Influence of Social Occupation on Relapse among Recovering Alcoholic Rehabilitees in Selected Rehabilitation Centres in Meru County, Kenya

Kevin Mwega Murithi*, David Kipkorir Kiptui, Dr Shadrack Munanu Kithela

Department of Humanities and Social Sciences; Tharaka University, P.O BOX 193-60215, Marimanti - Kenya.

*Corresponding Author

ABSTRACT

Relapse remains a significant challenge in the treatment of alcohol-related disorders, particularly after the completion of inpatient treatment programs. In Kenya, relapse rates range from 20-80% among recovering rehabilitees. This study emerged to investigate the specific social occupational factors contributing to relapse among alcoholic rehabilitees in selected rehabilitation centres in Meru County, Kenya, addressing a gap in local research on the topic. The study aimed to delve into the social occupational influences on relapse rates, a relatively unexplored area in previous local research about relapse. The respondents of the study were individuals who had relapsed and were currently undergoing treatment in three selected rehabilitation centres in Meru County: Holy Innocents BPSS Centre in Timau, Methodist Treatment Centre in Kaaga, and St Nicolas Rehabilitation Centre in Tigania West. Employing a correlational research design, the study gathered data through interviews and questionnaires, focusing on a target population of 93 relapsed alcoholics receiving inpatient treatment. Prior to the main data collection, a pilot study was conducted at Harmony Therapy Centre in Nkubu, Meru County. This pilot study was crucial in refining the data collection tools and ensuring the response validity, which is essential for the credibility of the research findings. Descriptive statistics results related to social factors influencing alcohol relapse among the respondents revealed that work-related stress (M=3.29, SD=1.239), lack of work (M=3.12, SD=1.160), financial instability (M=3.34, SD=1.137), and boredom (M=3.34, SD=1.229) significantly contribute to alcohol relapse among rehabilitees in Meru County, Kenya. Participants agreed that these factors were influential in their relapse. However, multi-regression analysis (β=-0.017, p=0.845) showed no significant relationship between social occupation and relapse, suggesting that while these factors are acknowledged by the rehabilitees, the broader influence of social occupation on relapse may be less significant in this specific context. The comprehensive analysis suggests that effective treatment for alcohol-related relapse requires personalized and holistic approaches. These should address the specific social and occupational risk factors that individuals face and aim to build resilience and well-being in their recovery journey. Thus, the findings of this study emphasize the importance of designing treatment programs that not only focus on the addiction itself but also on the broader life context of the individuals, promoting a more sustainable and supportive recovery process.

Keywords: Relapse, Alcoholism, Social occupation, Rehabilitation, Rehabilitees

INTRODUCTION

Relapse remains a daunting challenge in the treatment of Alcohol Use Disorder (AUD), characterized by a return to alcohol use after a period of sobriety (National Institute on Drug Abuse Report, 2018). In Kenya, relapse rates for alcoholic rehabilitees range from 20-80%, with significant health, social, and economic consequences. Despite numerous efforts by rehabilitation facilities and the government's commitment to

addressing alcoholism NACADA Report, (2013), many rehabilitees relapse due to various psychosocial factors.

A critical yet underexplored factor contributing to these high relapse rates is the influence of social occupation. Social occupation encompasses workplace stress, unemployment, job stability, and the broader social environment related to one's profession (Lind, 2021). These elements significantly impact the likelihood of relapse among rehabilitees. Stressful work conditions, lack of supportive work environments, unemployment, and insufficient engagement in meaningful social activities can create vulnerability to relapse by fostering feelings of isolation, boredom, and financial instability (Golestan, 2010; Ritvo, 2023).

Research highlights that structured social occupations provide stability and purposeful engagement, which are essential in reducing idle periods that might lead to relapse (Turner, 2020). Positive social integration through employment or other meaningful activities offers purpose, satisfaction, and responsibility, which are crucial in sustaining recovery (Rice, 2021; Casac, 2016). Conversely, unemployment and lack of social occupation contribute to a sense of helplessness and low self-esteem, increasing the risk of relapse (Henkel, 2011; Hodgson, 2003).

Despite the importance of social occupational factors in the recovery process, current rehabilitation approaches in Kenya inadequately address these issues. This gap in treatment strategies necessitates an investigation into the specific social occupational factors contributing to relapse among alcoholic rehabilitees hence the primary purpose of the study was to determine Influence of Social Occupation on Relapse Among Recovering Alcoholic Rehabilitees in Selected Rehabilitation Centres in Meru County, Kenya. Understanding these influences is vital for developing comprehensive, effective interventions that can significantly reduce relapse rates and improve long-term recovery outcomes in Meru County, Kenya

Despite substantial efforts in the treatment of alcohol-related disorders in various rehabilitation facilities across Kenya, a significant proportion of recovering alcoholic rehabilitees relapse, with local relapse rates ranging from 20-80% and global rates from 50-90%. This high relapse rate leads to serious health, social, and economic adverse effects, undermining the efficacy of rehabilitation programs and discouraging individuals from seeking help. A critical, yet underexplored, factor contributing to these high relapse rates is the influence of social occupational factors. Elements such as workplace stress, unemployment, and the lack of a supportive work environment significantly impact the likelihood of relapse among rehabilitees. These social occupational influences are not sufficiently addressed in current rehabilitation approaches. Therefore, there is an urgent need to investigate the role of social occupational factors in relapse to develop more effective, comprehensive treatment strategies that can reduce relapse rates and improve long-term recovery outcomes for alcoholic rehabilitees in Meru County, Kenya.

RESEARCH METHODOLOGY

This study adopted a correlational research design to investigate the impact of social occupational factors on alcohol relapse among rehabilitees. Through this design, the researcher collected data specifically on social occupational factors such as workplace stress, job stability, unemployment, and the quality of the social environment related to one's profession. By utilizing correlational analysis techniques such as Pearson's product-moment correlation coefficient, the researcher assessed the strength and direction of relationships between these social occupational factors and alcohol relapse.

This analysis enabled the exploration of how social occupational factors influence relapse among rehabilitees in selected rehabilitation centres in Meru County, Kenya. By examining these relationships, the study provided valuable insights into the specific social occupational elements that contribute to alcohol relapse, offering a basis for developing targeted interventions to support long-term recovery.

The target population in this study consisted of individuals who had experienced relapse after completing their inpatient program and were seeking rehabilitation services for the second time. The targeted number of

relapsed rehabilitees was derived from the three rehabilitation centres' databases. Holy Innocents BPSS Centre Timau has an estimated of a total of 39 inpatient rehabilitees who have relapsed; Maua Methodist Treatment Centre has an estimated of a total of 32 rehabilitees seeking rehabilitation services more than once while St Nicholas Rehabilitation Centre has an estimate of total of 19 inpatient rehabilitees seeking rehabilitation services for more than once. Therefore, the target population for this study was 90 alcoholics rehabilitees seeking rehabilitation services after relapse.

The criteria for participant inclusion involved individuals who had completed a minimum of three months in rehabilitation centres on an inpatient basis and relapsed after the treatment period. On the 90 respondents targeted, purposive sampling was employed to ensure a comprehensive exploration of psychosocial experiences that lead to relapse after inpatient treatment. This approach allowed for the targeted examination of psychosocial factors such as the influence of peers on relapse, the influence of social occupation on relapse, the interplay of psychological stress and alcohol relapse, and psychological cravings influence on alcohol relapse providing an in-depth insight into the challenges faced by recovering alcoholic rehabilitees in their post-treatment phase. Purposive sampling was chosen for its suitability in capturing the specific characteristics and experiences essential to addressing the research objectives, aligning to understand the unique psychosocial factors contributing to alcohol relapse among the rehabilitees.

Sampling Frame.

Centre Name	Total Rehabilitees.	Male Rehabilitees	Female Rehabilitees	Sample Size
St Nicholas Rehabilitation Centre	19	11	8	19
Maua Methodist Treatment Centre	32	27	5	32
Holy Innocents BPSS Centre Timau	39	30	9	39
Totals		68	22	90

Data Collection Instruments

Questionnaires for Relapsed Rehabilitees

According to O'Cathain et al. (2004), structured questionnaires can increase response rates, allow respondents to elaborate on closed-question responses, and identify new issues not captured in the questionnaires. For this study, questionnaires were designed to quantify the influence of social occupational factors on relapse among alcoholic rehabilitees in Meru County, Kenya. These questionnaires incorporated a Likert scale and multiple-choice questions, focusing on aspects such as workplace stress, job stability, unemployment, and the quality of the social environment related to one's profession. Distributed to all respondents in the three rehabilitation centres under study, the questionnaires aimed to capture demographic information and detailed responses related to the influence of social occupation on alcohol relapse.

Focus Group Discussions (FGDs)

According to Rivaz et al. (2019), focus group discussions are a qualitative method of data collection useful in exploring people's beliefs, perceptions, and attitudes about a topic. FGDs in this study targeted relapsed rehabilitees in the three rehabilitation centres under study, with each group consisting of 8-12 members. The discussions began broadly and gradually narrowed to focus on the influence of social occupation on relapse. Open-ended prompts were used to elicit detailed responses about participants' personal experiences, challenges, and coping mechanisms before relapse. This method aimed to reveal common social occupational factors contributing to relapse and provided deeper insights beyond surface-level descriptions of addiction.

Interviews with Key Informants

Structured interviews were conducted with the heads of clinical services in the three rehabilitation centres to investigate the role of social occupational factors in alcohol relapse among rehabilitees. These interviews

aimed to extract refined insights into how elements such as workplace stress, job stability, unemployment, and social environments at work contribute to relapse. By engaging with treatment leads, the researcher sought to gain a holistic understanding of the challenges and opportunities in addressing social occupational influences within the Kenyan context. Additionally, the interviews aimed to identify gaps and challenges in current relapse prevention strategies, seeking expert perspectives on where interventions may be lacking and potential improvements to enhance the effectiveness of these strategies.

Piloting

The researcher conducted a pilot at Harmony Therapy Centre in Nkubu Meru County to cross-check the questionnaire design and get rid of errors to promote response validity. Following collaborative discussions with the center's administration, ethical considerations and informed consent processes were addressed. A small sample of individuals meeting the study criteria were then recruited for the pilot study. The data collection instruments, including structured interviews and surveys, were modified based on feedback from Harmony Therapy Centre staff and participants, emphasizing clarity, and participant comprehension. Engaging in discussions with participants and centre staff provided valuable insights, allowing adjustments to the study protocol and ensuring that the finalized data collection procedures were optimized for operational efficiency. The piloting process was documented in a comprehensive report, informing the subsequent main study and contributing to the overall success of the research endeavour.

This study utilized correlation analysis and regression to analyse the data collected through questionnaires and focus group discussions, with a specific focus on social occupational factors. Correlation analysis was employed to examine the relationships between social occupational factors—such as workplace stress, job stability, unemployment, and the quality of the social environment—and alcohol relapse. This analysis provided insight into the strength and direction of these relationships, helping to understand which social occupational factors were more strongly associated with relapse.

Regression analysis was used to further explore the predictive power of social occupational factors on alcohol relapse. The statistical software package for Social Sciences (SPSS) version 28 was used for data analysis. Regression analysis allowed the researcher to assess the combined effect of various social occupational factors on alcohol relapse, identifying significant predictors among factors like workplace stress, job stability, and unemployment. Using SPSS ensured accurate and efficient data analysis, facilitating the testing of hypotheses and drawing valid conclusions specifically about how social occupational factors contribute to alcohol relapse.

RESULTS AND DISCUSSIONS

	N	Mean		Std. Deviation
	Statistic	Statistic	Std. Error	Statistic
I felt stressed at my workplace contributing to my relapse.	93	3.29	.128	1.239
Lack of work contributed to my relapse.	93	3.12	.120	1.160
I feel financial instability contributed to my relapse.	93	3.34	.118	1.137
Boredom because of the free time I had contributed to my alcohol relapse.	93	3.34	.127	1.229
Valid N (listwise)	93			

The analysis of social occupation and employment status revealed several significant findings regarding their impact on alcohol relapse among rehabilitees. Table 2 presents four key factors that were assessed to understand the influence of work-related aspects on relapse. The data indicated that rehabilitees generally felt that stress at the workplace significantly contributed to their relapse, with a mean score of 3.29 and a standard

deviation of 1.239. This suggests a notable agreement among participants that work-related stress plays a critical role in their relapse experiences.

Additionally, the study found that lack of employment was also a significant factor, with a mean score of 3.12 and a standard deviation of 1.160. This indicates that unemployment is perceived as contributing to relapse. Financial instability, reflected by a mean score of 3.34 and a standard deviation of 1.137, was similarly highlighted as a contributing factor, emphasizing the financial pressures that can exacerbate relapse risks. Furthermore, boredom resulting from excessive free time was reported as a significant factor with a mean score of 3.34 and a standard deviation of 1.229.

The relatively consistent mean scores ranging from 3.12 to 3.34 across these aspects reveal a moderate level of agreement among the rehabilitees regarding the impact of social occupational factors on relapse. The standard deviations above 1 suggest a uniform pattern of responses, underscoring the importance of addressing work-related stress, employment status, financial instability, and boredom in relapse prevention strategies. These findings collectively highlight the substantial role that social occupation and employment status play in influencing relapse among rehabilitees.

The study showed that there existed an insignificant relationship between social occupation and alcohol relapse, which was not consistent with literature analysis and findings from focus groups and literature analysis. The literature review, key informant interview and focus groups suggest that social and occupational environment significantly affects recovery outcomes, especially for stable employment and supportive social networks which were viewed as protective factors

However, not all occupational environments are supportive, which helps explain why such variation existed.

Regression analysis

Influence of Social Occupancy

H_{01}: There is no statistically significant relationship between social occupation and alcohol relapse among recovering alcoholic rehabilitees in selected rehabilitation centers in Meru County, Kenya

The influence of social occupancy on alcohol relapse had a coefficient of relationship of -0.017. This suggests that an increase in social occupation helps in decreasing alcohol relapse and hence such a relationship suggests that social occupancy can be used as an alcohol abuse strategy in rehabilitation centres. However, the relationship was insignificant (p=0.845). These results show that the influence of social occupancy has a negligible and not statistically significant effect on the relapse score. Thus, changes in social occupancy do not significantly impact the relapse score in this model.

CONCLUSION AND RECOMMENDATIONS.

To effectively address the impact of social occupation and employment status on alcohol relapse, several key measures are recommended. Rehabilitation centres and employers should collaborate to develop workplace support programs that reduce stress, including stress management workshops and counselling services. Additionally, promoting employment opportunities through job training and placement services can help mitigate the risks associated with unemployment and financial instability. Financial counselling and support services should be provided to manage economic stress, while structured recreational activities should be introduced to combat boredom and excessive free time. Treatment plans should incorporate an assessment of social occupational factors, allowing for tailored interventions that address workplace stress, job instability, and financial concerns. Employers should foster supportive work environments for individuals in recovery, including flexible work arrangements and employee assistance programs. Regular follow-up assessments are essential to monitor and adjust these interventions, ensuring they remain effective in preventing relapse and supporting long-term recovery.

REFERENCES

1. Casac (2016). Addiction Tools for Recovery: Pocket Size Tools for the Recovering Addict and Alcoholic. Xlibris US.
2. Golestan, (2010). Environmental Factors Influencing Relapse Behavior among Adolescent Opiate Users in Kerman (A Province in India); Global Journal of Human Social Science
3. Henkel D. (2011). unemployment and substance use. *Journal on current drug abuse*, 4, 27-38.
4. Hodgson, R. (2003). Alcohol Dependence and their Significance. In *Psychopharmacology of Alcohol* (pp. 171-177.). New York: Raven Press.
5. Lind, W. (2021). Recovery Plus Lesson Plans: A Relapse Prevention System. Christian Faith Publishing, Incorporated.
6. NACADA Report. (2013). National Standards for Treatment and Rehabilitation of Persons with Substance Use Disorders. Nairobi.
7. National Institute on Drug Abuse. (2018). Principles of Drug Addiction Treatment: A research-based guide (third edition).
8. Rice, M. (2021). Sobering: Lessons Learnt the Hard Way on Drinking, Thinking and Quitting. September Publishing.
9. Ritvo, P. (2023). Addiction & Recovery for Dummies. John Wiley & Sons.
10. Turner, C. (2020). Practicing Alcohol Moderation: A Comprehensive Workbook. Taylor & Francis.