

Perception of Rural Communities on Effectiveness of Counseling Services in Makueni County, Kenya

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Abstract Consumption of counseling services in rural areas in Africa has become a major concern where a large number of populations consult non-professionals for interventions on psychological issues they face. While the profession is growing in Africa it has little formal structure. This paper focuses on low-income rural population in Makueni County in Lower Eastern region in Kenya. The study investigated the perception of rural communities on the effectiveness of counseling services in addressing their psychological issues. The study adopted explanatory sequential mixed method research design. The sample size was 180 participants randomly selected in 9 wards out of 30 in Makueni County. Data was collected using structured questionnaires and interviews. Findings revealed that majority of the respondents sought interventions by self-help or by consulting spiritual leaders and traditional specialists for psychologically related issues. It is therefore recommended that counseling psychologists may require support of both National and County Governments in creation of awareness of counseling services to attain better counseling services in rural areas. Professional associations in the field of counseling may need to lobby for structuring of counseling services and implementation of laws to achieve public wellness. The study recommends counselors to have innovative strategies in packaging their service to rural communities.

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I. INTRODUCTION

Rural communities have complex interrelated historical, social and familial ties that influence on their need to seek for psychological support (Schank & Schovholt, 2006). Counselors should understand and appreciate the unique rural context and be prepared to cope with challenges of rural practice. A few researchers have looked at the effects of rural contexts (Morrisette, 2000; Pearson & Sutton, 1999; Sutton 1988; Sutton & Pearson, 2002; Sutton & Southworth, 1990). Rural residents face significant problems, including poverty and low educational levels (Compbell, Kearns, & Patchin, 2006; Wagenfeld, 2003).

The need for counseling services is critical for many individuals and families throughout Africa. Bain (2013) asserts that providing mental health for rural communities in America has for long been challenging. The rural populations comprise a larger percentage in Africa. According to Smith (2003), one-fourth of American's live in rural settings experiencing individual and family stressors that need psychological interventions. The focus of this study was to examine perceptions of rural communities that limit effectiveness of counseling services considering larger population in Kenya is based in rural areas.

Research has shown that African Americans often rely on group-centered activities for coping with stressful situation (Utsey, 2000). Others receive a considerable informal support such as church-based networks (Boyd-Franklin, 2009; Mattis, 2000; Taylor, Chatters & Levin, 2004), when they experience distress. From study by Neighbors & Williams (1998), one third of Americans consulted religious leaders when their relatives faced mental health issues.

Perceptions and attitudes regarding mental health care influence the likelihood of utilizing mental healthcare. Sussman, Robins & Earls (1987) found that African Americans with moderate levels of mental illness were more likely to cite fears of hospitalization and treatment. In the same study, 20 percent of whites presented such fears. Such fears may be of relevance considering the state of health facilities in developing countries.

Stigma and fear of embarrassment in mental care is high. Research has shown that seeking psychological help reported many clients avoiding treatment (Sussman et al. 1987; Cooper-Patrick, 1997). The fear and stigma is related to perception that anonymity and confidentiality will be threatened due to the size and closeness of community. Concerns regarding being perceived negatively due to seeking counseling services seem to be closely related with beliefs that consulting psychological help appears as a sign of personal

weakness. African culture has built the expectation that life is difficult and one has to develop inner strength to cope with stressful situations (Thompson, Bazile, & Akbar, 2004). Cultural rites of passage such as initiations help to train perseverance. Worldwide different societies participate in a wide range of coping mechanisms. One option in this response is confronting a problem and overcoming the stressful situation (Snowden, 2001), leading to perception that difficulties will arise but an individual should be able to personally overcome such difficulties. The emphasis of culture in coping skills may have diverse negative psychological impacts especially when dealing with loss and grief.

Quality and usefulness of counseling services may influence utility and its effectiveness. Majority of rural population may be skeptical towards the effects of mental health care owing to their beliefs and perception. There is evidence for sociodemographic differences in patterns of religious involvement, such as female gender and advanced age are positively related to increased levels of religious involvement (Chatters, 1999). Religion may lead to decreased use of psychological help (Ayalon, 2005). Religious people may have decreased interest in seeking psychological counseling on the framework of issues as they may perceive as less stressful to require secular intervention (Pargament, 1997; Taylor et al. 2004).

Research has shown that individuals seeking help on mental services are more likely to consult family physicians and spiritual leaders (Fox et al., 2001). Riding-Malon & Werth Jr. (2014), recommended psychologists working with rural communities to consider collaboration with spiritual leaders and medical professionals. This view may however receive resistance owing to competition for financial gains and power. Collaboration may as well lead to ethical challenges regarding confidentiality during exchange of information (Hargrove, 1986).

In communities that value self-reliance and cultural structures to life issues, consulting a mental health professional carries significant stigma and may inhibit possible clients from seeking assistance from psychologist (Schank & Skovholt, 2006). As mostly found in African societies, there is more concern by members of rural community in being concerned with what neighbors have to say. This creates fears to a possible client from getting psychological help from an expert. Researches indicate that people living in rural areas are more likely than their counterparts in urban to rely on informal support networks rather than mental health specialists (Gale & Lambert, 2006; Harowski et al., 2006). In African culture, those who attended to counseling issues were respected elders with wealth of wisdom from experience (Chakuchichi & Zvaira, 2010). During occasions when children were taken through rites of passage, guidance on societal values relating to responsibilities, knowledge and sexuality was offered (Rupande & Tapfumaneyi, 2013). Rural communities hold their culture more than urban counterparts.

Literature has revealed that psychological issues present somatic complications (Keefe, Hastruo & Thomas, 2005). It is important that health care professionals, that is, nursing practitioners, physicians, pharmacists and social workers consult psychologists. Medical professionals and psychologists in rural communities require a high standard of collaboration (Badger, Robinson & Farley, 1999). To provide integrated care, an alternative has to be sort where psychologists share space with one or more medical providers.

II. THEORETICAL FRAMEWORK

The study adopted constructivist theory to help in understanding cultural framework of the rural communities' perspective on counseling services. *Social Constructivist Theory* propounded by Vygotsky (1896-1934) emphasized the role of language and culture in cognitive development and how we perceive the world. Language and culture provide frameworks, through which we experience, communicate and understand reality. The theory suggests that people learn with meaning and personal significance in mind, not through attention to facts. Constructivist theory helped in defining 'reality' through the rural communities' experiences, perceptions, and ideas (Von Glasserfeld, 1984). Construction of reality allows individuals to define their experiences in ways that are unique to their own interactions and ideas (Anderson, 1997; Freedman & Combs, 1996; Watzlawick, 1984).

Problem Statement

Counseling services in rural Kenya is not formally structured. The counseling policy in educational institutions, workplace and health department remains on paper without proper implementation structures. Those who experience psychological issues in the villages are left to make their own choices on how to restore their mental health. With enactment of *Psychologists and counseling Act (2014)*, there exists a gap in provision of counseling services to the rural communities. The Act which among other things seeks to outlaw practice of counseling by unqualified people, invalidates the work of the traditional helpers who lack modern counseling skills and competence. Traditionally the local population relied on respected elders for advice but not counseling. Currently with western cultural influence elders are not held with the same status as previously were. Similarly the few trained counselors in the country prefer to open practicing offices in urban areas leaving the rural population unattended. The main motivation for doing so is due to the unwillingness for rural communities to pay for the counseling services, which were traditionally offered without any payment. This

study sought to explore the perception of rural communities on counseling services with the aim of developing effective creation of awareness about counseling to the rural population.

Objectives

1. To evaluate the preference of rural communities on choice of helping model for health related issues.
2. To investigate the rationale for choice of helping model for mental health related issues among rural communities.
3. To assess the perception of rural communities on effectiveness of counseling.

III. METHODS

Research Design

The study adopted explanatory mixed method research design. Sampling was done through simple random sampling technique. The study involved two phases of quantitative and qualitative process. The researcher collected quantitative data using questionnaires. Qualitative data was analyzed using univariate descriptive analysis. Extreme scores were selected and qualitative data collected using interview schedule and focused group. The researcher developed themes and analyzed qualitative data. The sample was collected from 9 Wards from 30 wards in Makueni County. The Wards were randomly selected.

Population and Sample

The target population comprised of 200 adults 35 years of age and above. The age was considered by the researcher because those in the age bracket are not in educational institutions where formal counseling services are offered. The researcher sampled 9 wards in Makueni County that presents 30% of 30 wards. Target population of 180 adults was sampled to participate in the study. In each ward, 20 participants were selected considering gender by using simple random sampling.

Instruments

Questionnaires were constructed to collect quantitative data from 180 participants. The questionnaire items evaluated preferences of rural community on choice of helping model and assessment of effectiveness of counseling services. Interview schedule and focused group discussion was used to collect qualitative data from 15 participants with extreme scores. The interview and discussion sort to collect data on rationale for choice of helping model.

Data Collection Procedure

The researcher obtained permission from Chief Officer for Devolution in Government of Makueni. After being granted permission, the researcher requested for schedule of public participation meeting in the sampled 9 wards. The ward administrators were informed about the purpose of research and requested by the researcher to allow him collect data from participants after completing official business during public participation forum. The researcher requested for 20 volunteers of different gender to participate in each 9 wards. The participants were informed of their rights and requested to consent in participating in the study. Quantitative questions were administered to them. Those with extreme scores 15 were then randomly selected by the researcher and interviewed separately.

Data Analysis

Data from phase one was analyzed by simple descriptive statistics such as frequencies and percentage, then presented in form of charts and graphs. Interview data was transcribed, coded and categorized. Themes were then obtained, defined and named. Quantitative and qualitative data was then drawn.

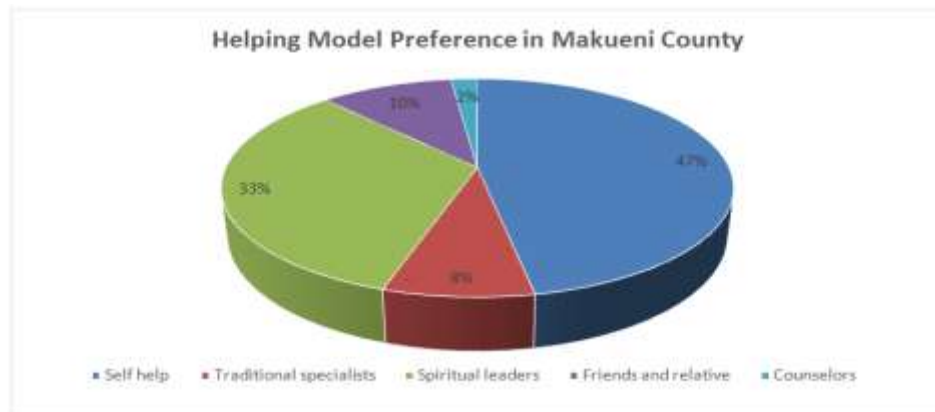
IV. RESULTS

Demographic Information

The demographic information comprise of gender and age. Out of 180 participants 112 were female comprising 62% and 68 male making 34% of the participants. The average mean age of the participants was 48 years.

Preference of Rural Communities on Choice of Helping Model for Mental Health Issues

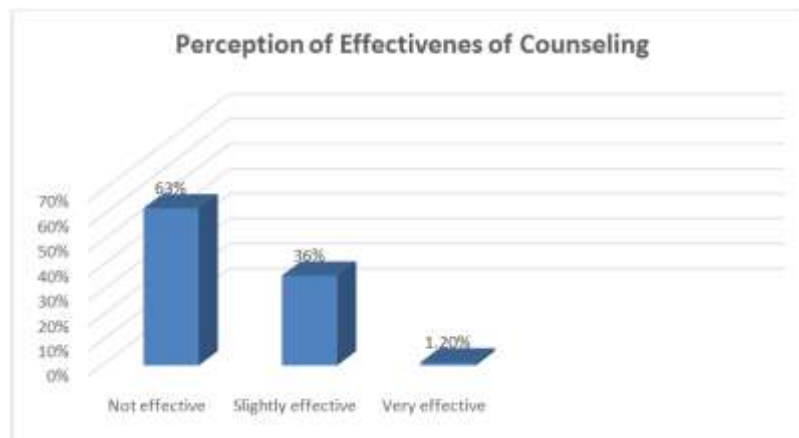
Participants were asked to indicate the most frequent approach they use to resolve their Psychological issues.



Majority of participants (47%) reported to use self-help model to resolve their psychological issues; 33% rely on spiritual leaders; 10% rely on friends; 8% on traditional specialists while only 2% reported to use the services of counselors for their Psychological issues. The results indicate that counselors are the least contacted by the rural communities.

Perception of Rural Communities on effectiveness of Counseling Services

Participants were asked to indicate to what extent they perceived counseling to be effective.



The results indicated that counseling was perceived as not effective model in resolving psychological issues by 63% of participants; slightly effective by 36% of participants and only 1.2% of participants indicated that counseling was very effective.

Rationale for choice of helping model for mental health related issues

Interview and focused group discussion sought to find out the reasons why participants chose a particular helping model.

Self-Help

Most participants considered self-help to be private and able to keep confidentiality compared to the other models. Others also viewed self-help to be less expensive. One of the participants said, *'I don't need money to share my issues with my best friend.'*

Spiritual Leaders

Most of the participants viewed the problem from spiritual dimension. They believed spiritual leaders had power to intervene and solve their problems. Some participants reported that spiritual leaders create awareness of their power and how they have helped others. *'I saw my tele-evangelist do it in the television and acknowledge he can really help,'* one female participant expressed. Others reported their leaders to be available for them during times of difficulties.

Friends and Family

Participants felt that it is good to share their issues with friends and family for help because friends also share similar issues to them. They reported to enjoy informal setting where they felt free to make consultation.

'We meet over a drink and issues come along with our experiences and everyone finds it's not my only issue. Why then not share your own?' Lack of cost for problem sharing and advice was also a reason that made some opt for this mode. 'Why do you have you pay for what you are commonly experiencing?' one lady exclaimed.

Traditional Specialists

Participants who gave this as preference explained how some problems could not be resolved because they related the cause as witchcraft. The strongly believed that intervention required witchdoctors, mediums or seers. Other viewed traditional specialists as extra ordinary persons who possess powers of unveiling hidden meanings and resolving client's problems. One participant exclaimed, 'This is not normal problem! You have to get a good person who can help,' referring to a witchdoctor.

Counselors

Participants reported counseling to work because it was done by educated and professional people. Many of those who had consulted counselors reported to have been empowered to resolve their problems and similar ones in future. However most reported not being aware whether such services existed. 'Just let me know where I can find a counselor in our ward if I was to get service of one,' one participant asked. Others complained that the service is costly. 'Why have you to pay for sharing your problems and yet there is nothing you are given,' asked a participant. Others felt that the service is for those with severe mental problems- 'mad' or 'spoilt.'

V. DISCUSSION

The results show that most rural communities in Makueni prefer other helping models to Counseling. Despite counseling being a professional service, participants still consult other non-professional helpers to a large extent for their psychological issues. This is in agreement with the findings of Gale and Lambert (2006) and Harowski et al (2006) who reported that rural communities rely on informal support networks rather than mental health specialists. The issues that attract clients to other non-professional helpers include association of psychological issues with witchcraft, need for privacy, need for self-disclosure of the helper and need for non-judgmental platform. This implies that rural communities do not trust counselors to meet these needs yet most of them are contained in the counselors' code of ethics. It is clear that the counseling profession is not clearly understood by the rural communities and it requires the counseling profession to create awareness and educate the public on the nature of their work. Chakuchichi and Zvaiva (2010) reported that African communities prefer working with elders on their issues since elders were considered to have wisdom and would not mishandle the issues presented to them. The counselors in the rural areas need to be culture sensitive and operate professionally in order to attain the stature attributed to elders in society. It is also important to be sensitive of client and counselor age difference as older counselors are more acceptable in the rural communities.

The study revealed that counseling was perceived to be the least effective model in resolving psychological issues among rural communities in Makueni. This could be attributed to the small number of people who consult counselors as opposed to other non-professional helpers. Schank and Skovholt (2006) agree with these findings and assert that rural communities value self-reliance and cultural structures in handling life issues. In such communities consulting mental health professionals could attract stigma. Fox et al (2001) also found that individuals with mental health issues are more likely to consult family physicians and spiritual leaders. However the view of counseling as ineffective may be attributed to lack of awareness in the rural communities of what counseling is and what it is not.

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