewa	10	12.7
Wamunyota	17	21.5
Mulock	2	2.5
Kinyui	1	1.3
Kanyuira	1	1.3
Kamutaro	1	1.3
DDO	2	2.5
Kung'ara	1	1.3
Mtu-bure	1	1.3
Mundugugi	2	2.5
Wanjohi	1	1.3
Mukonyagi	5	6.3
Mukane or MuKc	6	7.6
Wamakombe	1	1.3
Kamutungi	1	1.3
Mumaraya	1	1.3
Muichi	1	1.3
Muguruki	4	5.1
Total	79	100.0

Names given to alcoholics in the study area, mainly described three things; first, 71% of all responses given included the following names; “Wamunyota”, “Murebi”, “Kalewa”, “Mlevi”, “Mulock”, “Kinyui”, “Kanyuira”, “DDO”, “Kung’ara”, and “Wanjohi” which mainly described the person as a drunkard or an alcoholic. Second, 16% of all responses given included “Mukonyagi”, “Mukane/MuKc”, “Wamakombe”, “Kamutungi”, these words described alcoholic beverages used by people perceived to be alcoholics; with the first two being popular spirit brands; these are Konyagi and Kenya cane. Wamakombe described alcoholic beverages used using cups and Kamutungi described alcoholic beverages packed in

jerry cans and 13% of respondents reported names like Muguruki meaning that they behave in a wearied way and “Kamutaro” meaning that they sleep in ditches. All categories of people reached by this current study used these names to describe alcoholics and alcoholism, hence corroborated respondents’ views. This indicated that these names constituted identity tags that were used in the study area to refer and identify people in alcoholism.

c. Reasons for referring to alcoholics using these terms

Respondents to this current study were asked why they were identified using names listed above, this was aimed at seeking information on whether they had an effect on their social interaction as well as their participation in development projects. The results are given in Figure 4.6.

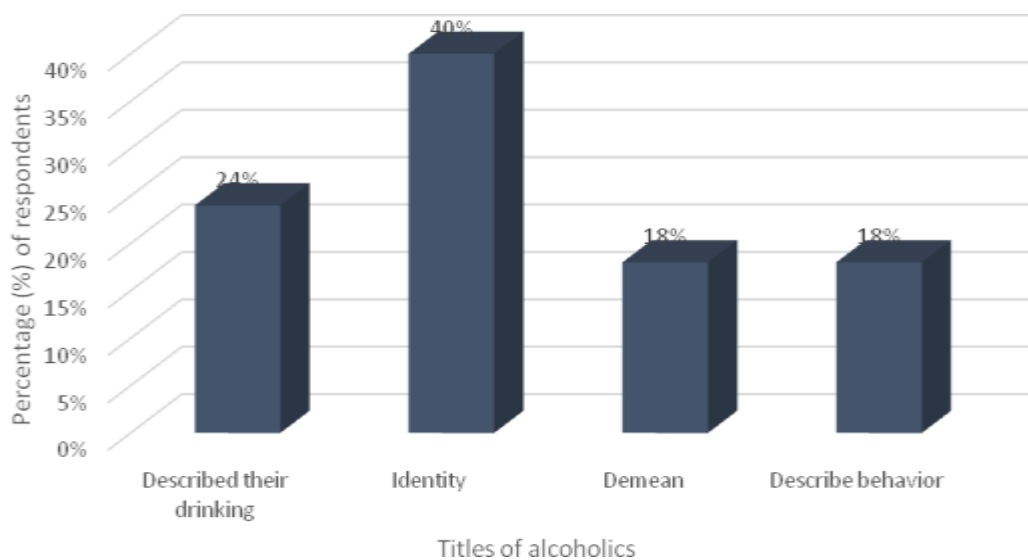


Figure 4.7. Reasons why names mentioned above were used on respondents

Majority of respondents at 40% reported that the names that were used to refer to them, were identity tags. Some respondents noted that they had lost their identity and they would only be identified with alcoholism. A male, middle aged respondent who was a secondary school teachers said “...I had totally lost my identity, in fact many people including my students referred to me as “wamunyota” or Mulock” (meaning eye opener). This meant that my alcohol use defined me better than anything else...” another respondent who was a primary school teacher aged over 50 years observed that “... for example, fellow teachers in the village are known as “Mwalimu” (Swahili for teacher), but I was known as “Wamunyota.” Twenty seven percent (24%) of respondents reported that names used to refer to alcoholics

described their drinking habit where one male respondent who worked as mechanic noted that “... *people identified me with my drinking, I was always drunk...*” while 18% felt that the names were meant to demean them and another 18% felt that the names were meant to describe their behaviour; as observed by one male respondent aged above 40 years, who had lost his job as an engineer courtesy of alcoholism “... *to demean and describe our behaviour, in alcoholism you involve yourself in theft and manipulation, you lose trust and value in the community and hence the names, ...and you tend to think that people hate you out of what you have lost*”. The findings pointed out that labels assigned to alcoholics in the study area served the purposes of identity, description of alcoholics’ behaviour and demeaning them. They therefore served as the basis of stigmatization. This explained why respondents were not known by their careers or otherwise as it happened with other members of the society. They were referred by their interaction with alcohol, meaning that all other aspects that would have been used to identify them, were over shadowed by the label.

This current study sought people in active alcoholism opinion on the purpose of using commonly used names to refer to people in alcoholism and some of their views are shared in Box 4.1 below

Box 4.1: Views of active alcoholics on names commonly used to refer to alcoholics

The following are comments of two participants in two focus group discussions involving people in active alcoholism held in Nyahururu town on 27th July 2019.

A participant in a focus group discussion of active alcoholics aged 35 years and below observed that “... *these names are used to associate us with our drinking and to stress on how useless we are...*” A participant in the focus group of people aged above 35 years said “*we are educated and we used to be important people in our society, but today nobody recognizes that, we are all lost drunkards... These names are used to make people know that we are useless and worthless people ...*”

Views of the two participants in focus group discussions involving people in active alcoholism (in Box 4.1) generally suggested that the names used to refer to alcoholics were meant to demean and identify them with alcoholism. The terms were also used to stigmatize alcoholics since members of the public did not like drunkards and they were also used to communicate the place of alcoholics in the society. The 4 key informants interviewed, were of the same opinion that the names used to refer to alcoholics were meant to identify them with their behaviour and they formed basis for their segregation in the society. This agreed with respondents’ views that people in alcoholism were labelled, and that the labels were

used to identify, demean and describe alcoholic's behaviour. The labels therefore, served as the basis of alcoholics' stigmatization in the society as suggested by the labelling theory.

4.3.2 Views on Alcohol Use and Alcoholism

This current study appreciated that the social context in which use of alcohol occurred determined to a greater extent the consequences of the behaviour. This current study therefore explored local society's views on alcohol use. Respondents were therefore asked to report on the general community's view on people who use alcohol with restraint and those who do not have control over its use.

a. Community views on people who use alcohol but they are not alcoholics

On the community's views on people who use alcohol with control five views were identified. The views were first depending of faith, second is a sign of social status, third have problems with them and fourth have no problem with them. The fifth captured those who missed a response. Results were as presented in Figure 4.7 below.

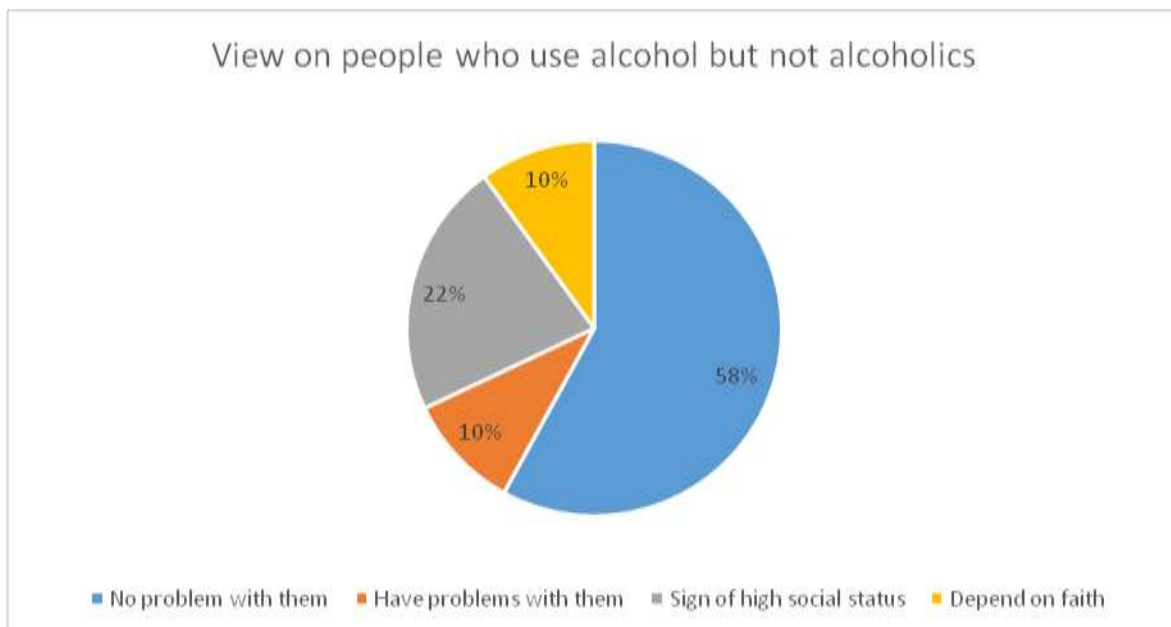


Figure 4.8. Community's views on alcohol use with restrain

Majority of the respondents at 58% reported that people in their community did not have a problem with individuals who use alcohol with limits. Similarly, 22% of respondents felt that use of expensive alcoholic beverages with control is viewed as a sign of high social economic status. In total, 80% of respondents felt that people in their communities have positive views

on people who use alcohol with restraint. To the contrary, 10% of the respondents felt that people who use alcohol with restraint were viewed negatively in their community while another 10% of respondents observed that it depended on the faith of the one judging.

According to them individuals who practiced Pentecostal Faith viewed any use of alcohol negatively, as opposed to those who do not profess the same faith. One female respondent aged over 60 years noted that, people who use alcohol with restraint “... *are normal and the society is not bothered by such people, since they do not have problems with their families and the community. In fact, they are praised and viewed as good people ...*” another male respondent aged above 40 years who worked as psychological counsellor observed that “... *alcohol use is normal, they (people who drink in moderation) are a bit respected and are of high esteem and social standing ...*” This indicated that use of alcohol in the study area was generally accepted. To some extent it was also used as a measure of one’s social economic class. This meant that people in the study area did not have a problem with people who used alcohol with restraint.

b. Community’s views on people in alcoholism

A society’s view on a social situation determines how members of the same society react to the situation and individuals involved. This current study therefore sought to identify the views of the society on people in alcoholism by asking respondents to report on the same. Their observations were analysed in 17 views. Results were presented in Table 4.4.

Table 4.4. Responses on community views in alcoholics

Community views	Frequency	Percentage (%)
Useless	13	26.5
Lost	4	8.2
Bad	1	2.0
Senseless	1	2.0
Not trusted	1	2.0
Despised	1	2.0
Reckless	3	6.1
Wasteful	2	4.1
Self-seeker	2	4.1
Helpless	3	6.1
Hopeless	2	4.1
Social misfit	2	4.1
Foolish	1	2.0
Careless	3	6.1
Irresponsible	2	4.1
Misunderstood	3	6.1
Positive	1	2.0
Total	45	100.0

Ninety-eight percent (98%) of respondents described their community's view on alcoholics, using negative terms, where 26.5% of respondents noted that alcoholics were viewed as useless and 8.2% reported that they were viewed as lost. Only 2% of respondents felt that alcoholics were viewed positively in the study area. One male of the respondent aged above 30 years who ran a hotel business reported that “... *alcoholics are social misfits who are foolish ...*”, another respondent who was a farmer and had separated with his family while he was in active alcoholism observed that *...they (alcoholics) are useless, they have nothing, no wife, no children ...for example the 12 people who died in Nyahururu a few years ago none of them had a wife or children*”. This suggested that alcoholism was detested and stigmatized in the study area.

This current study sought views of members of self help groups on local community's perception on alcoholics and some of their views are shared in Box 4.1 below.

Box 4.2: Views of a respondent in a focus group discussion

A female respondent in a focus group discussion involving members of self help group implementing development projects in the study area held in Kinamba town on 9th September 2019 said *“All alcoholics are useless people who have absolutely nothing to offer in development. They are only good in drinking and causing trouble wherever they are... I cannot relate with them in any way... what value can they add to my life or to this group?”*

Members of self help groups, key informants and people in active alcoholism agreed that alcoholics were viewed negatively hence corroborated respondents' views. As noted in Box 4.2 above, participants in focus group discussions involving members of self help groups implementing development projects in the study area; participants generally agreed that alcoholics were useless and bothersome, and that was why they did not accept them in their groups. People in active alcoholism in their focus group discussions generally agreed that they were viewed as useless, careless and worthless people who were disrespected and not trusted. They reported that they were segregated in their communities and work places. This underpinned respondents' observation that alcoholics were stigmatized and rejected in their society. In addition, alcoholics segregated themselves as well, leading to further alienation in development projects.

Despite the observations that alcoholics were viewed negatively, use of alcohol was generally accepted in the study area. The society therefore had its own way of categorizing people as alcoholics or non-alcoholic. The society then subjected alcoholics to the sanctions prescribed by its value systems. This explained why people who used alcohol with restraint were not described or labelled according to their drinking behaviour but alcoholics were.

c. Respondents views on alcoholism

This study sought to compare the views of the general community on alcoholism with those of respondents; who were people recovering from alcoholism and therefore they had experienced effects of societal reaction to alcoholism. Results are given in figure 4.8 below.

Own view on alcoholism

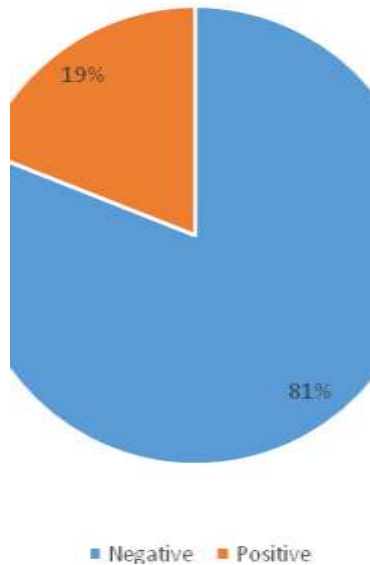


Figure 4.9. Respondents' views on alcoholism

Majority of respondents at 81% viewed alcoholism and alcoholics positively, with all of them reporting that alcoholics needed support to overcome their addiction to alcohol. This was based on their personal experiences. On the other hand, 19% of respondents felt that alcoholics were generally bad and none of the respondents acknowledged that they needed support.

Lack of information on alcoholism was one of the main contributing factors to stigmatization of alcoholics. A male respondent aged above 40 years who worked as a power saw operator observed that “... as a power saw operator I interact with many people and very few understands them (alcoholics) Another respondent aged over 50 years and was a members of Alcoholic Anonymous noted that “From AA we are taught that alcoholism is a disease and therefore I try to help those in active use ...” Recovering alcoholics were therefore found to be more accommodative and informed on alcoholism out of their own personal experiences and lessons learnt in their Alcoholic Anonymous (AA) meetings. This modified their views on alcoholism and alcoholics, thus explained why majority of them had positive views on alcoholism and alcoholics.

4.3.3 Social interaction

According to the labelling theory, when individuals or groups of people are successfully labelled as deviants, they are treated as if they are not members of the community (Liu, 1994). This current study therefore explored the level of social interaction of respondents while they were in active alcoholism and during recovery, as an indicator of societal reaction to alcoholism and its effect on alcoholics' participation in development projects.

a. Social interactions while in active alcoholism

Respondents were asked to report on how they used to relate with other members of their society while they were in active alcoholism. Responses ranged between Very Poor, Poor and Good level of relationship. Results were presented in Figure 4.9 below.

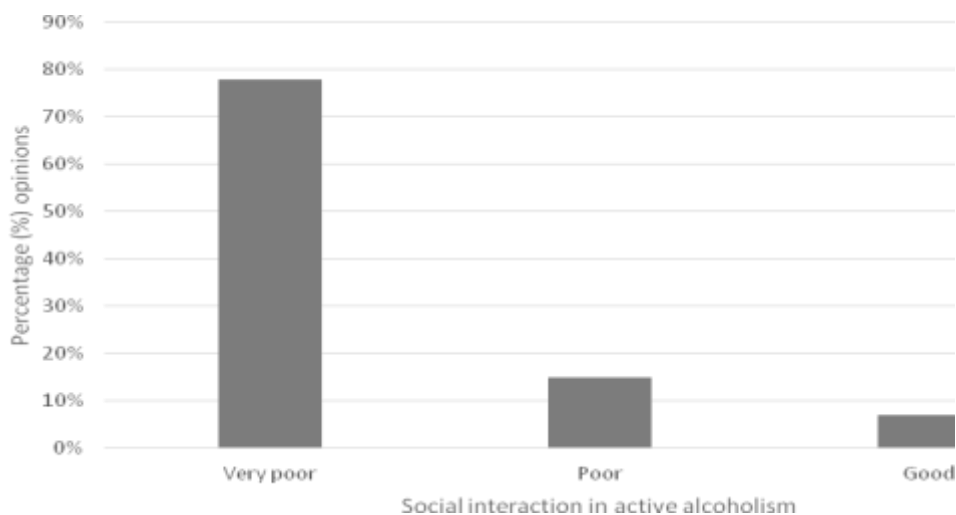


Figure 4.10. Respondents' level of interaction while in active alcoholism

On social interaction, 78% of respondents reported that they had very poor social relationship while they were in active alcoholism and other 15% reported to have had poor social relationships, meaning that in total 93% of respondents had either very poor or poor social relationships while they were in active alcoholism and only 7% had good social relationship. Poor social relations were viewed as a sign of rejection, resulting from stigmatization of alcoholism and alcoholics in the study area. This in return influenced their participation in development projects negatively.

Respondents were requested to give reasons for the nature of relationships they had while they were in active alcoholism. One hundred and two (102) responses were given. The responses were analysed into 15 themes. Results were summarized in Table 4.4 below.

Table 4.5: Reasons for respondents' poor relationships while in active alcoholism

Reasons	Frequency	Percentage (%)
Alcohol was the main unifying factor	23	22.5
Hated and dislike	5	4.9
Self-stigmatization	3	2.9
Others considered me useless and a nobody	7	6.9
Irresponsible	2	2.0
social misfit	6	5.9
Violent	6	5.9
Fear of others	5	4.9
Anger and guilt	9	8.8
Spoke trash	5	4.9
Manipulative	5	4.9
Stealing and conning	2	2.0
No time for others	8	7.8
Avoided others	10	9.8
Presentation (unkempt, poorly dressed and dirty)	6	5.9
Total	102	100.0

Majority of responses at 22.5% of all responses was that respondents related with fellow alcoholics and/or alcohol was the main unifying factor. Being avoided by others had 9.8% of all responses, feeling of anger and guilt had 8.8% of responses, had no time for others was had 7.8% of responses and being considered as useless with 6.9% of responses. Other reasons given were; being considered as social misfits and violent, fear of others, being disliked and hated, had senseless talks and having manipulative behaviour. Data collected indicated that alcoholics suffered poor social relationships in terms of number of friends and intensity of relationships out of the society's negative reaction to alcoholism or by segregating themselves. One male respondent aged above 30 years and worked as a secondary school teacher noted that *“People do not relate with drunkards, instead they avoid them... there is no likelihood of having healthy discussion ...alcoholics are viewed as useless social misfits who*

are not worth audience leave alone relationships and interactions”. Another female respondent who ran a kiosk and aged above 30 years reported that “...*I had very poor relations; I had no time for people, especially those who did not drink.*”

Other members of the society did not relate with alcoholics since they considered them as useless, irresponsible, social misfits, violent and manipulative people. This indicated negative societal reaction to alcoholics and alcoholism; further confirming that alcoholism and alcoholics were stigmatized in the study area; hence poor social relations. Findings of this current study also pointed out that respondents’ behaviour contributed to their segregation since they opted to relate with their fellow alcoholics, had no time for others and felt hated and rejected; further contributing to their segregation and non-participation in development projects. This was corroborated by key informants who observed that alcoholics suffered low self-esteem, distorted self-image and inferiority complex that made them avoid relating with others especially those who did not drink.

Alcoholic behaviours that in some cases did not conform to what was socially acceptable, made other members of the community to avoid alcoholics; hence segregation. Time taken to drink also competed with time for social interaction. According to one key informant who had worked as an addiction counsellor for over 10 years observed that, an alcoholic required at least 4 and at times, up to 12 hours to have drunk enough daily. This affected time taken with friends, family and in community activities. This confirmed the finding of this current study that alcoholics were rejected in the study area and alcoholics’ behaviour and reaction to stigmatization further contributed to their alienation in the society. Consequently, their levels of social interaction and relations remained low both in terms of numbers and intensity.

b. Social interactions while in recovery

This current study sought to compare respondents’ level of social interaction while they were in active alcoholism and when they were in recovery. This was done to identify whether alcoholism had any effect on their social relations. Relations ranged between Average, Good and Very Good levels of social relations. Results are summarized in Figure 4.10 below.

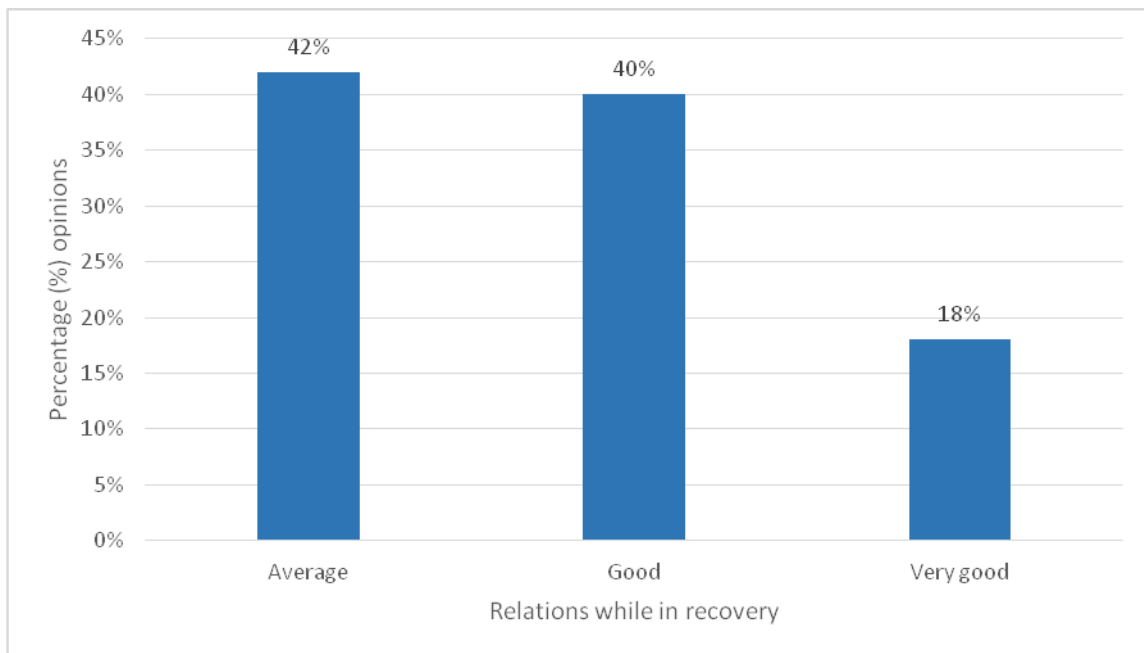


Figure 4.11. Respondent's level of social interaction while in recovery

A significant improvement in terms of social relationship among respondents was noted as compared to when they were in active alcoholism. This was attributed to their recovery and changes experienced during recovery process. None of the respondents reported to have poor or very poor level of social relationship while in recovery. Majority of respondents at 42% reported to have average level of social relationships, while 40% and 18% of respondents reported to have good and very good level of social relationships respectively. One respondent who had reported to have had very poor social relationships while he was in active alcoholism observed that *“Am far much better in terms of numbers and quality of relationship. I share with them (friends) my needs, frustrations and the like and they do the same with me..., and I do not wear faces to make people think I am who I am not...”* This meant that alcoholism influenced respondents’ level of social relationship negatively which also influenced their participation in development negatively.

Respondents gave 62 reasons for their social relationships improvement while they were in recovery. The 62 reasons were analysed into 16 themes. Results were summarized in Table 4.6 below.

Table 4.6: Reasons for improved level of social relationship while in recovery

Reasons	Frequency	Percentage (%)
Openness	1	1.6
Had time for others and social activities	6	9.7
Respected	11	17.7
Respected others	5	8.1
Accepted/invited	8	12.9
Support others	1	1.6
Clear mind	1	1.6
No feelings of guiltiness	2	3.2
Improved self-hygiene and presentation	1	1.6
Improved self esteem	6	9.7
Improved self-control (anger and violence)	9	14.5
Improved self-expression	5	8.1
Felt trusted and valued	2	3.2
Better understanding of self and environment	2	3.2
Financial stability	1	1.6
Time to deal with personal challenges	1	1.6
Total	62	100.0

The main reasons given for improved social relations while respondents were in recovery were, feeling respected with 17.7% of all responses given, having improved self-control in terms of anger and violence tendencies was second with 14.5% of responses, followed by feeling accepted with 12.9% of responses. Other reasons given included having time for others, respecting others, improved self-esteem and improved self-expression. A male respondent aged above 50 years and used to hold leadership positions even when he was in active alcoholism and rated his social interaction as very good observed that “... *I am well integrated in my community and this time I think people genuinely engage me out of my abilities unlike in the past where they were just using my resourcefulness...*” another male respondent who worked as a waged labourer noted that “...*Currently I have relationships that are not based on exploitation and alcohol use but on mutual care and support... and out of this my level of social interaction has improved both in numbers and quality.*” These responses indicated that by quitting drinking, other members of the society dropped the

negative views they had on them and as a result their social interaction and relationship improved. Improved relationship after quitting drinking further confirmed that alcoholism contributed to their poor social relations. However, 32% of respondents reported that they were not fully accepted and/or were held with contempt in their society out of their past interaction with alcohol. This indicated that regaining social interaction during recovery process would not automatically lead to improved social relations. Other factors like personality and the rate at which other members of the society noted changes in individual respondents' behaviour determined how well they related with them.

c. Effects of social interaction on participation in development

Majority of respondents (89%) to the study reported that poor social interaction acted negatively to their participation in development projects while they were in active alcoholism. This was out of factors from within self and from other members of the society. They observed that their poor social relationship and social network denied them access to information on development projects since they did not have people to inform them. Additionally, they lacked interest and time to be informed by those close to them. Lack of emotional stability, feeling of guilt and frustration, low self-esteem and fear of being condemned made them avoid people who did not use alcohol including their family members. This further dented their social relationships and their access to information.

During recovery process the 89% of respondents were able to address some of the factors contributing to their poor social relationships and as a result, their level of participation in development and community activities improved, as observed by one male respondents in his 40s who worked as clinician *“I did not participate out of my uncontrollable anger and misbehaviour, where no one appreciated me or wanted to be close to me. I also lacked time to interact since in alcoholism life revolves around drinking; you wake up to drink and live to drink, in this state I could not interact or get information from others and as a result I did not participate at all.”*

Other respondents felt that other members of the society were the problem. No one cared to inform them and sometimes they were deliberately denied information. More so, no one made efforts to involve them, they were never appreciated or accepted in community and as a result they were left out in development projects. One female respondent who reported having been segregated by her community and family members observed that *“Stigma was*

the main challenge; people used to say leave that one alone, she is a drunkard and thus you are segregated, left without anyone to interact with and without information or effort to involve you and at last you are left out of development.” It was therefore observed that although respondents contributed to some extent to their poor social relationships leading to seclusion in development, stigma associated with alcoholism played a major role. This explained why all respondents reported improvement in terms of social relationship since the reason to why they had poor relationships was mainly contributed by the sanctions imposed by the society on people who were defined as alcoholics. Poor social relationships resulted to low access to information and rejection that affected respondent’s participation in development projects negatively.

4.3.4 Level of information

Access to information on development was identified by literature reviewed as a determining factor to people’s participation in development. This current study therefore explored how well respondents were informed on development projects in their localities while they were in active alcoholism and during rehabilitation and effect of the same on their participation in development projects.

a. Level of information while in active alcoholism

Respondents were asked to report on their level of information on development projects while they were in active alcoholism. Responses ranged from Not Informed to Somehow and Informed. Results were summarized in Figure 4.11 below.

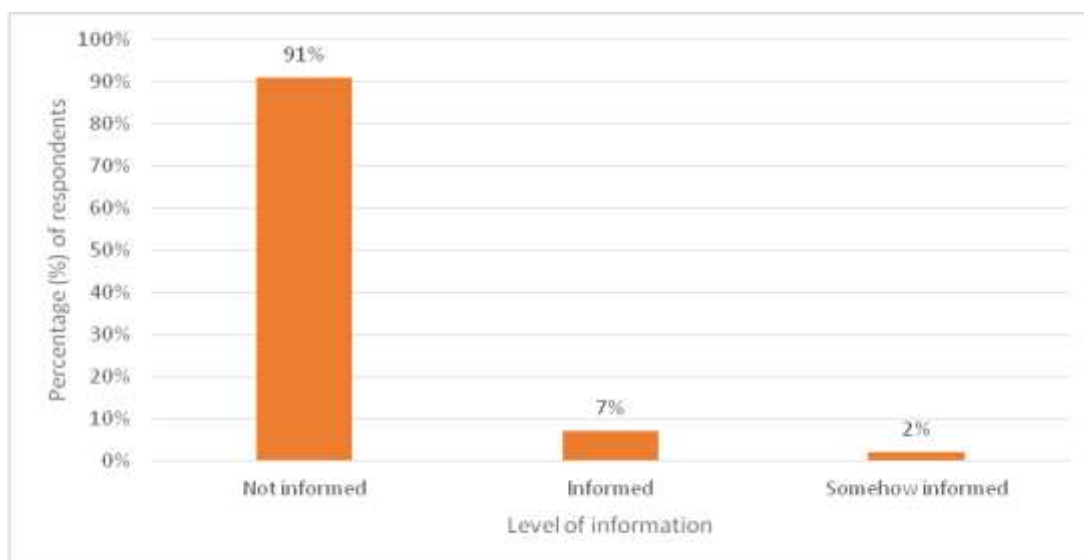


Figure 4.12. Respondents’ level of information while in active alcoholism

Majority of respondents at 91% reported that they were not informed on development projects and other happenings in their locality, 7% and 2% of respondents were informed and somehow informed respectively. This indicated that majority of respondents did not have information on development projects that affected them directly or indirectly. Therefore, their chances of participating were also minimal.

Respondents were asked to give reasons for their reported level of information. They gave 69 responses. The 69 reasons were analysed into 6 themes. Results were tabulated in Table 4.7.

Table 4.7: Reasons for low level of information while in active alcoholism

Reasons	Frequency	Percentage (%)
I had no time or not available to be informed	28	40.6
Not interested	17	24.6
Poor social interaction	10	14.5
I did not act/reaction to information	4	5.8
People did not inform me	6	8.7
Never participated in public forums	4	5.8
Total	69	100.0

The most mentioned reason for respondents' low level of information while they were in active alcoholism was that, they did not have time or they were not available to be given information, since they spent much of their time drunk or in drinking dens, this accounted for 40.6% (28) of all responses. One male respondent in his 50s and had reported that he was not informed observed that *"I was not informed at all, my day started and ended with alcohol, I had no time for anything else and therefore I knew almost nothing, whether on development projects, at home, in the garage (where he worked) or in the village and even nationally."*

The second most mentioned reason at 24.6% (17) mentions was that they were not interested in what was happening around them and their main preoccupation was using alcohol and all the other things including development were secondary to it, as observed by one of the respondents aged above 60 years and previously worked as a veterinarian noted that *"... I did not care about what was happening, I woke up to drink... and when drunk I went to sleep, I had no interest in anything else apart from my drink and how to get it..."* Others noted that they had poor social relations and their social networks were limited to their drinking buddies

who also had limited access to information as well with 14.5% (10) of all mentions, some people in their social circles like their families and community members ensured that they were not informed on some issues or they were informed long after they have happened, which was mentioned 8.7% (6) mentions.

This was mainly informed by their reaction and behaviour around some kind of information; others were of the assumption that even if they knew they would not have acted and therefore there was no need to inform them, which were motioned 5.8% (4) of all responses. One male respondent who reported that he was not informed observed that “... *sometimes information was kept away from me out of my reaction to it or how I would respond especially while drunk.*” Some respondents reported that they did not attend or participate in public meetings and community activities where information on development was shared and discussed and as result, they were not informed, this was mentioned 4 times.

One former secondary school teacher aged above 60 and had reported that he was not informed noted that “... *people did not care to inform me..., I was also not available to be informed since I spent most of my time in bars and “chang’aa” dens and therefore I did not reach out to others, neither did they reach out to me.*” These findings further confirmed findings of this study in section 4.3.1.2 and 4.3.1.3 those alcoholics were stigmatized and as a result they were denied or had poor access to information on development projects in their localities. Therefore, during active alcoholism, respondents were not considered as important actors in development projects or could not contribute positively to development projects, hence their low level of information. Respondents on the other hand contributed to their lack of access to information, since they spent much of their time in drinking dens or drunk and they lacked interest in getting information. Earlier in this current study it was established that their social networks were limited to their fellow alcoholics. These factors limited their access to information on development projects that in return affected their participation in development projects negatively.

This current study sought key informants and members of self help groups’ opinion on alcoholics’ access to information on development projects and their views are given in Boxes 4.3 and 4.4.

Box 4.3: Views of key informants on alcoholics lack information

A female key respondent who worked as an addiction counsellor for over 8 years observed that, *“in my experience as an addiction counsellor, very few people with problematic alcohol use tend to have information on what is happening around them. This is mainly contributed by the fact that, their social networks does not go beyond their drinking buddies, they have no time to get information because they are either unavailable or drunk and sometime people avoid them* Another male key informant who also worked as an addiction counsellor for over 10 years observed that, *“in most cases alcoholics’ sufferers’ low self-esteem, dented public image and fear to be condemned, therefore they avoid interacting with other people who do not drink.”*

Box 4.4: Views a self help group members on alcoholics’ lack of information

In a focus group discussion held in Nyahururu town on 4th October 2019, with members of a self help group implementing development projects in the study area, A male participant said *“in the first place why should we inform them of our projects? We do not need them in our projects; they have no money or ideas to contribute.”* Another male participant who was also a leader in the group noted that, *“as much as we would like to involve them (alcoholics), where do we get them, and because they are always drunk would they retain the information? Such efforts would be fruitless...”*

As noted in Box 4.3 above, key informants’ observations that alcoholics lacked time to get informed and seek information, and had poor social interaction out of their low self-esteem, dented self-image and self-seclusion corroborated respondents’ views that alcoholics had limited access to information on development projects. This was further confirmed by members of self help groups who generally agreed that alcoholics did not attend meetings and other public forums where information is shared. In Box 4.4, a participant wondered why alcoholics should be informed and the value of sharing development projects information with them. More so, another participant was concerned with their drunken state. This indicated that local people’s perception on alcoholics and alcoholism was negative, hence their alienation from development projects’ information. This further corroborated this study’s respondents’ views that alcoholics lacked opportunities to be informed and as result they participated poorly in development projects out of the same.

b. Level of information while in recovery

This current study sought to compare the level of information on development projects among respondents while they were in active alcoholism and while they were in recovery. This was important since it would give an indication on whether alcoholism played a significant role to respondents’ level of access to information on development projects.

Respondents were therefore asked to report on their level of information on development projects while they were in recovery. Results were as given in Figure 4.12.

Level of of information while in recovery

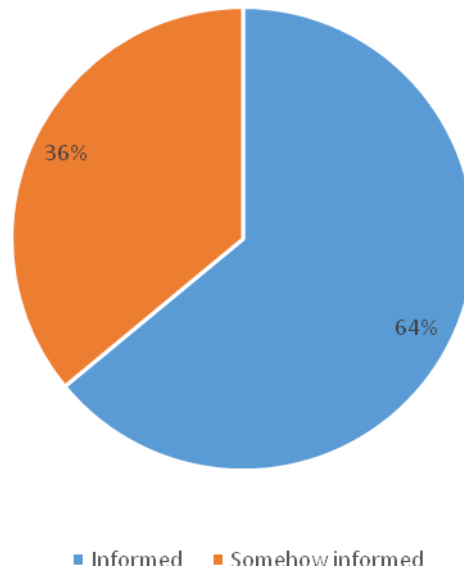


Figure 4.13. Respondents’ level of information while in recovery

Respondents’ level of information on development projects while they were in recovery improved as compared to when they were in active alcoholism. Majority of respondents at 64% reported to be informed and 36% reported to be somehow informed. Unlike while they were in active alcoholism where 91% of respondents reported that they were not informed. Missing in Figure 4.12 above represents portion of respondents who did not give a response. In recovery none of the respondents reported that he/she was not informed on development projects in their localities. This indicated that alcoholism served as an impediment to respondents’ access to information on development projects and as a result affected their participation in development negatively.

Respondents were asked to give reasons for their level of information on development projects. They gave 74 reasons. The 74 reasons were analysed into 10 themes. The results were as summarized in Table 4.8.

Table 4.8. Reasons for respondents' level of information while in recovery

Reasons	Frequency	Percentage (%)
Participation in public forums and community activities	10	13.5
Membership to groups	3	4.1
People share information/being resourceful	12	16.2
Being in leadership position	2	2.7
Clear mind/ability to analyse issues	8	10.8
Better relationships	9	12.2
Accepted in the community	8	10.8
Have time and patience	11	14.9
Interested to know	9	12.2
Respected	2	2.7
Total	74	100.0

Abstaining from alcohol use influenced respondents' access to information on development projects positively. People shared information with them, some out of their resourcefulness and being supportive; something that would not have happened while they were in active alcoholism, with 16.2% (12 mentions). One male respondent aged above 50 years and had postgraduate level of education reported that “... *I am informed on almost everything that is happening around me. People found me resourceful and supportive and therefore they look for my support in designing projects and in developing proposals and as result, I get informed without much effort. Now I feel a useful member of my community...*” another male respondent who worked with a local nongovernmental organization observed that “...*they (members of the community) have recognized my ability and capacity to make decisions, analyse issues and in advising on projects... and therefore they invite me to participate in almost every project in this village, something that no one would have imagined of while I was in active alcoholism... I think I get information on development because I am sober.*”

Recovery also made respondents to have time and patience to receive information 14.9% (11 mentions), participate in public forums 13.5% (10 mentions), improved their social relationships 12.2% (9 mentions), and gain interest to be informed on what is happening in their locality 12.2% (9 mentions). As a result of the four factors mentioned above, respondents received information on development projects and other happenings in their

locality. One male respondent who worked as a psychological counsellor reported that *“I am well informed about almost everything in my community, people inform me and I also have time for people: unlike in the past where I spent most of my time drunk, thus I didn’t have time to receive or process information...”* another male respondent in his 50s and used to hold leadership positions in his community even while he was in active alcoholism noted that *“...I am well informed, in fact far much better... because I attend meetings; including chief “baraza”, public participation forums and other meetings some of which does not address issues affecting me directly...”*

Other reasons were, having clear mind and ability to analyse issues 10.8% (8 mentions), being accepted in the community 10.8% (8 mentions), being respected 2.1% (2 mentions), having been recruited as self help group members 4.7% (3 mentions) and holding leadership positions in their community 2.1% (2 mentions). These factors increased respondents access to information on development and other issues in the community as noted by a male respondent who reported to be holding several leadership positions in his community *“...I have improved a lot, I am a village elder and a leader of the village welfare group and several self-help groups..., where I get information.”* Another male respondent who was noted to be an influential leader in his community and was in his 50s said that *“... now I am more informed and accepted in this village and beyond, I receive information about government plans, church and local initiative on behalf of my village and this goes up to ward level..., for example yesterday I was among the ten community representatives who received our new Assistant County Commissioner....”*

Improvement in level of information on development projects was to a greater extent attributed to recovery from alcoholism. Some respondent’s resourcefulness was also noted and appreciated by other members of the society while they were in recovery and as a result, they were given leadership or positions of influence in their communities that assured them access to information on development projects. This attested that alcoholism blocked respondents from accessing information on development projects and as a result they lacked adequate opportunities to participate in development projects.

c. Effects of lack of information on development

Lack of information affected respondents’ participation in development negatively as noted in this current study. One male respondent who reported to be well informed noted that *“... in*

recovery I am well informed and this information has given me a platform to participate in development projects and other community activities”, another male respondent aged above 50 years and had reported that through development oriented groups he had achieved a lot in terms of wealth creation observed that “... *lack of information made it hard for me to participate in development projects despite my desire to become a progressive farmer..., at times while I was in active alcoholism, I would be informed but I would go to drink and do nothing about the information given. But today I value information and as a matter of fact all these cows and goats you see here, had their genesis in one group that accepted me soon after recovery and it helped me to save and buy improved bleeds of goats and cows that in return are benefiting me a lot...*” Access to information on development projects was noted as one of the key determining factor to respondents’ participation in development projects while they were in recovery. This meant that lack of access to information on development projects, that was mainly brought about by alcoholism was a major contributing factor to respondents’ low level of participation in development projects in their localities.

4.3.5 Level of respondents’ value in the society

According Lund and Saito-Jensen (2013), local elites occupy higher socioeconomic classes as compared to others in the society. Therefore, they stand higher chances of participating meaningfully in development as compared to other members of the society. This current study assumed that some respondents had some characteristics similar to those of local elites like higher levels of education, charisma and being economically better-off as compared to other members of the society. It was therefore important to identify whether respondents who possessed some of these characteristics were valued in their societies and how this affected their participation in development.

a. Level of respondents’ value in the society while they were in active alcoholism

Respondents were asked to gauge their level of value in their society while they were in active alcoholism. Their value ranged between not valued and somehow valued. Results are presented in Figure 13.

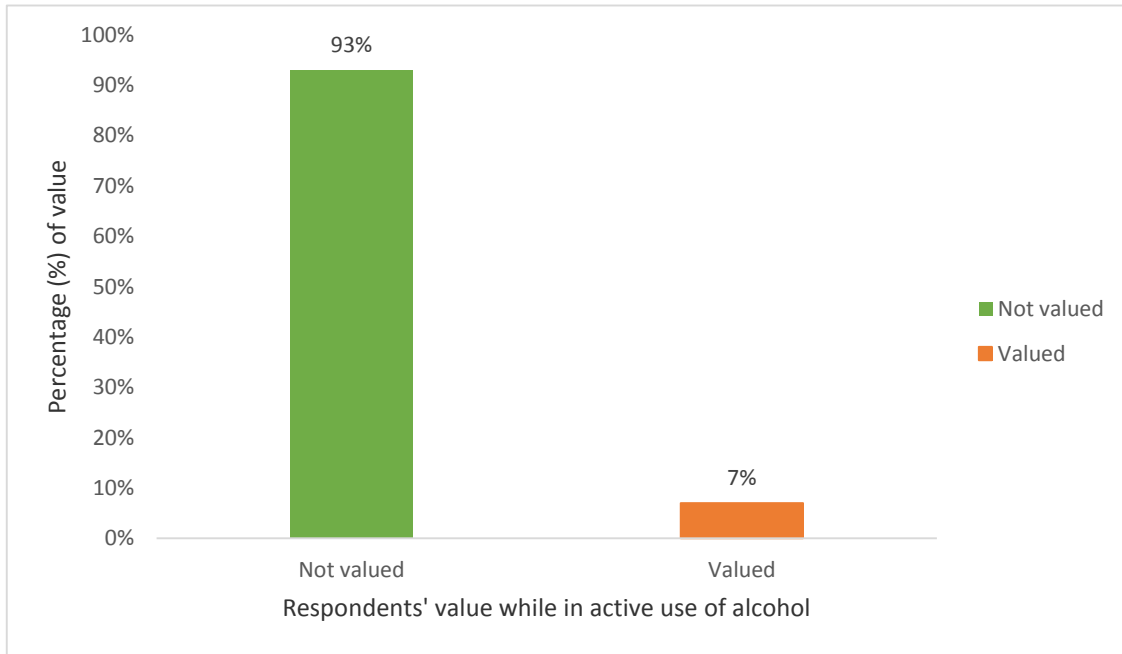


Figure 4.14. Respondents' level of value while in active alcoholism

Ninety-three percent (93%) of respondents reported that they were not valued in their society while they were in active alcoholism and only 7% of the respondents reported that they were somehow valued. This indicated that although some respondent possessed some of the characteristics of local elites highlighted by Lund and Saito-Jensen (2013), they did not qualify to become local elites. For example, 16.3% of respondents were holders of undergraduate and postgraduate degrees but only 1 (12.5%) out of the 8 respondent who had such qualification reported that he was somehow valued in his community. The rest reported that they were not valued. This further supported earlier findings of this current study that alcoholics were labelled and stigmatized. Therefore, despite some respondents having higher levels of education than average persons in the study area, their value was still low. Similarly, two teachers reported that they were known as “Wamunyota” and “Mulock” by everyone in their community as compared to “Mwalimu” for other teachers meaning they were devalued. This indicated that people in active alcoholism occupied low social status in the study area, a factor that affected their participation in development projects negatively.

Respondents were asked to explain why they had the reported the level of value. They gave 58 reasons. The 58 reasons were analysed into 13 themes. Results are tabulated in Table 4.9.

Table 4.9. Reasons for low level of value in the society while in active alcoholism

Reasons	Frequency	Percentage (%)
Viewed as useless and worthless	15	25.9
Lost people	4	6.9
Not trustworthy	3	5.2
Lack of money and ideas	2	3.4
Poor social relations	11	19.0
Misbehaved	4	6.9
Negated responsibilities/negated duties	2	3.4
Not respected	4	6.9
Known by their drinking	3	5.2
Viewed as mad	2	3.4
Self-hate	3	5.2
lack of interest	3	5.2
Not presentable	2	3.4
Total	58	100.0

Some of the main reasons why respondents were not valued while they were in active alcoholism included; viewed by others as useless and worthless, and they also viewed themselves as so 25.9% (15 mentions). One male respondent aged above 40 years and held a master degree observed that *“I felt worthless and people thought I was worthless and useless”* another respondent who was aged above 50 years and previously worked as a police woman before she sank into alcoholism reported that *“I had no value in the community, as a woman in alcoholism I was just a useless thing to my community. I was only valuable by only a few men who we drunk together and therefore no one else wanted to be associated with me.”* The second most mentioned reason was that they had poor social relations 19.0% (11 mentions).

This was occasioned by lack of interest in interacting with others, lack of time for social interaction and their preference of alcohol over all the other things. Some respondents noted that their only point of contact with other members of the society was at the point where others wanted to exploit their abilities and capacities for their own gain and at the detriment of respondents. This also indicated low social status. One male respondent who formerly worked as veterinarian and aged above 60 years observed that *“I was not valued. I had no*

interest in others and I would not do anything that would be of much help. People only wanted to misuse me for their own gain. For example, when they wanted cheap professional services, they looked for me since I needed only what was enough for a drink. I was also not reliable.”

Other reasons included; respondents were viewed as lost people, untrustworthy, lacked money and ideas, misbehaved, negated responsibilities/duties, not respected, thought to be mad, self-hate, lack of interest and being un-presentable. This coincided with an earlier finding of this current study where all categories of people reached by this study used negative terms to refer to people in alcoholism. Words like worthless and useless were prominently used to describe people in alcoholism. This meant that alcoholics were not valued despite their achievements in life. Being devalued denied them the local elite status in the study area and hence they did not participate or benefit from development projects like other members of the society of their stature.

This current study also sought views of key informants and members of self help groups implementing development projects in the study area on the value attached to people in alcoholism in their communities. Results were summarized in Box 4.5 and 4.6 below.

Box 4.5: Key informants views on social value of alcoholics in the society

A female key informant who had worked as an addiction counsellor for more than 8 years observed that, *“alcoholics are more often dehumanized, demeaned and devalued in their societies. This is mainly occasioned by their socially unaccepted behaviors and the fact that alcoholism is detested.”* Another male key informant who was also a recovering alcoholic and had worked as an addiction counsellor for more than 10 years noted that *“people including close family members have low opinion on alcoholics. They find them bothersome and eyesores of their families and societies. They are therefore viewed as useless and lost and more often not respected.”*

Box 4.6: Opinions of members of self help groups on the social value of alcoholics

In a focus group discussion held on 9th October 2019 in Kinamba town involving members of a self help group implementing development projects in the study area, one female participant said *“we have many examples of people who are well educated and they are as useless as any other alcoholic. Their characters and thoughts are not different from other alcoholics who are not educated”* another middle-aged male participant in a focus group discussion with a similar group in Nyahururu town on 4th October 2019, mentioned a few individuals in different professions who were also known to other participants to be alcoholics, and concluded by saying *“who can hire ... as his or her advocate, he is just a useless drunk.”*

Key informants (Box 4.5) generally agreed that alcoholics were not valued in their societies. They observed that communities held negative attitude towards alcoholism and alcoholics. As a result, their special gifts and abilities were not recognized. Instead, they were viewed as useless and worthless; thus, influenced alcoholics social valuing negatively. Individuals' value in a society was observed to be informed by what is important in a social context and therefore, if alcoholism was detested, alcoholics were also detested. In the two focus group discussions with self help group members, participants had a low opinion on alcoholics, despite their (alcoholics) achievements in academics, as noted in Box 4.6 above. This agreed with this current study's respondents who reported that they were not valued in their society despite their academic achievements and giftedness and as a result they were not considered as important partakers of development projects. This further confirmed an earlier finding of this study that the label alcoholic overshadowed other achievements in individuals' lives. This suggested that the low social value associated with alcoholism denied people in alcoholism chances of participating in development projects.

b. Level of respondents' value in the society while in recovery

This current study was also interested with the level of social valuing of respondents while they were in recovery. This was important to this study since it gave an indication on effects of social value on alcoholics' participation in development projects. The reported social value ranged between two levels; these were somehow valued and valued. Results were presented in Figure 4.14 below.

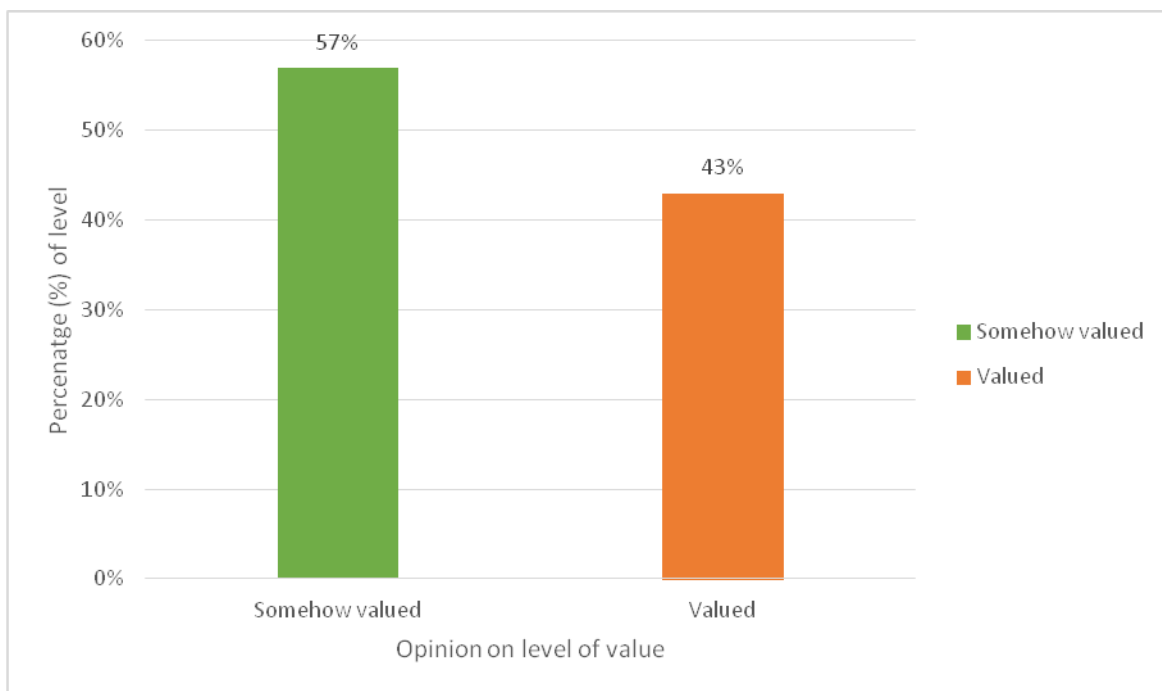


Figure 4.15. Respondents' level of value in the society while in recovery

Generally, the value of respondents in the society while they were in recovery improved as compared to when they were in active alcoholism. Fifty-seven percent (57%) of the respondents reported that they were somehow valued and 43% reported that they were valued, unlike while they were in active alcoholism where 93% of respondents reported that they were not valued in their societies. One male respondent who held a bachelor's degree and worked as a counsellor observed that *“Abstaining from alcohol comes with behaviour change, change in social life and priorities. Others observe this and with time your value and respect improve.”* This pointed out that alcoholism was a major factor that influenced respondents' level of social valuing negatively and consequently denied them opportunities to participate in development projects. Among the respondents with graduate and postgraduate qualifications 87.5% (7 out of the 8) reported that they felt valued in their societies and that they were actively involved in development projects in their localities. Improvement in terms of social value attached to respondents while they were in recovery indicated that alcoholism influenced their social valuing and participation in development projects negatively.

Respondents were asked to give reasons to why they had reported level of value in their society. They gave 89 reasons that were analysed in 8 themes. Results are tabulated in Table 4.10.

Table 4.10. Reasons for improved value in the society while in recovery

Reasons	Frequency	Percentage (%)
Improved social relations and acceptance	27	30.3
Clear mind and make sense	5	5.6
Respected/respect self and others	7	7.9
Positive contribution and resourcefulness	21	23.6
Improved level of responsibility and involvement	17	19.1
Presentable	4	4.5
Trusted	3	3.4
Improved self-esteem and self-image	5	5.6
Total	89	100.0

Improved social relations and acceptance was mentioned 27 times (30.3%) as one of the reasons why respondents' value in the society improved while they were in recovery. This was followed by positive contribution and resourcefulness in community activities with 23.6% (21 mentions) and improved level of responsibility and involvement with 19.1% (17 mentions). One male respondent who was a secondary school teacher who held a master degree and before sinking into alcoholism was actively involved in community and development issues in his locality noted that "... although it (value) is not as it was in the past (before slipping deep into alcoholism), these days when I am at home, I see people coming to consult me and ask me to join them in their projects. In recovery I am able to think straight, plan and share my resourcefulness with people who appreciate my contribution and efforts..." another youthful male respondent who held a bachelor degree said that "people came to realize that I have some special gifts especially in guiding young people in addiction. They therefore discovered that I can play an important role in my society; that is why they keep on coming to me for support and involve me in their activities."

Other contributing factors to the general improvement on the value of respondents in their recovery process were; being respected and respecting self and others with 7.9% (7 mentions), having a clear mind which improved individuals' capacity to understand others and to be understood with 5.6% (5 mentions), improved self-image and self-esteem that made them realize they were valuable and important in the community with 5.6% (5 mentions) and being presentable and trustworthy with 4.5% (4 mentions) and 3.4% (3 mentions)

respectively. One male respondent who held a degree in psychology and a diploma in addiction counselling noted that his value in the society improved tremendously “... *out of improved cognition, relating with people, listening and giving feedback and being more reliable and dependable than when I was in alcoholism... more so I mean and do what I say.*” Another male respondent who worked as teacher and aged above 40 years noted that “...*while I was in alcoholism I was “murebi” to everyone, ...a useless thing that had no value to anyone ... but now my value has improved incredibly as my self-esteem and self-worth improved and this is reflected in the community as people appreciate whom I am and hence the value.*” This confirmed that respondents occupied low social status mainly out of their interaction with alcohol. In its absence their value in the society improved, resulting to improved level of interaction and acceptance. In the process of interaction other members of the society discovered their resourcefulness and started involving them in development projects and other community processes.

Despite the improvement noted above, 16% of respondents reported that they were of value only to some people but not to others. They observed that at times they were treated like active alcoholics or they were judged according to how they used to behave while they were in active alcoholism. This indicated that regaining value in the society after being labelled alcoholic takes time. One female respondent aged above 30 years and ran a kiosk in the same trading centre where she lived while she was in active alcoholism reported that; “*I am an important person to only a few people. An alcoholic takes time to be accepted in the society especially if he/she lived in the same locality where she used to misbehave when drunk, but I am better...*” This meant that improved level of value and subsequent participation of people recovering from alcoholism was not drastic but a slow process that was also influenced by other factors like level of resourcefulness and how well they are accepted in their communities.

c. Effects of level of value in the society to participation in development

When respondents were in active alcoholism their value in the society was low, since the local community stigmatized alcoholism and alcoholics. Respondents on the other hand were drunk most of the time and as a result their thought process was interfered with. They also behaved in ways that the society did not expect of them to. One male respondent who worked as casual labourer but previously was employed as a supervisor in a construction company observed that “*an alcoholic is a lost person, a social misfit and a deviant and as a result no*

one would like to be associated with such a person, hence an alcoholic's social value is too low" Another male respondent aged above 50 years working as an accounts clerk with a government agency observed that *"social value has a lot of importance in development, it shapes people's thinking about a person... and therefore if you are not valued, you are forgotten and left out in development as it happened to many of us while we were in active alcoholism."*

As a result, their participation in development was affected negatively as observed by the one male respondent *"participation goes to nil because the community would not count on you to do anything or contribute anything. You avoid almost everything and you become a stranger in your own community because you have nothing to give"*. In recovery respondents gained some level of value in the community. They participated more in terms of giving ideas and being involved in development projects and other community activities. This underlined that alcoholism affected respondents' value in the society negatively and as a result they were side-lined in development projects.

4.4 Economic Effects of Alcoholism on Alcoholics' Participation in Development Projects

According to literature reviewed, material poverty was pointed out as one of the effects of alcoholism (NACADA, 2017). Alcoholics spend most of their time drunk or in drinking dens, this reduced their productivity and at the same time increase their spending, resulting to poverty. This current study was interested in economic effects of alcoholism at individual level. Therefore, it sought information on effects of diversion of resources to alcohol use; that indicated loss wealth and loss of opportunity to make a living; that indicated reduced income. The two variables were used to gauge the economic effects of alcoholism and its effects on respondents' participation in development projects.

4.4.1 Diversion of resources while respondents were in active alcoholism

Respondents were asked whether they had ever diverted resources meant for other use to buy alcohol. One hundred percent (100%) of the respondents to the study reported that they had ever diverted resources meant for other uses to buy alcohol, while they were in active alcoholism. Findings of this study did not agree with the NACADA (2012) survey that found out that 35.7% of all alcohol users reported to have ever diverted resources for other uses to buy alcohol, in the 12 months preceding the survey. The disparity was attributed to the fact

that unlike in the NACADA (2012) survey that targeted alcohol users, this current study targeted individuals who had experienced alcoholism. Alcoholics lose control over alcohol use and as a result they are more likely to divert resources meant for other uses to buying alcohol as compared to individuals who do not suffer from alcoholism. This indicated that respondents had lost their control over alcohol use and therefore they used any money to finance their drinking. Consequently, this drove them to financial crisis and/or poverty. Respondents were asked to report on the resources they used to divert most of the time to finance their drinking. They gave 77 responses. The 77 responses were analysed in four themes. Results were as summarized in Table 4.11.

Table 4.11: Responses on resources they mostly diverted to buy alcohol

Types of resources	Frequency	Percentage (%)
All resources	34	44.2
Resources meant for family use	24	31.2
Stole from family and employer to drinking	10	13.0
Capital for their businesses	9	11.7
Total	77	100.0

Respondents reported that they would use any money they had on alcohol regardless of its source and intended use with 44.2% of all responses given. A male respondent aged between 50 and 59 years reported that “...almost always I used any money I had on alcohol. My wife took all my responsibilities in the family, I was always in debts and I had accumulated huge loans that did not add any value to my life. I used to apply for loans with big plans but once I received the money, I forgot the plans and drinking became my main occupation. For example, I took a loan to develop a plot, I drunk all the money, there after I sold all my cows for the same project and I drunk all the money, later I sold all my shares in a SACCO that I was the majority shareholder since I was the one who started it and I drunk all the money and the project remained stalled until the other day that I started developing it a year after recovery ...” Another male respondent aged 30 to 39 years and worked as a prison warden reported that “My main business was drinking and drinking alone. I did nothing else with money including feeding or dressing myself. I just found myself drinking without control ...” Others reported that they used resources meant to meet their family’s needs which included money to buy food, pay house rent, development at family level, pay school fees, buy clothes

and for healthcare including their own health needs at 31% of all responses given. One respondent above 40 years who had previously separated with his wife observed that *“I used to divert school fees, money meant to buy food and I even conned my friends and family members to get money to drink.”*

Another male respondent who previously worked as a mechanic but currently worked as casual labourer reported that *“I used to steal from my employer and customers; I would steal spare parts from my employer and customers’ vehicles and sell them for a drink, at times I would even drink customers’ deposits or sell to them substandard spares at the price of genuine ones. All the money I got went to alcohol use and that is why I lost my job.”* Some respondents noted that they went to the extent of stealing family, neighbours and employers’ resources to finance their drinking, among commodities stolen for sale included, food stuffs, spare parts and household goods that were easy to sell but always at a throw away price, this accounted for 13% of all responses given. A respondent aged above 60 years reported that alcoholism denied him and his family opportunities to grow economically; he said *“I used a lot of resources on alcohol. This reduced my family’s comfort and much of the money I drunk, I stole from my wife; for example, I remember one day I stole from her Kenya shillings ten thousand and spent it within no time.”*

Lastly, respondents used money meant for capital for their businesses to finance their drinking, accounting for 11.7% of all responses given. The resources included their customers’ deposits and money meant to fund their agricultural projects. A male respondent aged between 50 to 60 years and ran a cereal store and a timber yard before he sank into alcoholism reported that *“... I used my customers’ deposits and I could not explain how and when I used it, I think alcohol had paralyzed my brains... it was the order of the day... I even drunk my business’s capital and at last I had to close it down and for many years I lived in abject poverty, at one point I used to get my drink by working as an errand boy at a “chang’aa” brewery where I was paid with only a few glasses of “chang’aa”. I sold all what I owned and drunk all the money ...”* The findings agreed with the literature reviewed on alcoholics’ diversion of resources to finance their drinking. All respondents in this current study, diverted resources meant for other uses to finance their drinking. This drove them into huge loans, debts and lack of basics in their families. It collapsed their businesses and other sources of income. This reduced their capacity to participate in development projects especially where financial contribution was required.

The current study also sought the opinion of people in active alcoholism through focus group discussion and key informants on alcoholics' diversion of resources. Their feedback is given in Box 4.7 and 4.8.

Box 4.7: Views of people in active alcoholism on diversion of resources

In the two focus group discussions with people in active alcoholism, both held in Nyahururu town on 27th July 2019, there was a general agreement that participants diverted resources for other uses to finance their drinking. One female participant in a focus group discussion of people in active alcoholism aged 35 years and below observed that *“I can do anything to get money for my drink and any money I have I can use it to drink.”* Another male participant in the group of people aged above 35 years reported that *“any money we have is used to buy alcohol. You do not remember you need food or clothing...”*

Box 4.8: Views of key informants of alcoholics' diversion of resources

A male key informant who had worked as an addiction counsellor for over 10 years observed that *“Drinking is an immediate need that supersedes everything else and therefore they always find themselves using resources meant for other needs to drink.”* Another female key informant who had worked as an addiction counsellor for 8 years noted that *“diversion of resources is an indicator of a person who has lost control over alcohol use... as a result they become poor, and genuinely they lack money to meet other needs...”*

People in active alcoholism in focus group discussions agreed that they diverted resources at their disposal to finance their drinking (Box 4.7). According to them any money or resource that they had would at any time be used to buy alcohol but they found themselves regretting after. This according to key informants was a normal response to alcoholism, since alcoholics lack control over alcohol use. This further confirmed that alcoholism was a contributing factor to poverty. On the question of how this affected their participation in development projects, participants in focus group discussion, generally agreed that as much as they were willing to participate in development projects, they lacked material resources to contribute. They also reported that they rarely made nonmonetary contribution to development projects since they spent much of their time in sourcing resources to buy alcohol or in drinking or drunk. Views of key informants and people in active alcoholism further confirmed that people in alcoholism were prone to diverting resources meant for other uses to finance their drinking and as result they stood a risk of losing their earnings, savings, properties and assets to alcohol use, a factor that contributed to poverty and subsequently non participation in development projects as reported by respondents to this study.

4.4.2 Ever lost an opportunity out of alcoholism

According to the literature reviewed, alcoholics were more likely to lose their jobs and at the same time they were less attractive to employers (Magnavita, 2000). This puts them at a greater risk of becoming materially poor especially when it is considered that they are also heavy spenders. This current study therefore sought to identify whether respondents lost opportunities to earn a living and how this affected their participation in development projects while they were in active alcoholism and after.

Respondents were asked to give at least one of the most significant opportunities they lost out of alcoholism, if any. All respondents (100%) to the study reported that they had lost at least one opportunity to make an earning courtesy of alcohol use. Respondents were asked to mention the opportunity they lost. The opportunities were analysed into three themes employment, waged labour and to do business. Results were presented in Figure 4.15.

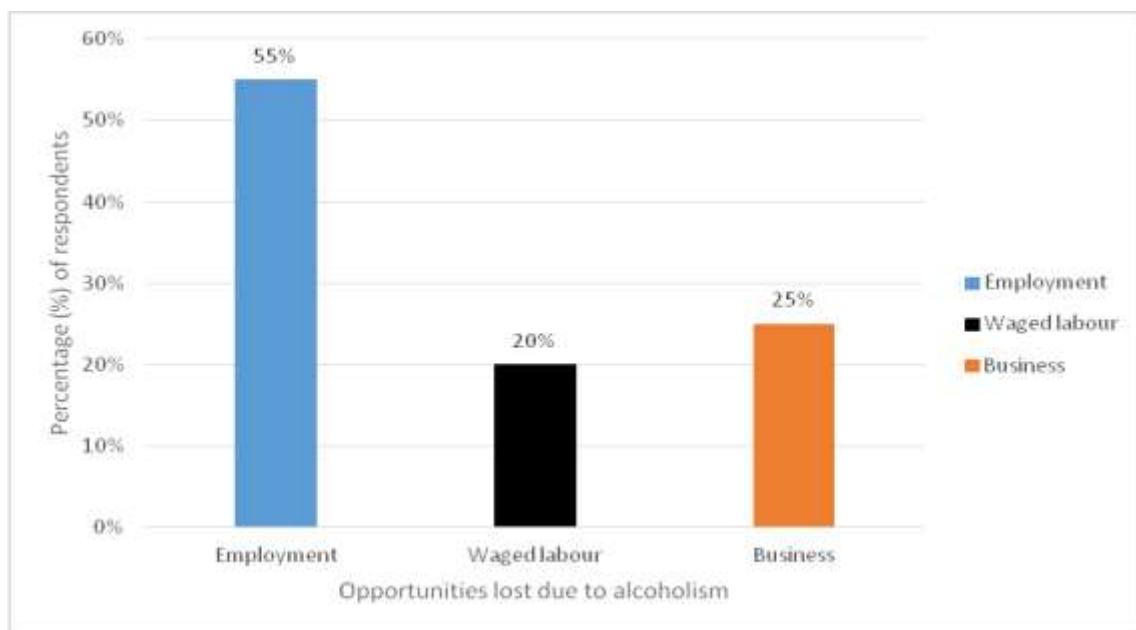


Figure 4.16. Types of opportunities lost by respondents while in active alcoholism

Majority of respondents at 55% reported that they had lost employment opportunities. Others lost opportunity to do business at 25% and another 20% of respondent lost opportunities to secure waged labour. The findings agreed with literature reviewed, that alcoholics were more likely to lose their jobs and opportunities to earn a living, which could lead to material poverty. According to Kariuki and Misaro (2013), social economic factors such as poverty affect people's participation in development negatively and therefore respondents' participation was influenced negatively. One hundred percent (100%) of respondents reported

that they lost their jobs or opportunities to earn out of their drinking behaviour. This was out of the fact that everything else was secondary to alcohol use. All (100%) of the respondents who lost their jobs reported that they were dismissed after they were declared deserters, negated duties or stole from their employers.

One male respondent who previously headed a government department at district level reported that *“I lost my job since I never wrote reports on time, being on duty while drunk, absconding duty, financial queries, and three accidents involving my official vehicle. Sometimes I would fail to report to work for periods of over six months...”* Another male respondent who previously worked as primary school teacher and was aged above 60 years reported that *“I received warning letters one after another but this did not stop me from reporting to work drunk and my performance was wanting, I was interdicted three times and I was later dismissed.”* Respondents who still held their jobs had undergone disciplinary actions like interdiction and stagnation in one job group for years. One male respondent aged between 40 and 50 years and worked as a secondary school teacher noted that *“I am lucky to have my job. I used to receive warnings every now and then. At one point I was interdicted and I had to fake sickness to retain my job...”* Similar to their colleagues who lost jobs, those who were in self-employment and waged labour lost opportunities to make money out of their alcohol use.

A male respondent who operated a power saw reported that *“I lost many opportunities, in most cases I would be hired but I would start my day with an eye opener, at times I would spend the whole day or most of my time drinking and by the time I went to do the job, I would find that it was given to another person.”* Another male respondent who was engaged in waged labour observed that *“... no one hires drunkards for waged labour not unless they want to pay them below the market rate.”* This affirmed that alcoholism played a major role in respondents' loss of jobs and opportunities to earn a living, hence making them more prone to poverty, which subsequently served as a stumbling block to their participation in development projects.

This current study also sought the views of key informants and people in active alcoholism on why alcoholics lose opportunities to earn a living. The four key informants generally agreed that alcoholics were at a higher risk of losing their jobs and opportunities to make a living. They pointed out absenteeism, exposing others to risks and faulting workplace policies

that prohibited workers from reporting to work while drunk or use alcohol at workplace. They were also more likely to steal from their employers to finance drinking. Six 6 participants in the 2 focus group discussion with people in active alcoholism linked loss of their jobs to alcohol use and failure by their employers to understand them. Others felt that people in the community and workplace did not appreciate or recognize their contribution. This further confirmed that people in alcoholism stood higher chances of losing their employment and other opportunities to make an earning courtesy of their interaction with alcohol. This resulted to diminished earnings despite their high expenditures on alcohol, leading to material poverty. Poverty on the other hand contributed to low levels or nonparticipation in development projects.

4.4.3 Economic effects of alcoholism on participation in development

This current study explored some of the economic effects of alcoholism experienced by respondents and how they affected their participation in development. Respondents were asked to share their experiences on economic effects of alcoholism and how they affected their participation in development. They gave 100 responses. The responses were analysed in 4 themes on economic effects. Results were presented in Table 4.12 below.

Table 4.12. Economic effects of alcoholism reported by respondents

Economic effects	Frequency	Percentage (%)
Always broke and in need of money	41	41.0
Always in debts and loans	28	28.0
Never saved for investment	11	11.0
Sale of properties, assets and household goods	20	20.0
Total	100	100.0

All (100%) respondents admitted to have suffered economically out of alcoholism. They observed that they were always broke at 41% of all responses given and they were ever in debts, loans and deficits at 28% of all responses. The two factors made them to avoid development projects especially where monetary contribution was needed. Others (11%) observed that they never invested or saved while 20% were forced to sell their household goods, properties and assets to finance their drinking or settle loans and debts they had accumulated in the process of funding their drinking. Failure to save or invest and selling

properties led to poverty, being undermined and being belittled by other members of the community. As a result, they avoided public forums as well as any project that would require them to contribute money since they could not afford. One male respondent aged 50 to 60 years and formerly owned a timber yard and a cereal shop and was economically well-off noted that, *“alcoholism is a major source of poverty of both money and mind. You do not save or invest and any money you get, you use it on alcohol, you also lack time to look for money and as a result you fail to participate in anything that requires money.”*

Another respondent who worked as a prison warden aged between 40 and 50 years observed that *“alcoholism gives birth to poverty and poverty sustains alcoholism. You spend more than you earn, lose opportunities to make money and spend more and therefore you always run-on deficits. To fill these gaps and sustain alcohol use you borrow from family members, friend, you get loans and you lack capacity to pay back. At last, you become frustrated and as a result you tend to drink more, you become poorer and sink deeper into alcoholism. At last, you become useless and participate in almost nothing.”* This meant that poverty caused by alcoholism served as a stumbling block for respondents to participate in development projects since they lacked resources to contribute.

4.5 Respondents behavior towards participation in development

According to literature reviewed people in alcoholism tend to withdraw from social activities especially those that do not involve use of alcohol. They also suffered low self-esteem and hence lack courage to express their views and opinions in public meetings. This current study therefore sought information on how alcoholics’ behavior towards participation in development projects influenced their participation.

4.5.1 Respondents level of trust in the society

All alcoholics whose life stories were recorded in Alcoholic Anonymous (2001), reported loss of trust as one of the reasons to why they lost social connection with people who were close to them. This current study therefore sought to identify whether respondents to the study were trusted and how this affected their participation in development projects while they were in active alcoholism and after.

a. Level of trust while in active alcoholism

Respondents were asked to report on level of trust their society had on them while they were in active alcoholism. The trust level ranged between not trusted and somehow trusted. Results were summarized in Figure 4.16.

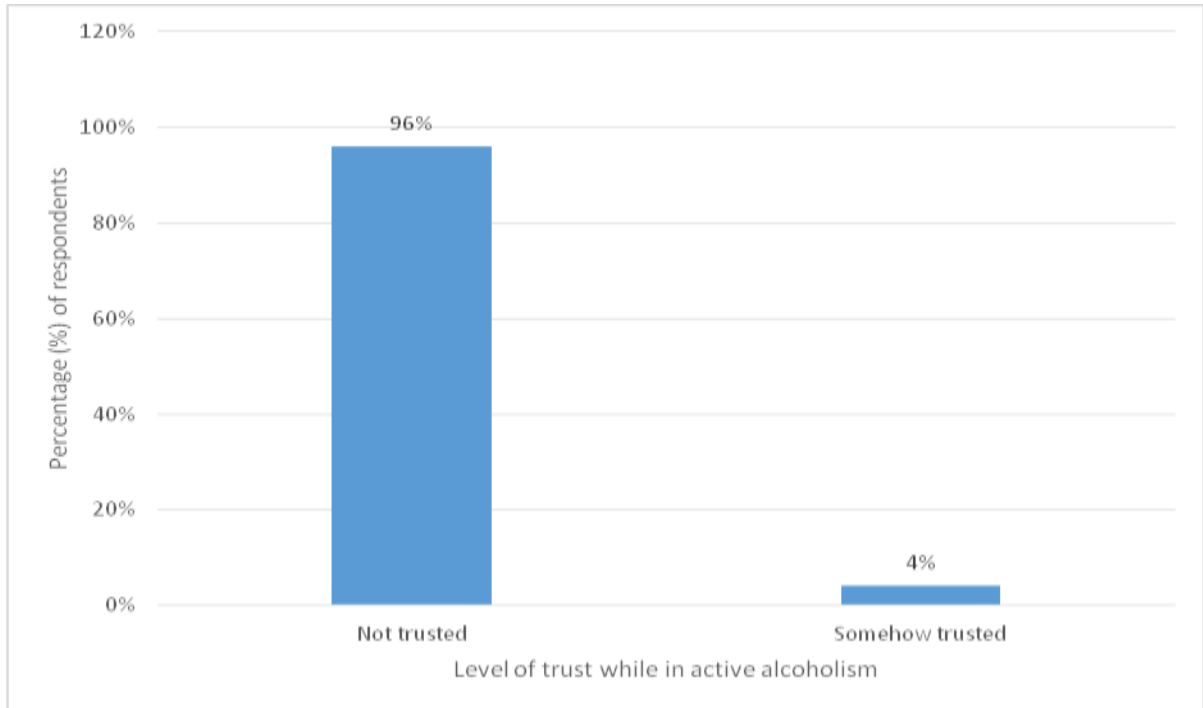


Figure 4.17. Respondents' level of trust while in active alcoholism

Majority of respondents at 96% reported that they were not trusted and 4% reported that they were somehow trusted. The results agreed with the stories of alcoholics recorded in the Alcoholic Anonymous (2001). It pointed out that people in alcoholism were not trusted in the study area. Consequently, this lack of trust influenced their participation in development projects negatively.

Respondents were asked to report on the reasons for the level of trust they reported. They gave 67 reasons which were analysed into 7 themes. Results are presented in Table 4.13.

Table 4.13. Reasons for not being trusted while in active alcoholism

Reasons	Frequency	Percentage (%)
Diverting resources to alcohol use	21	31.3
Dishonesty (conning, manipulation and stealing)	19	28.4
Unreliable/never kept promises	15	22.4
Irresponsibility	5	7.5
Always drunk	3	4.5
Misbehaviour (violence)	1	1.5
Did not trust self	3	4.5
Total	67	100.0

Respondents were not trusted out of the following interrelated factors that included; diversion of resources especially money meant for other uses to buy alcohol with 31.3% (21 mentions) and dishonesty where they manipulated, conned or stole money and other commodities to finance their alcohol use, with 28.4% (19 mentions). One respondent who lost his job out of stealing from his employer to finance his drinking reported that “...*nobody believed in me; my wife, children and community. I used to steal from them, con anyone I came across and I was quite irresponsible. When I was employed, I could not be trusted with anything since I could sell anything for a drink ... similarly, if I got any money from anyone for whatsoever reason, I would end up drinking some of it or all of it and I would hardly pay back.*” The need to drink drove respondents to use any means and resources at their disposal to finance their drinking and as a result they ended up losing trust with their family members, employers, friends and people they had contact with.

Another contributing factor to respondents’ loss of trust while they were in active alcoholism was that they were not reliable and they never kept promises, with 22.4% (15 mentions). A male respondent reported that he was not trusted observed that “... *I was not trusted, absolutely not, because I was not reliable...*” another male respondent of between 50 and 59 years of age and used to be a community leader even while he was in active alcoholism noted that “... *I was being used out of my competence not trust. I had to be monitored closely and I had to be pushed to do almost everything since I could not keep any promise.*” This was attributed to some extent, to lack of time for other things since a significant amount of time was used in drinking dens, lack of money to meet part of their obligation and their drunken

state. Due to unreliability, people who had contact with them, lost trust in them, since they kept on promising but could not meet their part of the bargain.

Other contributing factors included irresponsibility with 7.5% (5 mentions), their drunken status with 4.5% (3 mentions) and violence with 1.5% (1 mention). Three (4.5%) respondents observed that they were not only mistrusted by others but they did not as well trust themselves with money. They ended up drinking all what they had even if they had set it aside for other uses. One male respondent who worked as a secondary school teacher and although he was an alcoholic, he had managed to diversify his sources of income said “*Not at all, leave alone being trusted by others, I did not trust myself especially with money*”. *When I received my salary or a loan, I gave all the money to my wife before leaving the banking hall since if I didn't, I would drink everything...*” Use of alcohol contributed significantly to respondents’ loss of trust from their societies.

This was caused by their conning, manipulative, stealing and diversion of resources especially money. This resulted to being mistrusted and in return, influenced their participation in development negatively. However, one respondent reported that he had never misappropriated any money or resource that did not belong to him while he was in active alcoholism, yet he was not trusted. According to him, others found him untrustworthy out of the fact that he was drunk most of the time. He lost his job out of being suspected of having stolen his employer’s money. This pointed out that despite honesty, he was treated like any other alcoholic and therefore he was not trusted and his participation in development was blocked since he was associated with alcoholism.

This current the study also sought views of key informants and people in active alcoholism on alcoholics’ level of trust in the communities. People in active alcoholism in their two focus group discussions, agreed that they were not trusted by almost everyone. Similarly, all the key informants agreed that alcoholics were not trusted in their families, communities and workplaces. This corroborated this study’s respondents’ views that people in alcoholism lost their trust out of behaviours associated with alcoholism and as a result they were denied opportunities to participate in development projects.

b. Level of respondents' trust while in recovery

Respondents were asked to report on their level of trust while they were in recovery. Level of trust ranged between somehow trusted and trusted levels. Results are summarized in Figure 4.17.

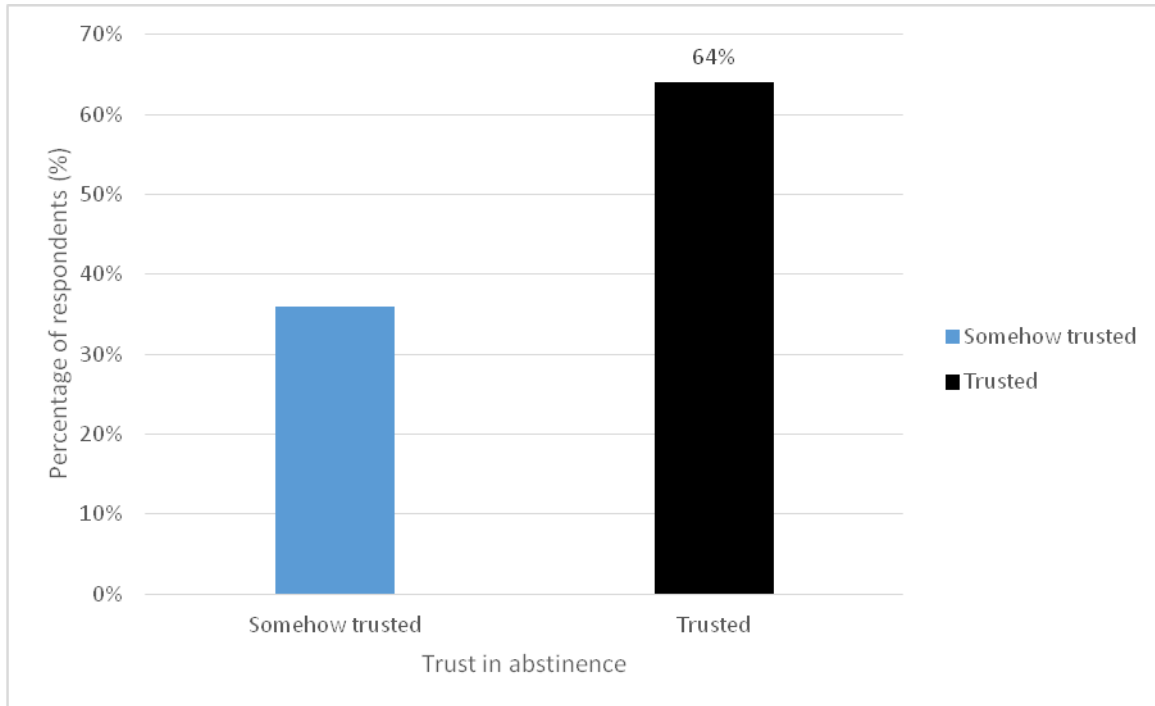


Figure 4.18. Respondents' level of trust while in recovery

A general improvement was observed among respondents while they were in recovery as compared to when they were in active alcoholism. They reported that they were either trusted at 64% or somehow trusted at 36%. This was unlike when they were in active alcoholism where 96% of respondents reported that they were not trusted. This indicated that alcoholism was a contributing factor to their loss of trust in the society.

This current study sought to identify reasons for respondents' reported levels of trust when they were in recovery. They were asked to give reasons for the reported level of trust. Respondents gave 55 responses that were organized and analysed in 8 themes. Results are given in table 4.14.

Table 4.14. Reasons for improved level of trust while in recovery

Reasons	Frequency	Percentage (%)
Shed off alcoholic behaviour (conning, manipulation, stealing)	11	20.0
Presentation	5	9.1
Keep promises/reliable	20	36.4
Responsible	4	7.3
Respect other and their properties	5	9.1
Honest	4	7.3
Clear thought process	3	5.5
Improved social interaction	3	5.5
Total	55	100.0

Respondents to this current study attributed their improved level of trust to a number of reasons. The most mentioned reason for this was keeping promises and being reliable with 36.4% (20 mentions). A male respondent aged between 40 and 50 years, and had earlier reported that he never kept promises or met his part of bargain reported that *“I keep promises and I care about my integrity. I am trusted with a lot in my church and the community; I am a leader in several groups out of trust and my dedication to what I commit to do...”* The second most mentioned reason was shedding off alcoholic behaviour that included conning, manipulation and stealing to finance drinking, with 20% (11 mentions). One male respondent who had lost his job out of stealing from his employer noted that *“I am trusted because I shed off alcoholic behaviour; I no longer steal, manipulate or con people to get money to drink.”* Other reasons mentioned included presentation in terms of dressing and personal hygiene and respect to others and their properties with 9.1% (5 mentions) each. Being responsible and being honest with 7.3% (4 mentions) each. Having clear thought process and improved social interaction had 5.5% (3 mentions) each. Gaining trust while in recovery was observed to be a long process that took time before members of the community rated a person recovering from alcoholism as trustworthy. Forty-nine percent (49%) of respondents noted that the process of building trust in their community was slow and at times frustrating.

One respondent who served as a chairman to his village welfare group reported that *“to build trust is a long process that one has to be prepared to go through. People must observe that*

you are a changed person out of how you behave, say and do as well as your presentation.” Fifteen percent (15%) of respondents noted that they were not trusted by everyone since some people thought that they were still in active alcoholism or lack of trust was based on their past. This meant that recovery was more than the mere abstinence from alcohol use but a longer social process. Members of the society evaluated individual’s behaviour. The assessment informed their decision to trust or not trust the person in question. It also pointed out that people recovering from alcoholism would take time before they earn trust that would make them participate in development project, a factor that would further affect their participation in development negatively.

4.5.2 Participation in public meetings

Literature reviewed suggested that alcoholics avoided interacting with other members of their society out of their low self-esteem and feeling inferior. Stigma attached to alcoholism and alcoholics also denied them opportunities to participate in the community and development processes. This current study therefore sought respondents’ views on people in active alcoholism participation in public meetings where development decisions were made. Respondents were asked whether it was important for people in active alcoholism to participate in public meeting where decisions on development projects are made. Results are summarized in Figure 4.18.

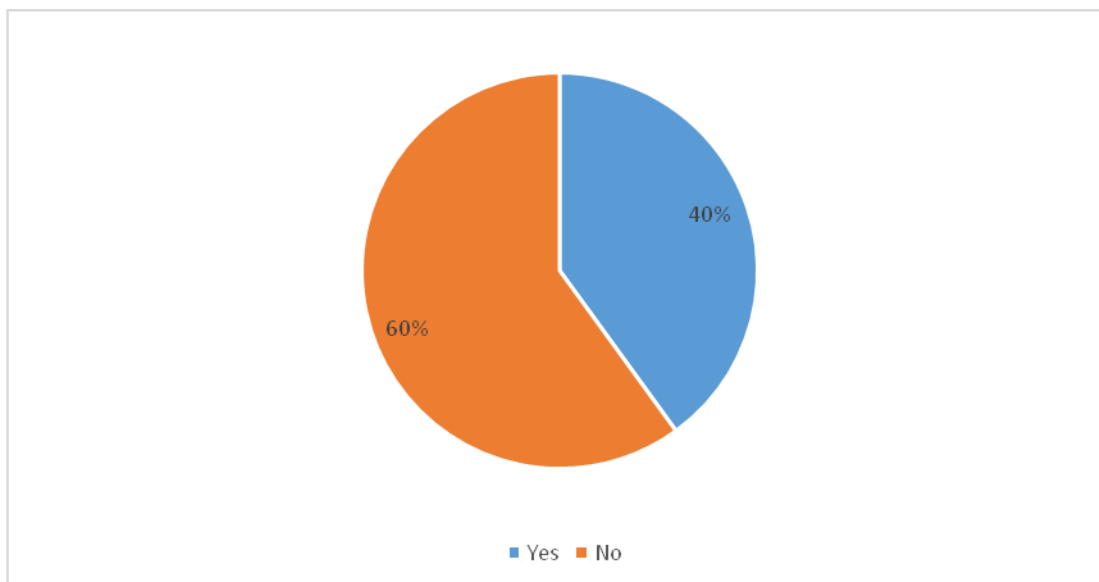


Figure 4.19. Respondents' views on active alcoholics' participation in meetings

Sixty percent (60%) of respondents reported that people in active alcoholism should not participate in public meetings where development decisions were being made. On the other

hand, 40% of respondents reported that they should participate. Missing in Figure 4.18 above represents portion of respondents who did not give a response. From respondents' views it was deduced that people in active alcoholism are not accepted or expected to participate in development projects decision making forums. They were not considered worth to participate in such forums. Thus, unacceptability in public forums influenced their participation in development projects negatively.

Respondents who reported that alcoholics should not participate in public forums where decisions on development were made were asked to explain their answers. They gave 69 responses. The 69 responses were analysed in 11 themes. Results were tabulated in Table 4.15.

Table 4.15: Reasons why active alcoholics should not participate in public meetings

Reasons	Frequency	Percentage (%)
Embarrass self	7	10.1
Bothersome	16	23.2
Unable to express views	4	5.8
Their ideas would be rejected	4	5.8
Not able to manage themselves	5	7.2
Not presentable	2	2.9
No patience	3	4.3
Mistrust/ejected in meetings	8	11.6
Always drunk	5	7.2
Nothing to contribute	6	8.7
Poor concentration, judgment understanding	9	13.0
Total	69	100.0

Respondents who were for the opinion that people in active alcoholism should not participate in public meetings where development decision making was done reported that active alcoholics were bothersome and they would cause disturbances in meetings with 23.2% (16 mentions). People in active alcoholism were said to have poor concentration, judgment and understanding with 13.0% (9 mentions). Active alcoholics were not trusted and they would be ejected in meetings with 11.6% (8 mentions) and they would embarrass themselves 10.1%

(7 mentions). Other reasons that were mentioned included, they had nothing to contribute, they were always drunk, they were unable to manage themselves, unable to express themselves, their ideas would be rejected, alcoholics were impatient and they were not presentable. All the reasons given above underlined the observation that active alcoholics were not welcomed in development projects decision making; a factor that impeded their participation in development projects.

Respondents who reported that alcoholics should participate in public forums where decisions on development are made were asked to explain their answers. Results were summarized in Figure 4.19 below.

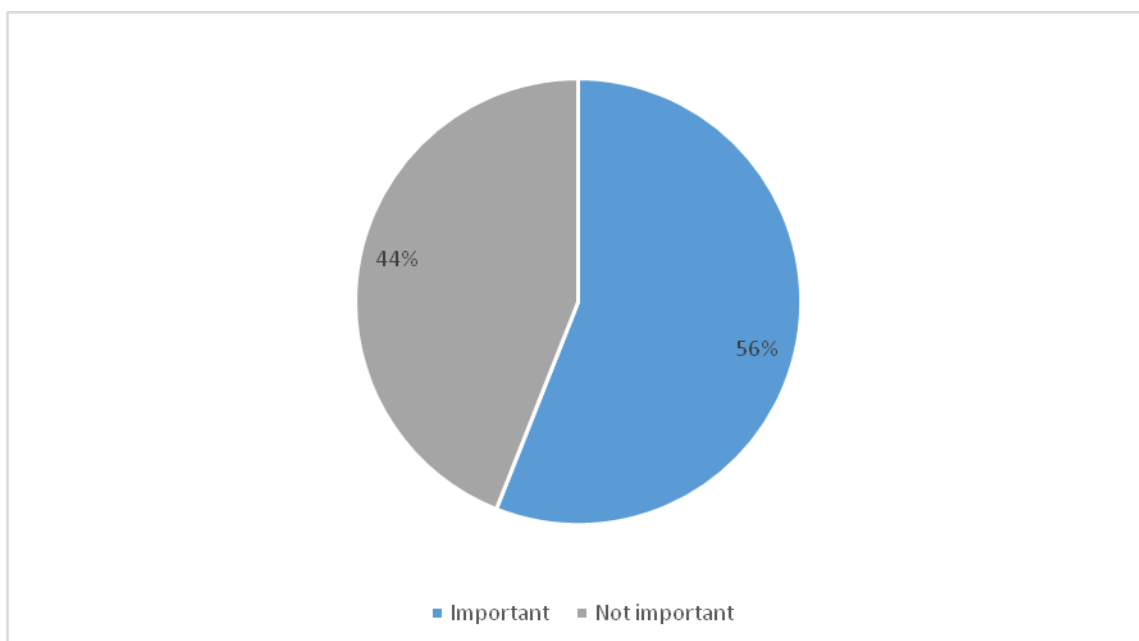


Figure 4.20. Importance of active alcoholics' participation in public meetings

Among the 40% of respondents who reported that active alcoholics should participate in public meetings, 56% of them noted that it was important for alcoholics to participate in such meetings, while 44% of respondents did not find it important. The 56% of respondents who reported that it was important for alcoholics to participate in development projects, noted that people in active alcoholism are members of the community like others and they had the right to participate and benefit from development as noted by one male of the respondent who was involved in a number of development projects “*they (alcoholics) are people like other members of the community and they have the right to participate*”. It was also reported that some alcoholics were gifted, and had brilliant ideas and opinions as well as capacities that would be important in development planning and implementation.

A youthful respondent who involved himself in trying to influence youths in addiction to quit the behaviour observed that “... *being alcoholic does not mean that you do not have a brain, indeed alcoholics have brilliant ideas that can be useful in development projects, but they lacked opportunities and forums to share them and as a result they are left out*”. A male respondent who was a community leader while he was in active alcoholism observed that involving individuals in active alcoholism in development would serve as an assurance that they are important and accepted members of the community and this can trigger need to recover. He noted that “... *alcoholics have a stake in development and they are members of the community whose contribution in development projects is important. By giving them a chance to participate, they would feel valued and hence have a reason to stop using alcohol, but when rejected and continue being left out of development, they may never change.*” These observations underlined the importance of active alcoholics’ participation in development projects.

The 44% of respondents, who felt that alcoholics should participate in public meetings but did not find it important for them to participate, observed that even if active alcoholics participated in public meetings, no one would listen to them. They would be ejected from meetings out of their drunken state or their ideas would be trashed and their contributions rejected. This was attributed to a greater extent to the stigma and rejection subjected to alcoholics. More so, active alcoholics would feel out of place and doubt their capacity to actively participate in public meetings since they felt useless, dirty and less valued.

One male respondent aged between 30 and 39 years served as a leader in a local school summed this when he said that “*It is important for them (active alcoholics) to participate in meetings but it would be hard for them to attend since they would feel out of place, dirty physically and mentally and useless hence fail to participate. Other members of the society do not respect them; they would trash their ideas and contributions. That is why you hear comments like ‘what is that “Mlevi” telling us, ask him to sit down’ even when he has an important point to raise. They can be in meetings but they are denied opportunities to participate actively. Additionally, active alcoholics my lack time to attend meetings since they spend much of their time drunk or in drinking dens ...*” This meant that despite the importance of people in active alcoholism to participate in development projects’ decision making, their conduct and reaction of other members of the society would relegate them to passive partakers of development projects.

This current study sought views of people in active alcoholism, members of two self help groups and key informants on people in active alcoholism participation in public meetings where development projects' decisions are made. Opinions of self help group members and people in active alcoholism were summarized in Box 4.9 and 4.10 below.

Box 4.9: Views of people in active alcoholism on attending meetings

In the two focus group discussions with people in active alcoholism, held on 27th July 2019 in Nyahururu town, A youthful male participant in the group of 35 years and below reported that *“I would not attend meetings because I would be embarrassed and denied an opportunity to contribute. Normally, they don't tolerate people in drunken state or when you don't look smart...”* Another middle-aged male respondent in the group of people in active alcoholism of above 35 years noted that *“we have ideas and we know quite a lot because we have been in development projects for long. But personally, I do not attend those meetings because some individuals think that I am a fool because I drink and instead of embarrassment, I avoid such meetings.”*

Box 4.10: Views of self help group members on alcoholics attending meetings

A female middle-aged participant in a focus group discussion with members of a support group held in Nyahururu town on 4th October 2019 said *“... I cannot imagine having drunkards in this meeting. If this happens, I would withdraw my membership.”* Another male participant in a focus group discussion with members of a self help group in Kinamba town held on 9th September 2019, reported that *“... we drink but despite our constitution being silent on the matter of attending meetings while drunk, I would not accommodate anyone who is drunk in this meeting..., such a person would only bother us for no good reason.”*

In a focus group discussion with members of self help groups, participants in the two groups agreed that alcoholics should not participate in their group activities and community activities. In Box 4.10, one group's constitution prohibited members to attend meetings while drunk while in the other group despite their constitution being silent on the matter, all participants agreed that they would not recruit an alcoholic in their group and they would not accommodate an alcoholic in their meetings. This agreed with key informants' observations that although, it would be helpful for alcoholics to participate in community and development activities, their chances of participation would be minimal. They were not welcomed out of stigma associated with alcoholism and the general view of a drunkard in a society. In meetings, alcoholics would not be able to concentrate or even raise issues since they felt inferior. This further confirmed that alcoholics lacked opportunities to attend or even meaningfully participate in development decision making processes. They avoided public forums and societal reaction to alcoholism which led to their low levels of participation in development projects.

4.5.3 Influence in development decision making

Stoker et al. (1994), observed that people, who are marginalized, felt powerless and this increased their nonparticipation in development. They also doubted their capacity to influence development processes. This current study therefore sought to explore respondents' level of influencing development decisions while they were in active alcoholism and after. The aim was to capture effects of alcoholism on their participation in decision making.

a. Respondents' influence in development decision making while in active alcoholism

Respondents were asked whether they had ever influenced a development project decision while they were in active alcoholism. Results are summarized in table 4.20.

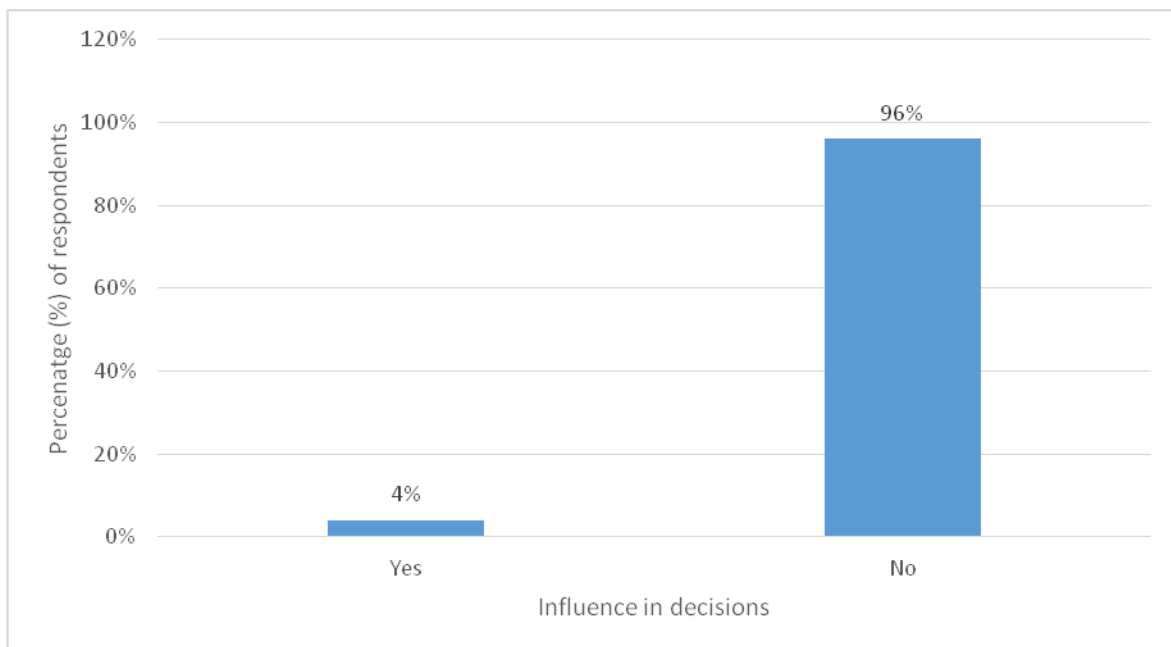


Figure 4.21. Influence on development decision making while in active alcoholism

Ninety-six percent (96%) of respondents reported that they had not influenced any decision on development projects while they were in active alcoholism. Only 4% of respondents reported that they had ever influenced a decision in development project. This indicated that respondents had very limited influence on decision making process while they were in active alcoholism. The findings suggested that they rarely participated in development projects' decision-making process.

Respondents were asked to give reasons for their response on influencing development decisions making while they were in active alcoholism. The respondents gave 82 reasons. The reasons were analysed in 10 themes. Results were tabulated in Table 4.16.

Table 4.16: Level of influence in decision making while in active alcoholism

Level of influence	Frequency	Percentage (%)
Lacked information	2	2.4
Never participated	24	29.3
Not recognized	8	9.8
Ever drunk	7	8.5
Not listened to	18	22.0
Irresponsibility	2	2.4
Negativity	1	1.2
Not trusted/believed in	9	11.0
Felt out of place	5	6.1
Lacked courage	6	7.3
Total	82	100.0

Majority of respondents reported that they never attended public meetings where development projects decisions were made at 29.3% (24 mentions). As a result, they did not take part in decision making out of their unavailability and absence in decisions making forums. One male respondent aged between 30 and 39 years, who had lost his job as a teacher reported that *“I did not attend any meeting, even parents’ meeting where my children schooled. I shied away from meetings”*. Similarly, another male respondent who relied on wage labour while he was in active alcoholism and after; noted that, *“... I spent all my time in drinking dens or drunk and I had no time for meetings. In the village and even at home I used to find thing done...”* More to it, another male respondent who held a master degree before he sank into alcoholism said *“... I was not in a position to influence decisions. I was not a member to any group neither did I attend meetings nor did anyone ask for my opinion...”* Failure to participate in decision making forums denied respondents opportunity to participate in development decision making.

The second most mentioned reason to why respondents did not participate in decision making was that they were not listened to or they feared that no one would listen to an alcoholic at

22% (18 mentions). The expressed fear that no one would listen to them was partially attributed to alcoholics' lack of self-confidence and belief in themselves. One male respondent aged between 40 and 49 years and worked as a secondary school teacher observed that *"... I lacked courage out of low self-esteem and feeling inferior to attend meetings and address publics and individuals in authority."* 2 respondents cited examples where they tried to air their views and opinions in public meetings and they were forced to keep quiet on account of their drunken state or their ideas were rejected since they were alcoholic.

This pointed out that members of their community did not respect, recognize or give consideration to alcoholics' contribution in development projects. A male respondent who previously worked with an international nongovernmental organization as field staff reported that, *"decision makers and key persons in the community looked down upon alcoholics and they thought that their thoughts were drunk and therefore even if we said something sensible or logical, it was treated as trash."* Another male respondent who worked as a social worker in a local nongovernmental organization noted that *"our views as alcoholics were often ignored, for example, in my community there was a primary school that was to be built near a sewer plant in an isolated place which is a distant from the residential area and more so, across a river and we did not have a permanent bridge. My friends and I raised the three issues and the fact that within the residential area there was a public land that was more suitable for the purpose. Our views were ignored and the school was built near the sewer plant simply because we were labelled alcoholics but even today the three issues we had raised remains and they affect children's access to the school."*

Other factors mentioned were; alcoholics were not trusted or believed in with 11% (9 mentions), they were not recognized in terms of their level of education, contributions and ideas, with 9.8% (8 mentions), they were ever drunk with 8.5% (7 mentions), they lacked courage to attend meetings with 7.3% (6 mentions), felt out of place with 6.1% (5 mentions), lack of information and being irresponsible with 2.4% (2 mentions) each and being negative over everything with 1.2% (1 mention). All these reasons reinforced alcoholics' nonattendance and lacking audience in development project meetings. Respondents' failure to participate in decision making forums, failure by development agencies and key decision makers to accommodate their views, loss of confidence and low self-esteem attested that alcoholic were marginalized in development projects decision making processes. These finding confirmed that alcoholics had no power to assert their opinions and views.

Respondents felt powerless and therefore they did not believe in their capacity to influence development decisions. Marginalization and powerlessness therefore contributed further to their passive participation in development projects.

b. Influence in development decisions while in recovery

Respondents were asked whether they had ever influenced a decision in development project while they were in recovery. The aim was to determine change in influencing decision making in development projects as they recovered from alcoholism. Results are presented in Figure 4.21 below.

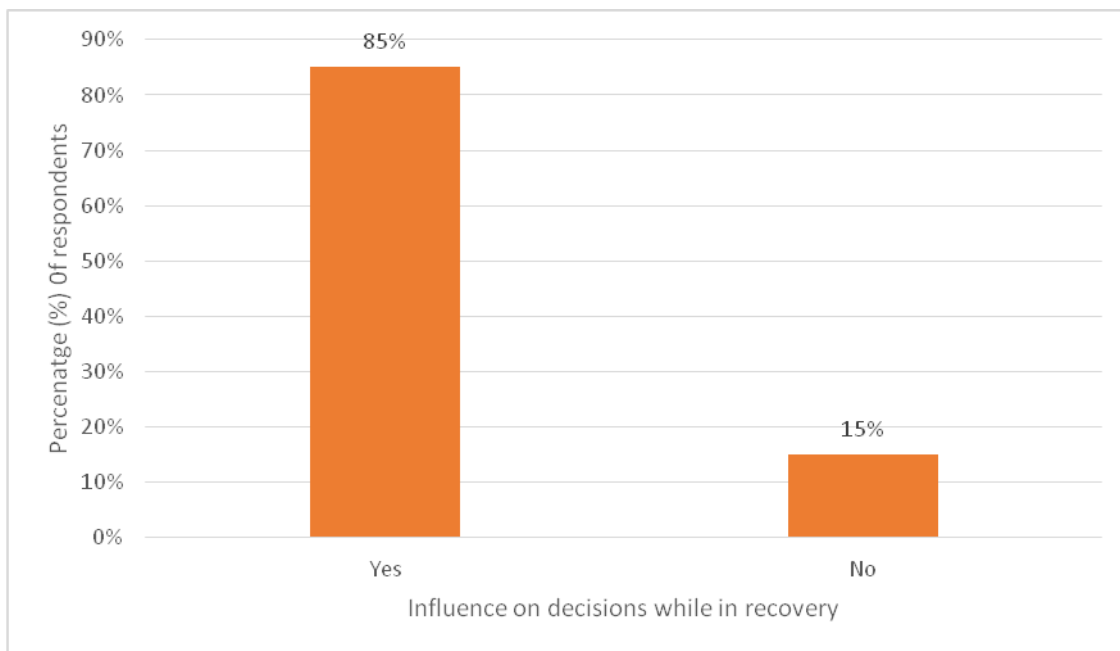


Figure 4.22. Respondents’ influence on development decision making while in recovery

Eighty-four percent (84%) of respondents reported that they had ever influenced decisions in development projects while they were in recovery and 16% of them had not influenced any decision. This was an improvement as compared to when they were in active alcoholism where 96% of them had not influenced any decision in development projects. This indicated that alcoholism played a significant role in respondents’ failure to participate in development projects’ decision-making process and that was why they were in a position to influence development projects’ decisions while they were in recovery.

Respondents were asked to rate their level of influence in development projects’ decision making while they were in recovery. The aim was to identify change in level of influence on

development projects as they changed from alcoholism. Results are summarized in Figure 4.22 below

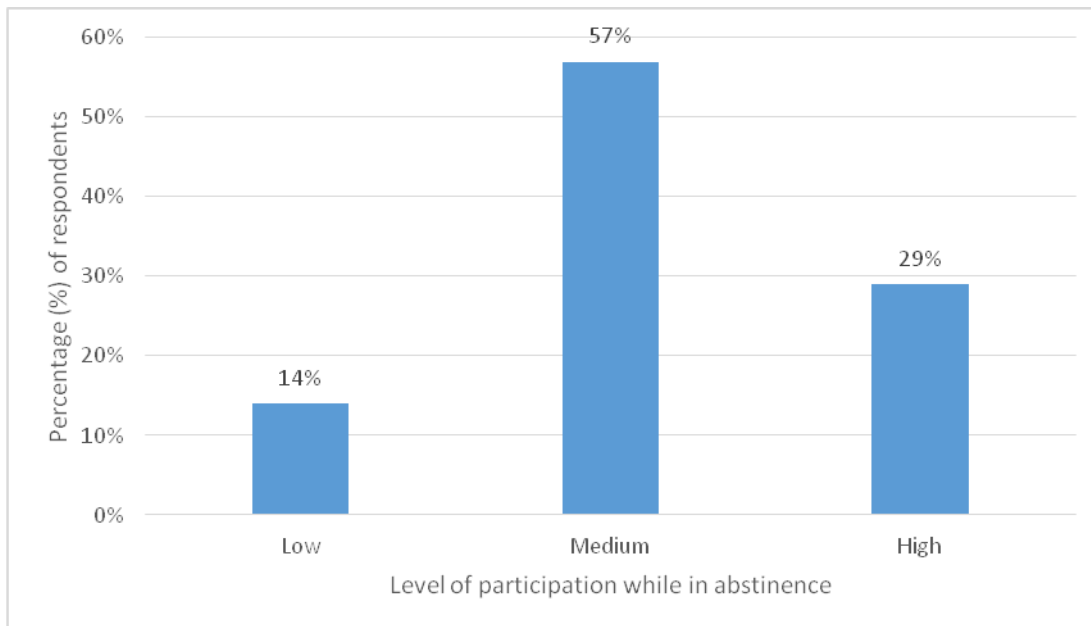


Figure 4.23. Respondents' level of participation in development projects in recovery

Majority of respondents reported that their level of influence in development decision making process was at medium level (57%). One male respondent aged between 40 and 40 years, who reported to have joined a self help group and village welfare group a few months ago observed that “... *having influence in decision making, is a gradual process, I somehow influence decisions as trust and self-esteem improve. I am able to express my feelings and ideas as people learn to listen to me...and it is more of a step at a time.*” Twenty-eight (28) respondents who represented 73.7% of respondents who reported to have influenced development projects’ decision-making process observed that they were accepted in groups and also started attending public forums where decisions were made.

They were given chances to air their views and opinions. A male respondent who ran a hawking business noted that “... *today when I speak out my mind, people support or give it a good consideration..., previously people used to force me to sit down whenever I stood to make my contribution, before I utter a word.*” Out of the 28 respondents who had reported that they were accepted in groups 5 of them noted that they were yet to gain courage and confidence to express their views in the public while 3 others felt that they were not fully accepted in the community and therefore low levels of participation in decision making. One male respondent aged between 30 and 39 years and worked as a primary school teacher

reported that “... *at the community level my participation is at medium level because my self-esteem and self-worth has not adequately improved, I still feel inadequate and inferior at times and hence am not able to stand with my views even when I feel they are better than what others had proposed...*”

Respondents who reported to have high influence (29%) reported that they were leaders in groups, development projects and other community activities. This gave them a platform to interact with other leaders, opinion leaders and decision makers in their communities. As a result, they gained access to decision making and their views and ideas were valued in groups and community circles that they held leadership positions. One male respondent aged between 40 and 49 years and previously worked as an engineer in a construction company noted that “*Soon after recovery I faced a lot of resistance, I used to try to contribute my ideas in meetings and others would demand that I keep quiet even in matters that I had competence in as an engineer... but as time went, they realized I was sober and now I am involved in almost everything and I am a leader and a key decision maker in many forums.*”

Another male respondent aged between 50 and 59 years, who had lost his job as an accountant and after recovery he opted to start a metal work workshop said “*I have high level of influence; I am a member of many influential committees in my village, for example, the road maintenance committee, am a volunteer with a nongovernmental organization, a chairman of “nyumba kumi” and many other forums. In all these forums we make decisions that touch on other members of our community and I contribute a lot in decision making.*”

Respondents who had higher level of education and those who held leadership positions before they sank deep into alcoholism formed 72.7% of the respondents who reported that they held leadership positions. This confirmed an earlier finding of this current study that alcoholism stripped individuals who had higher level of education their elite status. Regaining their elite status explained why they held leadership positions after recovery. This meant that respondents’ failure to participate in development projects’ decision-making processes was influenced by alcoholism. This resulted to failure to attend and fear to air their views in development decision making forums as well as negative treatment by other members of the community whenever they tried to air their views, hence passive or non-participation in development decision making process.

The 14% of respondents who reported that they had low levels of influence in development decision making reported that they did not frequent public meetings. Some did not frequently attend public meetings out of lack of confidence, interest or they lived far away from home. One male respondent aged between 20 and 29 years, who lived far away from his home and was in this category noted that *“I rarely attend meetings out of distance between where I live and my home where I am a member of two self help groups (through his mother) ...but I am yet to gain confidence to face publics, I fear they may embarrass me out of my past and therefore even if I attend meetings, I rarely speak out my mind.”* This meant that some respondents failed to participate meaningfully in decision making processes out of lack of confidence despite having access to development decisions platforms.

4.5.4 Participants’ awareness and contribution to development projects

Awareness on development projects influences people’s participation and contribution to development positively. This study sought information on respondents’ level of awareness and contribution to development projects in their localities while they were in recovery. This was important in identifying whether respondents were active partaker of development in their current state.

a. Participants’ awareness on development projects in their localities

Respondents were asked to mention one development project in their locality that they were aware of. Results were summarised in Figure 4.23 below.

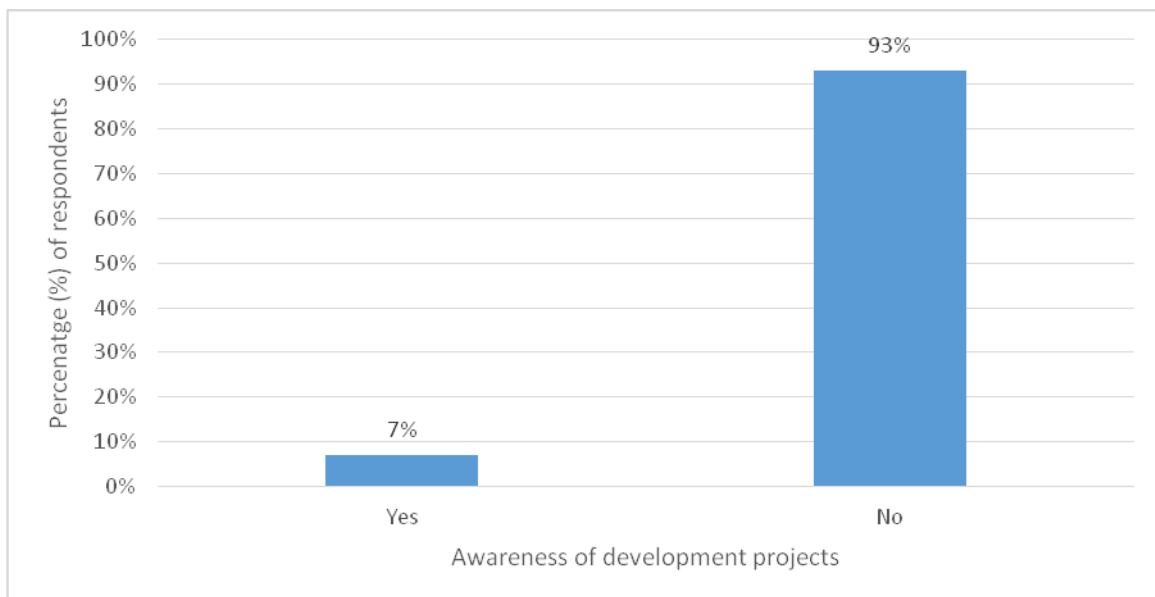


Figure 4.24. Respondents’ awareness on development projects

Eighty-four-point eight percent (85%) of respondents mentioned at least one development project they were aware of in their locality while 15% did not. The most popular development projects were the ones implemented by self help groups with 28 mentions. These groups mainly implemented agricultural improvement projects with 25 mentions. Others included rural electrification project with 2 mentions and water project with 1 mention. Other group activities included saving and loaning associations and merry go round that were run together with other group activities. Other development projects mentioned were; road grading and improvement with 6 mentions and fencing off Marmanet forest with 3 mentions. This indicated high levels of awareness on development projects among respondents; meaning that they had access to information on development projects in their localities. This agreed with an earlier finding of this current study that respondents gained access to development information in recovery and as a result their participation in development projects improved. The 35 respondents who mentioned at least one development project in their localities were asked whether they were involved in development projects they mentioned. Results were as presented in Figure 4.24 below.

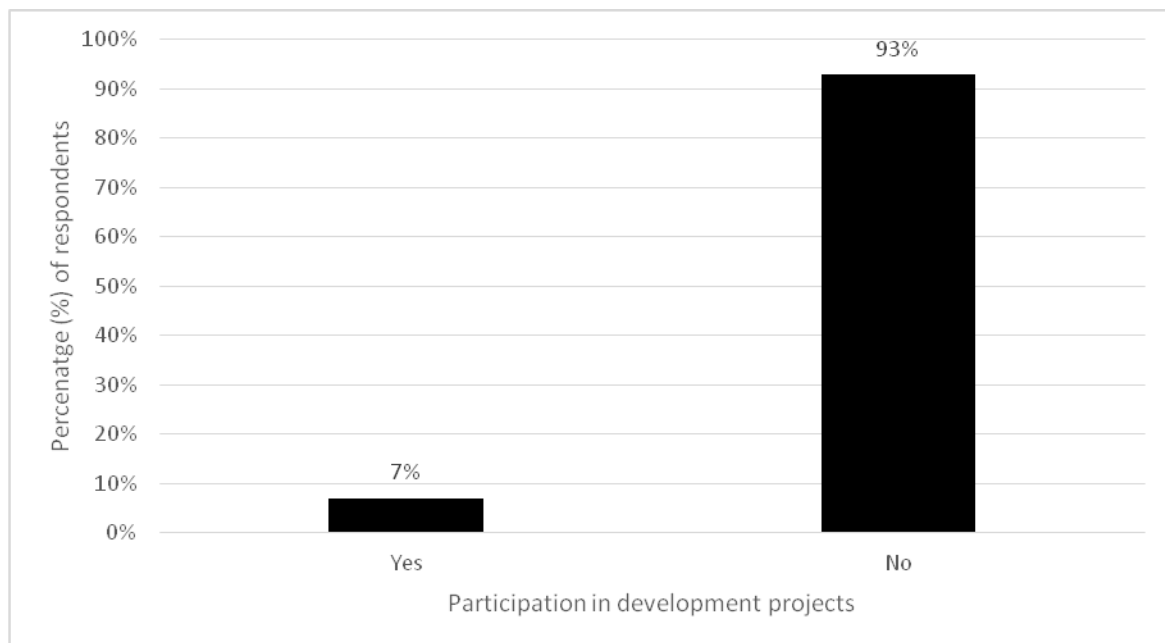


Figure 4.25. Respondents’ views on their current participation in development projects

Eight five-point seven percent (86%) of respondents who had reported to be aware of at least one development project in their localities, were involved in at least one development project while 14% did not participate in any. Among the 31 participants involved in development projects, 71% did not hold leadership positions while 29% held leadership positions. One of

the participants who did not hold a leadership position observed that “...currently I am not a leader in any group or project because people have not come to trust me but I facilitate a few things here and there like collecting group contributions...” Another male respondent who was also not holding any leadership position observed that “...leaders are elected by people concerned based on the qualities they pose. Currently I am not a leader maybe out of my history in alcoholism, however I am consulted a lot, maybe out of my level of education, experience in previous projects that I led before I sank deep into alcoholism or the position I previously held in my workplace.”

Despite recovering alcoholics being elected to leadership positions in different development projects, they continued to face challenges that were based on their past interaction with alcohol as noted by one of the respondents aged between 50 and 59 years who was also a community leader while he was in active alcoholism “...I am a leader... however as a recovering alcoholic I still face challenges, for example, I was elected the chair of board of management in a local primary school and one of the teachers commented in a meeting that I was chairing that the school is being led by an alcoholic and the parents should be ready to face the consequences, ...I wanted to resign but some people convinced me otherwise ...” This meant that in recovery, alcoholics regained their social standing and improved their participation in development, however it took time and self-determination before they could gain people’s confidence.

b. Contribution to development while in active alcoholism

Respondents were asked whether they contributed to any development project while in active alcoholism. Figure 4.25 summarized the outcome.

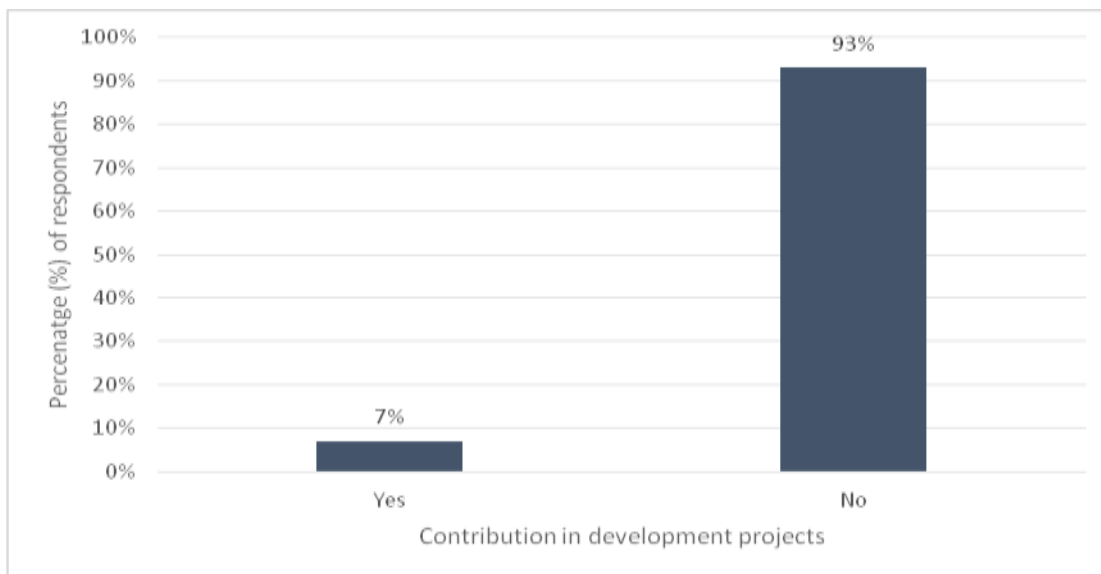


Figure 4.26. Respondents' contribution in development while in active alcoholism

Majority of respondents at 93.2% reported that they had not made any contribution to development while they were in active alcoholism while 6.7% had. Sixty-eight-point three percent (68.3%) of the 41 respondents who had not contributed to development observed that they did not have time and opportunity to participate in development projects, where one male respondent who was a master degree holder noted that *“I was not available. Most of the time I was drunk, thus I was not involved at all...”* The remaining 27.7% of respondents who had not contributed to development projects while in active alcoholism cited the following reasons; they avoided publics, with 5 mentions, had no money to contribute with 4 mentions, lacked information with 3 mentions and 2 described themselves as stumbling blocks to development where they made their families not to participate in development projects.

Lack of time and opportunity to participate (out of their drunken state), rejection by the community and having limited time for other activities apart from drinking alienated respondents from development projects, hence low levels of participation. People in active alcoholism were asked whether they had made any contribution to development projects during their two focus group discussions. All participants agreed that they did not participate in development projects neither did they make contribution. This further confirmed views of respondents to this study that people in active alcoholism in the study area were not involved in development projects.

c. Respondents' participation in development while in recovery

The study sought to compare respondents' contribution to development while there in active alcoholism against when they were in recovery. Results were presented in Figure 4.26.

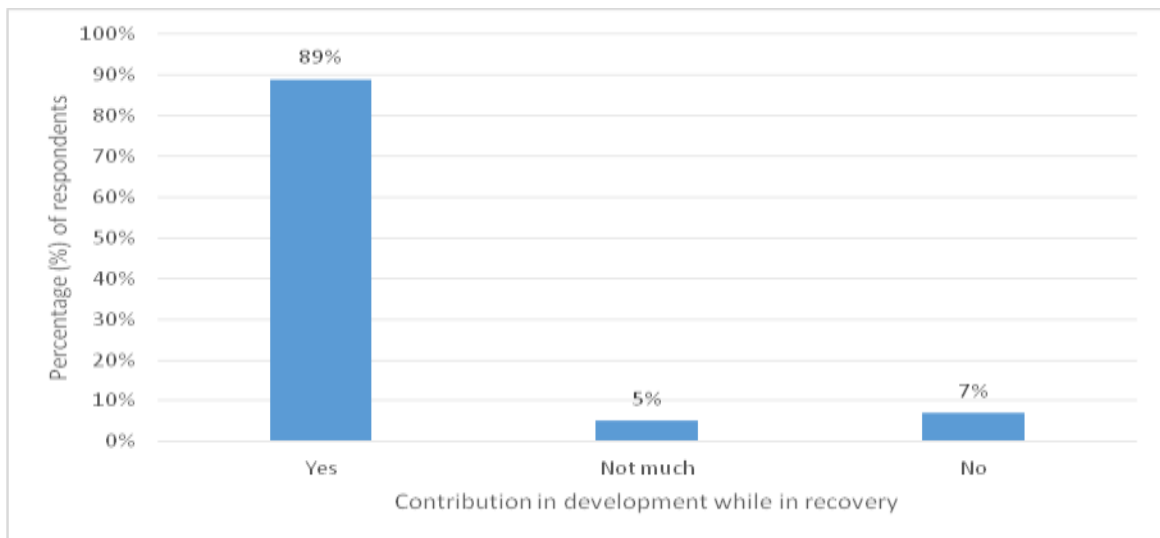


Figure 4.27. Respondents' contribution in development while in recovery

Majority of respondents at 89% of respondents reported that they had contributed to development projects while they were in recovery, 7% had not contributed anything and 5% had contributed very little. The most mentioned reason for respondents' contribution to development projects was that they found it beneficial to themselves and others with 27 mentions, feeling of self-worth, self-satisfaction, or being proud of self were also given as reasons for their contribution to development with 11 mentions and the need to benefit others had 2 mentions. A male respondent aged between 30 and 39 years, who had reported that he had never participated in development project before recovery observed that *"It is important that I participate, because the more I interact with people the more I become better and functional in my life and in the lives of others..."* Another male respondent aged between 30 and 39 years and had dedicated his free time to encouraging youths in addiction to quit the behaviour noted that *"I am actually proud and happy that I am called upon to support others'. I feel fulfilled and worthy when my contribution is recognized."* The difference between the respondents who had contributed to development while they were in active alcoholism and those who had while they were in recovery, confirmed that alcoholism prevented respondents from contributing to development projects and as a result they were left out of such project.

4.6 Respondents' view on improving alcoholics' participation in development

Respondents were asked to recommend ways of improving participation of people in active alcoholism in development projects. They gave 66 suggestions which were analysed into 8 themes. Results were tabulated in Table 4.17 below.

Table 4.17. Respondents' views on improving alcoholics' participation in development

Respondents' Views	Frequency	Percentage (%)
Rehabilitate them	19	28.8
Involve them in development and community activities	6	9.1
educate the community on how to support and handle alcoholics	6	9.1
Create interest in community to support alcoholics	5	7.6
Accept, value and appreciate their capacity	16	24.2
Improve self-esteem, self-worth and confidence	5	7.6
Address stigma	6	9.1
Give information on development projects	3	4.5
Total	66	100.0

The most repeated remedy to improve participation of alcoholics in development was rehabilitation of active alcoholics with 28.8% of responses given. This would help active alcoholics to shed off alcoholic behaviour. Stopping alcoholic behaviour would improve their social standing; hence their participation in development would improve. A male respondent aged between 50 and 59 years and had reported to be an active member of Alcoholic Anonymous group noted that, *“let them (active alcoholics) recover first and thereafter think about their involvement in development projects as they gain trust and confidence.”* Another male respondent aged between 40 and 49 years and worked with teachers in addiction towards their recovery said that, *“if they (active alcoholics) recover first they would regain their true self and can be engaged in development and community life.”* Remarkable improvements were recorded in all variables explored by this current study between the time respondents were in active alcoholism and when they were in recovery. This supports the recommendation that alcoholics should be helped to recover before being involved in development. However, the principle of equity in development insists that all members of any given community should be given equal opportunities to participate and benefit from

development projects and therefore alcoholics should be allowed to participate and benefit from development projects like other member of the community.

Other respondents felt that active alcoholics should be accepted, valued and their capacities appreciated. This accounted for 24.2% of all responses given. The community would therefore identify their resourcefulness and make good use of their capacities and abilities. Recognition of capacities and abilities would also make active alcoholics to have a sense of belonging, which can serve as a motivator to change. A male respondent who reported to be a community leader observed that, *“active alcoholics need to be accepted the way they are so that the good in them can be tapped for the good of all and it can also motivate them to change.”* Similarly, a female respondent aged between 30 and 39 years, who had faced rejection while she was in active alcoholism observed that, *“... there is need to change people’s attitude towards alcoholics. They should be accepted and given an opportunity to express their views, opinions and feelings. ...there are some alcoholics who have brilliant ideas that would make quality contribution in development projects.”*

This means that members of the community living within the area of study needed to change their perceptions on alcoholism. However, attainment of this would not be easy, but it would improve alcoholics’ participation especially when development projects’ stakeholders plan with people in alcoholism in mind and seek to involve them. Other ways of improving active alcoholics’ participation in development projects included; involving them in development projects and community activities, educating the community on how to support and handle alcoholics and addressing stigma associated with alcoholism and alcoholics, each with 9% of all responses given. Create interest in community to support alcoholics and improving self-esteem, self-worth and confidence of active alcoholics with 8% of all responses given. Giving information on development and development projects to active alcoholics with 5% of all responses was also given. Suggestions given, pointed out that it was still possible to engage people in alcoholism in development projects.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter discusses the findings of this current study.

5.2 Discussion of the findings

The first objective of this study was to explore effects of societal reaction to alcoholism, on alcoholics' participation in development projects. Social reaction was explored by asking the respondent to identify names used to refer to alcoholics in the area of study, views of the local community on alcohol use and alcoholism, respondents' social interaction before and after recovery, level of information while they were in active alcoholism and after, and their value in the community before and after starting recovery process. The objective was achieved whereby, from the findings of the study it was deduced that alcohol use in the area of study was generally accepted and to some extent it was a sign of high social economic status. To the contrary, the societal reaction to excessive use of alcohol was negative and as a result alcoholic were stigmatized and rejected.

According to the labelling theory some members of the society assign negative label to others and when they are successfully applied, those labelled are expected to behave in ways that does not contradict the label (Liu, 1994). Respondents to this current study reported that they were referred, known and identified by names like "wamunyota" or "kalewa" that meant that they were drunkards or "mukane" or "mukonyagi" that described alcoholic beverages associated with alcoholism or "muguruki" meaning that they behaved weirdly. These names among others mentioned earlier in this current study constituted labels given to individuals exhibiting alcoholic tendencies in the study area. The names were shared since they were the same names given by people in active alcoholism and members of self help groups reached in their focus group discussions. Key informants as well used some of these names to describe alcoholics.

Labelling theory postulates that labels serve as identity tags, define expected behaviour based on stereotypes and prejudices associated with the subject behaviour, as well as sanctions attached to the label. On the other hand, those labelled respond positively to the label by integrating it to their identity and behaving in ways that confirms the stereotype associated with the label as a way of adjusting (Knutsson, 1977). Respondents to the study reported that

they were viewed as useless, worthless and irresponsible. People in active addiction, regarded themselves as useless, hopeless, worthless and irresponsible while members of self help groups reached used the terms useless and irresponsible to describe alcoholics. This meant that being useless, worthless and irresponsible formed part of respondents' identity and self-regarding attitude while they were in active alcoholism and as a result they played social roles that fitted the label as a way of adjusting hence corroborated the labelling theory.

The findings from this current study were consistent with NACADA (2012) survey that observed that alcoholics were viewed as individuals who were not worth respect and had nothing to offer to the community. A respondent in the same study described alcoholics as "useless" people who have nothing to contribute to the welfare of the community. From the findings of this study, it was deduced that terms used to describe respondents and people in active alcoholism represented stereotypes and prejudices associated with alcoholism; depicting alcoholics as useless and unworthy to be respected. People in active alcoholism regarded themselves using the same terms, meaning that they had integrated them as part of their identity and hence responded positively to the stereotype associated with the label useless. This pointed out that respondents were successfully labelled; alcoholics and they were treated and behaved like alcoholics. This explains to some extent why in the subsequent variables, respondents had a tendency of behaving more or less the same.

The findings indicated that alcoholics were marginalized in the study area. Ninety-three percent (93%) of respondents reported that they had very poor and poor social relationships. According to the respondents, people in their society avoided them and they did not want to be associated with them while they were in active alcoholism. They also reported that they had shallow social networks that were mainly formed around the people they drunk together. This was partly attributed to the observation that alcoholics spent most of their time drunk and mostly in drinking dens and therefore alcohol was the main determinant of their social interaction. A study by the International Narcotics Control Board (2012) in Argentina supported the current findings.

The study by International Narcotics Control Board found out that in addiction the drug of choice was the main determinant of friendship network and intensity of relationship. When with their peers, addicts felt understood and accepted. This explained to some extent why respondents felt rejected by their close contacts while they were in active alcoholism, leading

to self-isolation and seeking refuge in their peers. Self-isolation on the other hand widened the gap between respondents and other members of the society leaving them marginalized. In recovery, respondents reported improved social interactions in terms of number of people they interacted with and the quality of relationships they shared. This underlined that the main cause of rejection and segregation was alcoholism. Identifying alcoholism as a factor underpinning rejection and segregation explained why alcoholics experienced better social relations while they were in recovery. Stigmatizations, limited social networks and lack of access to information, resulted to 91% of respondents remaining uninformed on development projects and community activities happening in their localities.

To a greater extent alcoholism served as stumbling block to their access to information since in their recovery process 64% of respondents reported to be informed on the happenings in their society. This underpinned that alcoholism served as an impediment to respondents' access to information on development projects and as a result their participation in development was affected negatively. This was mainly contributed by social segregation and isolation subjected to alcoholics by other members of the society and lack of information since they were not considered as important recipients of development projects' information. More so, respondents noted that they did not respond to information they received, meaning that other members of the community did not also find it important to inform them. Lack of information out of social isolation and segregation led to their marginalization in development projects in their localities that ideally, they ought to participate and reap benefits accrued.

Majority of respondents (93%) in the study noted that they were not valued, while they were in active alcoholism. Active alcoholics reached by this current study in the two focus group discussions shared the same feeling. Participants in the focus group discussion involving members of two self help groups undertaking development projects in the area generally agreed that an alcoholic was not a valued person in their localities. Some factors from within self, such as distorted perception, poor judgment, distorted thought process, low self-esteem and lack of self-confidence were highlighted by addiction literature as some of the hindrances to alcoholics' social interaction and valuing.

These factors from within self, coupled with socially unacceptable behaviour associated with alcoholism affected respondents' value in their communities negatively. This led to

respondents being viewed as useless, worthless, untrustworthy, lost and not worth respect while they were in active alcoholism. In contrast, among respondents in recovery 57% and 43% reported that they were somehow valued and valued respectively, meaning that their value in the community improved. Respondents cited improved social relations, and positive contribution and resourcefulness as the two main exterior factors that improved their value in the community while in recovery. The two factors were interrelated since better social relation may have led to improved level of acceptance and in the process of relating, people discovered their resourcefulness and as a result involved them more and continued appreciating their contribution to the wellbeing of the society.

From the findings of this current study, it was therefore deduced that stigma and isolation associated with alcoholism and effects of alcoholism to individual alcoholic like low self-esteem, distorted self-image and distorted thought processes and judgment acted together to bring down the value of respondents in their community while they were in active alcoholism. Consequently, it was construed that respondents' potentiality and capacity to contribute positively to development projects were overshadowed by the perception that they had nothing to offer out of their interaction with alcohol. Therefore, their low social valuing out of alcoholism, denied them opportunities to participate and contribute to development, as well as to benefit from development.

Finding from this current study indicated that societal reaction to alcoholism denied respondents' opportunities to participate and contribute positively to development in the study area. This agreed with Kenya Institute of Public Policy Research and Analysis (KIPPRA) (2006), survey that found out that the marginalized and in this case the alcoholics, participated poorly in development projects out of exclusion.

The second objective of the study was to examine socio-economic effects of alcoholism on alcoholics' participation in development projects in the study area. This was achieved by assessing some economic effects of alcoholism on respondents at individual level and how they influenced their participation in development. Addiction literature identifies alcoholism as a major cause of poverty out of reduced earning and increased expenditure. In some life stories of recovering alcoholics recorded in the Alcoholic Anonymous (2001), some recovering alcoholics admitted to have lost money, properties, employment and assets to alcoholism and as a result they became poorer. According to Kariuki and Misaro (2013),

social and economic variable influenced individuals' levels of participation in development projects significantly and therefore poverty caused by alcoholism contributed to their marginalization in development.

According to a study by NACADA (2012), 35.7% of all alcohol users reported to have ever diverted resources for other uses to buy alcohol. The findings contrasted this current study where 100% of respondents reported that they had ever diverted resources meant for other uses to finance their drinking, while they were in active alcoholism. The discrepancy between the two studies could be explained by the difference in their research population where NACADA (2012) focused on alcohol users meaning that some respondents had not developed alcoholism, while this current study used a population of people recovering from alcoholism, meaning that all were deep in alcohol use or addiction stage.

The difference between the two studies therefore indicated that the more people sunk into alcoholism the poorer they became. Additionally, 100% of respondent in the current study reported that they had ever lost opportunities. Majority of them at 55% had lost their jobs and opportunities to be employed. As a result, respondents did not invest or save and in the long run some of them were forced to sell household goods, properties and assets to finance their drinking or settle loans and debts. Following huge spending and reduced earnings, respondents reported that they became poor and poorer as they sunk deep and deeper in alcohol addiction. Poverty made them to be ridiculed and belittled by other members of the society and they also lacked money to contribute to development. This forced them to withdraw from development projects especially those that needed them to contribute money. They also withdrew from community activities including development projects. From these findings, it was deduced that poverty caused by alcoholism blocked alcoholics' participation in development projects.

The third objective of this study was to assess alcoholics' behaviour towards participation in development and how it affected their participation in development projects. This was achieved by assessing how respondents' behaviour affected their level of trust in the society, access to decision making forums and their contribution to development projects while they were in active alcoholism and in recovery. According to social exchange theory, social interactions emerge and persist depending on rewards that social actors accrue from such

interactions. Individuals who gain remain and those who lose withdraw and pursue other courses of action.

This theory therefore postulates' that entry and exit to an exchange involves actors' consideration on rewards and costs involved. Actors in development projects are therefore motivated by benefits they accrue (Scott, 2006), most of which are intangible. In this current study, 60% of respondents did not find it important for active alcoholics to participate in meetings where development decisions are made. Among those who felt that they have a stake in development and hence a right to participate, 44% of them observed that even if alcoholics attended meetings no one would listen to them. People in active alcoholism who were reached by this current study also were in agreement that they did not attend public meetings. Some of the reasons given for people in active alcoholism nonattendance in public meetings included; no one would listen to them; their contributions and opinions would not be given fair consideration and they would be ejected in meetings out of their drunken state. These reasons indicated that alcoholics were stigmatized, rejected and isolated in their community as earlier noted in this study. As a result, individuals known to be alcoholic suffered ill treatment as noted by people in active alcoholism when they said that they were not needed in public meetings.

Respondents observed that some alcoholics were gifted and had brilliant ideas but they were not accommodated in public meetings regardless of their importance in development projects. This served as a negative reward for alcoholics to attend meeting since they were more likely to be subjected to ill treatment, disrespect and ejected. It was therefore presumed that the negative societal reaction to alcoholism and alcoholics, served as a negative motivator for alcoholics' participation in public meetings and therefore their contribution to development projects in their localities was cut off. According to Van Cleave et al. (1987) to alcoholics, drinking is more rewarding than other activities.

Van Cleave et al. (1987), observation explained why respondents spent most of their time drunk or in drinking dens while they were in active alcoholism, in support of the current findings. Additionally, respondents reported that they had no time for other things since they spent most of their time drinking or drunk. This suggested that drinking, which was more rewarding was given a higher priority than attending public meetings, hence their nonparticipation in development. Respondents pointed out that people in alcoholism failed to

attend public meetings since they felt out of place, useless, less valued and they also doubted their capacity and lacked confidence to articulate their views and opinions. These feelings also served as the negative reinforcement for alcoholics to participate in public meetings.

This current study also found out that alcoholics lacked opportunities and forums to express their views or make their contribution or benefit from development. Respondents to the study noted that they had low self-esteem, negative self-concept and felt inferior. As a result, they lacked courage to participate in public meetings and forums and even when they attended such forums, they lacked the confidence to articulate their issues or even express their views and opinions. More so, they lacked time for the meetings since they spent a significant proportion of their time in drinking dens and/or intoxicated. They were also described as unpredictable, impatient and had impaired judgment and thought process that affected their reasoning, understanding and self-control. This led to disruptions, misunderstanding and following this, they were labelled bothersome and in the long run they were ejected and/or rejected in public meetings and their views were not given space.

Loss of trust was a common feature in the life stories of alcoholics recorded in the Alcoholic Anonymous 4th edition (2001). In the current study (96%) of respondents reported that they were not trusted in their families and communities. Active alcoholics and members of self help groups reached by this current study as well reported that alcoholics were not trustworthy. Respondents reported that while they were in active alcoholism, they lost trust out of their alcoholic behaviour which included dishonesty, where they conned, manipulated and spent other people's money to finance their drinking. They were also not reliable and never kept promises and they kept on lying to justify their failures. They did not also meet their part of bargain in agreements and spent most of their time drunk.

These behaviours led to mistrust. Association of alcoholism with the negative behaviours explained why one respondent reported that he remained honest and responsible in his workplace and in the family but no one trusted him, meaning that he was treated like other alcoholics. In recovery, respondents shed-off alcoholic behaviour like dishonesty, manipulation, conning and met part of their bargain in agreements. As a result, they started regaining trust from their close contacts and this extended to the larger community with time. This explained why 29% of respondents were elected or appointed to different leadership positions while they were in recovery. From these findings, it was deduced that alcoholism

contributed to alcoholics' loss of trust which in return contributed to their nonparticipation in development projects.

Alcoholism locked out respondents to this current study out of development decision making processes. Respondents to the study pointed out that they had limited access to decision making forums while they were in active alcoholism. Majority of them observed that decision making on development matters in their localities required people of high social standing. Their interaction with alcohol, resultant sanctions and their failure to participate in forums where decisions were made, denied them opportunities to participate. This explained why 96% of respondents had not influenced development related decisions while they were in active alcoholism. They noted that they felt inadequate or lacked confidence to articulate their feeling, views and opinions. As a result, they did not attend decision making forums and even when they attended, they remained passive decision makers. More so, they did not have time for meetings and when they attended, they knew they were disrespected and people did not like their drunken state and therefore they did not express their views. One male respondent who held a bachelor degree observed that *“alcoholism affects a person's influence negatively. It kills relationships and leads one to behave in socially unacceptable and shameful ways and as a result an alcoholic is never taken seriously.”*

Another male respondent who worked as an addiction counsellor said that *“being an alcoholic you lose self, I felt inferior and hated by everyone. With this I could not be able to interact with anyone ...”* This indicated that alcoholic behaviour contributed to a greater extent to their alienation in decision making and this explained why in recovery, 84% of respondents had influenced development decision in their localities. It was therefore presumed that by abstaining from alcohol use; respondents' behaviour was modified to fit what was acceptable in the society and hence their opportunities to make decisions increased. The findings on alcoholics' participation in public meetings and decision making concurred with Stoker et al. (1994), observations that the feeling of powerlessness increased nonparticipation in development. In this current study, respondents reported that they felt inferior to others, they lacked confidence to address publics and they avoided decision making forums. These were signs of powerlessness that made them not to believe in their capacities and abilities to influence development processes. This was attested by some respondents' observation that some alcoholics were gifted and had brilliant ideas but refrained from sharing them with other members of the society.

Further to this, 16% of respondents had attained bachelor degree and postgraduate levels of education and 20% of respondents were professionals in different fields. Presumably, these levels of education and their professions were above average persons in the community yet they lacked courage and opportunity to participate in decision making. To a greater extent, their capacities and resourcefulness remained underutilized since they felt powerless and reacted by withdrawing from community and development activities. This explained why majority of respondents at 84% were able to influence development decisions while they were in recovery and 29% of them were in leadership positions. The change was attributed to improved self-image and self-esteem by some respondent. The improvement influenced their self-confidence positively and as a result their feeling of being powerless reduced and they were able to engage others resulting to disappearance of their withdrawal tendencies. It was therefore deduced that although alcoholism affected individuals' capacities and led to stigma, individual alcoholics' behaviour on development also played part in alienating alcoholics in development. To some extent the findings explained why one respondent remained a leader even when he was deeply in alcoholism. He did not shy away from community activities despite being alcoholic.

Findings of this current study confirmed Chambers (1983), observation that the marginalized people like alcoholics are weak, powerless and isolated and hence they were not able to articulate their issues, concerns and needs especially in public meetings or influence decision making process. The findings indicated that respondents occupied low social status with a sense of inferiority when they were in active alcoholism. These factors among others influenced their behaviour towards social interaction and participation in development and decision making negatively. Consequently, these factors relegated them to either passive partakers of development or they did not participate at all.

According to the findings of this current study, negative societal reaction to alcoholism, poverty caused by alcoholism and alcoholics' behaviour towards participation in development affected respondents' participation in development negatively while they were in active alcoholism. In recovery barriers to their participation in development projects were removed and as a result their participation in development projects improved. This attested that alcoholism remained a major stumbling block to respondents' participation in development projects.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The purpose of this current study was to explore effects of alcoholism on alcoholics' participation in development projects in Nyahururu Sub County, Laikipia County, Kenya. Specifically, the study looked at the effects of societal reaction to alcoholism, alcoholics' behaviour on development projects and economic consequences of alcoholism on alcoholics' participation in development projects. Research findings and discussions in chapter four unveiled several trajectories which set the basis for conclusions and recommendations presented in this chapter.

6.2 Conclusions of the Study

This section represents the empirical and theoretical conclusions, based on the findings of this current study.

6.2.1 Empirical conclusions

Alcoholism affected participation of alcoholics in development projects irrespective of their demographic characteristics such as area of residence, age, level of education and occupation of respondents negatively. This meant that alcoholism was a generalized social problem and the society reacted negatively to alcoholism. Negative societal reaction and subsequent stigmatization contributed to the marginalization of respondents in development projects, while they were in active alcoholism.

Respondents were labelled alcoholic and were subjected to social sanctions prescribed to alcoholics by the society. This resulted to shallow social networks that further contributed to poor access to information related to development projects. Marginalization of people labelled alcoholic and self-isolation influenced each other resulting to poor relations, low social value and lack of access to information on development, leading to alcoholics' poor participation in development projects. The situation was reversed in recovery, meaning that alcoholism was the main contributing factor to respondents' marginalization in development projects.

Economic effects of alcoholism were both a primary factor and a secondary factor in influencing alcoholics' participation in development projects negatively. Alcoholism related

poverty, discouraged alcoholics from attending and engaging in development activities especially where monetary contribution was required.

Alcoholics' reactions to negative social reaction on alcoholism resulted in intrapersonal dynamics such as sense of powerlessness, low self-esteem and inferiority which in turn reduced their capacity to participate in development projects. The society as well did not create space for alcoholics to contribute in development projects; further alienating them from development. The two factors resulted to alcoholic's poor and/or passive participation in development projects.

6.2.2 Theoretical Conclusions

The labelling theory explained why alcoholics were secluded in development projects. They were labelled and treated the same way despite their differences and upon shedding off alcoholism; the cause of labelling, their inclusion in community and development projects improved. Negative societal reaction and subsequent stigmatization as explained by the labelling theory, contributed to the marginalization of alcoholics in development projects while they were in active alcoholism, resulting to their nonparticipation and/or passive participation in development projects in their localities.

Social exchange theory explained alcoholics' negative motivation towards participating in development projects and the role of rational choices in participation in development projects. Alcoholics' reactions to negative societal reaction to alcoholism resulted in intrapersonal dynamics such as sense of powerlessness, low self-esteem and inferiority which in turn facilitated alcoholics' low levels of motivation to attend public meetings and development projects, hence self-exclusion. On the other hand, alcoholics were more motivated to engage in alcohol related activities and relationships than participating in development projects and development related interactions. They therefore made rational choices to remain out of development to avoid negative effects related to participating in development and opted to engage into alcohol use related activities since they were more gratifying as compared to participation in development.

6.3 Recommendations of the Study

Based on the conclusions, this current study came up with the following recommendations to improve participation of alcoholics in development projects

- i. Stigma associated with alcoholism was a major contributing factor to alcoholics' passive and/or nonparticipation in development projects. This study therefore recommends rolling out of programs aimed at addressing alcoholism related stigma targeting the general public. Alcoholics as well should be supported to recover from alcoholism by increasing their access to rehabilitation services.
- ii. Governmental and nongovernmental agencies interested in participatory development should be sensitive to the cause effect relationship between poverty and nonparticipation in development. They should therefore seek alternative ways of contributing to development projects that are more affordable and accessible to the materially poor than monetary contribution. More so, they should also engage them and include their views, aspiration and needs in development projects. This would minimize people in alcoholism's seclusion in development projects.
- iii. Alcoholism rehabilitation services should include programs that would empower recovering alcoholics on participatory development at family, community and other levels. This would be building their confidence and capacity to take part and benefit from development projects. Development agencies as well should develop structures that motivate alcoholics to actively participate in development projects where their capacities are utilized for their own and collective benefit.

6.4 Recommendation for Further Research

This current study recommended further studies on the impact of gender on alcoholic's participation in development projects where the sample would be more inclusive with respect to gender. This current study was limited in gender representation and therefore the findings may not address issues of gender in alcoholism and participation in development projects since the study targeted people recovering from alcoholism receiving rehabilitation services at St Martin CSA outpatient rehabilitation centre, where only three women were enlisted. Studies on this topic targeting general population would therefore be best suited to achieve gender representation.

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APPENDICES

Appendix A: Data Collection Tools

Interview guide for recovering alcoholics

1. Gender (*note interviewee's gender*)
2. How old are you?
3. What do you do for a living?
4. Which is the highest level of education did you attain?
5. Have you ever used alcohol? (*If no discontinue the interview*)
6. For how long did you use alcohol?
7. Do you consider yourself an alcoholic? (*Please explain your answer*)
8. a) How do people refer to people who drink too much? (*Please explain your answer*)
b) Why do you think they refer to them this way?
9. a) How do people in this area view a person who uses alcohol (*Please explain your answer*)
b) What about those people who drink a little bit too much? (*Please explain your answer*)
c) What would you say about those people who abuse alcohol? (*Please explain your answer*)
10. a) How would you rate your social interaction when you were in active use of alcohol?
(*Please explain your answer*)
b) Why do you think people related with you this way with you?
c) Now that you are not in active alcoholism, how would rate your social interaction?
(*Please expound on your answer*)
d) How did your level of social interaction affect your participation in development now and while in active alcoholism (*Please explain your answer*)
11. a) How well were you informed on what was happening in your community when you were in active alcoholism (*Please explain your answer*)
b) Why do you think you were informed to the level you have given in question 12b above?
c) Now that you are not in active alcoholism how well informed are you on what is happening in your community (*Please explain your answer*)
d) How did your level of relationship influence your participation in development project while you were in active alcoholism and while in recovery?

12. a) According to your own evaluation where would you rate yourself in terms of your value in the society? *(Please explain your answer)*
 b) How would you rate your social valuation at the time you were in active alcoholism? *(Please explain your answer)*
 c) Do you think the value associated with you by the society influenced your participation in development in any way? *(Please explain your answer)*
13. a) While you were in active use of alcohol, were you trusted by other members of the community? *(Please explain your answer)*
 b) Now that you are not in active use of alcohol, are you trusted by members of your community? *(Please explain your answer)*
 c) How does the community's level of trust in you affect your participation in development?
14. a) In your opinion do you think it is acceptable to have an alcoholic in a public meeting or a group's meeting dealing with development issues?
 b) Why do you think this way?
15. a) While you were in active alcoholism did you ever influence a decision in any development project? *(Please explain your answer)*
 b) If yes, please rate your influence in decision making
 c) Now that you are not in active use of alcohol, have you ever influenced a decision in any development project? *(Please explain your answer)*
 d) If yes, please rate your influence in decision making
 e) How does your level of influence affect your participation in development?
16. a) While you were in active use of alcohol, did you divert any money or other resources that were not intended to meet other needs to buy alcohol? *(If yes, please give more information).*
 b) Have you ever faced a disciplinary action at your work place or lost a job or an opportunity to earn a living out of alcoholism related causes?
 c) What economic effects of alcohol use have you ever suffered? *(Please explain your answer)*
 d) Do you think this has an effect on your involvement in development? *(Please explain your answer)*
17. According to you how can alcoholics' participation in development be improved
18. Any other information relevant to this study

Focus group discussion guide for people in active alcoholism

1. How many of you have ever used alcohol? *(If anyone does not raise his hand request them to leave)*
 2. How many would consider themselves alcoholic? *(If anyone does not raise his hand request them to leave and explain the importance of the two questions)*
 3. a) How do people refer to people who drink too much?
 4. b) Why do you think they refer to them this way?
 5. a) How do people in this area view a person who uses alcohol with moderation?
b) What about those who drink a little bit too much?
 6. How would you rate social interaction of an alcoholic?
 7. How well are alcoholics informed on development projects in their localities?
 8. According to your opinion are alcoholics trusted in the community and how does this affect their participation in development?
 9. In your opinion are alcoholics accepted in public forums?
 10. How well does alcoholics participate in development projects?
 11. How many of us have ever diverted money or other resources that were intended for other uses to buy alcohol? Why?
 12. How many have ever faced a disciplinary action at your work place or lost a job or an opportunity to earn a living out of alcoholism related causes? Why?
 13. According to you how can alcoholics' participation in development projects be improved
- Any other information relevant to this study

Focus group discussion guide for self help groups

1. How do you recruit/did you recruit members?
2. Have you ever had a member(s) who were/are problematic alcohol users?
3. If Yes in question 5 above, how did/is the group handling the person(s)
4. If No in question 5 above, why don't you have (*probe if by any case they have such a member how will they react*)
5. a. How do people in your area react to alcohol use? (*Probe if societal reaction has any influence on group membership*)

b. In which ways does societal reaction influence alcoholics' participation in your group activities/projects?
6. How does alcoholic's economic status influence their participation in development projects?
7. a. How do alcoholics behave in your locality?

b. How does alcoholics' behaviour influence their participation in this development projects?
8. What is your general opinion on alcoholics' involvement in development?

Interview guide for key in formats

1. a) What are some of the major effects of alcoholism?
b) How do these effects influence alcoholics' participation in development?
2. a) How does the society react to alcohol use in your locality?
b) How does societal reaction affect alcoholics' social interaction?
c) How does societal reaction influence alcoholics' participation in development?
3. a) What are some economic effects of alcoholism common in this area?
b) How do they affect alcoholics' participation in development projects?
4. a) What are some of the most common alcoholic behaviours that you have come across?
b) How does alcoholics' behaviour influence their participation in development?
5. What is your opinion on alcoholics' involvement in development?


Appendix B: Research permit


THIS IS TO CERTIFY THAT:
MR. JOSEPH GAKUNGA NDIRANGU
of EGERTON UNIVERSITY, 2098-20300
Nyahururu, has been permitted to
conduct research in Laikipia County


on the topic: FACTORS AFFECTING
ALCOHOLICS' PARTICIPATION IN
DEVELOPMENT PROJECTS IN
NYAHURURU SUB-COUNTY, KENYA

for the period ending:
24th June, 2020

Permit No : NACOSTI/P/19/72874/30782
Date Of Issue : 25th June, 2019
Fee Received :Ksh 1000




Applicant's Signature


Director General
National Commission for Science,
Technology & Innovation


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Effects of Negative Societal Reaction to Alcoholism on Alcoholics' Participation in Development Project in Nyahururu Sub County, Laikipia County, Kenya

Gakunga Ndirangu, Wokabi Mwangi, and Hadijah Murenga

Abstract — Many societies across the globe have been using alcohol for religious, social, cultural, and recreational purposes for ages. Over the period, societies have come to recognize the negative outcomes of alcohol misuse to individual users, their families, and the society in general. Different societies therefore adopted various ways of controlling alcohol misuse, mainly guided by a society's cultural and social norms. Norms related to alcohol use and misuse therefore plays an important role in determining how a specific society reacts to alcohol use and abuse. Negative societal reaction to alcoholism and alcoholics influences levels of alcoholics' interaction with other members of the society as well as their access to information on development projects in their localities. Alcoholics' reaction on societal sanctions related to alcoholism and alcoholics determines as well determines their level of marginalization. Level of alcoholics' social interaction and access to information, influences their participation in development project. This article explores effects of negative societal reaction to alcoholism on alcoholics' participation in development projects in Nyahururu Sub County, Kenya. It outlines the findings, conclusions and recommendations of the study with a view of creating awareness on identified effects and recommends ways of minimizing alcoholics' marginalization in development projects.

Index Terms — Alcoholism, negative societal reaction and participation in development projects, stigmatization.

I. INTRODUCTION

Alcohol use is an old tradition among many societies across the globe. Alcohol use serves social, cultural, recreational, and religious purposes and therefore it is socially necessary and largely acceptable in many societies [1]. Misuse of alcohol on the other hand has negative consequences to individual users, their families, and the society in general. As a result, different societies employ different strategies to curb its misuse. Cultural norms, societal value systems and beliefs serve an important role in controlling alcohol use and misuse, as well as societal reaction to alcohol use and abuse [2]. A society that is less accommodative to alcohol use, judge people in alcoholism more harshly as compared to others that are more accommodative; hence varied level of stigmatization and seclusion among different societies [3].

Despite numerous media reports on negative consequences of alcoholism and studies confirming alcohol as the most

abused drug and alcoholism as a major social problem in Kenya [4]-[6] literature on alcoholism in Kenya is scanty [7]. Similarly, empirical evidence on effects of negative societal reaction to alcoholics' participation in development projects, especially in the study area is almost nonexistent.

NACADA 2012 reports confirmed that alcohol users and abusers were stigmatized in Kenya. Respondents in a focused group discussion described alcoholics as people who were incapable of contributing positively to the welfare of the community [5]. Kimani a former university lecturer and Gi tau a former police officer confirmed NACADA 2012 findings. They reported that they were rejected and stigmatized in their societies and as a result, they were marginalized in their own communities [8]. The above observations underlined the need to establish effects of societal reaction to alcoholism on alcoholics' participation in development projects in the study area.

A. Problem Analysis

Societal values, culture, and beliefs of a people, have powerful influence over society's reaction to social situations. Studies have identified alcoholism as a widespread social problem in Kenya and Nyahururu Sub County in specific [6], [9], [10]. Participatory development on the other hand, aims at reducing alienation of the marginalized in development. However, other social factors, key among them negative societal reaction to alcoholism serves as a stalling block for alcoholics to participate meaningfully and benefit from development projects in the study area. This denied alcoholics opportunities to participate and benefit from development projects. More so, it deviates from participatory development basic aim of enhancing inclusion of the marginalized like the alcoholics in development projects. Effects of negative societal reaction to alcoholism on alcoholics' participation in development had not been adequately researched particularly in the study area. This is a gap in knowledge that needs to be filled, especially at this time when participatory development is under criticism out of its inadequacy in ensuring meaningful participation of all in development projects. To bridge the gap, this study explored effects of negative societal reaction to alcoholism on alcoholics' participation in development projects. The aim was to establish how negative societal reaction to alcoholism hindered alcoholics' participation in development projects. Knowledge generated would therefore shed light on how to

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