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

Gakunga Ndirangu, Wokabi Mwangi, and Hadijah Murenga

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

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

I. INTRODUCTION

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

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

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

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

A. Problem Analysis

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

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improve alcoholics' participation in development projects for their own good and that of the society in general.

B. Objective of the Study

To explore effects of negative societal reaction to alcoholism on alcoholics' participation in development projects in Nyahururu Sub-County, Laikipia County, Kenya.

II. METHODOLOGY

This study was conducted in Nyahururu Sub County, Kenya. The study targeted to capture recovering alcoholics' practical experiences on participation in development projects while they were in active alcoholism and after. Data to answer research questions was collected from 49 recovering alcoholics out of a sample size of 50 respondents. Face to face interview method was used to collect data, using a predetermined open-ended interview guide. The findings of this study were presented in 2 broad thematic areas that included social perception and societal reaction to alcoholism.

III. RESULTS AND DISCUSSIONS

This section presents and discusses trend identified after analyzing data collected on the topic.

A. Characteristics of Respondents

This study was interested in two characteristics of respondents, which included; whether they had ever used alcohol and if they considered themselves alcoholic.

One hundred percent (100%) of respondents reached reported that they had ever used alcohol. According to Alcoholic Anonymous, it is only individuals affected by alcoholism who could identify themselves as so [11]. Respondents were therefore required to classify themselves as alcoholics or not. Results were as shown in Table I below.

TABLE I: RESPONDENTS WHO CONSIDERED THEMSELVES ALCOHOLIC

	Frequency	Percent
Yes	46	93.9
No	3	6.1
Total	49	100.0

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

B. Social Perception on Alcohol Use and Alcoholism

Social perceptions determine how individual members of a society react to a social situation. It was therefore important for this study to establish the perceptions held by the local community on alcoholism.

C. Names Used to Refer to Alcoholics and Reasons for Using Them

Societies assign negative labels to individuals or groups of people who behave in socially unacceptable manner [12]. Consequently, labeling leads to stigmatization. It was

therefore important for this study to establish whether alcoholics were labeled.

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

Commonly used names to refer to individuals and groups of people, may constitute a label. The study sought to establish whether alcoholics were known by specific names and how it affected their participation in development projects in the study area. Respondents were asked to give name(s) that people in their locality used to refer to them while they were in active alcoholism. Respondents identified 21 names and a count of 79 mentions. Results were as presented in Table II below.

TABLE II: NAMES USED TO REFER TO PEOPLE IN ALCOHOLISM

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

"Wamunyota" a Kikuyu word meaning "ever thirsty" was the most mentioned, with 21.5% mentions, the second was "kalewa" (corrupted version of "Mlevi" Swahili word for "drunkard") and "Murebi" (Kikuyu word for a drunkard) both with 12.7% mentions each. Other names mentioned included Mlevi 10.1%, Mukane/MuKc 7%, Mukonyagi 6.3%, Muguruki 5.1% Kinyui 1.3%, DDO (dairy drinking officer) 2.5%, Mundugugi 2.5% (2) among others.

Names given to alcoholics in the study area, mainly described three things; first, 71% of all responses given included the following names; "Wamunyota", "Murebi", "Kalewa", "Mlevi", "Mulock", "Kinyui", "Kanyuira", "DDO", "Kung'ara", and "Wanjohi" which mainly described the person as a drunkard or an alcoholic. Second, 16% of all responses given included "Mukonyagi", "Mukane/MuKc", "Wamakombe", "Kamutungi", these words described alcoholic beverages used by people perceived to be alcoholics; with the first two being popular spirit brands; these are Konyagi and Kenya Cane. Wamakombe described alcoholic beverages used using cups and Kamutungi described alcoholic beverages packed in jerry cans and 13% of responses reported names like Muguruki meaning that they behave in a wearied way and "Kamutaro" meaning that they sleep in ditches. This indicated that these names constituted identity tags used locally to refer, identify and describe people in alcoholism.

2. Reasons for referring to alcoholics using these terms

Respondents to this study were asked why they were identified using names listed above, this was to establish whether they had an effect on their participation in development projects. The results are given in Figure 1 below.

Fig. 1. Reasons why the names were commonly used.

Majority of respondents at 45% reported that the names that were used to refer to them, were identity tags. Some respondents noted that they had lost their identity and they would only be identified with alcoholism. A respondent who was a secondary school teachers said “...I had totally lost my identity, in fact many people including my students referred to me as “Wamunyota” or Mulock” (meaning eye opener). This meant that my alcohol use defined me better than anything else...” Twenty seven percent (27%) of respondents reported that names used to refer to alcoholics described their drinking habit where one respondent who worked as mechanic noted that “... people identified me with my drinking, I was always drunk...” while 14% felt that the names were meant to demean alcoholics and another 14% felt that the names were meant to describe their behavior; as observed by one respondent who had lost his job as an engineer courtesy of alcoholism “ ... to demean and describe our behavior, in alcoholism you involve yourself in theft and manipulation, you lose trust and value in the community and hence the names...” The findings pointed out that labels assigned to alcoholics in the study area served the purposes of identity, description of their behavior and to demean them. They therefore served as basis of their stigmatization. This explained why respondents were not known by their careers or otherwise as it happened to other members of the society.

D. Views on Alcohol Use and Alcoholism

This study appreciated that the social context in which use of alcohol occurred determined to a greater extent the consequences of the behavior. The study therefore sought to establish whether the society in the study area rejected alcohol use in totality or only to some extent. Respondents were therefore asked to report on the general community's view on people who use alcohol with restraint and those who do not have control over its use.

1. Community views on people who use alcohol with restraint

On the community's views on people who use alcohol with control, five views were identified. First, it depends on faith, second, it's a sign of social status, third have problems with them and fourth have no problem with them. The fifth captured those who missed a response. Results were as presented in Fig. 2 below.

Fig. 2. Community perception on alcohol use.

Majority of the respondents at 66% reported that people in their community did not have a problem with individuals who use alcohol with limits. Similarly, 25% of respondents felt that use of expensive alcoholic beverages with control is viewed as a sign of high social economic status. In total, 91% of respondents felt that people in their communities have positive views on people who use alcohol with restraint. To the contrary, 4.5% of the respondents felt that people who use alcohol with restraint were viewed negatively in their community while another 4.5% of respondents observed that it depended on the faith of the one judging. According to them individuals who practice Pentecostal Faith would view any use of alcohol negatively, as opposed to those who do not profess the same faith. This indicated that use of alcohol in the study area was generally accepted. To some extent it was also used as a measure of one's social economic class. This meant that people in the study area did not have a problem with people who used alcohol with restraint.

2. Community's views on people in alcoholism

This study sought to establish the society's views on people in alcoholism by asking respondents to report on the same. Their observations were analyzed in 17 views. Results were presented in Table III below.

Ninety eight percent (98%) of respondents described their community's view on alcoholics, using negative terms, where 28.9% of respondents reported that alcoholics were viewed as useless and 9% reported that they were viewed as lost. Only 2% of respondents felt that alcoholics are viewed positively in the study area. One of the respondents who ran a hotel business reported that “... alcoholics are social misfits who are foolish ...” This suggested that alcoholism was detested and stigmatized in the study area.

TABLE III: COMMUNITY PERCEPTIONS ON ALCOHOLICS

	Frequency	Percent
Useless	13	26.5
Lost	4	8.2
Bad	1	2.0
Senseless	1	2.0
Not trusted	1	2.0
Despised	1	2.0
Reckless	3	6.1
Wasteful	2	4.1
Self-seeker	2	4.1
Helpless	3	6.1
Hopeless	2	4.1
Social misfit	2	4.1
Foolish	1	2.0
Careless	3	6.1
Irresponsible	2	4.1
Misunderstood	3	6.1
Positive	1	2.0
Total	45	91.8
System	4	8.2
Total	49	100.0

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

E. Social Interaction

This study sought to establish the level of social interaction of respondents while they were in active alcoholism and during recovery, as an indicator of societal reaction to alcoholism and its effect on alcoholics' participation in development projects.

1. Social interactions while in active alcoholism

Respondents were asked to report on how they used to relate with other members of their society while they were in active alcoholism. Responses ranged between Very Poor, Poor, and Good level of relationship. Results were presented in Fig. 3 below.

Fig. 3. Respondents social interaction while they were in active alcoholism.

On social interaction, 78% of respondents reported that they had very poor social relationship while they were in active alcoholism. Other 15% reported to have had poor social relationships, meaning that in total 93% of respondents

had either very poor or poor social relationships while they were in active alcoholism and only 7% had good social relationship. Poor social relations were viewed as a sign of rejection resulting from stigmatization of alcoholism and alcoholics in the study area. This in return influenced their participation in development projects negatively.

Respondents were asked to give reasons for the nature of relationship while in active alcoholism. One hundred and two (102) responses were given. The responses were analyzed into 15 themes. Results were summarized in Table IV below.

TABLE IV: REASONS FOR RESPONDENTS' LEVEL OF SOCIAL INTERACTION WHILE IN ACTIVE ALCOHOLISM

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

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

Other members of the society did not relate with alcoholics. They considered them as useless, irresponsible, social misfits, violent and manipulative people. This indicated negative societal reaction to alcoholics and alcoholism. It further confirmed that alcoholism and alcoholics were stigmatized in the study area, hence low levels of social interaction. Findings of this study also pointed out that respondents' behavior contributed to their segregation. They opted to relate with their fellow alcoholics and had no time for others. They felt hated and rejected which further contributed to their segregation and non-participation in development projects.

2. Social interactions while in recovery

This study sought to compare respondents' level of social interaction while they were in active alcoholism and when they were in recovery, to identify effect of alcoholism on their social relations. Relations ranged between Average, Good and Very Good levels. Results are summarized in Fig.4 below.

Fig. 4. Level of respondents' social relationship while they were in recovery.

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

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

The most repeated reasons for improved social relations while respondents were in recovery were, feeling respected with 17.7% of all responses, having improved self-control in terms of anger and violence tendencies was second with 14.5% of responses, followed by feeling accepted with 12.9% of responses. Other reasons included having time for others, respecting others, improved self-esteem and improved self-expression. A respondent who used to hold leadership positions even when he was in active alcoholism and rated his social interaction as very good observed that *"... I am well integrated in my community and this time I think people genuinely engage me out of my abilities unlike in the past where they were just using my resourcefulness..."* This indicated that by quitting drinking, other members of the society dropped the negative views they held on them and as a result their social interaction and relationship improved.

Improved relationship after quitting drinking further confirmed that alcoholism contributed to their poor social relations.

TABLE V: REASONS FOR RESPONDENTS' LEVEL OF SOCIAL RELATIONSHIP WHILE IN RECOVERY

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

However, 32% of respondents reported that they were not fully accepted and/or were held with contempt in their society out of their past interaction with alcohol. This indicated that regaining social interaction during recovery process would not automatically lead to improved social relations. Other factors like personality and the rate at which other members of the society noted changes in individual respondents' behavior determined how well they related with them.

3. Effects of social interaction on participation in development

Majority of respondents (89%) to the study reported that poor social interaction acted negatively to their participation in development projects while they were in active alcoholism. This was out of factors from within self and from other members of the society. They observed that their poor social relationship and social network denied them access to information on development projects since they did not have people to inform them. Additionally, they lacked interest and time to be informed by those close to them. Lack of emotional stability, feeling of guilt and frustration, low self-esteem and fear of being condemned made them avoid people who did not use alcohol including their family members. This further denied their social relationships and their access to information. During recovery process 89% of respondents were able to address some of these factors contributing to their poor social relationships and as a result, their level of participation in development and community activities improved, as observed by one respondents who worked as clinician *"I did not participate out of my uncontrollable anger and misbehavior, where no one appreciated me or wanted to be close to me. I also lacked time to interact since in alcoholism life revolves around drinking; you wake up to drink and live to drink, in this state I could not interact or get information from others and as a result I did not participate at all."* Respondents also felt that other members of the society were the problem. No one cared to inform them and sometimes they were deliberately denied information. More so, no one made efforts to involve them, they were never

appreciated or accepted in community and as a result they were left out in development projects. One female respondent who reported having been segregated by her community and family members observed that *“Stigma was the main challenge; people used to say leave that one alone, she is a drunkard and thus you are segregated, left without anyone to interact with and without information...”* It was therefore observed that although respondents contributed to some extent to their poor social relationships leading to seclusion in development, stigma associated with alcoholism played a major role. This explained why all respondents reported improvement in terms of social relationship since their poor relationships were mainly contributed by the sanctioned imposed by the society on people who were defined as alcoholics.

IV. DISCUSSIONS OF THE FINDINGS

This study explored effects of social perception on alcoholism, on alcoholics' participation in development projects. This was achieved by asking the respondent to identify names used to refer to alcoholics in the study area, views of the local community on alcohol use and alcoholism. From the findings of the study it was deduced that alcohol use was locally accepted and to some extent it was a sign of high social economic status. To the contrary, excessive use of alcohol was viewed negatively leading to stigmatizing and rejection of individuals defined as alcoholics by the local community.

According to the labeling theory some members of the society assign negative label to others and when they are successfully applied, those labeled are expected to behave in ways that does not contradict the label [12]. Respondents to this study reported that they were referred, known and identified by names like “wamunyota” or “kalewa”; meaning that they were drunkards or “mukane” or “mukonyagi” that described alcoholic beverages associated with alcoholism or “muguruki” meaning that they behaved weirdly. These names among others mentioned earlier in this study constituted labels given to individuals exhibiting alcoholic tendencies in the study area. The theory further postulates that labels serve as identity tags, define expected behavior based on stereotypes and prejudices associated with the subject behavior, as well as sanctions attached to the label. On the other hand, those labeled respond positively to the label by integrating it to their identity and behaving in ways that confirms the stereotype associated with the label as a way of adjusting [13]. Respondents to the study reported that they were viewed as useless, worthless, and irresponsible. This meant that being useless, worthless, and irresponsible formed part of respondents' self-identity and self-regarding attitude while they were in active alcoholism and as a result, they played social roles that fitted the label hence corroborated the labeling theory.

The findings from this study were consistent with [6] survey that observed that alcoholics were viewed as individuals who were not worth respect and had nothing to offer to the community. A respondent in the same study described alcoholics as “useless” people who had nothing to contribute to the welfare of the community. From the findings of this study, it was deduced that terms used to describe

respondents represented stereotypes and prejudices associated with alcoholism depicting alcoholics as useless and unworthy. This pointed out that respondents were successfully labeled alcoholics and they were treated and behaved like alcoholics.

Findings of this study indicated that alcoholics were marginalized in the study area. Ninety three percent (93%) of respondents reported that they had very poor and poor social relationships. According to the respondents, people in their society avoided them and they did not want to be associated with them while they were in active alcoholism. They also reported that they had shallow social networks that were mainly formed by the people they drunk together. This was partly attributed to the observation that alcoholics spent most of their time drunk and mostly in drinking dens and therefore alcohol was the main determinant of their social interaction. A study by the International Narcotics Control Board in Argentina supported the current findings. The study by International Narcotics Control Board found out that in addition, the drug of choice was the main determinant of friendship network and intensity of relationship [14]. This explained to some extent why respondents felt rejected by their close contacts while they were in active alcoholism, leading to self-isolation and seeking refuge in their peers. Self-isolation on the other hand widened the gap between respondents and other members of the society leaving them marginalized in their communities and in development projects.

In recovery, respondents reported improved social interactions in terms of number of people they interacted with and the quality of relationships they shared. This underlined that the main cause of rejection and segregation was alcoholism. Identifying alcoholism as a factor underpinning rejection and segregation explained why alcoholics experienced better social relations while they were in recovery. Stigmatization and limited social networks and access to information, resulted to passive and/or nonparticipation in development projects.

Finding from this study attested that societal reaction to alcoholism denied respondents opportunities to participate and contribute positively to development projects in the study area. This agreed with Kenya Institute of Public Policy Research and Analysis (KIPPR) survey that found out that the marginalized and in this case the alcoholics participated poorly in development projects out of exclusion [15].

V. CONCLUSIONS OF THE STUDY

Negative societal reaction and subsequent stigmatization contributed to the marginalization of respondents in development projects, while they were in active alcoholism. Respondents were labeled alcoholic and were subjected to social sanctions prescribed to alcoholics by the society. This resulted to shallow social networks that further contributed to poor access to information related to development projects. Respondents isolated themselves from other members of the society. They avoided people who did not drink out of fear of being condemned, interacted mainly drinking buddies and spent most of their time drunk and/or in drinking dens. Marginalization of people labeled alcoholic and self-isolation influenced each other resulting to poor relations and lack of

access to information on development, leading to alcoholics' poor participation in development projects. The situation was reversed in recovery, meaning that alcoholism was the main contributing factor to respondents' marginalization in development projects.

VI. RECOMMENDATIONS OF THE STUDY

Stigma associated with alcoholism was the main contributing factor to alcoholics' passive and/or nonparticipation in development projects. This study therefore recommends rolling out of programs aimed at addressing alcoholism related stigma targeting the general public. Alcoholics as well should be supported to recover from alcoholism by increasing their access to rehabilitation services. The two factors would contribute

Development agencies both governmental and nongovernmental should develop structures that seek to include alcoholics and the marginalized in development projects. These structures should favor recognition of the abilities and the rights of the marginalized to participate in development, hence compel their agents to include them in development projects that affect them directly and indirectly.

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