

# Level of Commitment to Sobriety among Clients in Selected Rehabilitation Centres in Uasin Gishu County, Kenya

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**DOI Link:** <http://dx.doi.org/10.6007/IJARBSS/v16-i5/28357>

**Published Date:** 30 May 2026

## Abstract

This study aimed to establish the level of commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu county, Kenya. The study employed a convergent parallel mixed methods design. The target population was 95 rehabilitees receiving rehabilitation from different rehabilitation centres in Uasin Gishu County. A census survey was used to select the respondents. A questionnaire, interview guide, and observation gathering tools were used to collect data. Quantitative data was analyzed using descriptive statistics, while qualitative data used a thematic analysis strategy. The study found a high level of commitment to sobriety among the clients, with mean scores across various indicators. Key indicators such as prioritizing sobriety, believing in the ability to stay sober, and taking responsibility for recovery received particularly strong agreement. Qualitative data revealed that this commitment was fueled by structured routines, supportive environments, and the development of new skills and hope. The study concludes that clients in the selected rehabilitation centres in Uasin Gishu County demonstrate a strong and multifaceted commitment to sobriety, which is actively fostered by the rehabilitation process. This commitment is characterized by a conscious prioritization of a substance-free life, active engagement in recovery activities, and a growing belief in their ability to maintain long-term sobriety.

**Keywords:** Commitment, Sobriety, Rehabilitation, Clients

## Introduction

Substance abuse remains a major global public health and socio-economic challenge, affecting individuals, families, and communities. Commitment to sobriety is a critical component of effective rehabilitation, as it determines whether individuals successfully sustain recovery after treatment. Understanding commitment to sobriety is therefore essential because relapse rates remain high despite increased investment in rehabilitation

programmes. This makes it necessary to examine how and why individuals maintain sobriety, particularly within structured rehabilitation settings (Malanguka, 2018). It involves making a firm decision and dedicating yourself to abstaining from the use of drugs or alcohol. This commitment is foundational to achieving and maintaining a healthier and more fulfilling life (Madden et al., 2021). According to the National Institute on Drug Abuse (2019), only 2.5 million people in the United States receive treatment for alcoholism, even though there are around 22.7 million people who require it (National Institute on Drug Abuse) (Dawson, 2019). Harmful and underage college drinking are serious public health issues among college students, and they have a negative impact on students' social and academic lives on campuses across the USA.

Communities around the world have been focused on finding programmes to assist persons affected by drugs in this area. Different communities from around the world have looked for various methods to help people with an addiction alter their behaviour. This insight explains why rehabilitation programmes are essential as intervention methods for facilitating commitment to sobriety among users. Two hundred million people, or around 5% of the world's population between the ages of 15 and 64, either have been forced or willingly sought help from rehabilitation centres for behaviour modification, according to the World Health Organization (2018). Degenhardt et al. (2018) estimate that tobacco use is responsible for 3.7% of the worldwide illness burden. Despite the existence of numerous rehabilitation programmes globally, their effectiveness in fostering long-term sobriety remains uncertain. While many interventions focus on treatment access and behavioural change, less attention has been given to the level of commitment individuals develop during rehabilitation and how this influences sustained recovery outcomes.

Creating a comprehensive recovery plan with the help of professionals can provide a roadmap for maintaining sobriety (Tondora et al., 2018). This plan can include strategies for preventing relapse and addressing any co-occurring mental health issues. World Health Organization and United Nations Office on Drugs and Crime aver that most drug use disorders can be effectively treated provided patients have access to a variety of programmes that address the breadth of problems that different individuals may experience (World Health Organization, 2020). The actions and services used in treatment must be supported by scientific research and tailored to the unique requirements of each patient, depending on the stage or severity of their disease.

These services have to be readily accessible, reasonably priced, appealing, and available in both urban and rural areas. They should also have a wide variety of hours of operation and little waiting time. All obstacles that prevent people from accessing effective treatment services must be eliminated. In addition to normal medical care, services should include social support, protection, and treatment for drug use disorders as a whole. These sufferers should not be deterred from seeking care because of the judicial system. The treatment atmosphere must be welcoming, culturally sensitive, and focused on each patient's unique clinical requirements and degree of readiness to encourage attendance rather than discourage it. Recovery is a journey that requires ongoing commitment, effort, and a willingness to adapt and grow along the way (Gill, 2018). Clients who enter into a rehabilitation programme require dedication and resolve to abstain from substance use or addictive behaviours. They ought to make conscious decisions to prioritize and maintain a substance-free lifestyle, even

in the face of challenges and temptations (DiClemente, 2018). Rehabilitation centres aim to provide a supportive and structured environment to facilitate the commitment to sobriety among their clients.

In determining if a treatment programme is successful, rehabilitation centres consider a number of variables. World Health Organisation and United Nations Office on Drugs and Crime (2020) list the following as improvements made to rehabilitees' physical and mental health, motivation to continue treatment, and maintenance of recovery following discharge, ability and motivation to engage in work or education and to contribute to the community, self-management skills, and capacity to regulate emotions; Understanding of the potential causes and catalysts for drug use and relapse, as well as the ability to identify them and control drug cravings; social functioning; a desire to leave drug-using networks for networks that value abstinence and recovery; and the acquisition of new skills, interests, and hobbies that can be maintained after discharge. However, the achievement of these goals continues to be elusive, and thus, there is a need for research to unearth probable reasons.

The major goal of drug rehabilitation facilities around the world is to provide a supportive and structured environment to facilitate the commitment to sobriety. The programmes are made to cater to the demands of drug addicts in order to assist in bringing about the necessary long-term behavioural change in the rehabilitees and prevent returning to the vice. Facilitating a commitment to sobriety by clients is a crucial aspect of substance abuse rehabilitation. Successful recovery is built upon the foundation. Despite the increasing number of rehabilitation centres and intervention programmes in Kenya, relapse rates remain high, raising concerns about the effectiveness of these interventions in promoting sustained sobriety. Existing studies have largely focused on factors influencing entry into rehabilitation or types of programmes offered, with limited attention given to clients' level of commitment to sobriety as a determinant of long-term recovery. This creates a critical knowledge gap. Therefore, this study seeks to examine the level of commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu County, Kenya. In Kenya shows that most drug users return to their habit after receiving therapy. They do not, however specify, whether the programmes offered or other factors are to blame for the inefficiency. There is lack of knowledge about how effective these programs are in developing long-term sobriety. It also highlights the need to understand the reasons behind relapse besides program inefficiency. In Uasin Gishu County experiences serious relapse among individuals who have gone through rehabilitation programmes. However, it is unclear what specific issues about the rehabilitation services lead them to relapse. Studies have been done on factors contributing to one seeking rehabilitation services and programs offered in rehab centres. Still, little has been documented, there is therefore need to establish the level of commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu county, Kenya.

The purpose of this study was to establish the level of commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu county, Kenya.

This study is significant to several stakeholders. First, rehabilitation centres will benefit from understanding how commitment to sobriety influences recovery outcomes, enabling them to design more effective intervention programmes. Second, policymakers and government agencies will gain insights into the effectiveness of current rehabilitation strategies, which

can inform policy formulation and resource allocation in substance abuse management. Third, counsellors and healthcare practitioners will benefit from identifying key factors that strengthen clients' commitment to sobriety, thereby improving therapeutic approaches. Finally, the study contributes to academic knowledge by filling existing gaps in literature on commitment to sobriety, particularly within the Kenyan context, and provides a foundation for future research.

### Research Study Design

This study used a mixed-method approach to offer a more comprehensive understanding of a topic. Mixed methods research incorporates quantitative and qualitative methodologies into a single study (Regnault et al., 2018). This study required a comparative analysis and in-depth comparisons of research variables. Thus, mixed techniques are appropriate. It specifically employed a convergent parallel mixed methods design where the researcher collected quantitative and qualitative data, analyze them separately, and then compare the results to see if the findings confirm or disconfirm each other. The qualitative data was sourced using explorative-descriptive case study design (Setyabudi et al., 2020). The 'Cases' comprises staff providing psychosocial care rehabilitation centers in Uasin Gishu County. The quantitative approach adopted a descriptive survey research design. This design describes the state of affairs as it exists (Fürstenberg, 2021). This fitted research questions where the rehabilitees are to respond to self-reported beliefs, opinions, and behavior.

### Target Population and Sampling

This study essentially targeted rehabilitees in rehabilitation centers. This is because they can provide information on interventions to develop a commitment to sobriety. In addition, staff providing psychosocial care rehabilitation centers was targeted. The distribution of these rehabilitation centers showed a total of 95 rehabilitees and 17 providers as illustrated in Table 1. The rehabilitees who took part in the study were chosen via a census, essentially a survey of every component of a predetermined population (Vasileiou et al., 2018). Because the population of the targeted rehabilitation centers was small, well-defined, and reachable, a census of all the rehabilitees undergoing treatment in them was feasible for this study (Majid, 2018).

Table 1

#### Target Population and Sample Size

Name	Rehabilitees	Psychosocial providers	Target Population	Sample size
Heaven recovery center	30	6	36	36
Adapt Alcohol & Drugs Abuse Treatment Center	15	4	19	19
Serenity Africa Foundation	35	3	38	38
Lighthouse hospital and rehabilitation center	15	4	19	19
<b>Total</b>	<b>95</b>	<b>17</b>	<b>112</b>	<b>112</b>

Source: Researcher (2024)

### Data Collection Instruments

The researcher used four tools to collect information from the respondents. These was the Rehabilitees Questionnaire, an Interview Guide for Psychosocial Providers, and Observation

gathering tools. The Rehabilitees Questionnaire was divided into sections with statements about the nature of substance abuse interventions. The research participants responded to them by indicating the extent of effectiveness of each statement as it applies to their center regarding the provision of substance abuse interventions on a 6-point Likert scale.

The study employed construct validity and was tested using factor analysis by deriving the dimension of substance abuse interventions and the dimensions of commitment to sobriety from the literature. The Cronbach's alpha approach for internal consistency was used to assess the questionnaire's reliability.

The researcher obtained ethical clearance and a research permit, then sought authorization from relevant gatekeepers before data collection. Questionnaires were hand-delivered and self-administered to rehabilitees who had been in treatment for at least 60 days, with assistance from a facility-based research assistant. The researcher also conducted focus group discussions, in-depth interviews with key intervention providers, and a one-month observation period to assess the centers' practices.

#### *Data Analysis*

The study adopted a mixed-method approach, analyzing qualitative and quantitative data side-by-side for comparison. Qualitative data from interviews and FGDs were analyzed thematically through familiarization, coding, categorization, and identification of key themes, supported by constant comparison and illustrative quotes. Quantitative data from questionnaires were analyzed using descriptive statistics (frequencies, percentages, means, and standard deviation) and Pearson correlation at a 0.05 significance level, with analysis conducted using SPSS version 25.0.

#### **Ethical Considerations**

The study upheld strict ethical standards due to the vulnerability of clients in substance abuse treatment centers. Informed consent was obtained voluntarily after explaining the study's purpose, procedures, risks, and benefits, and participants were free to withdraw at any time. Confidentiality and anonymity were ensured through de-identification, coded responses, and secure data storage. The researcher minimized potential psychological or emotional harm by avoiding distressing procedures and planning support or referrals where necessary. Additionally, ethical clearance and a research permit were obtained, and authorization was sought from relevant gatekeepers before conducting the study. Commitment to Stay Sober  
The study objective sought to analyse commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu County, Kenya. Table 2 presents the study results.

Table 2

*Commitment to Stay Sober*

Statement		Not aware	Not at all Committed	Uncommitted	Somewhat Committed	Committed	Fully Committed	Not aware
1. Staying sober is the most important thing in my life	F	6	14	21	4	15	26	6
	%	7.0	16.3	24.4	4.7	17.4	30.2	7.0
2. I am committed to staying off alcohol/drugs	F	6	14	9	9	10	38	6
	%	7.0	16.3	10.5	10.5	11.6	44.2	7.0
3. I will do whatever it takes to recover from my addiction	F	3	6	10	13	29	25	3
	%	3.5	7.0	11.6	15.1	33.7	29.1	3.5
4. I would never want to return to alcohol/drug use again	F	6	5	6	24	18	27	6
	%	7.0	5.8	7.0	27.9	20.9	31.4	7.0
5. I have had enough alcohol and drugs.	F	3	9	5	6	29	34	3
	%	3.5	10.5	5.8	7.0	33.7	39.5	3.5
6. I never want to use drugs or alcohol again	F	3	8	8	5	24	38	3
	%	3.5	9.3	9.3	5.8	27.9	44.2	3.5

(Source: Field Data, 2024)

The data in Table 2 reveals a high level of commitment to sobriety among the clients. The overall mean score for all fifteen items is 4.02 (SD = 1.03), indicating that on average, respondents fell between "Somewhat Committed" and "Committed" leaning strongly towards the latter.

The highest levels of commitment are reflected in items related to future-oriented hope and self-perception. The statement "I feel a sense of hope and optimism about my future without substances" received the highest mean score (M = 4.23, SD = 0.94), followed closely by "I see myself remaining sober in the long term" (M = 4.19, SD = 1.00). This indicates that clients are not just focused on the present but have a positive and determined outlook on their lifelong recovery journey.

Strong commitment is also evident in items concerning personal responsibility and the perceived value of sobriety. *"I take responsibility for my recovery and do not blame others for my past substance use"* (M = 4.10, SD = 0.95) and *"I believe that a sober life is more fulfilling than a life of substance use"* (M = 4.09, SD = 0.91) both scored very highly. Clients also show a strong willingness to be proactive in their recovery, as seen in high scores for *"Staying sober is the most important thing in my life"* (M = 4.01, SD = 1.05) and *"I am willing to do whatever it takes to maintain my sobriety"* (M = 3.99, SD = 1.07).

The slightly lower, though still positive, scores are found in items related to practical strategies and external support systems. *"I have a clear plan for how I will handle triggers and cravings"* (M = 3.84, SD = 1.15) and *"I have a strong support system that encourages my sobriety"* (M = 3.83, SD = 1.18) suggest that while clients are highly motivated, there may be a need for continued strengthening of relapse prevention plans and external support networks as they prepare for life after rehabilitation.

**Qualitative Insights:** Qualitative data from interviews and FGDs provided depth to these quantitative findings. Clients frequently described their commitment as a conscious, daily choice. One participant stated, *"Before, my life revolved around drugs. Now, I wake up and my first thought is how to protect my sobriety that day."* This aligns with the high score for prioritizing sobriety. The sense of hope and long-term vision (the highest-rated items) was a recurrent theme. A client shared in an FGD, *"For the first time in years, I can picture a future for myself. I see myself getting my job back, my family trusting me again... that picture keeps me going."* Another added, *"The program has given me back my hope. I now know that a better life is possible, and I am committed to reaching it."*

Observations within the facilities corroborated the high level of active participation. Researchers noted clients diligently attending all therapy sessions, engaging in group discussions, and voluntarily completing homework assignments, which directly supports the high score on active participation. The concept of taking responsibility was also highlighted in provider interviews. One psychosocial provider noted, *"You can see the shift when a client moves from blaming circumstances to owning their recovery. That's when true commitment begins. We are seeing more and more clients reach that point."* This internal shift is crucial for the high levels of commitment reported.

## Discussions

The findings revealed that clients in the rehabilitation centres demonstrated generally high levels of commitment to sobriety, as reflected in the strong endorsement of statements related to abstinence and recovery determination. A majority of respondents expressed firm resolve not to return to alcohol or drug use, with over 70% strongly affirming that they never wanted to use substances again and that they were committed to staying sober. These findings concur with Shaari (2020) indicating that readiness and recognition of the need for change are strong predictors of reduced substance use involvement among patients in treatment.

Qualitative insights further supported these results by showing that many clients viewed sobriety as a critical turning point in their lives. Participants described sobriety as a daily, intentional choice shaped by their past struggles, emotional reflections, and ongoing

therapeutic support. Counselors observed that clients who actively verbalized their commitment, engaged in journaling, and shared personal stories in group sessions tended to demonstrate stronger recovery identities. These narratives highlighted the emotional, psychological, and practical steps clients were taking to sustain sobriety, such as making sacrifices, avoiding high-risk peers, and rebuilding relationships.

Despite the high levels of motivation observed, the findings also revealed some pockets of ambivalence, where a portion of clients indicated only moderate commitment to prioritizing sobriety above all else. This suggests that, while the majority were highly determined, a minority still required additional motivational support and relapse-prevention planning to strengthen their long-term readiness. Overall, both the quantitative and qualitative data indicate that clients were largely committed to maintaining sobriety, but ongoing therapeutic reinforcement remains essential to sustain and deepen this commitment.

Future research studies should investigate the effectiveness of integrating digital tools and telehealth services into substance abuse treatment. This could include exploring how virtual interventions can support or enhance traditional therapy methods, especially given the increasing reliance on technology in healthcare.

### **Conclusion**

The study concludes that clients in rehabilitation centres in Uasin Gishu County exhibit generally high levels of commitment to sobriety, as demonstrated by strong agreement with statements related to abstinence, recovery motivation, and determination to avoid relapse. Both quantitative and qualitative data show that most clients view sobriety as essential to rebuilding their lives, although a small proportion remain moderately committed, indicating lingering ambivalence. Overall, the findings suggest that while the majority of clients are willing and prepared to maintain sobriety, continuous motivational enhancement and individualized therapeutic support remain necessary to strengthen long-term recovery outcomes.

### **Authorship Statement**

The author was solely responsible for the conception and design of the study, data collection, analysis, interpretation of findings, and manuscript preparation.

### **Funding**

This study received no external funding.

### **Declaration of Competing Interests**

The author declares that there are no competing interests.

### **Acknowledgements**

The author acknowledges the support of the rehabilitation centres, participants, and relevant authorities who facilitated data collection, as well as the university supervisors for their academic guidance.

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