

**PARTICIPATORY FILM AS A TOOL FOR SOCIAL CHANGE AMONG  
DRUGS AND SUBSTANCE USERS IN KIAMBU COUNTY, KENYA**

**SUSAN NYAWIRA GITIMU**

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(FILM STUDIES) OF KENYATTA UNIVERSITY.**

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## DECLARATION

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

Signature..... Date.....

**Susan Nyawira Gitimu- M88/27776/2013**

Department of Communication, Media, Film and Theatre Studies

## SUPERVISORS

We confirm that the candidate under our supervision carried out the work reported in this thesis as university supervisors.

Signature..... Date.....

**Prof. Wangari Mwai**

United States International University, Africa

Signature..... Date.....

**Prof. John Mugubi**

Department of Communication, Media, Film and Theatre Studies

## **DEDICATION**

This thesis is dedicated to my parents Mr. & Mrs. Gitimu, and to my son Jabali Simon Gitimu.

## ACKNOWLEDGMENTS

My gratitude goes to God for allowing me to come this far in my studies and my career. Indeed, He has been my Ebenezer and His grace has been sufficient for me during this journey.

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## **ACRONYMS AND ABBREVIATIONS**

<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>INCB</b>	International Narcotics Control Board
<b>NACADA</b>	National campaign against Drug Use
<b>NSDUH</b>	National Survey on Drug Use and Health
<b>PAR</b>	Participatory Action research
<b>PV</b>	Participatory Video
<b>UNODC</b>	United Nations' Office on Drugs and Crime
<b>WDR</b>	World Drug Report
<b>WHO</b>	World Health Organization

## **OPERATIONAL DEFINITION OF TERMS**

**Social Change** - The study uses the term social change as a broad umbrella to encompass a range of typical social outcomes; from increased awareness and understanding, to attitudinal change, to increased public participation, the building of public will, to policy change that corrects injustice.

**Drug and Substance Use** - harmful use of both legal and illegal drugs to achieve a pleasurable state of mind.

**Drug and substance user** - Young and middle-aged adults struggling with drugs and substance use.

**Film** - film will refer to both fiction films and documentaries which are part of the living history of filmmaking.

**Participation** - Participation is in this study where the subject is an integral part of development process.

**Participatory film** - a generic term used to mean any video or film used to persuade people to change and enhance social change processes and where the subject is an integral part of the planning and/or production, as well as the primary end-user.

**Participatory film – Documentary** - any video or film that uses interviews with people involved in real events to provide a factual report on a particular subject and involves the research subject in the planning, production and consumption.

**Participatory Film – Drama** - any video or film that tells an imaginary story using fictional characters and involves the research subject in the planning, production and consumption.

**Empowerment** - in this study denotes individual's ability to (re)claim control over their lives by discovering their own 'inner strengths.

**Powerlessness** - the inability of drug users to rise out of positions of helplessness to (re)claim control over their lives and discover their own 'inner strengths in order to improve the quality of their life

**Views** - refers to emotions and feelings that are be represented in the final participatory films.

**Rendering and Publicizing Views** - Participant's means of expressing their views, emotions, and feelings out of their personal experiences with drug use.

## **ABSTRACT**

Drugs and substance use in Kenya has reached crisis levels. Kiambu County has been especially cited as a hotspot for this catastrophe. Whereas different stakeholders have responded to this vice through legislative, legal and social methods, its persistence suggests a need to rethink the methods of mitigating this problem and their efficacy. This is precisely the justification for this study that examined the use of participatory film as an alternative tool for motivating social change among drugs and substance users in Kiambu County. Specifically, the study's main objective was to establish the extent to which participatory film can be productively used as a pedagogical tool, to render and publicize the clearly sidelined views of drugs and substance users, and finally, as an exercise that can empower these users. The study used social change theory, qualitative research method, and descriptive study design to achieve these objectives. Using both probability and non-probability sampling, it selected two hundred members from fourteen self-help groups comprised of drugs and substance use victims in Kiambu County. Participants were recruited as experts out of their lived experiences, and guided to generate participatory data, as part of the primary data for the study. Other primary sources of data included participatory observation, focus group discussions (FGD), and interviews. Secondary data was collected through review of literature. As argued throughout this thesis, the findings affirmed that participatory film can be used as a tool for motivating social change among drug and substance users in Kiambu County. Through this argument, the study joins scholarship on film and social change and recommends the use of participatory film to other researchers and practitioners in the fields of film for development and the wider development communication. This approach is also recommended as beneficial to filmmakers and social change activists aiming to motivate change among different marginalized groups.

## CHAPTER ONE

### CONTEXT OF THE STUDY

#### 1.1 Introduction

Studies theorizing what film is or what it can do, despite showing strong inclinations towards the technology of the medium, have only partially focused on technicalities. On the other side, it is the ideas of what dramatic potential of film techniques makes possible, the practices of new applications of film, interdisciplinary approaches to film, and the adaptableness of film to human environments, its restorative potential, which has attracted sustained debates about film in the future (see, for instance, Warmington, Van Gorp, & Grosvenor, 2011). This prospect is evidenced in the debate about the potential of docu-film.

For much of what has since been named classical theory of film, the notion of a realist film has been at the center of many film critics. A case in point is André Bazin, who orchestrated vehement debates as a pro-realist film (Bazin, 1971). What such efforts present are entry points into which subsequent debates could plugin. Some of these debates which have emerged since the turn of the century include theory and aesthetics of the moving image (see, for instance, Kennedy (1974) and Hochberg & Brooks (1962). These speculate on the interaction between the film medium and the audience, and the potentiality of this interaction as a psychological process. Indeed, this is an opportune moment to also suggest the centrality of psychoanalysis as a criticism method in film studies, which has enabled a reciprocal view of film involving an actively inquisitive audience and a highly coded image. In this scenario, “the relationship between viewer attitudes and perceptions and media construction is not a passive process (Welsh, Fleming, & Dowler, 2011, p. 428)”, but exchanges meaning.

An equally interesting advancement in film critique is evident in the works of Noël Carroll (1996) whose provocative debates about the valence of the filmic image decries the over-reliance on “equivocation, overgeneralization, misplaced analogies, and sheer appeal to authority (p. ix).” Whereas he addressed his arguments to the problem of film theory, the ideas that he teases out, that “film cannot be reduced to a single essence or function (p. xiv)” and that “film could artistically re-arrange the word rather than just slavishly and mechanically duplicate it (p. 240)” could as well be applied to emergent research fields including social interventions. On this basis, this study rephrases this theory through an inversion, not as much to suggest that function and essence can be reduced to a single film, but that this inversion suggests that these problems translate into possibilities.

Instead of asking, is the fact that film cannot be reduced to a single essence or function a limitation? the study asks: could the fact that film cannot be reduced to a single essence or function instantiate an opportunity for fruitful discourse agency through a fusion of both? What is invoked then is no longer the idea of a medium limited by its generalization, but the odd opportunity that uses similar notions of limitation to substantiate intervention. The film, at once plagued through messy theory, turns out to translate this very conceptual by productively mapping it onto social crisis situations (Lie & Mandler, 2009). Within the course of this study, it will thus become clear that film could indeed shed off these limitations and influence and enhance the negotiation of perceptions, attitudes, and beliefs are developed and negotiated (Kang (1997) and Surette (2007)).

The main argument for this study is thus that film has emerged to challenge customary ways of social interventions, alongside their problematic, almost dogmatic reliance on equivocal scientific theories, and has presented a unique opportunity to intervene in ways and instances where traditional methods are either inadequate or inaccessible. Some of the innovative uses of film in community interventions are well documented by María Cristina Plencovich (2012), who states: “video is a powerful tool, especially in rural places, since it drives people’s interest in areas where oral traditions prevail, and it can be used extensively and effectively for learning and decision-making (p. 425).” The main resource for this argument is the critique of participatory film, a singular example of rebel filmmaking process, to motivate social change among drug and substance use community in Kiambu County.

Deriving from this overarching concept, this chapter provides background information which give context to the broader application of the main concepts used in this study, namely, drug and substance use on one hand, and film and social change on the other. The aim is to orient the reader to key information concerning drugs and drugs use, participatory films, the main problem studied, the objective and research questions, justification and scope of the thesis, and the limitations of the study. The underlying questions are: why should we care about the issue of drugs and substance use? Where, how, and who is affected by drug use?

Importantly, this information is arranged as an outline relating these questions to the general concepts addressed here, and thus serves to show the cross-disciplinary nature of this research summarized as follows: the fusion of drug and substance use, a psychological and social issue, with film’s social agency, an artistic and hermeneutic

exercise. The advice is thus to read this section with these two ideas in mind, and to follow through the main argument being built throughout the various parts of this section: that art and psychology indeed intersect, and thus need to be seen as such in the context of drug and substance use.

### **1.1.1 Drugs and Drug Use**

Drugs and substance use comprise long-standing global crisis (Nyambura, 2013). Medical research and advances in medical science has produced drugs meant to prevent, cure, or treat human diseases. The use of these drugs does not constitute any danger to human beings when correctly administered. However, drugs and many other harmful legal and illegal substances are often used mainly to produce a sense good feeling and excitement, but posing a potentially serious problem (Muchiri, 2005). This subsection gives concise definitions of both drugs and drug use, the two terms which feature repeatedly in this study.

The term drug may be defined as any licit or illicit substance that when taken into the body by any means causes a change in the functions of the body and mind (Goode, 1973). Okoye (2001) refers to drug as a substance that could bring about a change in the biological function through its chemical actions. United Nations International Drug Control Programme (1997) defines the term ‘drug’ as any substance that when ingested modifies perception, mood or consciousness. Balogun, (2006) considers drugs as a substance that modifies perceptions, cognition, mood, behaviour and general body functions. Per these definitions, the consensus is that drugs cause interference to the normal functioning of the human body, whether through altering mental or biological capacities, or influencing actions and responses to normal stimuli.

Drug use, the other key term used here, has been defined in a number of ways. Dewan (2002) defines drug use as the misuse of drugs which have adverse effects on the central nervous system, mind, mood, behaviour, and personality of the individual. According to Smith (1988), drug use is the use of any drug to the point where it interferes with an individual's health or with his economic or social adjustment. He describes drug use as the consumption of drugs and other harmful substances in quantities and frequencies that interfere with the physical, social or emotional wellbeing of a person. The different definitions that exist in referring to drugs and substance use can be attributed to the argument that what constitutes drug and substance use depends on various cultural and social context. Parameters such as how much, how often and what drugs, where, with whom, and under what circumstances the drugs are being consumed are often used to determine what is a drug and is the drug under use.

For instance, in many cultures consumption of alcohol is portrayed as a normal way of life. It is considered a pleasant way to relax, or a complement after a meal. Alcohol is also commonly used as part of various religious ritual (WHO, 1995). Although initially there were regulations on who should consume alcohol today alcohol is one of the most used substances interfering with physical and/or mental health of the user. According to Blue Moon Research and Planning (2000), primitive societies both old and new use hallucinogens to facilitate meditation, cure illness, placate evil spirits, and enhance mystical and magical powers. In other countries such as China, opium smoking is common and not considered a serious drug problem. Drugs however pose a serious threat to global security, economic development, social cohesion, and pose serious health risks among global populace. In the subsections that follow, I wish to

sample contemporary conversations about global drug and substance use. It then discusses the problem of drug use in Africa, and finally addresses the specific case of drugs and substances use in Kenya.

## **1.2 The Problem of Drugs and Substances Use**

What is the big picture in global drug use trends? How do we map this problem in Africa, Kenya, and ultimately, Kiambu county where part of this research has been carried out? These are precisely the questions addressed in this subsection. It summarizes this drug problem from the global scale to Kiambu county in order to establish context for arguments made in subsequent chapters of the thesis.

### **1.2.1 The Global Scenario**

For decades now, the harmful use of drugs and substances has become a serious global social hazard penetrating every part of humankind and destroying people's lives. Evidence from all over the world shows that drug and substance use continue to take an upward trend. WDR (2018), for example, shows that the range of drugs and drug markets are expanding and diversifying as never before. According to United Nation's Office on Drug and Crime (UNODC) (2018), about 275 million people worldwide, which is roughly 5.6 per cent of the global population aged 15–64 years, used drugs at least once during 2016. WHO's (2018) status report presents a comprehensive picture of alcohol consumption and its disease burden worldwide. WHO (2018) estimates that about 2.3 billion people struggle with alcohol use. In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3% of all deaths). These and many other reports paint a bleak picture of the increase in drug and substance use, whose related problems are immeasurable and varied.

Global populations use various categories of drugs including stimulants, for instance cocaine and amphetamines; anti-depressants such as alcohol, barbiturates, and sedatives; narcotics like morphine, opium, heroin, and methadone; tranquilizers such as librium and valium; hallucinogens like marijuana; and volatile substances such as glue (Asperheim, 2002). Of these, cannabis is the world's most widely produced and used illicit substance, with an approximated 130-190 million users (INCB, 2003) and UNODC (2010).

A WDR (2009) states that around 185 million people over the age of 15 years were consuming alcohol by the end of the 20th century. The number of surreptitious laboratories involved in the manufacture of amphetamine-type stimulants also reportedly increased by 20% in 2008 including sites in countries where such labs had not been detected before. The concomitant problem associated with this mass production is not a trivial issue. A case in point is the early 20th century China where, according to McCoy (1991), Wu (1998), Wang (1999), and UNDCP (2000), 27% of adult males were opium users, with 5% of the population addicted to opium in 1950s. In Europe, cocaine users have doubled from two million in 1998 to 4.1 million in 2008. By revenue, the European market (\$34 billion) rivalled North American market (\$37 billion) in 2008. There are two immediate consequence of this increasing drug use.

First is regional instability along the trafficking routes (UNODC, 2010) and the second problem is drug use disorders, with an estimated 76.3 million addicts and 1.8 million deaths per year (WHO, 2010). This is attributable to increasing global proliferation of drugs and free-range sort of situation which promotes unregulated or illicit access to drugs. Within such a scenario, drugs and substance use have become a global problem

(UNODC (2018) and WDR (2000), as they entice users with temporary excitement while promoting long-term harm.

What makes the problem of drug use urgent is, however, not just the breadth of classes of drugs being used, but especially the upward trend in use and the ease with which these substances become available to end users. WDR (2004) and WHO (2004) report claim that a third of the world's population above the age of 15 years use tobacco products such as manufactured cigarette, totaling to approximately 1.1 billion people. Further, the reports claim, an estimated 2 billion people worldwide consume alcoholic beverages, with 763 million diagnosable with alcohol-related health and social problems such as intoxication, alcohol dependence, and other biomedical effects. Drug use disorders' contribution to the global burden of disease is now seen in regions such as central and Eastern Europe where it contributes to an unprecedented decline in male life expectancy (WHO, 1999). A report by UNCDP (1998) ratifies this problem, documenting 23.1 million drug-related male deaths and 5 million female deaths in Australia, Italy, Sweden, United Kingdom, and the USA. WDR (2005) and UNODC (2005) reports indicate that problems escalated by drug use are immeasurable and varied and continues to pose a huge burden to countries all over the globe. The trend among developing countries is even worse.

Take for instance, tobacco and tobacco-related products, the most easily available and heavily used substance. According to National Survey on Drug Use and Health (NSDUH) (2007), the problem is not only that tobacco smoking rates are high, but even more that smokeless tobacco use has increased stably from 3.0 to 3.3 percent between 2002 and 2007 among persons aged 12 or older. Adolescent males

specifically show increased consumption (NSDUH, 2007). The report reveals that 31.8 percent tobacco and cigarettes users started by first using smokeless tobacco, 65.5 percent started with cigarettes, and 2.7 percent simultaneously initiated the use of smokeless tobacco and cigarette. And here lies the problem: smokeless tobacco contains 28 cancer-causing agents and has been linked to oral cancer and increased risk of death from cardiovascular diseases. Consequently, smokeless tobacco use is not only an unhealthy alternative to cigarette smoking (NSDUH, 2007), but also an exponential health risk among users.

If this risk is considered within the changing demographics of drug and substance use whereby the male-dominated drug population of 1950s and 1970s (Baron-Faust (1997) and Davis & DiNitto (1998) is replaced in 1990s by shrinking ratios of male-female drug users (Davis & DiNitto, 1998), a sense of urgency becomes apparent. A research by Center for Substance Use Treatment (1996) reporting that 4.5 million women are alcohol users, 3.1 million use illicit drugs on a regular basis, and 3.5 million misuse prescription drugs factually documents this crisis. Given the increased motivation for women to use drugs for such disorders as depression, post-traumatic stress disorder (PTSD), or an eating disorder (Bernnardez (1980), Gil-Rivas, Fiorentine, & Anglin (1996), and Young (1990), it becomes imperative to recognize drug use as an urgent global problem posing global threat.

Taking developing countries as my starting point, and juxtaposing the already identified global issues related to drug use with the economic, political and social problems; civil strife, war, poverty, HIV/AIDS, crime and corruption which persist in majority of these poor nations (INCB (2003) and World Bank (2002), this chapter

draws attention to the persistent problem of drugs in Africa (UNODC, 2006), aided by inadequate licensing policies and inspection of trade commodities, as an issue that can no longer be ignored. That Africa is seeking new ways to address drug use problems as evidenced in the International conference on AIDS held in Durban South African in July 2000 (INCB, 2002), which addressed, inter alia, the relationship between drugs and HIV/AIDS, amounts to an acknowledgement of this problem. It mirrors, by and large, global awareness in the relationship between drugs and HIV. In New York, over 100,000 drug users have been infected with HIV; and more than 50,000 cases of AIDS are reported among drug users, their sexual partners, and their children (Tarlais & Marmur, 2000).

### **1.2.2 The Situation in Africa**

Drugs and substance use menace is on the rise in Africa with the continent occupying the second position worldwide in use of drugs. According to WHO (2018), the burden of disease is caused by tuberculosis, cardiovascular diseases, digestive diseases and injuries (to which alcohol is a contributing factor). In late March 2001, African countries representatives at the International Narcotics Convention held in Vienna decried the enormity of drug use in Africa and asked the UN to make an exceptional effort to curb the vice on behalf of the region (INCB, 2001). The United Nations estimates that there are 28 million drug users in Africa, mostly young and vulnerable population targeted by drug industry. Coincidentally, statistics indicate that 37,000 people in Africa die annually from diseases associated with drugs and substances use. Many parts of the continent suffer incremental and chronic drug use, trafficking, and growth, with Interpol statistics showing that 22% of cannabis seized in the world in 1999 originated in Africa. In Africa, 61% of people treated for drug use and who often

display serious psychological disorders are cannabis users. According to UNDCP (2002), although marijuana is illegal, its consumption is widespread in Africa. There are more than 25 million users constituting 5.8% of the adult population; the world average is 3.4% of the adult population. Two-thirds of these are youth in sub-Saharan Africa and Southern Africa, two regions which feature dominantly as drug hotspots alongside other countries such as Tanzania and Egypt.

Although the sub-Sahara region, hitherto imagined as peripheral to drug and substance use (INCB, 2001), is not a production center for chemical drugs intended for the international market illicit drug trade in synthetic drugs such as crack, cocaine, opium, and ecstasy has taken significant toll on the populace. In this region, the cultivation of cannabis for the local market is also developing, thus constituting significant threat to other strategic human activities in the region. This increasing drug problem in Africa has been attributed to modern infrastructure and transport systems in countries such as Nigeria and Ghana, where drug couriers use various air routes and overland transport. The Narcotics Control Board (NCB) in Ghana estimates that 50 percent of its cannabis is exported particularly to Spain and the United Kingdom, a business model boosted by geographical proximity and developed transport infrastructure.

The late 1993 seizure of nearly three hundred kilograms of heroin in Nigeria, which originated from Thailand confirmed Sub-Saharan Africa as a critical frontier of drug business, mostly being used as a transit hub by international criminal organizations. This seizure augmented an ongoing concern that this region had been dominated by drug cartels as indicated by sporadic arrests of drug couriers, mainly Nigerians, in various parts of the world from as early as 1980s. Seizures of marijuana in East,

Central, and West Africa increased approximately 15% in the 1990s. Nigeria leads in this region with 17 tones seized in 1999, followed by Ghana with 4.3 tones, Senegal 7 tones, and Ivory Coast 1.6 tones. In East Africa, particularly in Kenya's Rift Valley and Mount Kenya region, police have occasionally destroyed huge acreage under marijuana cultivation. In Kampala, Uganda, a cross-sectional survey of 2,789 high school students aged between 13 and 15 years established that 17.6% (n=148) of them tried smoking before the age of 10 years, motivated by the desire to feel good and get stimulated (Mpabulungi & Muula, 2004).

Based on such occurrences, sub-Sahara Africa can be said to significantly participate in drug consumer market for various drugs supplied by small-scale cartels. That traffickers increasingly use its land, water, and air routes to transport hashish and heroin from Southwest Asia in particular and cocaine from Latin America to Europe and the United States (INCB, 2001 and 2002) is a strong indicator of the increasing impact of drug business in the region.

Moving on to Southern Africa, several countries feature dominantly in drug problems. The leading country is however South Africa, which has been cited for its drug problems and profitable criminal drug activity aided by developed infrastructure and porous borders (Harvey (1998), Colett (2004), and Sanca (2004a). According to Van Niekerk (1998), the use of illegal drugs is taking on epidemic proportions among the South African population, with majority of users aged between 18 to 22 years. In some instances, children are also getting involved in alcohol and drugs. Studies have also shown that alcohol remains the most commonly used drug in South Africa followed by cannabis or marijuana (colloquially referred to as dagga) which is grown locally

and is thus relatively cheap. The country has also been cited for its huge consumption of methaqualone (quaaludes), cocaine, and heroine (INCB (2003) and WHO (2011). A reported 8 to 25% of South Africans were being treated for heroin use or addiction in 2008 while heroin (referred to as sugar, plazana or kwape) use nearly doubled in 2011. This problem affects at least 70% of households with the most immediate consequence, according to WHO (2011), being an extraordinarily high number of children born with fetal alcohol syndrome.

Other countries cited severally in drug use problems include Lesotho where, according to WHO report (2001), 8.8 percent of students of 10-14 years in Lesotho have used alcohol. Among the effects cited by the report include impaired judgment, poor academic performance, poor health, and absenteeism. There is also considerable intraregional trade among the countries in the region including Malawi, Mozambique and South Africa. The indirect effect of drug and substance usage in Africa is social and psychological damage produced by social upheavals and civil war, and increased poverty in urban and peri-urban areas. In Ethiopia, for instance, a reported 82 percent of the street children in Addis Ababa use some kind of a drug (James, 1999). It has also been suggested that consumption of illicit drugs limits chances of youths entering or remaining in the workforce, while the frustration caused by failure to find adequate employment also draw the youth to drugs and substance use, often leading to depression.

In all these regions, the government's effort to curb this trade is annulled by the popularity, profit, and availability of these substances, as well as limited resources and funds. Traffickers also enjoy immunity from colluding politicians and state officers

including the often poorly equipped and poorly paid police force, and customs officials (INCB, 2001).

From the above discussions, a conclusion that drug and substance use has spawned a phenomenal global crisis is possible. It is from this point of view that this thesis situates its arguments that drug and substance use, and the consequent social, economic, and health problems, require attention from the academy more than ever. This study thus leverages on the publicly available data on drug use and theories on social change, yet inserts a novel approach by critiquing the way participatory films may contribute not just to an awareness, but in influencing behavioral change among afflicted populations. To further ground my argument, and provide context to my subsequent arguments, I give an overview of drug problems in Kenya.

### **1.2.3 Kenya's Drug Use Crisis**

Drug use is rampant in Kenya today (see NACADA 2004, 2007, 2012), The past two decades have seen Kenya deal with an increase in the drugs and substance use problem. The Kenyan government is at the forefront in the fight against drug use. It established National Agency for Campaign against Alcohol and Drug Use (NACADA) in 2001 to assess and get factual and accurate information on drug and substance use in the country. NACADA is also mandated to train people, church leaders, Non-Governmental Organizations (NGOs) and any other organisations involved in the fight against drug and substance use.

The Government of Kenya has also enacted various laws that govern the use of various legal substances such as alcohol and tobacco. For instance, the government put into

law the “Alcoholic Drinks Control Act 2010”, commonly called “Mututho Law” that targets alcohol use in the country. The Alcoholic Drinks Control Act 2010 prohibits the establishment of any alcohol sale point within a radius of 300 meters from any learning institution and restricts time for opening bars and restaurants to 5 p.m. during weekdays and from 2 p.m. during public holidays and weekends. The Act further prohibits the sale of alcoholic drinks to persons below 18 years.

As a further deterrent measure, Narcotic Drug and Psychotropic Substances Control Act was legislated in 1994 to fight drug and substance use. The government has since established Anti-narcotic unit offices strategically deployed at various exits and entry points in the country to control drug trafficking (NACADA (2004) and Gikonyo (2005). Drug use in Kenya is legislated under the Narcotic Drugs and Psychotropic Substance Control Act of 1994 which classify drug trafficking as a criminal offense punishable by severe prosecution. The Kenya police through its anti-narcotic unit offices strategically deployed at entry and exit points play a key role in barricading the country against mass drug use as they curtail entry and distribution of hard drugs within the country. Other strategies by the government include media campaigns using simple and focused messages to reach large heterogeneous audiences repeatedly.

Nonetheless, despite these regulations, conditions on Alcoholic Drinks and Control Act have not been adhered to strictly and cases of drug use are still on upward trend and death from alcohol and other drug use related diseases continues unabated (Otieno, 2005). High volumes of illicit drugs being peddled have been reported as cartels devise new packaging methods (Nyassi, 2010). This scenario has yielded very minimal results as high prevalence of alcohol and tobacco continues to be reported.

A rapid assessment survey conducted by the National Authority for the Campaign against Alcohol and Drug Use (NACADA) in 2007 revealed that drugs and substance use has become a major social problem (NACADA 2007, 2012) in almost every part of the country. This includes the use of both licit substances such as alcohol and tobacco as well as illicit drugs such as cannabis, heroin, and cocaine. Kiambuthi (2005), Orifa (2004) and Wanjala (2006). Approximately 40% of people aged 15-65 years have used drugs in their lifetime, with huge variations on type and rate of consumption across the regions, age, gender, education level, religion and economic status (NACADA, 2007, 2012). The reason for this increased consumption, NACADA further, argues, is because drugs and substance use are the preferred strategies for most people to cope with their problems including unemployment, neglect, sexual use, and poor academic performance. Consequently, drug and substance use is, like elsewhere in Africa and a number of other global regions, recognized as a serious social problem impacting health, security, social, psychological, economic, and cultural development of the drug users and their larger source communities.

If the intensity of Kenya's drug problem was masked before, the December 14, 2004 discovery of cocaine worth 6.4 billion Kenya shillings in Malindi and Nairobi, and the 2014 detonation of a vessel off the Kenyan coast containing 1.3 billion Kenya shillings worth of heroin raptured this mask. Due to the strategic location of Kenya in the East African region and Nairobi's status as an economic hub in the region, international narcotic drug traffickers have increasingly targeted Kenya as a preferred transit route. The commonly used drug and substances in Kenya are alcohol, marijuana, tobacco, and khat, also called miraa (NACADA (2004), Kiambuthi (2005), Otieno (2005), and Gikonyo (2010). Drug and substance use has however escalating to other drugs such

as marijuana, cocaine, mandrax, and heroin among other drugs (NACADA, 2004). According to a report by the International Narcotics Control Board (INCB, 2006), the East African region has become the fallback for drug smugglers deprived of their traditional routes through the Netherlands and Spain (Maithya, 2009), and for hard drug dealers transiting from Columbia to European capitals (Mwaura, 2003).

The problem that this study addresses itself to is thus not elementary, but a national disaster that affects a significant portion of the Kenyan population, especially the youth of age 13 to 26 years (Galicio (2001), Siringi (2003), and Mugisha & Hagambe (2003). As per NACADA's 2009 household survey of drug and alcohol use and use in Kenya which quantitatively sampled 4,200 households in 140 cluster areas within Nairobi, Mombasa and the coastal islands, 33.6% of all participants had consumed alcohol, tobacco, glue, khat, cannabis (bhang), heroin or cocaine with 16.9% of the total being children aged between 12-17 years. According to Kyalo (2010), the youth are introduced to drugs and substance use as early as the age of 10-14 years, a critical period of human physical, psychological and intellectual development when they are vulnerable to experimentation (Otieno (2005). It is also crucial to note that youths in this age group are in primary school, in their early years of secondary school education, or transitioning to independent life (Muchiri, 2005). Lacking useful skills and maturity to manage themselves, they are easily lured by the prospects of ecstasy and the sense of camaraderie peddled alongside the drug use. The problem is severe for those within urban areas where various factors including proximity to drug cartels predispose them to the practice (IDP (2001), NACADA (2004), and Gikonyo (2005). The consequence of early drug use, argues Grant & Dawson (1997), is drug dependence in adulthood.

At the same time, many Kenyans reportedly consume illicit alcohol and tobacco (UNCDP (1999) and NACADA (2007)). Due to affordability, ease of access, and lack of strict regulations against tobacco and miraa cultivation (both of which are grown locally), coupled with promotion and advertisement (UNCDP (1999) and NACADA (2004)), 90% of tobacco smokers and 70% of miraa consumers use these narcotics daily (NACADA, 2007). Accordingly, locally available stimulants are seen as a legal alternative to the hard-to-get imported drugs. Consequently, many Kenyans view consumption of licit drugs such as cigarettes (73%), packaged liquor (72%), traditional brew (09%), other tobacco products (63%) and miraa (54%) as acceptable and less risky (NACADA, 2007). The prevalent attitude is that since these drugs are legal, and since they can be taken freely in public spaces near schools, streets, kiosks and bars without fear of arrest or social stigma, then it is alright to use them. This is despite concerted concern by government, parents, teachers, non-governmental organizations (Chesang, 2013).

Statistics support this assertion, with at least 13% of people from all provinces in Kenya except North-Eastern being alcohol consumers (NACADA, 2007). Within this framework of self-regulating, or more correctly self-indulging drug market, many consumers have become addicted to these narcotics and alcohol. Meanwhile, illicit entrepreneurs have introduced cheap and contaminated alcohol varieties including Chang'aa<sup>1</sup> and other traditional liquor. The most publicized disasters resulting from this tendency in Kenya include August 1998 incidence where eighty five people died after drinking methanol contaminated liquor. In 1999 seventeen people died in a

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<sup>1</sup> A Type of local intoxicant concoction brewed from an assortment of contaminated, often poisonous ingredients. It is popular among poor alcoholics and is known to cause blindness, hallucinations, mental retardation, among other health problems.

similar incidence after consuming highly poisonous illegal liquor. Also, the year 2000 incidence where at least 140 people died, many became blind, and hundreds of others were hospitalized after consuming an illegally brewed and poisonous liquor called kumi kumi (alcohol brew laced with methanol) in the poor neighborhoods of Mukuru Kwa Njenga and Mukuru Kaiyaba in Nairobi (Ochieng (2000), BBC (27<sup>th</sup> August 2002) is equally notable.

### **1.2.3.1 Drug and Substance Use Cascade in the Context of Community**

The bigger question here does not stop with matters of proliferation, but the more serious issue of what happens, and what has been happening among the populace within this framework of freelance drug market? Ranging from the perplexing relationship between drug use of bhang, hashish, heroin, and cocaine, and unhealthy sexual behaviors such as having multiple sexual partners, (NACADA, 2007) to sexual dysfunction noted among users of alcohol, bhang, and miraa. within this oscillating sexual behavior, one would have to factor in increased risk of HIV/AIDS, already declared a national disaster; and increase in other problems such as decreased economic productivity, chronic absenteeism, increased crime, and violence rates (UNDCP (1999) and NACADA (2007). Other downside consequences of this use take a more drastic form such as selling personal property and wasting potential and inheritance in order to satisfy their addiction. Behind these practices, families become hopeless and poorer. Along this cascading cause-effect scenario starting with drug use, families break up as wives leave their alcoholic and irresponsible husbands and vice versa, or in some cases, reversal of gender roles have disorientation and conflict in communities as women-led households are on the rise (Wamue & Njoroge, 2011). This further results to an increase in child delinquency due to lack of proper parenting.

Young people who persistently use drugs and use substances also show cognitive and behavioral problems leading to slack academic performance and social ineptitude (Dewan (2002), Nyambura (2013), and Kiambuthi (2005). When they drop out due to these problems or lack of fees in the case where the parents have become drunkards, the consequence is low levels of education. In some cases, the end result is a deteriorated economy because the youth become largely unproductive and they lack employment while in other cases, some of the youngsters may resort to embezzlement, forgery, corruption, bribery, and extortion in order to maintain their drinking habits which can also lead to law breaking and involvement in other forms of crimes. Coincidentally, youths involved with alcohol and drugs use and substance use have increased risk of death through a complex interaction between the drug, the individuals, and the setting such as suicide, homicide, accident, and illness (Orifa, 2004).

WHO (2001) reports that 14% of secondary school students in Kenya have used alcohol while NACADA (2007) indicate that one in every three Kenyan high school students takes alcohol and 8.3% smoke cigarettes; one in every ten (9.1%) chew miraa and about 3%, smoke bhang. NACADA's (2004) nationwide survey on drug use among students reveals that use alcohol among secondary school students in Nyanza has a prevalence rate of 26.9%. Western has the highest rate at 43.3%, Nairobi 40.9%, Central 26.3%, Rift valley 21.9%, Eastern 17.2% and North Eastern trails with 1.6%. On the other hand, the prevalence rate of tobacco among students per province are; Nairobi 19.5%, Central 12.2%, Coast 10.5% while Nyanza has the lowest at 5.2%. Other commonly used drugs include kuber and hard drugs including heroin, cocaine, mandrax, and tranquiller (NACADA, 2007). According to Galicio (2001), one in every

15 learners in Kenya take illicit drugs especially bhang. The report further shows that 50% of learners in schools are aware of illicit drug but only 6% of them know the harmful effects of the drugs (Galicio, 2001). Related consequences include destruction of school property and classroom disorder as was seen in many Kenyan schools in 2001 (Chesang (2013) and Ngesu et al (2008).

For the Kenyan scenario, then, in contrast to the global situation discussed previously, the problem is not as much that international drug cartels are the biggest contributors to drug and substance use problem, but the local laxity and excessive indulgence in alcohol use – the most used drug in the country. Despite that the Alcoholic Drinks Control Act of 2010 restricts the sale of alcohol to between 5 o'clock and 11 o'clock, a survey by NACADA indicated that current usage of alcohol by people aged 15-24 was 14.3% with male consumption being 22.9%, compared to female being 5.9% nationally. Nairobi (18.6%) and Central (18.1%) provinces reported the highest consumption. Those living in urban areas reported 17.7% as compared to 13% living in rural areas (NACADA, 2007). Many of these drinkers do not adhere to the stipulated drinking time, but instead resort to drastic compulsive tendencies such as locking themselves up in pubs and drink during curfews, or buying alcohol and drinking in their homes. With many of the take-away glass bottles ending up as glass shrapnel when the drunkards break them after consuming the alcohol, it is a matter of time before environmentalists join the call for more strict alcohol regulation. The problem is compounded by expensive treatment, majority of which are private owned with the government owning only three treatment centers: Mathare Hospital (with an addiction unit), Coast General Hospital, and Portreitz Hospital.

What we have then is not just a simple individual choice to use a particular drug, but a staggered concoction of cause-effect social problems which are more socially impactful within communities. These cannot be merely confined to statistics, or subjected to medical and psychotherapy rehabilitation methods. Rather, the problem invites and indeed merits intervention from many approaches. Building on these established facts as the basis for its justification, this study thus probes, among other factors, the usefulness of participatory film as a tool for social change among drug and substance users in Kiambu County, Kenya as an alternative end point for drug users seeking rehabilitation. In the next subsection, I will discuss literature on the alcohol situation in Kiambu County, and position this study within this scenario, giving concrete entry point and the lacuna to which the study addresses itself.

#### **1.2.4 Kiambu County as a Drug Use Hotspot**

According to NACADA (2007), Kiambu County is rated as the second highest in drug use in Central Kenya. In 2016, a joint baseline survey between the County government of Kiambu and NACADA was piloted, covering 1,241 randomly sampled residents of Kiambu County. The participants were from the twelve (12) sub-counties: Githunguri, Kiambaa, Kabete, Limuru, Lari, Gatundu North, Gatundu South, Ruiru, Kikuyu, Juja, Thika, and Kiambu. Resulting data showed that 56.5% of Kiambu County residents have at one point used at least one substance. 45.8% of these residents have at one point used alcohol, 27.5% tobacco, 8.2% bhang, 7.8% khat or miraa, 4.8% prescription drugs or sleeping pills, 0.6% inhalants, 0.4% cocaine, 0.3% heroin and 0.2% hashish. The findings also indicate that 29.9% of the residents are currently using at least one substance of use. Data on current drug usage indicates that 21.6% of residents in Kiambu County are currently using alcohol, 14.3% tobacco, 2.2% khat or miraa, 2.1%

bhang, 1.6% prescription drugs or sleeping pills, 0.2% heroin. 0.2% inhalants and 0.1% cocaine. The same analysis showed alcohol and drug dependence prevalence of 15.1%, while 10.2% are dependent on tobacco, 2.0% on bhang, 1.4% on khat or miraa, 0.6% on prescription drugs, 0.2% on cocaine, and 0.2% on heroin. The conclusion is that alcohol and drug use is a clear problem in Kiambu county, where drugs are prevalent among the males (NACADA (2007) and Sutherland et al, (1998).

Within the same county, a number of other researches related to causes of drug and substance use, and possible interventions have been done. Kiambuthi (2005), for instance, conducted a study on factors contributing to drug use in selected public secondary schools in Kiambu while Orifa (2004) researched on types of drug use and methods of prevention in mixed secondary schools in Kiambu district. Both studies have demonstrated various issues related to drugs and substance use in Kiambu. Kiambuthi (2005) reported that 36.5% of the sampled students from selected public secondary schools in Kiambu district have used drugs. Within this cohort, the study indicates, male students have a higher prevalence of drug use (55.0%) than their female counterparts (18.0%).

A study by Sutherland et al (1998) seem to contradict these findings, at least on one specific mode of drugs intake, smoking, which is shown to be more prevalent among girls. Another study by Orifa (2004) focusing on the modes of drug use and possible methods of prevention in mixed secondary schools in Kiambu District shows that age and gender may influence drug use. This report is best read alongside a report by Gikonyo (2005) and Wanjala (2006) who emphasize only age as the main influence in drug use but not gender; and Muchiri's (2005) report that gender affects drug use but

age does not. Clearly, irrespective of the demographics, all the researchers agree and indeed acknowledge the existence of drug problems in Kiambu County. This is important because, as this study demonstrates throughout its arguments, matters of drug use are factually documented and indeed acknowledged in a number of ways including scientific researches. This gives impetus to this study which, strongly hinged on these well established and publicized facts, reaches out to a segment of participants whose contribution is key to solving the drug problems within the county: the drug users.

Whereas statistics may show prevalence of drug and substance use, they cannot penetrate the psyche of the drug user to reveal the subconscious and unconscious motivations, concretely discernible in their worldviews. This is a significant hindrance to fighting drug use as attested by repeated and concerted effort by the national government and the local government to control production, sale and consumption of alcohol and other drugs, with minimal results. The recommendations that arise through such effort are mostly prescriptive, treating the role of the individuals struggling with drug and substance use as victims needing help, but not as active participants endowed with capacities to aid the fight against drugs and substance use. It is for this reason that this study proposes an alternative approach to tackling the drug problems, namely, integrating these drug use victims in the fight against drugs and substance use.

### **1.3 The Purpose**

That despite Kenyan government's concerted effort to publicize the harmful effects of drug and substance use, enactment of policies and regulations, establishment of narcotics control body, NACADA, and extensive policing, drug use still remains a

critical national issue is in the public domain. This scenario however casts a serious debate on the efficacy of conventional methods of drugs and substance use interventions, hence the need to refocus the war on drugs and substance use on individuals and communities.

By interpreting the practice of drugs and substance use as symptomatic of broader social and cultural crisis, the study attempts to demonstrate how social change approach involving various stakeholders facilitate communities to define their perceptions of both the problem and its possible solutions. This allows for groups whose social change programs are targeted to actively take part in change process and influence the change they would want to see. This process replaces the top-down approach to social change with participatory (bottom up) approach buoyed on the logic that the subjects know what they need more than social change specialists who might be abstracted from the subjects' worlds (see Melkote (2009), and Tomaselli (1996). The objective is to inculcate social change, a proactive measure, rather than to regulate and police an already afflicted community, which is a reactionary, and often ineffective effort. It is for this reason that this study purposed to examine Participatory Film as a Tool for Social Change Among Drugs And Substance Users In Kiambu County, Kenya.

#### **1.4 Participatory Films**

Filmmaking has for long been fused with other disciplines such as sociology and anthropology to record and document different cultures and ways of life (Parr (2007) and Pink (2013). Participatory filmmaking, however, integrates community-focused approaches in the production process. The phrase 'participatory films' elicits divergent

views and conceptions (Petti, Sclazar & Gumucio (2009) and Huber (1998). The general understanding, based on the most common usage, is that the phrase refers to any video or filmmaking process dedicated to achieving change where the subject is an integral part of the planning and or production, as well as the primary end-user or target audience of the resulting film (Plush, 2009). Although scholars have no common understanding of participatory films (Huber (1998) and Petti, Sclazar & Gumucio (2009), there is consensus that the function of participatory filmmaking is to bring people together to explore issues, publicize their concerns or be creative to tell their stories. The aim is to enable a group or community act in solving their own problems and communicate their needs and ideas to decision makers, other groups or communities (Sarvaes, 2002).

Participatory filmmaking is distinctly identifiable through its unique approach to hand control over, and responsibility for, the process and product to the participants rather than with filmmakers from outside the community (Blazek & Hraňová, 2012) offers clear advantages in persuasive applications where the objective is conferring upon the community the film's agency so they can tell their story. It ideally locates authority and representative control amongst the subjects by allowing the subjects to present their assessment of their own worlds (Traber & Lee, 1989).

This mode of filmmaking is comparable to theatre for development, in the sense that it uses development and social change initiatives by integrating a concern for community issues and development needs as perceived by the people (Shaw & Robertson (1997), Sarvaes (2002), and Tufte & Mefalopulos (2009). Further, it recognizes people as the nucleus of community development by seeking their views

and involving them in the planning and production of the films. The consequence is the possibility for change or intervention (Shaw & Robertson, 1997) as the participation process allows not only the participants to get involved in the production of a film but also co-opts an audience-led post-viewing discussion and reflection of the community members about their own world (White, 2003). This collaborative approach embraces the opportunity for multiple authorship and the participatory film process becomes a vehicle for facilitating social change rather than a mere documentation of communities.

The pragmatic implication of this facilitation potential of the participatory film is that since it is not bound by aesthetic and technical rules typical of professional filmmaking but instead recruits participants to recreate their worlds through a collective assessment of their lives (Traber & Lee 1989), it affords the community a chance to design and propose their own solutions to their problems. Participatory film is also non-commercial and non-broadcast as mostly, the producers of the films are also the consumers of the same films. Consequently, the study sought to examine the usefulness of participatory film as a tool for social change among persons struggling with drugs and substance users in Kiambu County.

### **1.5 Statement of the Problem**

As current debates on social change advocacy revolve around the use of participatory or actor-oriented approaches that allow people to be the engineers and partakers of their own change, today many groups in different parts of the world, having realized the analogies between film and social change, have turned to participatory film to supplement or replace traditional methods of communication in facilitating social

change processes. Although research has proven participatory film to be a powerful methodological tool used to persuade people to change and enhance social change processes, little is known regarding its use and capability for social change among persons struggling with drugs and substance use. This study thus problematizes film's agency in social interventions among persons struggling with drugs and substance use in Kiambu County, and, as demonstrated throughout the thesis, concretely identifies this as a productive research gap. That the problem of drug and substance use in Kiambu County has been growing alarmingly is indeed well documented. And so are the reasons for this trend, ranging from ease of access and availability of various drugs and alcohol among the community members. Furthermore, the range of existing efforts to curb this practice are well known. What is worthy knowing, and what is worthy arguing about in the context of Kiambu County's drug problem is a less publicized scenario: that mainstream efforts through government interventions and self-help groups have played a vital role, yet their achievements have hardly dented the drug menace.

The arguments proposed here, and which indeed comprise the main problem addressed in this study, center on the forked consequence of the drug menace namely; on one hand, that current drug intervention techniques and strategies have birthed a discernible lacuna in addressing the problem; and on the other hand, that this lacuna presents a great opportunity to advance complimentary options for combating drug use issues. One of these options is the use of participatory films aimed at social change, which is problematized in this study.

## **1.6 Objectives of the Study**

The aim of the study was to examine the use of participatory film as a tool for social change among persons struggling with drugs and substance use in Kiambu County.

The specific objectives of the study were to:

- i. Examine the ways in which participatory film could be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County.
- ii. Investigate how participatory film can be deployed productively to render and publicize views of persons struggling with drugs and substance use in Kiambu County.
- iii. Critique ways in which participatory film may empower persons grappling with drugs and substance use in Kiambu County.

## **1.7 Research Questions**

The study sought to answer the following questions:

- i. In which ways can participatory film be used as a tool for social change among persons struggling with drugs and substance use in Kiambu County?
- ii. How can participatory film help in rendering and publicizing views of persons struggling with drugs and substance use in Kiambu County?
- iii. Can participatory film empower persons grappling with drugs and substance use in Kiambu County?

## **1.8 Research Assumptions**

The study takes cognizance of the following assumptions:

- i. That participatory film can be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County.
- ii. That participatory film has the potency to render views and will spur change among persons struggling with drugs and substance use in Kiambu County.
- iii. That participatory film will empower persons struggling with drugs and substance use in Kiambu County.

## **1.9 Justification and Significance of the Study**

Whereas there are various entities that can assist human beings to transform, measures that encourage individual participation pose a particularly advantageous benefit as they not only encompass professional intervention, but incorporate interactivity, a mechanism of instant and verifiable feedback on efficacy, as part of this process. The decision to undertake a study on participatory films among persons struggling with drugs and substance use in Kiambu County is thus justified as it focuses on a crisis that requires urgent critical examination and contributes immensely to the growing research on how participatory interventions can be used to motivate change by delivering capacities to affected communities to transform their lives positively. Furthermore, by focusing on participatory films, this study demonstrates a critical intervention process applicable not only in advocacy for social change such as the fight against drugs and substances use, but a process that is also responsive and adaptable to other crisis situations among Kenyan populace.

Having justified the choice of intervention process and the preferred medium, participatory films, it is equally important to note the importance of Kiambu County as the targeted intervention space. Kiambu County is rated as the second highest in drug and substance use in Central Kenya (NACADA, 2007). During the closing session of the 3rd National Conference on Alcohol and Drugs Use (2015), NACADA's top officials reported that Kiambu County residents were spending 14 million Kenya Shillings every day on alcohol. Coupled with a public acknowledgement of the alcohol problem by Kiambu County officials, this motivated the choice of location for this study. The benefit of this study thus poses specific advantages to Kiambu County, a microcosm of the larger Kenyan situation. The outcome of this study could contribute to policy formulation and development by county and national governments, basing such policies on the novel strategies adopted by this study in mitigating the crisis of drugs and substance use in Kenya.

### **1.10 Scope of the Study**

According to Rapport (1985), anyone who has experienced joining a group with the aim of receiving assistance has discovered that groups, increasingly used as units for mobilization and intervention, are advantageous in soliciting and offering help. It is in cognizance of the role played by groups that this study focused on fourteen substance use focused self-help groups in Kiambu County who meet regularly and voluntarily to reinforce the members' abstinence from drugs and substance use. These include: Drug-free society, Poverty Eradication Kengere, Young Victors Limuru Youth for Change, Masafa youth group, Better Tomorrow Reformers group, Kawira ka Nyungu help group, Jamaki youth group, Ambassadors of hope Mangu Integrated project, Gatundu Youth group, Club wishers, and Alpha green 2014 help. The groups come from various

sub-counties within the Kiambu County namely: Kiambu sub-county, Thika sub-county, Limuru sub-county, Kabete sub-county, Kikuyu Sub-county, Githunguri Sub-county, Juja sub-county, and Gatundu South sub-county.

With the high cost affiliated to drug use rehabilitation, self-help groups are becoming increasingly common among drugs and substance use victims as they organize themselves in groups in order to solve their own drug-related problems. The use of participatory approach in this study considered group members struggling with drugs and substances use in Kiambu County as invaluable partners for their change since they have the inner motivation for such change, and also have the highest stake in reducing the use of drugs and substance use than any other external stakeholder. These support groups provide an environment that encourages social interaction through group activities aimed at rehabilitating and supporting people with drug use and related problems. Furthermore, these groups give a perfect environment for raising consciousness, giving mutual help, developing social skills, exercising problem-solving, and experiencing inter-personal influence.

The study also wishes to emphasize that the researcher had no means to diagnose or use any clinical terms in her descriptions of persons struggling with drug use. At the beginning of this study, the self-help groups had already been formed, therefore the researcher took no part in the group formations but only joined the groups as a facilitator of the participatory film project. In this regard, even those members who refused to participate in the project did not lose their rights and privileges that they enjoyed from being members of the groups. Consequently, this research did not intend to, nor did it measure degrees of change or empowerment. It critically examines the

research participant's responses towards the participatory film project in the context limited to the three objectives already cited, without quantifying their empowerment. Finally, the study recognizes that participatory film is not the only approach towards social change in regards to drugs and substance use nor is it the panacea for all drug use problems. Nonetheless, the study submits that it can be a valuable tool within broader efforts already working with self-help groups to empower persons struggling with drugs and substance use.

### **1.11 Limitations of the Study**

The greatest challenge during this study was the random withdrawal of some participants who had initially consented to take part in the project. Getting the participants to commit their time every day during the period of the project was equally challenging. Many participants who expressed enthusiasm to participate in the study during the filming workshops failed to show up during the actual shooting sessions, and rejoined during screening.

Another noteworthy challenge is that majority of the members enrolled in the self-help groups are male youth and young adults, meaning only few female participants had membership in any of the fourteen self-help groups that were the focus of this study. Furthermore, very few women who took part in the filming sessions agreed to share their stories on camera. Comparatively, the female participants thus lack sufficient numbers to document their perspectives. The film production workshops primarily focused on training the participants on how to tell their stories and took them through conceptualization, pre-production, production and post-production processes. At the completion of the screening process, the participants demanded that they are issued

with filmmaking certificates. They felt that they had acquired sufficient skills to enable them to start filmmaking companies of their own and the certificate would be of great help to them. However, it was not possible to give the participants certificates since it was clearly a need not envisaged nor anticipated within the scope of this study.

The above limitations; random withdrawal of consent, lack of sufficient female participants, and the members' misjudgment of the project for a film production training process, did not comprise any significant compromise on any of the study objectives. As such, the researcher considers these challenges as guidelines for possible fieldwork-related issues rather than potential research emergencies.

### **1.12 Organization of the Study**

This thesis has five chapters. This first chapter is titled Chapter One: Context of the Study and offers background information necessary for situating this study within the topic of drug and substance use. It also describes the problem for the study, the research objectives, questions, and assumptions, justification and significance of the study, scope and limitations of the study. Chapter two gives a detailed literature review. Chapter three looks at the methodology. Chapter four gives the discussion and presentation of findings. Finally, chapter five provides a summary answer to the research questions posed in the study along with a discussion of the significance of the findings and directions for future research.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 Introduction**

This second chapter reviews literature related to the three main objectives of this study identified in chapter one. These are: one, to examine the ways in which participatory film could be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County; two, to investigate how participatory film can be deployed productively to render and publicize views of persons struggling with drugs and substance use in Kiambu County; and three, to critique ways in which participatory film may empower persons grappling with drugs and substance use in Kiambu County. Further, the chapter positions its arguments on film and social change within the wider global debates on drugs and substance use, and concludes with a theoretical framework within which key arguments within the chapter are positioned.

#### **2.2 Film and Social Change**

Compared to other forms of media such as television, mass media, and literature, film has established itself as a powerful art form (Bordwell & Thompson, 2001). Early filmmakers discovered that they could control aspects of film (for instance cinematography, mise en scène, editing) to give their audience richer, more engaging experiences. Through learning from one another, expanding and refining the options available (Bordwell & Thompson, 2001), they developed guidelines that became the basis of film as an art form rather than a mechanical process. Now everyday filmmakers strive to deliver films that not only make sense of the story but also films that are visually appealing, giving audiences valuable experiences.

A by-product of this endeavor is that films have gained more utility than was initially imagined as entertainment products (Sreenivas, 2010). Currently, with introduction of experimental approaches to filmmaking such as participatory genre, and studies of the potential of film in communication and development, film has gained utility as a powerful tool for social intervention and social change, often being associated with social reforms (Xiaoming & Yanru, 2000), or even being used to influence social policies (Shdaimah, 2009). In other words, film is increasingly seen as a medium which can influence external realities (Schrum (2009) and Petty & Priester (2009).

Take, for instance, Lerner's 1958 study of communication and development in the Middle East which assumed that the introduction of certain media and certain types of educational information into a social system could aid in the transformation of individuals and societies from traditional to modern (Sarvaes, 2002). In the case of Third World countries where a significant proportion of developmental problems are related to information problems and (Schramm (1964) and Lerner (1958), communication has been considered a viable entry point in facilitating solutions. Scholars such as Lerner (1958) emphasizes the role of communication media (mass media such as film and television) in developing and modernizing the world, concluding that mass media is perquisite for attaining development. Wilbur Schramm (1964) also strongly argues in favor of mass media and its potential in propagating ideas of social change, linking underdevelopment to unoptimized use of mass media. Specifically there is need to consider local conditions for mass media efforts to be efficient (Singh, 2002). It is such ideas which contribute to the expansion of deployed media technologies such as newspapers, radio, film, and television as pivotal tools for societal transformation. The take home from these debates is however not just this

acclaimed and indeed acknowledged need for harnessing media, it is specifically the debates that arise about the potentialities of mass media as an instrument for social change, and particularly film (Melkote (2009), High et al (2012), Sarvaes (2002), and Nemes & High (2007). There is an observable effort to harness the power of film to facilitate development work and enhance social change especially in Third World countries (Melkote, 2009). This effort is based on several reasons.

The first reason derives from the film's potential as a universal medium of communication, indoctrination and education (Lang & Bolls, 2009). As Massumi (2001) notes, films provide reference points for how we live our lives; as the spectator is associated with the characters of the film he/she is led to reflect on their own behavior. Second, Advances in filmmaking has played a great role in advancing the use of film for social change. Scientific and technological advancements in filmmaking have brought about a steady and fast contribution of film to social change which is remarkable. Sophistication of filmmaking technology and the coming of digital video equipment has made filmmaking less complex and more accessible for both professional filmmakers and nonprofessionals. This has also seen the reduced cost of digital filming and editing media, home DVD duplication and the internet making it easier to produce and distribute films (Cowgill, 2005). This advances in filmmaking has seen many groups in different parts of the world use film as a strategic tool to persuade people to change and enhance social change processes.

Films influence the public's attitudes through two strategies: powerful narratives and perceived realism (Hackley, 2012). Powerful narratives aim to persuade the audience to feel or think in a certain way and can be decoded by looking at the internal

consistency of the storyline, the quality of editing, and the formatting qualities of the film (Hackley, 2012). By examining narratives, one can gain a deeper understanding of the meaning of the text, the rhetorical construction, and the effect imparted to the audience (Schowalter, 2000). As La Marre and Landreville (2009) put it, realist narratives engage audiences the most, which is why documentary films and fictions based on real stories are so captivating. It is the role of the film critic to identify these narratives in order to unpack the messages that the filmmaker conveys to the audience. In documentary films, it is the documentarist's ability to achieve verisimilitude that determines the film's persuasiveness in popular culture (Hackley, 2012). As Cowen (2007, p. 244) explains:

When spectators perceive the content of a stimulus as factual, it leads them to process the information more deeply, which in turn leads to better memory and more extensive learning of that content. Perceived factuality also has been found to play a moderating role in the intensity of emotional responses.

Clearly, it is this mimicry of reality which confers documentary films power to persuade, indoctrinate, and educate communities through emotional appeal and credibility (Hackley (2012) and (Hawkins, 1990). Strategies such as social marketing, Information, Education, and Communication (IEC) and Entertainment-Education (E-E) have been used within films to solicit social change alongside communication theories. The assumption is that social change can be coerced through efficient content choice and proper audience targeting (Tufte & Mefalopulos, 2009).

Such approaches are, however, despite being cost-effective and persuasive, criticized as 'top-down' impeding the aggregation of multiple opinions, disregarding the potential of people to be active agents in pursuing their own change, and obstructing

the perspective of those whom the programs are directed to (Jacobson (1993) and Sarvaes, Jacobson & White (1996). It is for this reason that current debates on social change demands the participation of all stakeholders in social change process, especially the local community who should be actively involved in effecting their own change. In relation to film, the attribute ‘participatory’ connotes this very idea; that people should not only be recipients of eternally formulated messages, but should also procure their own messages. This is exactly the rationale behind the popularization of alternative modes of film production in which the film making process accommodates the prospect of multiple authorship, specifically the perspectives of the film’s target audiences. Participatory films, the subject of this study, exemplifies such approaches to film production.

### **2.3 Participatory Film as Social Pedagogy**

“Pedagogical moments”, notes Clarke (2013, p. 264), “can arise not only from their similarity to ... (someone’s) own feelings, but also from a disjuncture with what ... (they) expect to feel.” This conceptualization of pedagogy, if applied to film, can afford us a chance to examine the ways in which personal narratives, both those which we can relate to and which appear strange, may become pedagogical material. In the case of participatory film, and working with drug and substance use victims as participants, this idea of pedagogy is indeed productive in that it suggests benefit to the participants through their personal feelings about their situation, whether these feelings match their expectations or not.

The definition of participatory filmmaking as an approach to making films in which participants express their ideas through filmmaking (Tufte & Mefalopulos (2009) and

Sarvaes (2002) concretely captures the user-oriented nature of this practice. A proactive definition made by Shaw & Robertson (1997), that participatory film is to be viewed as a social medium for education and community action that creates opportunities for underrepresented people to express their points of view, is however, an even more suitable starting point for discussing the ways in which participatory film could be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County, the first research objective for this study. I say so because per this view, participatory films are powerful tools of exploring social issues because they tend to empower the participant filmmaker by transferring the camera, with its technical and artistic potential, and thus entice this amateur user to reveal their own worldview. By participating in the process of filmmaking, participants share and make sense of their experiences and relationships with their problems, and this has great potential in publicizing underlying notions of self and their world, which in turn increases intervention capacities even if abstractly. This has been shown to aid in mobilizing communities to reflect about their shared realities as part of their decision-making process.

Literature on the emergence of participatory films repeatedly cites the 1967 Fogo (Islands) Experiment supported by the National Film Board (NFB) of Canada as a premier example. In this experiment, a small fishing community off the eastern coast of Newfoundland, Canada, was experiencing economic recession. The problem was their historical dependence on the fishing, with over 300 years ancestral lineage strictly accustomed to this practice. At the time of the experiment, the inshore fishery had dropped significantly, as attested by the fact that an approximated 60% of the male population relied on state and public welfare. Meanwhile, the solution sought to

address this problem focused on the possibility of resettling this community of fishing islanders, who, on their part, opposed such relocation. It is within this context of state-civilian tussle that Donald Snowden from Memorial University, Newfoundland Canada, initiated and facilitated a process which would ensure community members express their views and ideas on this problem. The preferred method of soliciting these community views involved translating the Fogo community views into films that were subsequently screened in other villages facing similar problems. The overall objective of this enterprise was to help the communities realize their shared problems and to coerce them into co-operation and development (Huber, 1999).

The scenario above thus illustrates, by and large, a pedagogical approach to film that has come to characterize subsequent efforts to tap into film's agency for social interventions. Generically known as participatory film, the practice has been implemented by many groups globally with the aim of developing participants' ability to express their issues of importance through filmmaking and providing an authentic view on the grassroots level (Lunch & Lunch, 2006). The objectives for deploying this method include community development, training and education, therapy, community organization and mobilization, political and social activism, advocacy, cultural preservation, mediation and conflict resolution, role-modeling, exposing social injustice, among others (Ogan (1989) and White (2003).

The first objective of this study namely, to discuss the ways in which participatory film could be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County, derives from this very experimental and pedagogical approach to interventions as cited by the above literature. It seems

plausible that projects such as the 2003 participatory film productions undertaken in Tanzania to support the work of the World Bank under the aegis of the Economic and Social Research Foundation in Tanzania (ESRF) relied on this very pedagogical potential of films. These videos recorded and supported the participatory research initiative that had been earlier undertaken in Tanzania (2001-2002) and arguably enhanced the task of assessing poverty reduction in developing countries, with Tanzania as a case study. Participatory films have also been studied in agriculture management projects (Kendon, 2003) to raise awareness of Mérités problems in British Columbia in Canada (Evans et al, 2009) or to mediate between marginalized Angolan communities in Lisbon (Zoettle, 2013). The process is also widely used in health promotion (Chavez et al, 2004), HIV prevention and des-stigmatization (Mitchell & deLange, 2013), women empowerment in India (Stuart, 1989), identity (de)construction in Colombia (Rodriguez, 1994), and policy and development in Tanzania (Taylor & Johansson, 1996).

The cases above are exemplary of the way participatory filmmaking, despite being considered relatively new (Yang, 2016), could be a suitable tool for social change for a number of reasons. First, the process encourages community members to act collectively in pursuing solution to local issues (Plush (2009) and Shaw & Robertson (1997)). This develops participant's ability to express themselves through filmmaking and provides an authentic view that could be taken to be representative of shared thoughts at the grassroots level. Second, that participatory film confers the process and product of the process, namely film, to the participants within the community (Blazek & Hraňová, 2012, p. 153) remarkably shifts the film's content from customary use of film as mere technical or commercial apparatus. Participants get involved in the choice

of topics/subjects being filmed, contribute to the filming, provide feedback to film footage, give input into editing and/or initiate their own film project without (or with minimal) outside assistance (Cain (2009) and White (2003). The screening and discussions that follow the participatory film production also encourage dialogue geared towards soliciting consensus for necessary decisions to resolve the identified, and often taboo issues (Lunch and Lunch, 2006). It is for this reason, then, that, through the first objective, I localize this documented pedagogical success to the drug and substance use in Kiambu County, seeking to expound the ways in which the process of participatory films applies, or does not apply in sourcing for community-generated solutions to their own drug problems.

#### **2.4. Participatory film as Publicity Resource**

This subsection deals with literature related to the second objective namely, to investigate how participatory film can be deployed productively to render and publicize views of persons struggling with drugs and substance use in Kiambu County. Publicity is used here in the context of ‘voicing’, articulating, or expressing a preferred approach to a shared problem and being heard by the state or its agencies, either through formal or informal channels, in written or oral form (Rocha, Menocal & Sharma, 2008). Lister (2004) defines such ‘view’ as the right to participate in decision making across social, economic, cultural and political spheres, further indicating that it is a crucial human and citizenship right.

Within this definition, the shift from articulation as mere publicizing of a situation to articulation as an action-generating process opens up the possibility to investigate how participatory film can be deployed productively to render and publicize views of

communities under distress such as the persons struggling with drugs and substance use in Kiambu County. Publicity in this sense is thus not strictly a one-way activity, it is a negotiation, a relationship between at least two parties, one of which is often marginalized.

This study uses publicity to denote a participant's means of expressing their views, emotions, and feelings out of their personal experiences with drug use, and the pedagogical relationship that ensues from this enterprise. In the remainder of this subsection, I will briefly cite the way films have been used in the sense discussed above to further expound on the application of publicity as a community-generated response and a viable solution to drug and substance use mitigation efforts.

Whereas film encompass numerous instances of drug messages, the manner in which drugs and substance use is represented, or precisely, the representability of drug as a social problem in films, is debatable. Particularly, the manner in which messages about drugs and substance use are embedded in the film form, and attain visual valence within the political economy of the film industry normally keen on moral entrepreneurship, and its market obsession (Roberts, Henriksen, & Christenson, 1999), poses significant limitation to how film continues to be adopted in non-commercial enterprises. What discussions are enabled by verisimilitude of legal and illegal drugs and their negative consequences, and how does one code or decode these embedded symbols within dynamic cultural contexts in which, admittedly, film is viewed and interpreted? The call is thus to approach filmic messages of drugs and substance use while paying attention to these conceptual leaks and the risks they pose, if any, to the process of social deconstruction.

In many instances, drugs are portrayed in films as a genuine threat to social order featuring themes such as racism and xenophobia within the context of othering, urban versus rural dichotomy and the nostalgia for an agrarian past. The road to ruin and the uncontrollable downward spiral including predisposition to unbridled and dangerous sexuality, and the tendency to link drugs to the wild and threatening younger generation (Iannicelli, 2001 p. 142), admittedly, is just a segmented approach to the rather difficult task of discussing representability of drugs use and concomitant social problems in film.

The main contribution of these films is to pose drugs and substance use, and their derived behaviors, as dangerous and condemned and thus socially unacceptable. Even in instances where characters in a film are not affected physically by their use of drugs, they are either portrayed as gang members linking drug use to criminal activities and other forms of delinquency such as sex, rape, and violence. In film narratives set in drug use hotspots such as South Africa, Ghana, and Kenya, to cite just a few African examples, these tendencies claim significant screen time of all films produced in these regions. Take for instance *Jerusalema: Gangster's Paradise* which illustrates extensive drug problems in Johannesburg, *Who Owns da City* which juxtaposes drug use problems with political machinery in Accra, and *Nairobi Half Life*, where crime and prostitution occur alongside a thriving drug peddling network in downtown Nairobi.

These examples, a stereotypical gaze of African cities, legitimize and reproduce political ideologies of moral entrepreneurs and seldom reflect the common good of the society (McKenna, 2011). By portraying both the physical and social consequences of

drug use, these films narrate and amplify fear as the focal point for persuading audiences to make socially acceptable choices. This is indeed commendable, but it must be seen as a symptomatic response with drug use problems rather than an engagement with the community's point of view, which is perhaps the root cause. If, then, the view of persons struggling with drugs and substance use is conspicuously missing in such films, and given that majority of those whose problems are marginalized within the mainstream filmic discourse lack communication power and continue to wait for an opportunity to have a view in matters that affect their lives (White, 2003), a possible gap is discernible. This is exactly where this research's second objective positions its arguments, seeking to critique the valence of film as an agent of publicizing communal viewpoints. I now review literature related to the third objective.

## **2.5 Empowerment**

The third objective of this study critiques the ways in which participatory film may empower persons grappling with drugs and substance use in Kiambu County. Santi Rozario (1997) traces the history of empowerment concept and divided it into two primary models. One model is based on empowering the individual, not on encouraging collective social action by the oppressed while the other model is based on consciousness and radical social action consistent with Paulo Freire's approach. Empowerment is a construct shared by many disciplines including community development, psychology, education, economics, and studies of social movements, development communication practitioners and organizations. The consequence is lack of absolute definition of empowerment. However, several definitions exist as summarized below.

Rappaport (1987), for instance, describes empowerment as a multilevel construct that is applicable to individuals, organizations, and community. Cornell Empowerment Group (1989) describes empowerment as “an intentional ongoing process centered at the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources”. Tangler (2008) describes empowerment as a process, approach or method connected to desired goals such as knowledge, consciousness raising, autonomy, self-esteem or ability. Hjorth (2003) describes empowerment simply as people taking control of the development process through developing confidence in their own capacities. These definitions tally through the result-oriented concept of empowerment adopted by the World Bank (2002), which describe empowered people as having freedom of choice and action, enabling them to better influence the course of their lives and make better decisions which affect them and therefore improve their quality of life.

According to Bailey (1992), definition of empowerment within our projects and programs depends on the specific people and context involved. These definitions can be conceptually aggregated under the aegis of self-determination and multi-dimensionality in change-producing levels whether these are individual, group or communal (Zimmerman, 2000). It is important to note how both power and empowerment compares; the former as the degree of control exercised over others, the latter as “not something that can be done to people, but something people do by and for themselves (Cornwall, 2000, p. 33),” Within this study, empowerment is adopted as a multi-dimensional social process that helps people gain control over their own lives by fostering their power.

I have cited the literature on definition above to draw attention to the inherent hegemonic discourse which is at the core of empowerment. That empowerment as a social concept cannot be understood without understanding the operationalization of power in especially social relations, inevitably leads us to Foucault's (1980) ideas of power as constituted in a network of social relationships. To be empowered is to claim, retrieve, or even activate power to make possible that which was not possible before, whether this is by way of negotiating new spaces, experiences, capabilities, potentialities, or simply, usurping limitations hitherto prohibiting one's freedom. Empowerment can thus be achieved when an individual or group possesses power to be free.

Jo Rowlands (1998) identifies several dimensions of power namely; power over, (controlling power), power to, (generate new possibilities without domination), power with, (collective power, power created by group process), and power from within (spiritual strength that inspires and energizes others). Across these planes of power, empowerment is discernible within three overlapping dimensions: personal empowerment, relational empowerment, and collective empowerment. I cite these dimensions of power and empowerment to provide a broad context for the way this study applies this concept in interpreting participatory films. If we see power as a practice and empowerment as a consequence as is the case in the literature above, a new framing of empowerment as both a model and strategy emerges. This can be summarized by Stern, Dethier, and Rogers (2005) proposition that empowerment is a strategy for development that demands a dual approach: building a climate that encourages investment and growth while at the same time empowering poor people to participate in that growth. Empowerment is suggested both as a goal in itself and as a driver of social change, starting with the realization on the part of an individual, group,

or community of its inequitable position, its powerlessness in the system, or the systematic neglect of its needs by the larger society. This scenario aptly captures the situation of the community of drug users in Kiambu County who recognize their problem, but feel powerless to change their addiction.

To this community, empowerment in the context of participatory filmmaking could come through participation with others to achieve shared goals of getting cured from addiction, gaining access to resources and some critical understanding of the social political environment within which these issues become possible – all which comprise the process of empowerment (Zimmerman (1995). It is a view echoed by Swift & Levin (1987), whose theories on both the process and outcome of empowerment suggests that actions, activities or structures may be empowering and that the outcome of such processes result in a level of being empowered.

From the above literature, it is clear that participatory film projects are potential sites of empowerment for the marginalized communities. At the practical level, the practice of participatory film is already being used by a number of notable social organizations. Take for instance, the projects such as those undertaken by Film Africa, a global film for social change organization headquartered in New York, USA, among various marginal communities including major refugee camps in Kenya's North Eastern province. Film Africa projects has facilitated numerous successful and beneficial participatory projects in collaboration with other stakeholders, in the process training women and young girls to produce films for advocacy purposes across various other African countries including Ghana and Zambia. These participatory video projects have been successful in reducing rural poverty and addressing critical problems

including lack of education, and in giving marginalized women a medium to express themselves (Film Africa, 2015). Participation can be said to be the key element in such participatory film projects (Benest & Dukic, 1990).

Other notable examples of participatory film projects include the Arab Women Speak Out project which sought to empower communities in Egypt, Palestine, Lebanon, Yemen and Tunisia (White, 2003). This project, using participatory film, facilitated a network of women to assist one another break away from various social challenges. The project portrays the ways in which different women succeed in reaching their goals and in breaking away from oppression, learning from one another and the workshops which comprise part of the participatory film process.

In hindsight, such efforts and successes of projects such as Film Africa and Arab Women Speak Out motivated this study, which sought to apply comparable approach in the case of Kiambu County's drug use menace. Ensuing from the above literature, and within the limits of the stated objectives, this project investigates the role of participatory films in communities of persons struggling with drugs and substance use within this county. Moving on, then, the study discusses the theoretical framework adopted to aid in attaining the aforementioned objectives.

## **2.6 Theoretical Framework**

As indicated in chapter one, this study is focused on participatory film and social change. In order to analyse how participatory film connects with social change in practice, this study used Tufte & Mefalopulos (2009) and Sarvaes (2002) theories of social change, where change is defined by the people, that is, experiential, and not for

the people, that is, not prescriptive. They emphasize on the participation of the subjects to attain this kind of change, conceptualized by the term development. Wirmal Dissanyake and Georgette Wang, cited in Nag (2011, p. 2-3), notes:

Development is a process of social change that has as its goal the improvement in the quality of life of all or the majority of the people without doing violence to the natural and cultural environment in which they exist, and which seeks to involve the majority of the people as closely as possible in this enterprise, making them the masters of their own destiny.

Thus, it appears that social change approaches have been changed from being authoritative, rigid and external, to being flexible, individual-focused, and acknowledging the necessity of people to redesign the conditions for their own well-being. Grassroot participatory approaches are increasingly applied in the development field as researchers and practitioners are retreating from structural and macro approaches in favour of micro and actor-oriented approaches (Pieterse, 2009). This actor-oriented approach holds people, on account of their innate capacity to socially interpret reality, develop ideas and strategies, and react to change in their environment, as agents of change involving both actions and ideas.

Social change in this sense denotes a change in the organisation of society and of the value and norms to which it responds, laying emphasis on the actor-oriented paradigm in the form of citizens' participation in making interpretations of their own realities rather than being passive recipients of imposed structures. Such a change is not instantaneous, momentary, or, it is a modification of a community's social systems perpetuated in the future. Accordingly, it cannot be discreet or teleological but is an evolution or revolution change within the social structure of the community.

Evolution interprets social change as an evolutionary process occurring in predetermined and rational sequences and involves progressive change along a linear path, adopting a macro perspective that shows social change trends and direction. Consequently, social change per this approach is viewed as predictable. Revolution on the other hand involves a drastic change, adopting a micro perspective that considers change as an emerging phenomenon without a predictable order, sequence or direction (Huesca, 1996). Further, social change in this sense is perceived as an emergent phenomenon and not a pre-determined process.

In this study, social change is understood as an emerging process, taking a non-deterministic stance, putting ideas and human agency in the central stage, and positing people's interpretations of their situation as a key determinant of the efficacy of the process. Emphasis is put on subjectivity and the existence of multiple social realities, on human thought processes and interactions, and on peoples' freedom to shape the system they live in. Here, social change is not against modern sciences which claim to establish undeniable truths and rejects the idea that the 'nature' or 'essence' of objects or people can be objectively defined. Instead, it argues for the constructed character of reality, the understanding of which is based on the analysis and reconstruction of discourses embedded within communities such as characteristics of individuals and groups, their culture, symbols, and their perception and construction of reality. This emphasis on the actor-oriented paradigm argues for the important role of citizens' interpretations of the agency of social structures.

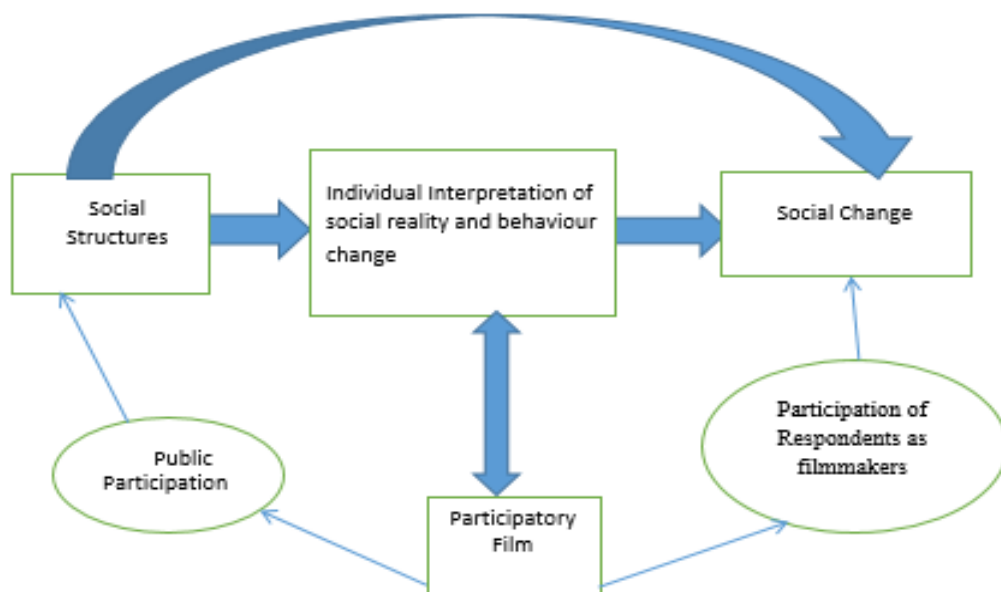
Agency, states Long & Van Der Ploeg (1994), is the capacity to process social experience and to organize social relations in such a way that a pre-existing state of

affairs or course of events is reshaped, even under the most oppressive regimes. By recognizing people's capability to alter their circumstances, macro-level structures imposed by the state are no longer seen as the main determinant of social life, which is instead shaped by bottom-up processes emerging from individuals or groups of citizens. Thus, to the extent that community structures influence social organisation and social activity, these structures ought to be seen as shaping everyday life experiences and perceptions, and hence development of communities.

The above theorization of social change through the concept of agency is adopted for this research because it is productive in grounding the two key sections being addressed here: participatory film and social change. Agency here designates the pedagogical process premised by the very exercise of participatory film where film acts conceptually as an inverse of ideologically portent unidirectional medium, so that it permits the worldviews of the target community to show in the dynamic process involving feedback from its recipients – what is being referred to as the actor-oriented paradigm. Agency in this sense deploys various aspects of participatory film:

- a. The encouragement of interaction and discussion between the public and filmmakers, empowering public members to express themselves.
- b. The valuation and interest of the public's ideas and opinions demonstrated by the filmmakers and project organisers (through direct comments or observations), as this follows from the idea that the mental constructions of people matter in determining social change.
- c. The encouragement of engagement after the film screening is over, through follow-up activities or the facilitation of contacts with other organisations.

The relationship between the above concepts which form the theoretical framework for this study can be visually represented as follows:



*Figure 2.1: Conceptual framework model for public participation in participatory film.*

Per this theoretical model, social structures and individual interpretations of these structures, both embedded within communities, interact and determine the social order or the change in that order (resulting in perceptible social changes). Participatory film integrates within this process by functioning as a visual platform for the expression, development, and sharing of this change process. In this capacity, it expresses the interpretations of reality and imaginations of this reality, thus evincing the structures within which social change takes place.

## **2.7 Chapter Summary**

This chapter has reviewed literature on film and social change. It builds on chapter one which provided background information on the global situation of drugs and

substances use, the proliferation of this problem in Africa, and the localized drug and substance use crisis in Kiambu County. The particular contribution of this chapter is that it has provided context to the three objectives of this study, thus concretely situating subsequent arguments within the broader conversations on participatory film and social change. The review demonstrated that there is a need for new approaches in the fight against drugs and substances use considering that conventionally agreed upon methods are bearing little success, hence participatory film.

The chapter has also discussed the theoretical framework for the study. Using agency as a theoretical concept, the chapter has critiqued the way participatory film interfaces with social change process. Specifically, the theory adopted is actor-oriented where change is defined by the people, that is, experiential, and not for the people, that is, not prescriptive. The theory builds on established research findings that structures hold society in a predictable state composed of a succession of long stable phases in which evolutionary change directed towards the overarching system's goal is not impromptu or instantaneous, but temporal relying on gradual transformations. Evolution premises that such a goal may not represent the wishes of the community within which it exists, so that experiential conditions might not be optimal as a result of submission to the system in which they live.

Agency, then, connects a system's actors to the possibility of pursuing their own ideas, often in reaction against externally enforced goals and pressures, and thus influence their mode of existence within the system. Ultimately, the subsection on theory argues that under structural and agential pressures, society is not only strongly drawn towards the goals of the dominant ideologies, but it is also spotted with grass-root initiatives

which combine in a significant counterforce to structural forces. These initiatives, emerging from individuals, create small movements of protest which challenge the leading ideologies and create micro-processes of social change. Together, these micro-processes can create large-scale movements which protest the established order and the conventional direction of change, creating reflexive contexts which are more in tune with the intentions and desires of individuals.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. Introduction**

This third chapter of the thesis discusses the research methodology used in preparation, design, data collection, data analysis, and data presentation. According to Creswell (2014), methodology is a strategy or a plan of action that links methods to outcomes. It involves research design, target population, sampling design, data collection instruments, and data analysis techniques are discussed.

#### **3.2 Research Design**

As per Mugenda and Mugenda (2003), a descriptive design can be used to collect information about people's attitudes, opinions or habits. Mugenda (2003) further notes that descriptive designs allow researchers to gather, present and interpret information for the purposes of clarification. In this study, participants are regarded as experts due to their living experiences in the subject and they assure that relevant issues are being studied thus promoting change that is desired by the group (Remfer and Knot (2001) and Danly and Langer (1999). Since descriptive research studies are concerned with describing the characteristics of a particular individual or a group, this design supported data collection over a large number of people and large geographic area. The study thus adopted a descriptive research design as the most suited to the analysis of participatory film as a tool for mitigating drug and substance use in Kiambu County because it is not only restricted to fact-finding but also aims to formulate important principles of knowledge and solution to significant problems (Janckowic, 2002). Descriptive research design was therefore most efficient in critiquing the valence of participatory film in mitigating drug and substance use in the context of social change.

### **3.3 Location of the Study**

This study was undertaken in Kiambu County, located in the Central Highlands of Kenya. The county borders Nairobi and Kajiado counties to the South, Machakos to the East, Murang'a to the North and North East, Nyandarua to the North West, and Nakuru to the West. Currently, the county is divided into twelve sub-counties namely Limuru, Kikuyu, Kabete, Lari, Gatundu South, Gatundu North, Githunguri, Kiambu, Kiambaa, Ruiru, Juja and Thika Town. It covers 2,543.5 km<sup>2</sup> (*Appendix E*).

According to the 2009 Kenya National Bureau of Statistics census report, Kiambu County has approximately 1,623,282 residents. The county is dominantly inhabited by the Agikuyu ethnic community. Due to its proximity to Nairobi city, the county is cosmopolitan, inhabited by other communities such as Luo, Luhya, Kisii, Kamba, Meru, Kalenjin, and other ethnic groups. There are also Asians and Caucasian population who are entrepreneurs or working for various foreign missions.

Economically, Kiambu County is considered one of the wealthiest counties in Kenya with the wealthiest indigenes. Other wealthy ethnicities residing in this county primarily work in the civil service, entrepreneurs, farmers, or informal employment. It is within this geographical area, and such a population mix that this study was located.

Drug and substance use is a problem in Kiambu County. According to NACADA (2007), Kiambu County is rated as the second highest in drug and substance use in Central Kenya. A baseline survey on alcohol use in Central Province by NACADA (2009) cites especially alcohol use as an acute problem in Kiambu County. In response, the new County government created the Kiambu County Alcohol Drinks Control Bill

in July 2013, which, despite great effort to mitigate the alcohol crisis, may not have significantly solved the problem. During closure of the 3<sup>rd</sup> National Conference on Alcohol and Drugs Use (2015), the chairman of NACADA decried the fact that Kiambu County residents were spending approximately fourteen million Kenya Shillings daily on alcohol. Clearly, then, Kiambu County provides suitable research location for the problem of drugs and substance use. This is the rationale for locating the research in this area.

### **3.4 Population and Sample Size**

Kiambu County government, in response to increased cases of drugs and substance use, have come up with measures to control the crisis including setting up rehabilitation centers where addicts could join and commence their rehabilitation programs. The population of the study comprised all drug addicts in Kiambu County. Records from Kiambu County social services office indicate that about 2,000 youths and young adults are affiliated to self-help groups across the county. These were the target population for the study. These self-help groups encourage social interaction through group activities or individual relationships with the purpose of rehabilitating or supporting people with drug use and related problems. The target population members of these focused self-help groups. Mugenda and Mugenda (1999) point out that 10% of the target population is sufficient to make informed generalizations for a study. Therefore, two hundred participants drawn from fourteen self-help groups within the county (*Table 3.2*) were the accessible population for the study. Patrons of the said groups were also included in the target population, especially when conducting the semi-structured interviews.

### **3.5 Inclusion and Exclusion Criteria**

#### **3.5.1 Inclusion Criterion**

The following constituted the inclusion criteria in this study:

- i. Youth aged between 18-35 years.
- ii. Middle-aged adults between 36-55 years.
- iii. Youth and Middle-aged adults residing in Kiambu County during the entire period of this study.
- iv. Youth and Middle-aged adults involved in drugs and substance use or recovering from drugs and substance use in Kiambu County.
- v. Youth and Middle-aged adults belonging to a self-help group for drugs and substance use rehabilitation in Kiambu County.
- vi. Social workers involved in the fight against drug and substance use in Kiambu County.
- vii. Key leaders and staff in the drug use rehabilitation centers within Kiambu County.

#### **3.5.2 Exclusion Criteria**

The following constituted the exclusion criteria in this study:

- a) Youth below the age of 18 years and adults above 55 years. Those below 18 years were considered underage while those above 55 years were considered older adults.
- b) Both youth and middle-aged adults affected and/or involved in drug and substance use but are not affiliated to any self-help group in Kiambu County.
- c) Self-help groups that were formed while this study was going on.

### 3.6 Sampling Technique and Sample Size

Kombo and Tromp (2006) define sampling design as the part of the research plan that indicates how cases are to be selected for examination in a research study. This study used both probability and non-probability sampling methods at various stages. Purposive sampling (which is a non-probability sampling method) was utilized at the beginning of the study during the selection of the groups to be included in the study as indicated below:

*Table 3.0 Group Selection Strategy*

<b>Physiographic Condition</b>	<b>Total Number of Groups</b>	<b>Groups in the sample</b>	<b>Percentage of Groups sampled</b>
<b>Urban</b>	9	3	33.3%
<b>Peri-urban</b>	24	4	16.7%
<b>Semi-Rural</b>	20	5	25%
<b>Rural</b>	8	2	25%
<b>Total</b>	<b>61</b>	<b>14</b>	<b>100%</b>

Probability sampling method, specifically stratified sampling was also applied whereby the selected groups were organized into four categories; urban, peri-urban, semi-rural, and rural. For each category, groups were picked at random according to the number of groups per category as shown in *Table 3.1*, totaling to fourteen groups and a total of two hundred participants:

*Table 3.1 Population Sample Group Categorization*

<b>Category</b>	<b>Group sampled</b>	<b>Location in Kiambu County</b>	<b>Number of Participants in the Group</b>
<b>URBAN</b>	Drug-free society	Kiambu sub-county	21
	Poverty Eradication Kengere	Thika sub-county	17
	YoungVictors	Kiambu sub-county	10
<b>PERI-URBAN</b>	Limuru Youth for Change	Limuru sub-county	18
	Masafa youth group	Kabete sub-county	13
	Better Tomorrow	Limuru sub-county	18
	Reformers group	Limuru Sub-county	11
<b>SEMI-RURAL</b>	Kawira ka Nyungu help group	Kikuyu Sub-county	12
	Jamaki youth group	Githunguri Sub-county	19
	Ambassadors of hope	Limuru sub-County	21
	Mangu Integrated project	Juja sub-county	15
	Gatundu Youth group	Gatundu South	10
<b>RURAL</b>	Club wishers	Githunguri	6
	Alpha green 2014 help	Kikuyu sub-county	9
<b>Total</b>			<b>200</b>

### **3.7 Data collection**

#### **3.7.1 Primary Data Collection Tools**

This study adopted participatory data collection methods, which actively involve the researcher and the participants in the data collection process (Jacobson et al (2005) and Remfer and Knot (2001). In this method, the researchers “observe, analyze and represent the lives of others” (Cunliffe & Karunanayake, 2013, p. 365), and seek to involve participants in the generation of their own data about their lives (Vince & Warren, 2012). This approach to the study sought to develop an “emancipatory praxis” with the participants (Higgins-Desbiolles & Whyte, 2013), decentralize power, and establish a collaboration to transform the ‘researched’ to the ‘researcher’ who actively participates in the research process (McCartan, Schubotz, & Murphy, 2012). What we have then is a platform of participatory research, an important research agenda for this participatory film project.

Participatory research is generally associated with qualitative methods of data collection and analysis focusing on interpreting the meaning of social phenomena. Drug and substance use is an example of such a phenomena where participatory research is particularly suited to reveal the perspectives of drugs and substance users in Kiambu county. The upside is that participatory research approach also initiates social action to change and positively enhance the conditions in which participants find themselves. Participatory data collection tools and methods that this study employed include: participatory film, participatory listening and observation, semi-structured interviews, and focus group discussions.

### **3.7.1.1 Participatory Film**

Participatory film is a Participatory Action Research (PAR) method that recruits participants to generate data about their lives through film. Rakić and Chambers (2010, p. 387) argue that visual mediums such as films can reach wider audiences as well as “convey research findings which might not be as adequately represented through a sole reliance on words, numbers, graphs, and tables”. An example of such findings as such as achieved when using participatory film is that through the actor-oriented paradigms, the project harnesses the collective power of the participants in different stages of production including content development, production (film crew), and consumption (audience) of the final films.

Each of the fourteen groups sampled for the study created a participatory documentary film in their immediate locations, in which individual stories served as the message. Participants were engaged directly in the participatory filmmaking process, allowing them to become co-creators, actors and the audience for the films and thus generating useful data as discussed in subsequent chapter. Both the participatory films and post-screening discussions which were also recorded and transcribed, provided primary data for analysis. While the participatory film was viewed as a primary *text* (Parr, 2007) which holds valuable data about the lived experiences of persons struggling with drugs and substance use, the participatory filmmaking process comprised the producer *text* and the post-screening discussions were the audience *text* (Fiske, 1987).

### **3.7.1.2 Participatory Listening and Observation**

Participatory listening and observation are whereby “the participant observer/ethnographer immerses him or herself in a group for an extended period of

time, observing behaviour, listening to what is said in conversations both between others and with the fieldworkers, and asking questions” (Bryman, 2012). Per this view, the researcher of the participatory film project gathered first-hand information by immersion within the natural environment and context of the drug use community (Silverman, 2010), listening and observing participants during the entire participatory filmmaking process while decoding the participants’ interaction with one another using the observation checklist (*Appendix D*). While listening and observing, particular attention was paid to non-verbal communication such as body language. If need be, clarifications were sought from the participants to understand correctly what a participant tried to express through non-verbal communication.

Particular attention was paid to power relationships among participants as they made the films, the roles they played in the filmmaking process, and what aspects of the filmmaking process generated excitement, irritation, agreement or disagreement among the participants. What was observed and heard formed a starting point for semi-structured interviews and focus group discussions that followed. This was key because the researcher had the opportunity to check and clarify in the interview questions what had been observed and to confirm aural data.

### **3.7.1.3 Semi-structured Interviews**

Bryman (2012) points out that semi-structured interviews form a key technique in participatory research and a powerful way to solicit the views of people. This approach was incorporated in this study as indicated in the guideline questions (*Appendix B*). The interview process, while incorporating the set of questions in the guide were posed to ensure comparability of data, was flexible, allowing interviewees

to describe events, observations, and issues regarding drug and substance use. Further, the researcher took notes on the non-verbal language of interviewees and during the interview sessions to capture relevant communication by the participants which were later analysed.

#### **3.7.1.4 Focus Group Discussions (FGDs)**

Focus group discussions are “a research strategy which involves intensive discussion and interviewing of small groups of people, on a given ‘focus’ or issue, usually on a number of occasions over a period of time” (Bryman, 2012). This is precisely the approach used in conducting focused group discussions in this study. After watching their film screening, participants for the respective self-help group were divided into smaller groups of five to eight members for FGDs. All FGDs were recorded on audio equipment and notes on the non-verbal behaviour of the participants taken. To ensure maximum participation, the researcher explained the purpose of each of the FGDs in each self-help group. Further, the researcher explained to the participants certain conventions of FGD’s (e.g. only one speaker at a time). Before the start of the FGDs, participants in each group were issued with forms to fill that touches on their general demographics.

These members of each focus group were selected depending on the demographic characteristics of the group in terms of age and gender. It is significant to note that, due to the gender imbalances within the groups, majority of the sampled groups were male-dominated, so that the main variable, apart from gender, was age. FGDs comprised of a set of questions (*Appendix B*) which sought to establish personal, cultural, and social factors that promote or hinder the county’s effort to fight drug

and substance use. These discussions were used to complement semi-structured interviews by, first, providing the researcher with an opportunity to follow the group dynamics that evolved during the interview sessions, and second, soliciting a calm reaction from the participants so as to augment the responses obtained from the semi-structured interviews. An additional benefit was that views of participants were also more easily challenged by fellow participants in the FGDs than was the case in the semi-structured interviews.

### **3.7.2 Secondary Data**

Secondary data was obtained from the library research which involved reading written sources such as books, dissertations, Journals, Periodicals, Seminars papers, public documents, bulletins, internet, and official records. Relevant materials focusing on the participatory film, participatory film process, participatory film as a research tool and participatory film as a tool for social change were consulted. A comprehensive presentation of this information is available in the chapter on literature review.

### **3.8 Data Collection Procedures**

The period of data collection was from November 2016 to June 2017 during which data was collected in two phases for each group. The first phase involved participatory filmmaking process during which participants were trained through workshops on making participatory films. This training involved technical skills (how to operate a video camera, framing of shots, working with sound equipment), and planning film content and filming. After the workshops, the researcher collected data using participant observation, listening, and note-taking as the participants made their films.

The second phase of data collection was screening and post-screening stages. Here, participants watched the participatory films that they had recorded in their respective groups as the researcher took notes about how the participants in each group reacted to their own stories on the screen. Afterwards, participants in each group were divided into smaller groups for FGDs, which were followed by semi-structured interviews with selected group leaders and other key members.

### **3.9 Piloting**

A pilot study was carried out in two self-help groups in Maragwa, Murang'a County. Maragwa was purposively selected because it has similar social characteristics and geographic proximity to the study sample. The pilot study enabled the researcher to check for clarity of questions, appropriateness, relevance, and comprehensiveness of all the questions in the observation guide, semi-structured interview guide, and FGDs guide. This enhanced validity and reliability of the research tools and gave the researcher an opportunity to familiarize with data collecting procedures.

### **3.10 Validity and Reliability**

#### **3.10.1 Validity**

According to Mugenda and Mugenda (1999), validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. To ascertain whether the research tools adequately reflected the objectives of this study, the instruments were validated for content by the supervisors at Kenyatta University. This involved identifying weaknesses in the structure of questions administered to the participants. Checking suitability of questions involved verifying content in terms of language, vocabulary, and length of the instruments.

### **3.10.2 Reliability**

Mugenda and Mugenda (1999) define reliability as the extent to which results are consistent over time and an accurate representation of the total population under study. Further, reliability refers to the extent to which the results of a study can be reproduced under a similar methodology. Reliability in the context of the current study was the extent to which items included in the research instruments yielded similar results across the sampled categories. In the current study, the method used to ensure reliability was test-retest method (Mugenda and Mugenda, 1999). If the results obtained from the same sample using the instruments administered at different times were positively correlated, the items were eliminated and some more focused items added as the need arose. This was especially fruitful because of the diversity of the groups and their members, which reflected geographical variance and afforded comparison between members of different groups as a validation measure.

### **3.11 Data Analysis and Interpretation**

An inductive qualitative method of thematic analysis was chosen for data analysis as it allowed for themes and patterns of experience and meaning to emerge from narratives rather than predetermined concepts being imposed.

Data analysis and interpretation started with the process of coding, where field interviews and FGDs transcripts were categorized into thematic patterns, components that allowed the researcher to “examine, compare, conceptualize and interpret the data” (Strauss and Corbin, 2007). The coding style that was employed in the research comprised both the “broad-brush” (coding broad topic areas) and “coding detail” (coding for in-depth detail) approaches proposed by Bazeley (2007, p. 67-70). This

helped create narrative logs that were used in data analysis. Narrative logs generated during data coding were analyzed and interpreted using narrative analysis. As per Riessman (2008), narrative content analysis is applicable to stories, experiences, and opinions told by research participants (film narrative); interpretive accounts by the researcher based on participant listening and observation, FGDs (narrative of narrative); and researcher's reconstruction of social reality (interpreting the process of social transformation). This broadly corresponds to the three stages of fieldwork, data analysis, and writing the thesis.

Narrative analysis was used in data interpretation and presentation as it provided a format for conceptualizing social change and transformation envisioned in this study. The sequential development of the participants' experiences in the process of making the participatory films as captured in the field notes, FGDs, and the interviews revealed the participatory films power to transform the participants' social lives, and their changing narrative of their lives as communicated through the interviews, discussions, and somatic expressions.

Specifically, thematic analysis as a narrative method for identifying, analysing, and reporting patterns (themes) within data was used in the presentation of findings in this study. Thematic analysis minimally organises and describes data sets in detail and further interprets various aspects of the data based on the research topic (Boyatzis, 1998). Guided by the objectives of this study, thematic analysis shifted focus to the content obtained from the field for analysis with a minimal focus on how the narrative was spoken. Some of the thematic areas coded and decoded here related to publicity and rendering of views, stigma and its eradication, and empowerment. This helped to

show how film can be used as a participatory tool in the fight against drug and substance use, both in the macro or local context, and how these could be scaled up and utilized in mitigating drug and substance use crisis in the country.

### **3.12 Ethical Considerations**

It is important for researchers to respect democracy, truth and the persons involved in the research process (Hammersley & Atkinson, 2007). In research dealing with human participants, this does not only guarantee participants the freedom to give solicited information but also ensures the researcher does not indulge in any deception or infringe upon the dignity and privacy of the participants (Mills & Airasian, 2007). Consequently, this study adhered to the following ethical considerations.

#### **3.12.1 Permission and Permits to conduct the study**

Before embarking on the study, the researcher obtained permission, clearance, and permits from Kenyatta University Graduate School, Kenyatta university ethical review, Ministry of Education, Kiambu County, and Social rehabilitation centers within Kiambu County where the study was conducted.

#### **3.12.2 Honesty**

The researcher upheld the principle of honesty in dealing with participants and all parties involved in this study. Further, the researcher reported the findings of this study with honesty without any manipulation or undue assumptions. The researcher's opinions were not factored in.

### **3.12.3 Informed Consent**

To ensure that the standards of informed consent are met in this study, the researcher introduced herself and stated why she was interacting with the participants; disclosed and disseminated orally and in writing the purpose of this study, research topic, and data gathering methods, and elaborated to the participants that this is an academic study and therefore no monetary gain accrued from participating in it. Participants were then allowed to freely decide whether to take part in the study or not.

Further, the researcher made participants aware that any of their interactions with the researcher may lead to some form of data gathering, received formal informed consent from every participant in the study by asking them to sign consent forms outlining the purpose and nature of their involvement in the study (*Appendix F*), and sought permission from group leaders or spokespersons, where appropriate, in order to facilitate a smooth data collection process. The researcher is confident that these measures guaranteed an ethical study that was beneficial to the community, and the academic fraternity.

### **3.12.4 Confidentiality Principle**

Responses gathered from the field were used for the purposes of this study and were treated with utmost confidence to protect participant's privacy. All information solicited from the field was not used to victimize participants or other parties involved.

### **3.12.5 Accuracy and Accountability**

The researcher reported the findings accurately and refrained from subjective analysis of data. She was accountable for representing all the data and information collected

accurately, taking into consideration the meaning of the participants, avoiding incorrect interpretations of verbal or non-verbal communications.

### **3.12.6 Free and Voluntary Participation**

All the participants and parties involved in this study were neither forced nor paid in order to take part in this study. Instead, they were required to participate out of their own free will. The researcher informed all participants before commencing the process, so that each could make informed decision before committing.

### **3.12.7 Film Credits**

The researcher discussed the long-term benefits of the films with the participants. Although the films were not made for profit, any benefit from the film will go back to the group and they will decide on how to use it. Meanwhile, all participants were given credits in their respective films as an acknowledgement of their contribution.

### **3.12.8 Image Rights Ownership**

All the participants whose images appear in the participatory films were required to sign image rights forms (*Appendix G*). The image rights are co-owned between the participants and the researcher.

### **3.12.9 Care and Security of the Participants**

For safety of the participants, the researcher liaised with the Kiambu County local authorities to provide security throughout period of the participatory film project. The participants' involvement in this study from the film workshops to post filming discussions were thus under no threat. Further, the researcher provided food and snacks for the participants during the period of the study.

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS OF DATA, FINDINGS, AND DISCUSSION**

#### **4.1 Introduction**

This chapter presents an analysis of data on participatory film as a tool for social change among persons struggling with drugs and substance use in Kiambu County. The data was generated from members of the fourteen drugs use focused self-help groups sampled for this study, which was done within eight months. The key focus areas covered by the data analysis and interpretation respond to the objectives of the study, rephrased per the following research questions:

- i. In which ways can participatory film be used as a tool for social change among persons struggling with drugs and substance use in Kiambu County?
- ii. How can participatory film help in rendering and publicizing views of persons struggling with drugs and substance use in Kiambu County?
- iii. Can participatory film empower persons grappling with drugs and substance use in Kiambu County?

However, this will be preceded by a tabulation of preliminary data on participants' demographic information. For ethical and confidentiality purposes, the study uses pseudonyms to refer to individual participants. Furthermore, no picture images of the participants are included, to ensure no personal identifying information of the participants is recorded.

## 4.2 Demographic Information of the Participants

This section presents participant's demographic information generated during the study. Demographic information is used here to mean an array of various variables about the background information of the participants on such metrics as age, gender, educational level, marital status, and occupation. Demographic data helps to authenticate and generalize the results (Bernard & Ryan, 2010), to ensure usability of the findings in future empirical or theoretical studies.

### 4.2.1 Age of Participants

Scholars have pointed out that age determines the extent of involvement in drugs and substance use (Gikonyo (2005) and Wanjala (2006). This subsection tabulates the age distribution of participants (see *Table 4.0*) to reveal the categories of participants involved in the research process.

*Table 4.0 Age Distribution of the Participants*

<b>Age (Years)</b>	<b>Frequency</b>	<b>Percentage</b>
18-20	15	7.5%
21-25	35	17.5%
26-30	42	21%
31-35	47	23.5%
36 -55	61	30.5%
<b>Total</b>	<b>200</b>	<b>100%</b>

As shown in *Table 4.0*, the ages of the participants ranged between 18-55 years. Majority of the participants (30.5%) were aged 36-55 years followed by those aged

31-35 years (23.5%). From the table above, youth aged between 18-35 years are the majority of the participants, which suggests high prevalence for drug and substance use (69.5%). This corresponds with national statistics from the rapid situation assessment of drugs and substance use in Kenya by NACADA (2007, 2012). The reason for this high rate of involvement, according to these reports, is that a majority of young people use alcohol and drugs to cope with their prevailing problems: unemployment, neglect, violence, sexual use, and poor academic performance.

One notices that the age bracket between 18 and 25 formed 25% of the participants. Again, this is indicative of high prevalence rate of drugs and substance use. Often individuals in this age group engage in substance use due to pressures of transitioning between teenage and adulthood, in other words. These habits are a response to confusion of indeterminate identities and tendency to experiment with new behaviour (Arnett, 2005). Further, the tendency of these youths to identify with adulthood more than teenage predisposes them to risky decisions as they tend not to seek their parents' or guardians' counsel. In other cases, the absence of social control from parents and guardians may lead to substance use (Arnett, 2005). The findings also indicate remarkable involvement in drug and substance use for those aged above 35 years. This is attributed to drugs use from adolescence to adulthood (Grant & Dawson, 1997).

#### **4.2.2 Gender**

Gender is an important category in drugs and substance use data (UNODC, 2010). It may reveal risk value in men and women, and can be useful in analysis of the different reasons for involvement in drugs and substance use (Brady & Randall (1999), Lev-Wiesel & Shuval (2006) and Pelissier & Jones (2006). Rates of entry into treatment,

retention, and completion of treatment programs also differ in both males and females (Nelson-Zpluko, et. al., 1995). For these reasons, this study considered the gender of the participants as a crucial component to reveal the viability of participatory films across genders participating in this research process. *Table 4.1* below tabulates gender ratios per age bracket of participants.

From *Table 4.1* below, majority of the participants were men at 92.5%, while women represented 7.5%. This data supports existing studies which suggest that women have a lower rate of seeking drug use rehabilitation than men (Nelson-Zpluko, et. al., 1995). Furthermore, that traditional drug use treatment programs don't address the specific needs of women (Kasl (1992) and Glover (1998) may also explain this situation.

*Table 4.1 Gender Distribution of the Participants*

<b>Age (Years)</b>	<b>Female frequency</b>	<b>Male frequency</b>
18-20	1	14
21-25	3	32
26-30	3	39
31-35	3	44
36 -55	5	56
<b>Total</b>	<b>15</b>	<b>185</b>
<b>%</b>	<b>7.5%</b>	<b>92.5%</b>

#### **4.2.3 Level of Education**

Studies aiming to correlate consumption of addictive substances and the level of education, either directly or indirectly consider education a major determinant.

Persistent use of drugs often leads to an array of problems including interference with academic performance (Nyambura, 2013). In this study, the level of education was considered to have substantial effects on behaviour, since education provides opportunities for a person to advance and become aware of problems and means of solving them. Findings of this variable are presented in *Table 4.2*.

*Table 4.2: Level of Education of the Participants*

<b>Level of education</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Primary level</b>	87	43.5%
<b>Secondary level</b>	95	47.5%
<b>College/university</b>	18	9%

Findings from *Table 4.2* show that a remarkable majority of the participants (47.5%) have attained secondary education level, while 43.5 % have attained primary education. The two levels comprise 91.0% of the participants, leaving only 9% who have been to college or university. One interpretation for this data set is that drug use could affect learning through a variety of mechanisms. Participants who started drug use at an early age reported poor performance and consequently, strong desire to abandon studies. One participant, a drug peddler, reported that the money earned from this trade discouraged him from attending school.

#### **4.2.4 Occupation of the Participants**

Studies have demonstrated the effects of drug use on individual productivity that results in substantial economic costs for individuals (Mullahy & Sindelar, 1996). Findings regarding the occupations of participants are presented in *Table 4.3*.

*Table 4.3 Occupation of the Participants*

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Unemployed</b>	82	41%
<b>Self-employed</b>	42	21%
<b>Formal Job</b>	0	0%
<b>Casual</b>	76	38%
<b>Total</b>	<b>200</b>	<b>100%</b>

As shown in *Table 4.3*, none of the participants was in any formal employment. Participants who had earlier cited not going past their primary school education reported engaging in menial jobs as water sellers, porters, garbage collectors, construction workers, and casual laborers. Several of the older participants reported sporadic work history characterized by sackings due to drug use. Most of these resorted to self-employment and casual employment mostly as drivers, carwash attendants, and construction workers. That 41% of the participants still remain unemployed illustrates a recursive trend oscillating between low literacy levels which lead to unemployment and idleness (Chesang, 2013), and drug use habits in response to this idleness. A verbal response by one key participant is transcribed below:

As a man, it's depressing to just wake up and have nothing to do or have nowhere to go. The other option I have is to go and join my fellow idle friends. Many times nothing good comes out of it because we all can't help each other. The only way we can help each other is by sharing a bottle of alcohol. I am here today because I know this is good for me. But after I leave this place I need to get money for supper. At the end of the month, I need to pay my rent. Though I don't live with my wife I need to get her something for the children. This kind of pressure is what

drove me to drug use. When idle I needed to fill my mind with something to escape the harsh realities of my life.

(Personal Interview, 9/12/2016)

#### 4.2.5 Marital Status

Drug use affects marriage by interfering with, among others, intimacy, trust, and respect. *Table 4.4* presents the marital status of the participants:

*Table 4.4 Marital Status of the Participants*

<b>Age bracket</b>	<b>Age</b>	<b>Single (NM)</b>	<b>Married</b>	<b>Divorced</b>
<b>Frequency</b>				
<b>18-20</b>	15	15	0	0
<b>21-25</b>	35	31	0	4
<b>26-30</b>	42	32	0	10
<b>31-35</b>	47	18	12	17
<b>36-55</b>	61	21	14	26
<b>Total</b>	200	117	26	57
<b>%</b>	<b>100%</b>	<b>58.5%</b>	<b>13%</b>	<b>28.5%</b>

As shown in *Table 4.4*, a majority (58.5%) of the participants were single (never married), 28.5% were divorced, and only 13% were married. For many aged 21-25 years, marriage was not a priority. The single and divorced participants aged 30 years and above associated their statuses with an increased use of drugs. One participant cited that drug use interfered with physiological suitability, hence isolating the participant from potential marriage partners. Having tabulated the demographic data,

the next subsections shall analyze data that respond to the three objectives of the study. The exact order shall be as indicated at the start of this chapter.

### **4.3 Participatory Film as Pedagogy Among Persons Struggling with Drugs and Substance Use**

The study approach entailed various aspects, of which the most important was reversing traditional documentary “objects” into subject, meaning participants of this study were engaged in the participatory filmmaking process as discussed in the subsequent sections.

#### **4.3.1 Developing the Project**

Participatory projects in their nature encourage the overall participation of all stakeholders, with a focus on the contribution and involvement of the community (White, 2003). As Campbell & Cornish (2011) notes, the effective liaison often results in appropriate diagnoses of community problems and therefore in effective actions or intervention strategies. This project arose out of my personal interest in the field of film and social change. Although film was designed to appeal to our desire principle of seeking pleasure (Sreenivas, 2010), the ability of film to do more than just entertain has been explored by academics in the fields of communication, political science, sociology and anthropology (Askew, 2002; Burton, 1990). Scholars in these different fields have argued in favour of the power of film to not only entertain but also persuade people to change and enhance social change processes.

Literature has demonstrated that drug and substance use is a major problem in Kenya, cutting across various age groups, geographical areas, and socio-economic classes (see

Chapter One). Despite various approaches to address this problem, the high prevalence figures reported are indicative of unrelenting drug and substance use problem. Debates among social change theorists around the best methods to enhance change have led to the formulation of the participatory or actor-oriented approaches that allow people to craft their own transformation (Tuftte & Mefalopulos (2009) and Sarvaes (2002). One of the possible responses to this situation is participatory approaches.

Participatory approaches such as participatory film addresses the need to adopt strategies to local contexts and cultures (Boeren (1994), Melkote (2009), and Mody (2003). Participatory films, described as video or film process dedicated to achieving change where the subject is an integral part of the planning, production, as well as the primary target audience, has stirred debates concerning applicability in social change processes. This study addresses the usefulness of participatory films as a medium for change among persons struggling with drugs and substances use in Kiambu County.

The initial process of obtaining contacts for existing drug use focused self- help groups were established through Kiambu County alcohol office, which is mandated with regulating alcohol and bar licensing in the county. Majority of these self-help groups in Kiambu County are formed by churches mainly the Anglican Church and Orthodox Church. Other groups are formed by persons recovering from drug and substance use, to rehabilitate persons struggling with drug and substance use. Most of these groups meet once a week in various spaces either provided by the church or well-wishers. Group activities in each of the groups range from projects that are income generating to social support and religious services.

The next step in this project entailed contacting group patrons through telephone and discussing the study's purpose and objectives, and culminated in requesting permission to meet the contact person to seek further permission to meet the group members. Members' participation in this study was voluntary, formalized through informed consent. This was recorded through a signed consent form (*Appendix F*) outlining the purpose of the study and the nature of their involvement in the study. The main ethical focus was confidentiality, privacy, and anonymity of the participants. Furthermore, this consent sought to recruit the participants in generating their own data as co-researchers in the study, subjects and not objects of study. This incorporated the participants' subjectivities, personal value systems and worldviews, which may be beyond comprehension of any one all-controlling filmmaker.

To ensure coherence of the research data to the first objective of the study, the participants were involved in the study as co-researchers, and not involved in designing the research questions and analyzing the data. As co-researchers, participants' role was as filmmakers, social actors, and audience. Engaging participants as co-researchers in the filmmaking process contributed to addressing the power imbalances inherent in the research process as well as enhancing the depth and quality of the data and the insights generated.

In this scenario, I played the roles of both an academic researcher and facilitator. The latter role involved training each group in filmmaking through workshop sessions, offering technical support during production, organizing meetings and offering solutions to incipient challenges. The former role involved preparing the research proposal submitted to the Kenyatta University Graduate School for approval, then

submitting the proposal to Kenyatta University Ethical Review Committee (KURC) for verification and further approval. This was guaranteed that the rights of the participants were not violated in any way by the project. Deployment of empathy in the sense discussed by Gilbert (2001a, p. 11); that “it is an awareness and intelligent use of our emotions that benefits the research process” also benefited this study as the participants could freely provide unbiased data.

#### **4.3.2 The Filmmaking Workshops**

Participatory process encourages community members to act and work collectively on local issues (Plush (2009) and Shaw & Robertson (1999)). One of the ways in which group members involved in this study could be mobilized to work collectively was through a series of filmmaking workshops conducted with the participants in their respective groups. Specifically, the filmmaking workshops aimed to train participants in filmmaking so as to participate in the study.

These filmmaking workshops were conducted with each self-help group in their individual locations. The possibility of the workshop and filming taking place in one central place with all groups could have interfered with overall participation. For instance, some participants came from remote geographical areas thus necessitating the study to take place in their immediate locations. The exercise took three days for each group. The first day of the workshop introduced the participatory film process. In the next two days of the workshop, there were two sessions; the first lasted for three hours and covered film production training, and the second one lasted for two hours and allowed the participants to practice with creating stories and the using DSR- PD 175 which offers excellent convenience for professional and armature shooting. Such

adaptive technology proved adequate for the needs of the group's utilization, learning, and adoption (Gumucio-Dagron, 2007).

The technology transfer sessions equipped the participants with filmmaking technical, creative and artistic skills. Technical skills involved the operation of the camera and microphone, setting up the tripods, recording, and lighting; creative and artistic skills involved picture composition, thinking visually, dramatizing a chosen theme (participatory film games) and performing in different roles (director, producer, camera/ light, sound).

#### **4.3.3 The Pre-production**

Since equipment to carry out the project was already provided by the researcher, the pre-production stage of the participatory film process quickly followed the three-day workshop. Major activities for this stage included choosing locations for shooting, deciding the different roles each participant would take in the project for instance film directing, camera work, sound, make up, catering, among other roles that each group felt would make their production a success, and sourcing for necessary items such as power cables, and other items that each group felt would make their production better. Participants also had time to decide their own appearances in the film.

#### **4.3.4 Production**

In social studies, participatory projects work against the dominant market requirements by diffusing single authorship into collaborative activities that channel art's symbolic capital towards constructive social change (Bishop, 2012). The field of filmmaking designates different roles to production crew members: producer, director,

scriptwriter, actor, editor, cameraman, director of photography, sound designer, among others, all constantly collaborating in any given project (Bishop, 2012). However, this collaboration is not to be confused with participation which demands shared authorship. This participatory filmmaking project worked against this production imperatives by allowing participants in their individual groups to take up roles of social actors, directors, camera crew, and sound crew. During the filming process, some participants who were unable to share their stories through film for varying reasons took up other production roles such as makeup artist, set designers, or camera persons, while others doubled as social actors and crew.

Content was generated through non-scripted documentary format where individual stories were the message. However, stories that the participants wanted to tell were decided before shooting and participants allowed to speak as they like. Films made comprised of interviews with a wide range of stake holders. These included members of the self-help groups, their group patrons and selected members of the community identified by the participants themselves.

#### **4.3.5 Post-production and Screening**

Viewing the recorded footage is an important aspect of a participatory film process where participants review what they have filmed. Non-edited films were screened to the participants. All stories were considered valid. In this case, no story was chosen over another, edited out or deformed in any way, which facilitated interaction, enabled self-expression, and was confined only in the immediate context of a participatory film project (White, 2003).

After watching the films, discussions then followed allowing participants to give meaning to the images and interpreted them according to their own understanding. This gave the participants a chance to reflect on what they have seen in the films as well as appreciate the knowledge and work that they brought into the project. This according to Lunch and Lunch (2006) provides a participatory space to people on issues that are rarely addressed or spoken about in the open.

#### **4.4. Suitability of using Participatory film Among Persons Struggling with Drugs and Substance Use**

The first objective of the study was to examine the ways in which participatory film could be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County. In order to meet this objective the study applied participatory film project among fourteen focused self-help groups in Kiambu County whose members are drug users. Drawing from subsequent discussions, it is imperative to point out that participatory film can be applied among persons struggling with drugs and substance use in Kiambu County.

##### **4.4.1 The Valence of Filmmaking Workshops**

The subheading 4.3.2 discussed the process of the workshops that preceded the actual participatory filmmaking project. This subsection the valence of such participation in the initial processes per Evans et al (2009, p 98) assertion that “there is great value in recording and honouring individual views and diverse representations.” Other than just imparting the filmmaking skill to the participants, the filmmaking workshops allowed the participants to know one another (the facilitator and the participants). The filmmaking workshops also enabled trust between the researcher and the groups, and

thus proved a suitable approach to motivating the participants. It also aided in subsequent interactions as participants and their hierarchical relationships within the groups were agreed encouraging all the participants to be actively involved. The filmmaking workshops were thus necessary to ensure that every person had an opportunity to get actively involved in the making of the films.

#### **4.4.2 Story is Key**

Story telling is an oral tradition that is valued in many cultures. The process itself is fun and direct, and provides an opportunity for telling stories and summarizing them without losing meaning. This study used story driven participatory films where participants filmed their own experiences of interacting with drugs and substance use. The use of participatory film allowed the participants to publicize their stories, forming the basis of dialogue and discussion about taboo issues related to drugs and substance use. The stories were subsequently screened to the participants' and audiences of community members and organizational staff, with no editing, maintaining a direct link to the storyteller, their context and his or her way of telling. This study concludes that participatory film enabled a different way of constructing narratives and created new forms of representations for persons struggling with drugs and substance use. This approach to storytelling about those struggling with drugs and substance use avoided creating marginalizing representations.

#### **4.4.3 The Process of Participation**

Unlike the conventional filmmaking process, participatory films focus on collective authority of the relevant actors in different stages of the films production. Participants of this project were engaged directly during the entire project bringing in expertise in

terms of ideas and other resources which accelerates the impact of the films in social change. Participants recognized that the common experience of working together in their making of the films constituted an invaluable ground of mutual trust that helped to overcome differences and set an open atmosphere and a willingness to dialogue and explore each other's suggestions. Therefore, the study observed that the participatory film gave equal and fair power of participation for social change to all parties, particularly the persons struggling with drugs and substance use, with the intention to eliminate hierarchical practices that potentially disempower the marginalized.

Although the participatory film process worked towards diffusing hierarchical interactions in the groups and strengthening relations, in some cases it was indeed hard to totally diffuse some social realities that surround gender issues. Given that some groups had both male and female participants, some conflicts surfaced within the groups. For instance, the timing of group activities limited the participation of women majority of whom insisted on the need to have the group activities end early so they could return to their homes early. Women participants also had difficulties in negotiating decisions on issues such as whose idea counts, whose reality counts, which in overall was time consuming. The seriousness of these conflicts is exemplified by one group where two women participants withdrew from the project for being asked to make lunch for the rest of the participants. This instance shows that if a participatory film projects fail to negotiate gender differences, it can also perpetuate the exclusion of women participation. The study submits that gender-related conflicts can hinder the effectiveness of participatory film in social change process in groups with both male and female participants. Initiating gender sensitive change using participatory film will require skill to negotiate through the different gender specific needs. As an alternative,

separate participatory projects for both men and women can enrich the participatory film projects.

#### **4.4.4 Product Versus Process**

The product of participatory films, the actual film documenting the stories of the participants, may often be compromised as focus is more on the process of participatory filmmaking, and the authorial, interpretive and representative control of the film lies with the participants (White, 2003b). It is thus necessary to anticipate the absence of film aesthetics in areas such as editing, color grading, and multi-camera shooting among others considered invaluable by conventional filmmakers. For this particular project, participants showed interest to make a good product, even as they labored through the constraints of participatory docu-realism. For instance, they were keen not to film shaky images or images that were poorly framed and out of focus. They also made effort to capture good sound quality.

#### **4.4.5 Post-Screening Discussions**

Participatory films, like theatre for development, draw their power from the potential interactivity between audience and the product, which is actualized at the end of the film. Watching the recorded films is thus an integral part of the participatory film process. Despite the fact that groups watched un-edited version of their films due to the financial challenges in providing editing suites to the participants in their respective groups, the study observed that screening of the recorded films generated excitement and interest among the study participants. Despite the length of the recorded raw footage and the variety of coverage that went into recording each subject actor, participants were keen and happy to watch the non-edited, full-length interviews

of themselves and others describing events. The consequence was easy participation, stressing the notion that participatory film with persons struggling with drugs and substance use could effectively engage with the audience not in spite of missing aesthetics, but because of it.

#### **4.4.6 Language**

As has already been demonstrated in *Table 4.2*, about 43.5% of the participants had only primary education. This is significant because for this group, clear expression was only possible using their mother tongue. The choice of language to be used was thus a critical determinant of the success of this participatory film project. White (2003, 65) states that the intent of the participatory film process should be “to promote self/other respect, a sense of belonging, a feeling of importance, and a claim to identity.” Accordingly, using local language (Kikuyu) was instrumental in making the participatory film a success as it aided in breaking the illiteracy barrier. Despite the educational background of the participants every person was able to communicate with each other and share ideas. further, using local language maximized the group-sharing and learning, allowing the participants to confidently generate ideas regardless of their literacy levels which extended the impact of participatory films in aiding social change. The participatory film also offers an “extended language (Ramella and Olmos, 2005)”, a way to include people’s emotions and expressions and gestures allowing much greater depth of communication. Participants and audience members related with the emotional outpouring of the participants as a form of their own suffering. Their expressions in the film also served as a means to communicate and express their emotions.

#### **4.4.7 Evaluating Impact**

Although participatory film can drive societal change among persons struggling with drugs and substance use, it is difficult to know over what time frame this can occur since it is hard to detangle the role of the films from other complex factors that lead to social change. What we have is a familiar scenario, that qualitative change is hard to evaluate.

#### **4.5 Participatory Film and Rendering of Marginal Views.**

The second objective of this study was to investigate how participatory film can be deployed productively to render and publicize views of persons struggling with drugs and substance use in Kiambu County. The findings of this study show that participatory film was effective in publicizing the views of persons struggling with drugs and substance use, which were otherwise constrained by the taboo nature of their drug use problems. These views, as the study demonstrates, can spur dialogue that feeds into wider social and social change efforts of the participants as well as help bridge the gap on the lack of research informed by drugs and substance use victims about their experiences in drug use and their perceptions and attitudes towards drug use. These findings are discussed in the following order: participatory film and the rendering of individual views, participatory film and the rendering of collective views, rendering views as a publicity resource, and dimensions of participatory film in rendering communal views.

##### **4.5.1 Participatory Film and the Rendering of Individual Views**

According to Kushner (2006), drug use has been referred to in several ways: a sin, a disease, a bad habit, each a reflection of a variety of social, cultural, and scientific

conceptions. This kind of negative perception has crowded and omitted the view of persons struggling with drugs and substance use as a marginalized group. Consequently, drug and substance use is associated with some of the worst and most frightening aspects of human experience (McIntosh & McKeganey, 2002), a problem compounded by the fact that these experiences are hardly publicized, but often remain as taboo subjects and private problems.

Drug use stories, such as emanate through participatory film projects are however, not just stories. They are real-life accounts of use, addiction, and recovery told by individuals themselves. What is at stake in the collective omission of these stories from public discourse is the crucial reportage on addiction, how it affects the victims and their loved ones, and their journey to recovery including their lifelong experiences. The following transcriptions from interviews carried out in this study exemplify such stories as rendered through participatory films:

I started taking alcohol in 1982. Not due to stress but just because I wanted to. It went on until I became addicted and I had to take alcohol every day. I moved from authorized alcoholic drinks to second generation drinks. I became worse I lost my job at HCZ then I got a job at Federici which I also got sacked due to alcohol addiction. After this, I bought a matatu but it later was auctioned. Now all I have is a cow that I look up to provide for my family. I still take alcohol, the second-generation alcohol. I have tried to quit but it has been hard due to stress and lack of employment. The side effects of when I don't take alcohol are hard to deal with. I experience a lot of scratching and sweating so I end up going back to the drink. I want a bright future and I pray to God that he may once again give me some assets.

(Individual Interview with Tom, a male participant, 55 years old on 9/12/2016)

I started taking drugs in 1995. I was still a young boy then my father who at that time was selling “Miti ni Dawa” herbal medicines and I started using them and eventually became addicted. I dropped out of school and I started selling an alcoholic drink called sorghum. I had money but this money could not help me, I used it to get alcohol. I sold this alcohol for a while though it was against the law and was constantly in prison at a young age. I decided to quit selling alcohol and sought other casual labour but I have lost several jobs due to alcohol use. I am now married with four children, my first wife left me because she could not cope with my alcohol use. I married a second wife and she left. My third wife has been really patient with me.

(Individual Interview with John, a male participant, 45 years old 9/12/2016)

I started taking alcohol in 1990. I had just cleared high school and at that time I was farming and had money but eventually I lost interest in farming due to excessive drinking and my finances went down. I started taking “changaa” because it was cheap. My first wife left me and this made me drink even more. Since I could not have the energy to work in the garden I started selling oranges at Wangige but it also failed. I often would send someone to go and buy the oranges for me but as I waited for him to come I would join my friends and go drinking. I later stopped drinking and married a second wife. However, this did not last long because I went back to drinking and she left too. I remarried again and the third wife also left. I turned to construction jobs and I started drinking even more because I had money. But as time went by, no one would offer me any work because I was always drunk even my friends could not offer me any work. Today I still take a bit of alcohol but now it is controlled. I can go even for over a month without taking a drink.

(Individual Interview with Victor, Male participant, 45 Years old on 9/12/2016)

My girlfriend introduced me to alcohol. It was fun at first until the addiction kicked in and I needed stronger drugs to keep me high. When I started taking alcohol I was working but I lost my job, I was married but I destroyed my home. My life became a mess. I had a child but I could not take care of her. Alcohol has taken me to the devil's den. I sold my things. I would even steal my neighbour's avocados to sell in order to have money to buy drugs. Sometimes I would leave home dressed well but along the way, I would sell my jacket and shoes and would go home barefooted or with torn slippers. I slept in trenches and garbage bins. I was dirty and could not shower. It hurts me that I used to have a well up family but it broke up. My friends and family nicknamed me all sort of names. I thought my family hated me so I often contemplated suicide but today I realize they did not hate me but it's my behaviour they hated.

(Individual Interview with Grace, Female participant, 33 years old on 12/01/2017)

These participants' stories reflect the way participatory film can help drugs and substance use victims convey their life-long experience and thus can be deployed as a tool to render the views of persons struggling with drugs and substance use in Kiambu County.

According to Chaitin (2004), having the opportunity to tell one's story of trauma to someone who is willing to listen can be extremely beneficial. Sharing of life story narratives is recognized in several fields of social change in criminology, sociology, and psychology as providing a unique window into the inner worlds of the participants and also pointing to the powerful therapeutic value of sharing even traumatic stories. Drugs and substance use stories, often associated with trauma, can benefit from such

power of rendering the personal to the public. The study observed that participatory film can be deployed as a tool for rendering and publicizing views among persons struggling with drugs and substance users leading to powerful therapeutic value for a number of reasons.

First, participatory film process provides a safe and exclusive space for participants to share their lifelong experiences. Participatory film workshop helped create an atmosphere of trust. The presence of the camera fostered collaboration among participants during the film workshops and aided in interaction between both familiar and non-familiar participants. This enabled the participants to ease some of the concerns or fears they may have had about participation in the making of the films and to relax as they recounted their stories. On their part, they benefitted from the shared openness as their stories were collated with others' stories, thus publicizing their views not as private issues, but more as instances within a collective issue.

Second, as the participants narrated their stories, they were not just telling stories but recalling past events, playing them back, and ordering them temporally and coherently so as to make sense of one's life. The camera thus becomes a provocateur that prompts the subject to deeply reflect on their lives and reveal their inner selves (Barnouw, 1983). The recounting of their traumatic events as they narrated their stories for recording ultimately reopened those channels of thoughts, feelings, and communication about the traumatic past, they also re-learn to overcome shame associated with taboo subjects such as drug addiction and realize that they are indeed people who can be disengaged from this trauma. Although it is difficult to quantify the benefits and therapeutic value to the participants, the study hinges on Pennebaker's

(2003) idea that voicing emotional experiences is associated with improvements in mental and physical health.

#### **4.5.2 Participatory Film and the Rendering of Collective Views**

Participatory approaches to social change emphasize on both individual and collective action. The study observed participatory film approach to rendering and publicizing views among persons struggling with drugs and substance use emphasizes also on the collective action of the participants.

Film screening generated excitement and interest among members including rendering and publicizing views on several other issues that had not arisen during the individual story shoots. Even in groups that the study had observed a reduction of individual stories, the study observed during screening, participants would laugh at their own stories and eventually opened up and gave detailed accounts of more stories of how they had interacted with drugs. Filmmaker Dziga Vertov believed that the camera can revolutionize how we see the world (Vertov 1984). From watching their films, the participants were able to access what happened to them giving them room for reflection. This observation is supported by Rouch (2003) when he says:

With a camera, there can be a far more fruitful result. The film can be shown to the subjects. Then they are able to discuss and have access to what has happened to them. They can have reflection even if the film is bad, for however incompetent the film may be, there will be the stimulation of the image you give of them and the chance for them to view themselves from a distance, up there on the screen. Such a distortion changes everything. (p. 220)

Participants opening up during group discussions can also be an indicator that that

personal stories told through participatory films have the potential to connect emotionally with the listener as they empathically relate to the teller's experiences. This has been said to be therapeutic and particularly valuable for people dealing with painful issues such as those of inequality, stigma and fear, issues that are often presented in drug use. Just as Blumer (1969) suggested, humans bring meaning to social interactions and take meanings with them when interactions end, to use them in the future. Sharing drug use stories was not only beneficial to the individual sharing, but listening to others' stories was an integral part of the change process. Having shared their stories individually and further opening up more after watching the films, the researcher observed that the participants made an important transition from being individual focused to group focused in dealing with their substance addictions.

Participatory film enabled the vocalization and embodiment of multiple views including those of fathers, mothers, wives, husbands, and children. The process of participatory filmmaking starting from the filmmaking workshops, pre-production, production, and screening provided a safe space for participants to collectively publicize their world through the different experiences in their society. For instance, Diana pointed out that she was introduced to drug and substance use in a boarding school in Muranga by fellow students:

When I went to high school, I was not very exposed. There I met girls from Nairobi. They looked popular and exposed to city life. I wanted to be just like them. I really could not be like them or fit into their group because I was fat and had very low self-esteem and again I had a lot of "Ugishagi" (Kikuyu for being rural) in me. But I wanted to be just like them. Some were smoking so I started experimenting with smoking. When one girl realized I was smoking she used to borrow a cigarette from me and that is how we became friends and joined the group. That

is where I started experimenting with alcohol. I can't lie I even puffed bang while in school

(Personal interview with Diana, 20 years old, on 16/03/2017)

Diana's story represents the view of a young woman who started struggling with drugs and substance use while still a student. Her narrative perhaps exemplifies a situation of adolescent girls being more likely than boys to drink in order to fit with their friends, while boys drink largely for other reasons and then join a group that also drinks (Donovan, 2004).

Triza, a single mother of two boys narrates.

Being a woman is hard. Being a single mother is even harder. I get so much stress from providing for my boys. Each one of them has a different father but none of them provides for them. I tried seeking child support I got tired of it. The stress that comes with raising these children was enough to push me to alcohol use. I work in a bar not that I wanted to but circumstances led me to it. When am working because I want to keep my customers happy I find myself drinking with them.

(Individual interview with Triza, 35 years old, single mother 13/04/2017)

Triza's view is that of a mother and represents the plight of other women who become vulnerable to drugs and substance use because of tough economic backgrounds and desires for better life. Her sentiments were also shared by women participants in other groups, strongly suggesting that women, and even youth, use drugs as a way of dealing with people and stressful situations surrounding them (Mohasoa, 2010).

Another important view rendered through this participatory film project is Dan's, who narrates:

I am unable to say that my wife ran away because she asked me for permission to go visit her parents, I escorted her to the bus stop but since that day I have never seen her again.

(Personal interview with Dan, Divorced 43-year-old male on 9/12/2016)

Other views publicized during this participatory film project included those of patrons and community members who contributed about how drug use affects everyone in the society and how drug use is perceived by different people. Sharing this knowledge by different members of the community reinforced communal modes of knowledge transmission whereby participants learn from each other or from professionals involved in mitigating drug use crisis thus fostering the adoption of local knowledge and experiences into communal knowledge archive, which consequently strengthen the group-community relations by building mutual understanding.

The study observed that groups that had started some income generating activities such as car wash and garbage collection were proud to document their activities on film and discuss their successes mainly highlighting individuals who had reformed and become respectable persons in the society. A possible conclusion is that participatory film emphasizing both individual and community action encourages participants to document their success as an indicator to others of what can be possible. As one key participant narrates, this indicates that participatory film can show the complexity of how change happens in a group and at the same time convey the genuine values of the participants:

We were just here waiting on customers when a man came with a truck for washing. James did a thorough job washing the truck and as they were talking with the client, he asked him if he would help him get a job. Since James had reformed and had a driving license he was offered a job as a truck driver. Today James is a respected man in this area.

(Focus Group Discussion on 28/1/2017)

Though not the scope for this study to investigate the participatory film and the role it can play to influence policy on drug use, the study divulges that participatory film can potentially inform policy on drugs and substance use. In all groups, participants cited feelings of neglect by the county government. A recorded statement by one of the participants, in which he harshly criticized the county government for not coming out clearly to help persons struggling with drug use, triggered a lot of debate among the Hope Ambassador group members. His story helped participants in the group discuss the role of the government in the fight against drugs and substance use as transcribed below:

The county government of Kiambu promised to give us a greenhouse as a group. We were all excited about it and ready to work and make it a success. But later on, the governor, said if we want the greenhouse we have to buy it. Where do we get the money to buy a greenhouse if we are still struggling to feed ourselves?

(Focus group discussion on 10/12/2016)

Another participant cited that since rehabilitation in many in-house rehabilitation centers is expensive, the government in its capacity has a duty to empower self-help groups so that they can be capable of helping drugs and substance use victims. In another group discussion, participants were happy about some of the county

government regulations regarding the sale of alcohol. For instance, a significant proportion of participants in self-help groups within Limuru Sub County reported high levels of alcohol consumption before noon, adding that government regulation prohibiting bars and alcohol outlets from opening during the day led to reduced rate of alcohol use. Consequently, a majority of persons previously struggling with drug and substance use can now get manual jobs during the day. For this reason, the study proposes further research into the use of participatory film in influencing policy regarding drugs and substance use in Kiambu County.

#### **4.5.3 Rendering and Publicizing Views as a Communal Resource**

Communal stories and personal stories are indeed communal resources (Mbayi, 2016). From an oral history perspective, the study observed that disseminating personal stories through participatory film can enable drugs and substance users make connections with others who share the same types of memories. This enables drugs and substance users to share their experiences and problems and contribute to the archive of communal narratives on issues surrounding drugs and substance use. From the recorded participatory films, the study identified some common categories of information passable as communal resources. These include: the magnitude of drug use in Kiambu County, reason for engaging in drugs and substance use, impact of drug use on the economy, impact of drug use on health, and the desire to quit drug use. To exemplify how such information contributes to communal archive, this study cites one key participant who suggested that the society had a role to play in the increased use of drugs and substances. The major concern was that alcohol, tobacco, and miraa (Khat), all locally produced and grown, are socially decriminalized hence fostering their consumption. Here is the transcription:

As a child, I grew up knowing taking alcohol, cigarettes or miraa is not bad. I saw my father do it even in public and no one would ask him. Cigarettes are sold in shops, there are several bars in the neighbourhood, and miraa is sold anywhere. As far as I was concerned, taking these drugs was a normal thing and so I also decided to take and no one told me that I can get addicted to them.

(Individual Interview with Eliud, male participant, 25 years old on 30/03/2017)

Insights generated by participants of this study on issues surrounding drugs and substance use indicates that using participatory film as a tool for rendering and publicizing views can strengthen links between scientific data and local knowledge on drugs and substance use. The consequence is more meaningful debates yielding rich qualitative data that is rooted on the lived experiences of the participants. This potentially creates an alternative to expert-driven reports and can help bridge the gap on the existing research gaps, tapping into the knowledge base of persons struggling with drugs and substance use, their perceptions, and attitudes towards drug use.

Views made through participatory film also have the potential to provide data and offer prioritized solutions to those most affected as they are grounded in local knowledge and experience. The study established that participatory film can provoke communication among persons struggling with drugs and substance use about communal problems as well as seek solutions to the problems as evidenced in the following transcription:

I am not ungrateful that the pastor of this church has tried so much to help us in this reformation process. But I wish we can also get skills that can give us some money. Poverty and being idle is one of the things

that draw the youth to drug use. I know the pastor is working hard to establish a car wash for us and I can't wait for it to start off because I know if I wash three or four cars in a day I will have money for food and shelter.

(Focus group Discussion 25/2/2017)

In groups that comprised of middle-aged adults, participants felt that whereas drug and substance use affect all ages, emphasis is on the rehabilitation of youth while the middle-aged adults (36-55 years) are neglected. Other participants of this discussion felt there is the need to provide opportunities within self-help groups not only for young people but also for older men and women to learn new skills, learn how to make good decisions and to engage in activities other than drug use. Participants further indicated that professionalism in dealing with addiction is still lacking in the self-help groups. A good example of this scenario is Young Victors Youth group whose participants were skeptical that being part of a self-help group can help them reform, and were therefore distrustful and resentful of service providers. Some felt they are misunderstood and mistreated.

Worth noting is that most of the rehabilitation centers are supported by churches in the region. Members of such church-based self-help groups felt that the self-help groups offer nothing beyond spiritual nourishment.

When we meet here every week all we get is spiritual nourishment. I am not complaining about it but it will not help me put food on the table for my children. The church or anyone else who comes up with a self-help group should see how to impart skills on its members. If I use drugs out of boredom or lack of money when I learn to make clothes or hairdressing I can get something to do for myself to earn money and

feed my family as well as keep me busy.

(Focus Group Discussion 11/2/2017)

From the above, the study avers that using participatory film helped to publicize the collective concerns and demands of the participants through sharing their own views in their own language regardless of their age, gender, or levels of literacy. As the participants' willingness to narrate their perceptions and experiences through participatory film indicates, this is a potential alternative approach to listening and learning from the community and also receiving feedback, which could be helpful as it links participants and service providers enabling a non-confrontational means of communication. The recording and re-recording of the participants' and group patrons' views created a communication bridge, so that images in participatory film become influential to decision makers in the group and the broader society.

#### **4.5.4 Dimensions of Participatory Film in Rendering and Publicizing Views**

From the previous sections, the study has established that participatory film has proven its value in rendering the view of persons struggling with drugs and substance use. The study has also acknowledged the difficulty of quantifying the therapeutic benefits resulting from using these techniques to render the views of participants. However, findings of this study suggest that the process of making participatory films and subsequent screenings were generally helpful in enabling participants to individually and collectively articulate unique perspectives of their world as well as provide important lessons giving insights on issues surrounding drugs and substance use. The concerns of this subsection are, however, the aspects which made it productive to use participatory films in the process of mitigating drug use crisis.

The first response could be that participative dimensions of the participatory film allowing participants to take charge of the participatory film process provided an opportunity for publicizing private stories as an introspection into the deeper aspects of the lives of drug and substance users. This gives temporality to the conceptions of drug crisis, so that the participants and policy makers could have a reliable framework to understand the problem. This is however fraught with some loopholes, including the following.

One, that individual consent to participate was influenced by some members in the group. For instance, in one of the self-help groups that had the majority of participant as youths (22 years to 31 years) and one middle-aged adult (53 years), a number of youth participants refused to participate in the participatory filmmaking project because a middle-aged adult walked out of the first meeting. Participants said they can't give consent to the study without his participation. In other groups, some members did not sign consent forms opting to remain as spectators of the whole participatory filmmaking process. Asked why, one male participant cited that he was distrustful of the process citing that the films might be used to serve other functions other than the study's purpose.

Another significant problem concerns camera shyness, whereby some participants agreed to be part of the study by signing consent forms, took part in other filmmaking activities, but did not feel comfortable sharing their stories in front of the camera. This kind of non-participation could be understood through Milne's (2012) view that

The so-called nonparticipation in a project might not be because of generic apathy but, rather, may be an active form of participation-(non)participation. Investigation and written acknowledgment of what

is actually occurring when people do not take part in projects is essential. This is because ignoring or dismissing those who fail to take part serves both to silence and to render absent potentially significant elements of a project. (p. 258)

The study thus considers these forms of non-participation as an important observation that should be considered when studying the effectiveness of participatory film in rendering and publicizing views among drugs and substance users.

The third concern is that although participatory films made were individual stories told directly and personally, these stories were also constrained by other factors. Group formation, for instance, impacted on the length of stories narrated, the availability of imagery and the willingness of the storyteller to speak publicly. For instance, among the Hope Ambassador self-help group, the length of individual stories was quite long, telling in great details specific events in their lives. It is useful to note that this group was purely male dominated. However in a group such as Ndenderu reformers, that had a combination of male and female participants, there was discernible withholding of information, meaning the lengths of the stories told by individuals was quite short.

The fourth identifiable variable recorded by this study as potentially hampering the capacity of participants to render their views is time. For some participants, their stories couldn't be told within the limited minutes to shoot a particular participant and this led to the storyteller prioritizing some events over others. This was seen among middle-aged adults who had a lot to share and they found it hard to sieve through the details. The result was heavily truncated narrative with gaps and sometimes, noticeable incoherence.

The study attributes these problems to the gender differences in the group. In view of the above factors, the study recommends that participatory film intervention should be used among both age-specific and gender-specific groups where possible in order to address any age or gender-specific psychological, social or health problems. A gendered perspective on the rendering of view is given in the following section.

#### **4.5.5 Participatory Film and Rendering and Publicizing Views: a Gendered Perspective**

Gender is the social explanation of the biological sex (Holmes, 2007). It can be referred to as the socially determined ideas and practices of what is to be female or male. Although drug use is a common phenomenon between both men and women, studies have proven that there are gender differences that surround drugs and substance use such as addiction, recovery, and relapse (Annis et al (1998), Brady & Radall (1999), Fiorentine et al (1997), and Jarvis (1992). It is thus critical that, a gendered perspective should accompany all efforts that aim to prevent and respond to the issue of drugs and substance use. This subsection discusses the relationship between gender and the capacity of participatory films to render and publicize the views of the participants.

Participatory films projects initiated by this study gave both male and female participants an avenue to share and communicate their experiences, a decision driven by the conviction that social change requires the role of all members of the community. Noticeably, gender problems start with unequal representation even at the level of membership. As seen in *Table 4.1*, female participants accounted for only 7.5% of the participants compared to 92.5% male participants. Eight out of the fourteen groups sampled for this study were comprised only of males. This statistical variance thus

suggests that gender is not a trivial issue when it comes to mitigating drug and substance use, even when using approaches such as participatory film. To ensure balanced representation of the findings in respect to gender category, this subsection considers only six groups that had both male and female participants.

The first observation is that although participatory films were recorded by both male and female participants, the point of view of drugs and substance use between both genders varied. For instance, female narrators emphasized problems such as the children they left, or that were taken from them, or the children who were under their care but they neglected them. For the male narrators, their focus was on the many wives one had married and left because of their drinking problems, and the desire they would have to remarry and have stable homes. This indicates that drugs and substance use impact either gender differently in matters concerning family.

The second issue ensuing from unequal representation of gender, which could be attributed to unequal rate at which males and females seek help for drugs and substance use problem (Fiorentine et al (1997) and Bernandez (1980), is unequal social pressures. Majority of the female participants through their narratives pointed out that they fail to seek rehabilitation in self-help groups within the county for reasons such as children under their care and the fear of losing child custody. According to Mary, females seeking help in the various drug and substance use focused self-help groups, unlike their male counterparts, have dependent children. However, self-help groups do not cater for these children. Although society is rightly concerned about the welfare of children, there are no rehabilitation centers in Kiambu County which provide childcare for children whose parents are suffering from drug and substance use. To the contrary,

male participants indicated the main reason why they fail to seek help for substance use problems is to safeguard their ego. This illustrates that there are different circumstances for either gender, which influence their participation in rehabilitation processes such as anticipated through the participatory from project. The rendering of view of both male and female participants give a greater understanding on the gendered perspectives on issues surrounding drugs and substance use, thus providing an in-depth learning opportunity for a wide number of stake holders.

The third observation regarding gender-related participation issues in the participatory film project concerns the communal reality of gender inequalities. Whereas global conversation about equal representation of the views of women in various spaces has been ongoing since the 1975 adoption of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), female participants indicated that they have less influence in decision making in the institutions of recovery from drug use where they are subjected to patriarchal hegemony. Participatory film significantly altered this trend by providing a platform where females could publicize their views and ideas without the pressures and influence of a male-dominated system. This expanded agency of women dealing with drugs and substance use gives them the ability to make decisions and take advantage of opportunities that are key to improving their lives as well as the world they share.

#### **4.6 Participatory Film as Empowerment for Persons Struggling with Drugs and Substance Use in Kiambu County.**

That drug use overwhelms, through addiction, all those who become victims, is elaborately researched. That very few investigations have examined processes that can

promote empowerment among drugs and substance use victims however point towards a serious problem with how existing interventions address this crisis. As an effort geared towards mitigating this situation, this subsection responds to the third objective of the study: to critique ways in which participatory film may empower persons grappling with drugs and substance use in Kiambu County.

Taylor (2000) cautions that measuring someone else's empowerment can be potentially disempowering when the measurement of empowerment is allowed to become something that the more powerful do to the less powerful. It is this risk that this study sought to mitigate by recognizing that participants in this study as co-researchers, subjects, and not objects of study, thus empowering them to articulate who they wish to be, instead of who they imagine to be expected to be.

This research did not seek to measure degrees of change or empowerment. Rather, it described and critically examined the research participants' responses to the project as a form of self-appraisal, and discussed the ways in which they may or may not constitute empowerment for the participants of the participatory film project. Consequently, instead of designing what data to collect beforehand, the study used a retrospective analytical framework that came after the collection of data (Jupp & Ali (2010) and Adams (2008).

Empowerment, in the context of this study, comes first in the form of the participants overcoming their experiences and consciousness of devaluation and powerlessness in their personal, social, and community lives arising from drugs and substance use, and asserting themselves as valuable individuals whose issues need publicity and

recognition without bias. The second approach to the idea of empowerment is the post-production screening where participants and professionals engage in discussions, a moment when the drug users are freed from their sense of victimhood and become active contributors to their solutions. This is a remarkable transition from powerlessness to empowerment, which enrich the individual in various aspects including personal qualities, experiences, and other elements.

The idea of empowerment pursued above thus expresses a framework whereby participatory film project can be critiqued in relation to communal empowerment. This framework, in the specific case of drug and substance use group members who comprised the sample population for this study, can be succinctly discussed under various aspects involved in the process: powerlessness among drugs and substance users in Kiambu County, individual empowerment, group empowerment, empowerment without blame, participatory film and women empowerment, skill as empowerment, and representation and empowerment. A detailed discussion of these aspects is covered in the following subsections.

#### **4.6.1 Stigma and Powerlessness Among Drugs and Substance Use Victims**

Stigma as a mark of social disgrace carries a lot of societal disapproval and creates corresponding shame and isolation on the part of the participants. In the course of this study, the dimensions of oppression narrated as the causes for participants' feeling of powerless include social stigma through labelling, stereotyping, discrimination, and poverty. These result from build-up of factors and experiences that eventually developed into dis-empowering situations arising from their use and use of drugs. Within these identified areas of disempowerment, this study discusses the manner in

which participatory film enabled empowerment of the study participants.

#### **4.6.1.1 Social Stigma**

No physical or psychiatric condition is more associated with social disapproval and discrimination than drugs and substance use (Goffman, 1963). Cross-cultural studies suggest that social disapproval of addiction is greater than social disapproval of other highly stigmatized conditions such as leprosy, HIV positive status, and even homelessness (Room et al, 2001). Among persons struggling with drugs and substance use, social stigma carries condemnation by society and has concrete practical consequences.

Participants of this study cited stigma as most disempowering experience, hindering them from deciding the course of their lives. From the narratives, the participants cited being despised and hence feeling demotivated to improve their lives. This stigmatization was either enacted through social disenfranchisement, or biased perceptions of the victims of drug use, or even self-imposed when addicts dissociated themselves from their communities (Link et al, 1997). Stigma takes the form of labelling, stereotypes, discrimination, and poverty.

##### **4.6.1.1.1 Labeling**

Deviant behavior denotes that which a considerable number of people in the society regard as reprehensive and beyond the limits of tolerance (Mushanga (1976) and Becker (1963). In many cultures, drug and substance use is considered a form of deviant behavior or a manifestation of juvenile delinquency, and results in labeling as a form of social reaction towards deviant behaviour. Studies show that labeling is

associated with stigma and triggers powerful experiences of rejection that in turn erode confidence, disrupt social interaction, and impairs social and occupational functioning of persons (Link et al (1997) and Link & Phelan (2001)).

Mary, a female participant stated how her family nicknamed her "*Murockment*" to mean "always drunk". For Mary, it has been hard to shake off the label and has consequently eroded her confidence. Another participant, Diana adds that:

Our local language expresses people who use drugs using socially disapproving terms such as '*Kimuriu*' (drunkard) and '*Mundu tuhu*' (Junkies) and '*Maraya*' (prostitute). These names are very heartbreaking. I have been called a prostitute but I don't sleep around with men or engage in prostitution.

(Personal interview with Diana, 20 years old Single on 16/03/2017)

The society also labels drug users as "criminals" who pose a risk to society irrespective of whether they have a criminal record for their drug and substance use or for any other criminal activity.

(Group Discussion 27/05/2017)

Dennis explained that such sentiments of being labeled a drug user or a criminal sometimes force individuals to adopt the 'label' identities. He narrates:

When I was abusing drugs, I used to steal maize and beans from my mother's store. If I found my mother's bedroom open I would go and look around and take something; her shoes, a good sweater, which I would sell to maintain my addiction. When she discovered that I was the one stealing, she started locking her bedroom hanging her keys on her neck like a necklace. She made sure any time I am around; her bedroom was under lock and key. I stopped taking alcohol but even now six months down the line my mother still thinks I will steal from her.

She might not call me '*Muici*' (Kikuyu for '*thief*') but by the way she holds on to her keys I know she considers me a thief. I can't talk about it because I am afraid she will say something that will make me feel even worse about it. It hurts but I have learned to live with it

(Group discussion 28/01/2017)

Dennis' statement is supported by Becker (1963) when he explains that in many respects, label such as "drug user" and other labels imposed on such persons are irreversible and many times permanently marks one's record and exacts several social consequences which force victims to endure both emotional and psychological problems. The stigma attached to labeling promotes widespread distrust and distain for people with a drug user label.

Labeling is also said to also promote secondary deviance. According to Siemaszko (1993), negative reaction (towards an individual's primary deviance, in this case, drug use) is a good ground for the development of secondary deviance as well as self-stigma. For instance, Patrick narrates:

I used to take alcohol because I used to enjoy taking it. I really did not think I had a problem with alcohol because it never stopped me from doing my work. However, I soon noticed that my friends and family were seeing me as a "drunkard" and always complaining that I was drinking too much. I think I also started seeing myself as a 'drunkard' and continued to get drunk even more because I believed that is what I had become.

(Individual interview with Patrick, a male participant, 28 years old and single on 23/02/2017)

This individual confession by Patrick corresponds with Downes and Rock (2007)

notions which emphasize that though public labeling may discourage future deviance (drug use), rule breakers (drug users) feel shame and fear and may also highlight the risk of amplification of the behaviour. In this case, it is not the drug that makes the person an addict, rather addiction is a social definition which labels one as an addict, and the person comes to define him/herself as an addict. This can make an individual powerless, amplifying the behavior of drug use.

#### **4.6.1.1.2 Stereotypes**

In many societies, including Kiambu County, problems of drug and substance use are heavily stereotyped. For instance, according to Jane, a female participant in the study, a stereotype exists that drug use in women results to prostitution. In this case, women drug users are mostly stereotyped as being sexually indiscriminate. Although stigma is associated with both male and female drug users, participants pointed out that women experience greater shame and guilt about their drug and substance use than men. Furthermore, there is no such stereotypical pairing of drug use with sexual promiscuity in men who drink excessively, hence, a “double standard” which increases stigmatization for women drug users (Ridlon, 1988). Mary, another female participant adds that drug and substance users are often branded as “failures”. This makes it difficult especially for women to acknowledge their substance use and seek help in order to live up to the society’s roles and expectations. These feelings of shame and guilt are even greater for women who have undergone sexual assault or are unable to take good care for their children. This stereotyping makes it difficult for women struggling with drugs and substance use to seek treatment and rehabilitation.

#### **4.6.1.1.3 Discrimination**

Majority of the participants cited enduring discrimination, even without manifesting any negative consequences associated with their drug use. This manifests in a variety of ways, including denial of employment or being less likely to be offered help in varying situations:

It is okay that the government and the county government of Kiambu has waged war on the second-generation alcohol. But this exercise has led to a lot of discrimination. When you stop abusing any kind of drug, one goes through a lot of withdrawal symptoms like shivering, scratching and others. I remember when I was going through this symptom no one would offer me a job asking me to go and sober up. At this point, I would have gone back to taking alcohol.

(Focus Group Discussion on 15/04/2017)

The consequence of discrimination is social alienation and further stigmatization of those struggling with drug and substance use. Patrick, for instance, reported he copes with discrimination by withdrawing from the society and isolating himself. Other participants expressed feeling ashamed, embarrassed and misunderstood. Sometimes this makes them indulge more in drug use. They are also unable, or unwilling, to engage with friends and family members and as a result, they withdraw and sometimes use drugs in isolation.

#### **4.6.1.1.4 Poverty**

From the demographic information of the participants, 41% of the participants were unemployed, 21% were self-employed and 38% doing casual jobs as water sellers, garbage collectors, farm workers, construction workers among other menial jobs. Participants cited lack of jobs, loss of jobs, failed business initiatives, loss of personal

properties as a consequence of their drug undertaking. A lot of discourse surrounding drugs and substance users focus on what they can do or can't do, what they don't have or can't learn. This also limits victims from finding any form of meaningful employment. Poverty, according to Derrick, stigmatizes the drug users in the community and family:

My family still has that mentality that I am good at nothing. Let alone my family even the community. Finding “Kibarua” (Kiswahili for employment) is hard. They think I will not do it well or think that once I get the money I will just go back to alcohol. As we speak now I have nothing to my name.

(Focus group discussion 18/ 03/2017)

Triza, another participant, narrates about the consequences of poverty in her daily lives:

I live in a single room house made of iron sheets where I pay 500 shillings. But before I started this reform process that small amount 500 I could not get because every coin I get I would take it to the bar. I would feel so ashamed sleeping in the streets like a chokora ‘street child’ even my family could not help me. I must say poverty has carried me like a bus.

(Individual interview with Triza, 35 years single mother on 22/02/2017)

Derrick and Triza are microcosms of the way poverty attracts mockery from the society which makes drug users feel insignificant and worthless, and in return resort to alienation and indifference.

From the reportages above, the study argues that social stigma impacted on the self-

identity and self-esteem of the participants, resulting in “spoiled identity (Goffman, 1963).” As a result, stories narrated conveyed a lot of emotions including despair, regret, grief, hope, confusion, among other emotions. This is exacerbated by perception of drug users as bad characters, antisocial, criminals, selfish, lazy, pleasure addicts, and idle among others. These perceptions constitute disempowerment and negatively impact on their wellbeing of these struggling with drug and substance use.

#### **4.6.2 Participatory Film and Individual Empowerment**

Empowerment, suggests Moscovitch & Drover (1981), can begin to be understood through the concepts of power and powerlessness. There are many sources of power, the reason why its definition remains a strongly contested concept (Lukes, 2005). This lack of clarity enables differing usage of the term ‘empowerment.’ Similarly, these differing understandings and concepts of power also results in diverse complexities of powerlessness and empowerment as they are experienced by persons struggling with drugs and substance use in their everyday interactions.

This study adopts a clear position; that persons struggling with drug and substance use are not necessarily powerless and unable in any way to shape the outcome of their addiction. However, the study sees powerlessness as a status that arises out of situations and circumstances that present themselves as a consequence of drug use, and are related to individual in the context of community rather than an individual as a victim of addiction. The juxtaposition of the individual with their community render the experiences of those struggling with drugs and substance use as instantiations of powerlessness. This study thus sees powerlessness as the inability of a person using drugs to rise out of positions of feeling helplessness and to regain control over their

lives and discover their own inner strengths in order to improve the quality of their lives, more so by conforming, once again, to the norms of their communities.

Empowerment, therefore, has been used in this study to denote the ability of drugs and substance use victims to regain control over their lives by articulating their own ‘inner strengths, a position consistent with Julian Rappaport’s (1981) concept of empowerment as an approach to the solution of social problems stemming from powerlessness. The oppressed must experience themselves as oppressed in order to change their situation (Freire, 1970).

From the preceding discussions, one realizes the negative impact of stigma in any of its various forms. This subsection proceeds from this situation of disempowerment, and shows how participatory film project may create empowerment, that is, enabling drug users feel that they can influence and add value to their lives. A fundamental aspect of recovery and empowerment is encouraging the drug user to turn their focus and energy back to the tasks of life. This section presents the ways in which participatory film potentially empowered individual participants, including critical consciousness, termination of labels, counter-stereotypes, and building confidence.

#### **4.6.2.1 Critical Consciousness**

Critical consciousness was originally conceptualized by Paulo Freire (1970) as part of a pedagogical method used to increase literacy among Brazilian peasants by enabling the oppressed group to both critically analyze their social conditions and to make efforts to change them. Critical consciousness empowers people to better understand their powerlessness and of the systematic forces that oppress them (Freire, 1970).

Freire further argues that critical consciousness is the most significant personal experience in the individual empowerment process. Adopting these ideas of critical consciousness, this study argues that the participant's ability to narrate their powerlessness amounted to critical self-reflection that leads to critical consciousness of the self, others, and forces that oppress them. By availing the opportunity for such narration, the participatory film projects thus helped persons struggling with drugs and substance use identify the most common exposures that threaten their lives and organize themselves to act, becoming more aware of social and economic inequities and their causes. The result is heightened consciousness of how to effectively resist drugs and substance use and begin personal journey of transformation.

#### **4.6.2.2 Termination of Labels**

Labeling influences one's self-concept through the concept of symbolic interactionism (Lemert (1967), Scheff (1966), and Schur (1971)). These scholars emphasize the role of individuals' concept of self, shaped by their experience of past and present interactions with others, in motivating and controlling behavior. It is thus arguable that termination of labels and identities that are disempowering requires a redefinition of the self and adoption of different roles that make someone feel worthwhile. A video camera in the hands of persons struggling with drugs and substance use acts as a catalyst and a mirror, initiating a process of self-reflection that gave participants an opportunity to rethink and redefine themselves, and hence overcome negative disempowering labels and identities.

Mary a female participant affirms:

Honestly, Susan, I can't believe that you allowed us to hold your equipment without any restrictions. At first, I thought you will not let

us touch the cameras. I know cameras especially such big ones are expensive. You did not even come with the police to protect this equipment. This has proven to me that I am a trustworthy person I don't have to worry anymore about people who hide their phones in my presence thinking I will steal from them and sell. I am in the process of reformation and this has given me even more desire to continue with this reform. I know one day I will be a respectable woman in the society.

(Group discussion on 18/3/2017)

Such sentiments of feeling worthy were cited by other participants in various groups, whose earlier feelings of worthlessness changes into an acceptance of the self, an assertive citizen with proactive attitudes and concrete capabilities. This suggests that participatory film process is transformative in that it functions as an enabler and a form of empowerment for drug users to challenge and get rid of oppressive beliefs and labels.

#### **4.6.2.3 Counter Stereotypes**

Drugs and substance users suffer from negative portrayal in the society and in the media. These stereotypes negatively affect the drugs and substance users. The study observed that participatory film can counter the prevailing stereotypes as drugs and substance users learn to represent themselves in ways that counteract such portrayals. Participants perceived that their roles in the project enhanced their status in the community since they were seen in the neighborhood shooting their films and carrying film equipment and received positive attention from the community. This participation thus disapproved stereotypes suggesting their incapacities or inability to do any productive work such as film production. In this way, participatory film freed substance users from negative stereotypes, thus empowering them.

#### **4.6.2.4 Building Confidence**

Being seen as not trustworthy, being blamed for their own misfortune, and feeling oppressed reduces the confidence of drug and substance users. However, participatory film restored the dignity of the participants by enabling them to develop a sense of self-worth. This can be seen starting with the initial stages of the project when individuals mastered both technical and interpersonal skills of operating the film equipment, leading to increased self-confidence as described by the following participants:

I loved the whole experience of making the film. I thought to make a film one has to go to college but now I see that even me I can do it and can make it even better than they can.

(Focus group discussion 10/12/16)

It feels good to see myself on the television. I never thought I can fit in that small screen since I did not believe in myself. Now that I have seen myself speaking fluently and not afraid of the camera I believe I can do much more with myself.

(Focus group discussion on 15/4/17)

The study established that participating in the participatory films encouraged self-reflection in a supportive environment thus the participants' confidence grew. A case in point Dan who, at the beginning of the study was reserved, with limited interaction and concentration. Yet, on the second day, he was the first to arrive at the location, took time to study the filmmaking equipment, and was keen to show his friends what to do in case they got stuck in a process. By integrating self-acceptance and self-confidence in the participatory film process, participants such as Dan transformed from complacency to being active. This was evident by his joy when he saw himself

on television during the screenings, a fact he admits in subsequent focus group discussions when he says:

“If I can shoot a video and see myself on television then I believe I can do anything that I set out to do.”

Evidently, the process of participatory film production made Dan more open, improved his self-confidence and a sense of self-worth. Taking Dan’s case as a microcosm of the entire participatory film project, this study concludes that participatory films can build confidence among drugs and substance use victims by making them aware that their efforts were important and valuable. Participatory film can foster what VeneKlasen and Miller (2007) define as the power within that builds a person’s sense of self-worth and self-knowledge.

#### **4.6.3 Participatory Film and Group Empowerment**

Group activity during the making of participatory films yielded empowerment as participants negotiated their way through the films’ production, opening up room for communication among the members to deliberate what they can do best to make their productions better. As a result, planning, reliability, punctuality, and organization that were crucial to the success of each production became aspects of empowerment for the entire group. The Ndenderu Reformers had a peculiar example. When the boom microphone did not work, members, through a consensus diagnostic of technical fault, took it to a technician at Ndenderu town for repair and then used it to continue with the shooting. Comparable collaborative problem-solving skills were seen among other groups as they worked to ensure the success of the production process, thus empowering the group and strengthening their sense of worth.

Participatory film and empowerment within the group setting also involved building trust, cooperation, and communication between members. This was made possible because participatory filmmaking involved storytelling that helped participants enhance camaraderie through sharing narratives and empathy. Communicating using local language also created a sense of equality among the members, so that irrespective of their education level, they felt included. Because participatory film is both an oral and visual medium, it also empowered the participants regardless of their literacy levels, giving them room to raise their issues in their own view and also made the issues easier to discuss leading to a dialogical process where each and every participant could share their views, experiences, and opinions.

Knowledge as empowerment determines definitions of what is conceived as important, as possible, for whom and by whom (Gaventa & Cornwall, 2006). According to Gaventa & Cornwall (2008), participatory interventions work to enable people to empower themselves through the construction of their own knowledge, in a process of action and reflection. For instance, after going through the making of their participatory drama-film, participants from Hope Ambassadors discussed their experiences while dramatizing those scenarios and affirmed that they had good talent among themselves that they can use to better their lives.

They also hinted that since idleness and poverty was the major problem affecting them, they could come up with income generating activities that would help better their lives. As a group, they had been contributing fifty shillings per person every week but this money had not been invested in any income generating activity. After group deliberations, members of this self-help group decided they will use the accumulated

capital to start a pig business that would generate income.

From the above, it appears plausible to attribute the members' heightened awareness that they could do better in life to their participation in the film project. This indicates that by affording the participants a chance to record and reflect on their individual and collective strengths and concerns, participatory film can generate local knowledge among persons struggling with drugs and substance use and raise the consciousness of those involved. This indicates that participatory film can be used as a medium to produce locally internalized and contextualized representations of abstract problems, thus mitigating local and abstract experiences.

Consequently, this nurtures communication in groups where members share knowledge with one another and use this knowledge for their own development as they talk about their problems and seek solutions collectively, a possibility consistent with Melkote (2009) who argues that self-reliance is important. When the subjects determine their own needs and how to satisfy them, the subjects ideally exercise power.

#### **4.6.4 Empowerment Without Blame**

The place of personal responsibility in drugs and substance use is highly contested. Holding individuals personally responsible has often been perceived as a way of blaming drugs and substance users (Buyx, 2008). Yet, not one victim of drug and substance use deliberately seeks addiction. 33 years old Cate, for instance, started drug use after the death of her child:

I never thought I would get addicted since I was taking alcohol in small amounts. All I wanted was to keep down the pain and at least sleep at

night. I did not realize that as time went by I went on increasing the quantity of alcohol

(Individual interview with Cate on 20/12/2016)

Though she does not perceive herself as a criminal, there were instances when she was arrested for being drunk on the streets of Kiambu. Such arbitrary punishment was raised in the course of group discussions where members confirmed that:

The law punishes a drug user for being drunk even if no crime has been committed.

(Group discussion 23/12/2016)

Such instances, the group members confessed, were both punitive and disempowering. Empowerment in such a dialogic scenario did not come from confession, but by mutually supporting each other, being understanding of the situations in which members found themselves, and reciprocal aiding of others which has been shown to be transformative (Parsons, 1991). Furthermore, dramatizing scenarios related to drug and substance use allows the participants the opportunity not to bear the public responsibility for some of the difficult choices they have made in life making their lives as ‘drug users’ conspicuously invisible (Harman, 2016).

#### **4.6.5 Participatory film and Women empowerment**

The Kiambu community, like other communities in Kenya, is patriarchal (Musalia, 2010; Wamue & Njoroge, 2011), where men hold power over women. Women participants cited that most of the self-help groups in Kiambu County suffer patriarchal hegemonic problems, with little consideration for the needs of female group members. According to Judy, a female participant, this discourages many women from joining

drug use focused self-help groups:

Just because we are two women in this group does not mean that there are few women drug users in this area. But there are many more women drug users in this region. But many of them shy away from seeking help because they fear that their problems will be ignored since many groups are formed by men and its men who make decisions. Even in this group I can say it favors men most of the time. For instance when they say we meet in the evening at 4:00 Pm for a particular activity sometimes I find it hard because that is the time my children are coming home from school, I have to cook and other evening chores. I miss a lot of meetings and sometimes I feel that my needs are not addressed.

(Focus group discussion 24/2/2017)

Sometimes I feel misunderstood while in this group. When the group decided to contribute 200 shillings every week I had no say in it because I was all alone against it. For me saving that 200 every week is hard. I am a single mother with children to feed I have to worry about my children first.

(Focus group discussion 11/2/2017)

Participatory film project aimed to mitigate such gender inequalities by bridging the gap between male and female participants thus affording them equal opportunity to learn and use video equipment as well as share their stories through film. Though inequality cannot be merely solved by technology (Miller et al, 2006). Without addressing the complex realities of interaction within the group, equating both female and male participants in the group broke barriers associated with male dominance. Furthermore, the study established that the process of participatory film could strengthen gender relation in a group by harnessing the views of both men and women as equal partners in the process of participatory filmmaking. This has remarkable

benefits to especially the female participants.

The filmmaking workshops allowed the participants to work as partners and hence diffused hierarchical relationships within the groups. This improved participation and interaction between male and female participants, creating a shared sense of purpose. Consequently, this allowed women participants to challenge their exclusion from decision-making due to their social status as women, literacy levels, cultural traditions, or age. The outcome was empowerment of the female participants since such inclusivity countered the dominant male view that normally dominated such groups.

I have seen some of my suggestions useful. Am glad my male colleagues did not ask me to make them lunch as they were shooting. They are actually the ones who have prepared lunch for us throughout this project. I was happy when I demonstrated to Steve how to add light to the video because it was a bit dark. He listened to me and as I was watching it on television it looks good.

(Focus Group Discussion on 27/5/2017)

#### **4.6.6 Skill as Empowerment**

According to Sarvaes (1999), empowerment entails the capacity of people to help themselves. This approach to empowerment is key to the way this participatory film project evaluated whether the skills learned by the participants from the time of the workshops where they were trained in basic filmmaking skills and operating the film equipment, and throughout the filming stage. When asked if they think learning filmmaking skills can help them generate income for themselves and the group, the response affirmative, citing possible commercial opportunities including wedding videos, funerals and birthdays as well as production of dramas on drug use for local

television stations as well as screen films to the local community. The Better Tomorrow self-help group decided to use filmmaking as a way of income generating, and indeed created a short film titled *Papa Wello* narrating how drugs encourage criminals to do their dirty jobs. This instantiates a specific scenario where the acquired skill became a source of empowerment for the individual participants and their groups.

#### **4.6.7 Representation and Empowerment**

The language of film uses images singly or in a sequence, (this including aspects that make up an image; setting, props, characters, and costumes) to communicate to audiences. Hence, the images on the screen can influence the viewer's concept of reality. Encoding messages on drug and substance use within film, no matter how subtle, could be very influential as verisimilitude easily morphs into quasi-documentary verity. This can be an ethical challenge for participatory film on drugs and substance use where the subject in the film is the filmmaker, the subject is also the target audience, the social stigma surrounding drugs and substance use is the main narrative, and film publicizes the lives of the users visible. Yet, these situations, despite seeming to empower the drug use victims, may counteract participatory programs which are geared towards preserving the dignity of the participants. To guard against this potential perpetuation of marginalization and indignity through visual representations, one must pay attention to these factors, to ensure that participatory film project among drugs and substance users works towards positive affect and avoid sentimental critique of the victims, their addictions, or the consequences of their behavior. This scenario can be illustrated by *Figure 4.1* which shows a photographic image of a participant's mode of dressing. This image can influence a viewer's imagination of the poverty that affects drugs and substance users and contribute to how

we see drugs and substance use. For the subject in this image on the other hand, the image can lead to marginalizing interpretations, which may occasion powerlessness of the subject. Accordingly, this image may generate particular meanings that sustain asymmetrical power relations (Thompson, 1990) between the community and the addicts.



*Figure 4.1: Photographic display of a participant's mode of dressing.*

Drugs and substance users as a marginalized group in the society require positive portrayal. Researchers need to consider “respectful (re)presentation” of the communities they work with (Louis, 2007). For this reason, participatory film content focusing on drugs and substance users should be used in different ways for different audiences in order to preserve the dignity of the subjects. The proposition for this study is that since participatory film project is meant to foster social justice, it could be dishonorable to ask the participants to read the textuality of the images of themselves within the films. These may demean them as when, for instance, they are tasked to interpret their costumes or mode of dressing such as depicted in *Figure 4.1*, which may invoke feelings of marginalization through negative portrayal.

Further, to reduce the risk of accentuating negativities in the process of filming, the study suggests that participatory film with persons struggling with drugs and substance use should be filmed from the perspectives of the participants and allow them to choose the best way to represent themselves. For instance, a majority of participants of this study were not comfortable recording films in their homes. This was presented when different groups were deciding and choosing locations for shooting. This was a major factor in avoiding any stigmatizing scenario.

The setting or location of a film provides a backdrop for the events of a story to unfold (Gitimu, 2014). However, setting as a visual space is more than just a backdrop for the events of a film as the physical details of the set also become part of the visual grammar communicating particular messages to the viewers (Gitimu, 2014). Unlike fiction films where sets are constructed to suit the requirements of the story, documentary films use the actual location. This has greater coercive potential as the images are seen as realities of the participants, hence divulges the lived, private situations of the participants. That different individuals cited concerns filming participatory films from their homes and having their private lives exposed is explained by Pink (2004) who considers ethnography in the home intrusive. To overcome such ethical challenges that present themselves in participatory film, the participatory film projects should cede full control of the production process to the participants and allow them to freely decide the best way to represent themselves and their everyday lives.

Nevertheless, the study concludes that participatory film can still promise authentic representation of persons struggling with drugs and substance use. Signifiers mean different things to different people in different contexts. And lessons learned depends

on how we read and interpret an image. Stories the participants created about themselves were problem stories dominated by themes of obstacles and limitations. However, after the film screenings, participants were asked what they felt about the images recorded and how the images represented drugs and substance users. Majority of the participants indicated the images portrayed drug users positively as valuable people in the society.

This indicates that beneath their outward appearance and the obstacles and limitations they had gone through, participants felt that they represented themselves with dignity. The study observes that participants don't want to be perceived as drug users or poor but want to be perceived as valuable to the society with potential to be better despite the challenges they face. What is important is the participant's views and meanings attached to their images and the perceptions enabled by rendering and publicizing their views; the narrative truth (Bruner, 1991). This approach to positive self-representation counters the mainstream negative representation of drugs and substance users as junkies, criminals, and unproductive. Tomaselli's (1996, p. 37) view that "identity in the face of the other creates a representational problem" aptly resonates with the experiences of participatory film. One participant, Steve, notes:

I hate the way drugs and substance users are portrayed on television and Film. It makes me feel so bad because I believe I am nothing like that.

(Focus group discussion, 11/2/ 2017)

Participatory film empowers drugs and substance users through this self-generated representation, and the opportunity to publicize this version of themselves through screenings, where they are potentially empowered as their visual texts interact with the

audiences (Buckingham, 1993). The study observed that there was an empowering effect of participants seeing themselves on the screen. When asked if he likes how he sees himself on the participatory film, Steve responds that:

Yes. I like the way I see myself in this film. I may not be wearing expensive clothes like the people I see on other films, but who I see now is who I am and I am proud of myself for being part of this project.

(Focus group discussion, 11/2 2017)

The study establishes that there is a positive association attached by the audience to their representations which could enable participants' empowerment since participants perceive the representations as more truthful, thus replacing negative stereotypes used by the larger community to refer to them. The self-representation elicits positive feelings and allows participants to make sense of their worlds and change their mindsets. Instead of seeing themselves as powerless, they see themselves as more whole subjects.

#### **4.7 Chapter Summary**

This chapter has presented data analysis on how participatory film can be used productively in the fight against drugs and substances use in Kiambu County. The chapter has demonstrated that participatory film substantially achieves the objectives set out for this study. This chapter thus asserts that participatory film can be a valuable tool that can complement broader efforts already working within drug and substance focused self-help groups to assist drugs and substance users to reinforce their abstinence from drugs and substance use. The next chapter focuses on the summary of the findings of this study, conclusions, and recommendations for further research.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This study sought to examine the valence of participatory film project among persons struggling with drugs and substances use in Kiambu County. Throughout the thesis, an argument has been made that participatory film could be a suitable pedagogical tool for social change, can be deployed productively to render and publicize views of individuals and groups, and may empower persons grappling with drugs and substance use in Kiambu County. This chapter summarizes the study and consequently demonstrate the extent to which the research objectives were fulfilled. Suggestions for future research to be undertaken in the area of participatory film and drugs and substances use in Kenya follow.

#### **5.1 Summary of the Key Findings**

The key findings of this study are briefly summarized as follows. In regard to the first objective, examining the ways in which participatory film could be a suitable tool for social change among persons struggling with drugs and substance use in Kiambu County, the study avers that participatory film has pedagogic value as it confers to the participants significant emotional, social, and intellectual resources to make a valid contribution towards resolving their own problems. The process of participatory film, with its intricacies and knowledge transfer, is also an educative one whereby the participants acquire and generate new knowledge, improve their social image, improve self-awareness, and also publicize their own lives without the risks associated with intrusive and one-way approaches such as rehabilitation services.

The idea of participation has currently become an important approach to social change. Through participation, people are allowed to be determinants of their own change. The study argued that participatory film not only entertains but also motivates people be agents of the change processes. The main advantage of using participatory filmmaking among persons struggling with drugs and substance use is that it breaks the illiteracy barrier and adapts to the familiar levels of the participants. Unlike the conventional filmmaking process, participatory filmmaking is not limited by the use of local languages but is rather enhanced by maximizing the groups' sharing and learning thus allowing the participants to confidently bring in expertise of ideas and other resources, which accelerate the impact of the films on social change. Here both old and young, educated and illiterate tell their stories and express their own views. This suggests that participatory film can be incorporated into already existing drug and substance use programs whereby it allows participants to reclaim their own sense of importance, opening up spaces for learning and communication and enabling positive change and transformation.

For the second objective, investigating how participatory film can be deployed productively to render and publicize views of persons struggling with drugs and substance use in Kiambu County, the study has demonstrated that participatory film project enables the articulation and publicization of the individual and collective views, a possibility hitherto unavailable through conventional interventions. Furthermore, gender-based marginalization could also be overcome through equality-enhancing group work approaches whereby the participants suffer no hegemonic hierarchies. Such a camaraderie, the study avers, suitably influences social change by way of improving the perception of females by male group members, and the

perception of drug and substance users by the larger community as well. At the individual level, victims feel free to share their stories, develop a sense of self-confidence and self-worth. At the collective level, victims develop a sense of belonging, teamwork, and co-operation. In terms of empowerment, this chapter has shown that participatory film empowers individuals and groups in a number of ways which includes planning, collaboration, and skills development, hence becoming agents of change in society. Social change, however, must be part of a long-term process.

From the high volume of narratives of addiction and recovery told by individual participants, the study concludes that participatory film allowed participants to open up and explore the internal narratives of their lives and their intersection with their external world. The process of participatory film improved their interaction, fostered collaboration among participants, gave them the ability to talk and open up about their drugs, and created a shared sense of purpose. Screening and discussions that followed encouraged dialogue among participants thus providing participatory space where taboo issues could be publicized (Lunch and Lunch, 2006). Viewing the recorded footage is an important aspect of participatory film process whereby participants review their films and give feedback, thus creating space for reflection.

In respect to the third objective, critique of the ways in which participatory film may empower persons grappling with drugs and substance use in Kiambu County, the study suggests that participatory film projects may enable empowerment of the individuals and the groups in a number of ways. These include mitigating social stigma whereby by equipping individuals with film production skills, and making them the main

partakers of the whole production process enables them to terminate negative labels, counter stereotypes, build confidence, and also acquire enhanced critical consciousness about themselves and the problem of drug and substance use.

It has always been held that individuals involved in drugs and substances use have little to offer themselves and their communities. This stigma was significantly alleviated through participatory filmmaking as the victims openly showed their capacities to be creative, to collaborate, to create, and to work as a team and make substantial contribution to important social debates about their lives. The recording of individual stories enabled self-definition and individual empowerment by improving self-confidence. For the participants, participatory filmmaking gave them an opportunity to rethink their identities leading to a process of self-definition and overcoming negative or disempowering identities appropriated to them by their communities. Furthermore, being a non-judgmental forum, the participatory film process provided a suitable environment for raising consciousness, mutual help, developing social skills, exercising problem-solving, and enhancing inter-personal wellness within the groups, thus empowering members by building trust, cooperation, and communication between them. Another crucial outcome related to this objective is that participatory filmmaking did not reproduce unequal gender relations. Instead, male and female participants had an equal opportunity to learn using video equipment and sharing their stories. This usurped masculine hegemony among the participants, an outcome that was empowering to the female participants.

## **5.2 Conclusion**

This study concludes that the process of participatory filmmaking provides opportunities to drugs and substances use victims to develop skills and become problem solvers and decision makers. It empowers the youth to develop skills to exert control and improve competence, as well as develop critical awareness to effectively collaborate for the betterment of themselves and the communities. Participatory film renders and publicizes both individual and collective views as the drugs and substances use victims share their experiences with drugs and their recovery journey. In this way, the individuals discard their drugs use burden, developing self-confidence and self-worth. Collectively victims develop a sense of belonging, teamwork, and co-operation. Participatory film teaches the individuals the need for planning, collaboration, role-taking, and teamwork. Therefore, this study concludes that participatory film effectively.

## **5.3 Recommendation**

This study was limited to the use of participatory film in drugs and substances use among drug and substance users in Kiambu County. The study recommends the following.

First, that participants are well equipped to participate in the process, a series of filmmaking workshops should be conducted with the participants. The workshops should allow participants to get technical, creative, artistic and other skills necessary for the success of the project as well as practice their new-found skills. Whether participatory projects take up a drama or documentary modes, they should work against the dominant market imperatives by diffusing single authorship and allow for

collaborative activities allowing participants to bring in their expertise in different stages of production, including content development, shooting, and dissemination of the final films.

Second, to ensure optimal benefits with the use of participatory film among drug and substance users the intervention should be used among both age-specific groups and gender-specific groups where possible in order to address any age or gender-specific psychological, social or health problems.

Third, the study also established that representations in participatory films can produce marginalizing representations. Researchers thus need to consider ‘respectful (re)presentation’ of the drugs and substance users. In this case, different participatory film content may be used in different ways for different audiences.

Fourth, any group planning to use participatory film as an empowerment tool among drugs and substance users must think of the long-term benefits. The study established that one of the limitations of participatory film is access to film equipment. Even if the group will be able to go through the processes of empowerment and have gained skills and the self-confidence and assertiveness to change their lives, in the absence of the tools that can allow them to explore the benefits of participatory filmmaking could adversely impact the process.

Other recommended nodes to participatory filmmaking include: study on the use of participatory film on drugs and substances use among drugs and substance users in other counties in Kenya; comparative study on participatory film and other strategies

used in the fight against drugs and substances use in the country; further research into the use of participatory film in influencing policy on drug and substance use; further studies to be conducted on drugs and substance use using age and gender specific groups; and studies on the use of participatory film on other groups of social misfits in society such as street children and sex workers.

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## APPENDICES

### APPENDIX A: DEMOGRAPHIC DETAILS OF THE PARTICIPANTS

Please tick where appropriate.

**NOTE.** Information recorded shall be kept confidential by the researcher.

#### PERSONAL BACKGROUND INFORMATION

.....

**1. Age**

18-20 [ ]

21-25 [ ]

26-30 [ ]

30-35 [ ]

35 and above [ ]

**2. Gender**

Male [ ]

Female [ ]

**3. Education Level**

Primary level [ ]

Secondary level [ ]

College/university [ ]

**4. Marital status**

Single [ ]

Married [ ]

Divorced [ ]

**5. Occupation**

Un-employed [ ]

Employed [ ]

Self-employed [ ]

Casual [ ]

If employed or self-employed please state your form of employment (Optional)

.....

## APPENDIX B: FOCUS GROUP DISCUSSION/ INTERVIEW GUIDE

These are the semi structured questions to guide the focus group discussions.

1. How do you feel when you spend the day making films?
2. How do you feel when see yourself in the film?
3. How do you feel when you tell your story through participatory film?
4. How do you feel when your ideas are included in the film?
5. How do you feel when watching others in the film tell their stories?
6. What do you think of the way *the film* showed your community in regards to drugs and substance use? Why?
7. What do you think *the film* tells the world about drug use and drug users?
8. How different can the story you have watched be told?
9. What have you learnt from participatory film sessions?
10. Does being together with others in the participatory filmmaking process help in the reformation process?
11. Think back over the days you have participated and tell us your most enjoyable part.
12. Do you think watching participatory film from drug users and other reformers can help in the reformation process?
13. Suppose you were in charge of the program what change would you make to make the process better?
14. Would you recommend participatory filmmaking process to your peers?  
YES or NO. (If Yes Why? If No Why?)
15. Will you share what we have learnt, with other people you meet in future?  
YES or NO (If Yes, What will you share with others? .if NO why?)

### **APPENDIX C: INTERVIEW GUIDE-PROFESSIONALS**

1. Do you think it is important for reformers to tell their stories for others to watch?
2. Do you think participatory film is an appropriate tool for empowering drugs and substance users?
3. From your personal observations, in what way did participatory film impact on the participants?

## APPENDIX D: OBSERVATION GUIDE

Category	Include
Dressing	Clothing, age, gender, physical appearance
Verbal and non-verbal communication	Who speaks to whom and for how long; who initiates interaction; languages or dialects spoken; tone of voice, who is keen on using the camera, who is afraid of using the camera. How easy is it or hard to speak in front of the camera, is the participant maintaining eye contact while narrating his/her story, is it hard to narrate his/her story,
Physical behavior and gestures	Behavior interaction What people do, who does what, who interacts with Whom during the participatory film process, who is not interacting,
Personal space	How do people relate in the group, and how they stand close to each other, who does not want to work with others,
People who stand out	People who stand out and reasons why they do

## APPENDIX E: KIAMBU COUNTY MAP



## **APPENDIX F: CONSENT TO PARTICIPATE**

### **Consent to Participate in a Research Study**

#### **Kenyatta University PHD**

**Title of Study: Participatory Film as a tool for social change among drugs and substance users in Kiambu County**

**Investigator Name: Susan Nyawira Gitimu**

Kenyatta University, Department of Communication, Media, Film and Theatre Studies.

#### **Introduction**

- i) You are being asked to be in a research study about **Participatory Film as A Tool for Social Change Among Drugs And Substance Users In Kiambu County, Kenya.**
- ii) You were selected as a possible participant because you voluntarily accepted to be part of the study
- iii) We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

#### **Purpose of Study**

The purpose of the study is to examine the potency of fiction film as a participatory medium for social change.

## **Description of the Study Procedures**

If you agree to be in this study, you will be asked to do the following things:

- i) Attend filmmaking workshops
- ii) Take part in the production of films
- iii) Be part of the evaluation team

## **Benefits of Being in the Study**

This study will help you get some filmmaking skills. I also hope that the information gathered will help to improve the counselling and therapy services.

## **Confidentiality**

This study is anonymous. We will not be collecting or retaining any information about your identity.

## **Payments**

You will receive no payments regarding this research. You are also not be compelled to pay me for the sessions. I (the researcher), will cater for all the costs, props and equipment needed in the course of the study.

## **Right to Refuse or Withdraw**

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study. Your decision will not result in any loss or benefits to which you are otherwise entitled to in the group. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process;

additionally, you have the right to request that the interviewer not use any of your interview material.

### **Sharing of the results.**

A copy of the data collected will be given to the Kenyatta University for examination purposes. The results will be shared with the community as well. Ultimately, this research may be published as part of a book or presented as a paper, etc. If you would like to receive a copy of the report, I can be informed and I will make this possible.

### **Right to Ask Questions and Report Concerns**

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact any of the following persons:

1. Prof. Wangari Mwai, United States International University, Africa
2. Prof. John Mugubi, Department of Communication, Media, Film and Theatre Studies, Kenyatta University, P. O. Box 43844 Nairobi, Email: [mugubi.john@ku.ac.ke](mailto:mugubi.john@ku.ac.ke)
3. Susan N. Gitimu, P.O.Box 14569-00400 Nairobi, Email, [suegtm@yahoo.com](mailto:suegtm@yahoo.com).

### **Consent**

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

**I have read the information, or it has been read to me. Any questions I had about the study I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study**

Name of participant \_\_\_\_\_ Date.....

Signature of participant \_\_\_\_\_

Signature of Researcher .....Date \_\_\_\_\_

## **APPENDIX G: PHOTOGRAPH AND VIDEO RELEASE FORM**

### **Photograph & Video Release Form**

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- i) conference presentations
- ii) educational presentations or courses
- iii) informational presentations
- iv) on-line educational courses
- v) educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX H- NACOSTI APPROVAL



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,  
2241349, 3310571, 2219420  
Fax: +254-20-318245, 318249  
Email: dg@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/62836/14953**

Date: **6<sup>th</sup> April, 2017**

Susan Nyawira Gitimu  
Kenyatta University  
P.O. Box 43844-00100  
**NAIROBI.**

#### **RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on *“Participatory fiction film as tool for social change among drugs and substance abusers in Kiambu County,”* I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **6<sup>th</sup> April, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Kiambu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

  
**BONIFACE WANYAMA**  
**FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Kiambu County.

The County Director of Education  
Kiambu County.

**APPENDIX I - SAMPLE PARTICIPATORY FILM.**  
**(Edited by the researcher for the purpose of examination)**