

# The Effect of Assertive Psychological Counselling Intervention on the Adjustment of Assertive Social Behaviour of Elderly in Sigowet-Soin Sub County of Kericho County, Kenya

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This study investigated the effect of assertive psychological counselling intervention on the adjustment of assertive social behaviour of the elderly in Sigowet-Soin Sub County of Kericho County. The study was guided by the following research questions: 1. What is the maladjusted assertive social behaviour manifested by the elderly in Sigowet- Soin Subcounty 2. Is there a relationship between elders' gender and maladjusted assertive social behaviour of the elderly in Sigowet- Soin Sub County, and 3. Is there a relationship between assertive behaviour training and adjustment of social behaviours among the elderly in Sigowet –Soin Sub-County? The study adopted concurrent mixed methods research design. Experimental design was used in the quantitative study while case study design was used in the qualitative study. The sample consisted of 30 elderly people. Participants in the quantitative study were sampled using stratified sampling technique, while those in the qualitative study were sampled using purposive sampling techniques. Data were collected using questionnaires and in-depth interview guide. The following are the results of the quantitative study: i. Elderly people in the sample demonstrated behaviour social behaviour that is not assertive. There is a relationship between gender and elderly people's maladjusted assertive behaviour ii. Psychological counselling has an effect on effect on adjusting assertive behaviour of elderly people.

*Keywords:* psychological counselling interventions, adjustment, social behaviour, elderly, sub-county

## Introduction

### Description of the Geographical Area of the Study

The study was carried out in Sigowet- Soin in Kericho County in Kenya which is located in eastern Africa. Kenya is bordered by the Indian Ocean, Somalis to the east, Ethiopia to the North, South Sudan and Uganda to the west. Kericho County is one of the 47 counties in the Republic of Kenya. The county seats between longitude 35°02' and 35°40' east and between the equator and latitude 00231 South with an altitude of about 2002m above sea level. It borders Uasin-Gishu County to the North West, Baringo County to the North, Nandi County to the North-West, Nakuru County to the East and Bomet County to the South.

Kericho has a population of 901,777 (2019 census) and an area of 2,111 square kilometres. Its capital and largest town is Kericho. Kericho County is home to the best Kenyan tea which is world renowned.

### Concept of Psychological Counselling Intervention

Counselling psychology is a general practice and health service speciality in professional psychology. It focuses on

how people function both personally and in their relationships in all fields. It addresses the emotional, social work, school, and physical health concerns people may have at different stages in their lives. It focuses on typical life stresses and more severe issues with which people may struggle as individuals and as part of families' groups and organisations.

Counselling psychologists help people with psychological, emotional, and mental health issues improve their sense of well-being, alienate feelings of stress, and resolve crises. They also provided assessment, diagnosis, and treatment of more severe psychological symptoms. It also focuses on specialized knowledge across all stages of development, such as childhood, adolescence, adulthood, and oldest ages. Including; the health aspects and strengths of clients, and the environmental / solution influence ( Wilson, 2004).

According to Capuzzi and Stauffer (2016) , mental health will inevitably display a rational factor in unique ways that may be difficult for other practitioners to replicate because any relational or interpersonal is alive and unique. The single goal is the enhancement and encouragement of client change. The following are definitive characteristics of this relationship. A relationship initially structured by the counsellor therapist hut open cooperative restructuring based on

the need of the client, the initial meeting continues through termination in which all persons involved perceive the existence of trust, caring, concern and commitment and act accordingly, the client is

given priority over the needs of the counsellor or the therapist that provides for the personal growth of all persons involved, that provides for safety needs for self-exploration for all persons involved and that promotes potential for all persons involved (Capuzzi & Stauffer, 2016).

The relationship between a counsellor and the client is the feeling and the attitude that a client and a therapist have towards one another, and how these feelings and attitudes are expressed (Gelso and Samstag, 2008). Psychological Counselling intervention is defined as a relationship aimed at promoting a better adaptation of the individual in the case of an elderly to a given situation. Thereby optimizing his or her resources in relation to autonomy, self-knowledge and self-help.

The problems addressed by counselling psychology are developmental (lifespan), environmental, and cultural perspectives. They include but are not limited to: -school and career/work adjustment, retirement difficulties, relationship difficulties, stress management and coping with adverse life events, dealing with adjusting to physical disabilities, diseases, or injury, personal / Social adjustment, development of one's identity, mental disorders population served clients served.

Counselling psychologists include individual groups (including couples and families) and organizations. Counselling psychologists work with individual clients of all ages, such as children who have behavioural problems, late adolescents with educational and career concerns, and substance abuse problems. They also work with adults facing mental and family difficulties, career changes or overcoming disabilities, and older adults facing retirement.

Counselling psychologists work with groups to many of these problems as well as to improve the personal and interpersonal functioning of group members (such as Businesses) and work to help provide a work environment in which people succeed and increase productivity and effectiveness.

### **Social Behaviours of the Elderly**

Behavioural and lifestyle factors profoundly impact health throughout the lifespan; older adults can help prevent diseases and disability and improve their quality of life through health behaviours such as proper nutrition, exercise, use of preventive health care, and avoiding smoking and alcohol abuse. Behavioural and psychological factors include physical activity, smoking, and other health behaviours. Cognitive and social engagement personality and psychosocial stress

play a critical role in health across the lifespan. Studies have shown that up to 50 per cent of preventable deaths in the United States of America (USA) can be attributed to adverse health behaviours such as smoking and an unhealthy diet that results in obesity. Social factors such as social relationships and socio-economic circumstances have a similarly significant impact on health and well-being (The National Institute on Aging, 2020).

Many people look forward to retirement viewing it as a time to finally relax, Slow down and peacefully enjoy life. The golden years can indeed be some of the best years of life. There are still some significant challenges that older adults face, particularly problems due to their age and life circumstances. Here are some of the most common issues faced by the elderly. Many elderly people maintain good health and are fully able to function both physically and mentally well into their later years. However, the biological effects of ageing do lead to more physical and mental problems among the senior populations than in the younger age group. As we age, muscles and bones weaken, we lose eyesight and hearing, and mobility often becomes limited. Seniors also have dementia, Including Alzheimer's disease, which affects about 10 per cent of people over age 65 years, increasing to 32 per cent of people aged 85 years and older. Due to physical or mental health conditions, about two-thirds of all people 65 years or older need assistance with at least one daily living activity such as bathing or preparing a meal. If the senior population has more health problems, it makes sense that they also require more health care. Older adults visit the doctor and stay in the hospital more often than other age groups, thus needing residential nursing homes to get around-the-clock supervision. (Wilson 2004).

Once older adults become poor, they are more likely than younger people to remain poor due to having fewer job opportunities that would allow them to move out of poverty. Seniors tend to have fewer opportunities for social engagements than the younger age group. Children move away, friends and spouses pass away, and eventually, they may become housebound if they lose the ability or become ill. Bereavement is always a challenging experience, but because so many seniors lose a spouse, it is a particular problem in their lives.

The grief that follows the loss of a spouse can last many years and can involve anxiety, depression, loneliness, and other issues of all these problems. Loneliness I perhaps the most common and the most difficult to overcome. Studies show seniors who live alone often experience social isolation and chronic feelings of loneliness which causes depression, illness, and even death. More and more Africans are growing old but face uncertain failure. The African population is ageing just like in the rest of the world, but the continent's governments are poorly equipped to handle the growing numbers of older people (African Development Bank, 2011).

The percentage of people aged over 65 in Africa has grown from 3.6 per cent in 2010 to 4.5 per cent of the continent's population by 2030 (African Development Bank 2011). The main concerns are health care provision and pensions. The problem is compounded by a deterioration of traditional patterns of family support in Africa due to growing urbanisation and, in some African countries, the effects of HIV/AIDS and Coronavirus. The health care problem is critical because of the long-term chronic condition associated with growing old, such as heart disease, cancer respiratory disorders, and dementia.

In Kenya, the elderly are abused through mistreatment by those in trust, power, or responsibility for their care (Mouton & Southerland, 2017). This global problem is likely to intensify given the increasing numbers of elderly people and the changing socio-economic and environmental conditions worldwide (Dong, 2015).

### **Assertive Behaviour for Control group**

The survey results show that the majority of the elderly people surveyed in the control group were not demonstrating assertive behaviour compared to the intervention group. These results indicate a need for targeted interventions that can help elderly people develop more effective self-awareness, decision-making, problem-solving, communication, collaboration with others, critical thinking, self-efficacy, imagination and creativity. It is also important to create an environment that is conducive to collaboration, creativity, and critical thinking. Finally, interventions must be designed to meet the individual needs and cultural backgrounds of the elderly people targeted. With these interventions in place, it is possible to promote assertive behaviour among the elderly and help them gain more personal control in their lives.

Finally, interventions must be tailored to each individual and must focus on helping them to develop a more positive attitude and to understand their limitations. It is important that the interventions are respectful and effective and teach practical skills to ensure that the elderly have the tools they need to take on a more assertive role in their relationships. Interventions must take into account the individual needs and cultural backgrounds of each elderly person in order for them to be successful.

### **Statement of the Problem**

The social needs of the elderly are significant and noteworthy, considering that in their absence, depression inevitably sets in. Depression is one of the leading causes of morbidity and mortality in the world and places a profound economic burden on society. Elderly social behaviours are becoming quite common and are associated with adverse long-term psychiatric and functional outcomes, including impairment in work, and interpersonal relationships, substance abuse, and suicide attempts (Bowie & Harvey, 2006). This de-

mands that intervention psychological counselling strategies be employed to meet the challenge. However, the effect of psychological counselling on social behaviours among the elderly remains significantly uninvestigated in the Kenyan context, hence the need for the present study.

Ideally, there should be a harmonious relationship between the elderly and their children, siblings, or family members, both nuclear and extended. Such harmony is characterised by better conflict resolution, effective communication, and overall goodwill. Such a situation will help reduce disharmony that leads to murder and suicide tendencies. This will eventually lead to socially functional societies and communities would live meaningful lives for better social development. Based on reports from the Department of Health in Kericho County (2017), many elderly persons have been reported in many hospitals to show signs of depression and other anti-social behaviours. There have also been reported cases of suicide among adolescents due to conflicts with their elderly parents or guardians. Further, there have been cases of murders of the elderly by their children and vice versa because of existing conflicts on land, marriage, and other social-related issues. It is also assumed that there are even more cases that go unreported. Consequently, a study on psychological counselling on social behaviour among the elderly is necessary. Also, based on the 2009 Kenya Population and Housing Census, Kericho presented an average percentage of 4.0 per cent, which would imply a credible and reliable result.

Several studies have been conducted on mental health of the elderly. Saunders et al. (2021) examined psychological counselling and the social health of the elderly; Dobkin et al. (2011), behavioural therapy and its influence on the social behaviour of the elderly and Chambless and Ollendick (2001) on counselling and sociability in Nigeria. However, how far psychological counselling has impacted the social behaviours of the elderly has not been done extensively. The methodology used had been descriptive without including the essential inferential elements like the present study. Also, the studies have not linked psychological counselling to social behaviour in a country like Kenya. They have not looked at important variables like demographics of the elderly to social behaviour patterns. Consequently, the present study filled this gap. Therefore, this study investigated the effects of psychological counselling on social behaviour among the elderly in Sigowet-Soin constituency of Kericho County.

### **Research Questions**

1. What are some of the maladjusted social behaviours manifested by the elderly in Sigowet-Soin Sub-County of Kericho County?
2. Is there a relationship between assertive training and adjustment of social behaviours among the elderly in Sigowet-Soin Sub County of Kericho County?

3. Is there a relationship between grief and loss counselling and adjustment of social behaviours among the elderly in Sigowet-Soin Sub County of Kericho County?

4. Is there a relationship between social engagement and adjustment of social behaviours among the elderly in Sigowet-Soin Sub County?

### Research Hypotheses

The following hypotheses were formulated:

1. There is a relationship between elders' gender and assertive behaviour
2. There is a relationship between assertive training and adjustment of assertive behaviour of elders

### Significance of the Study

This research established the importance of psychological counselling on the elderly in Sigowet-Soin Sub-County of Kericho County since older adults face challenging health, physical injuries, communication disabilities, substance abuse, and suicidal challenges. The impact of population ageing is enormous and multifaceted, for example, the deteriorating fiscal balance, change of saving and investing patterns, shortage in labour supply, lack of adequate welfare system, and a possible decline in productivity and economic growth. It is prevalent in Sigowet-Soin Sub County to the extent that the elderly attempt suicide. They face many dysfunctional families; thus, research needs to establish ways of attending to these abnormalities. The findings benefited the elderly in Sigowet-Soin sub-county, Kericho County, Health Insurance.

### Method

#### Description of Data Collection Instruments

The current study used both qualitative and quantitative methods to collect data. The method was utilized because such integration permits a more complete and synergistic utilisation of data than to do separate quantitative and qualitative data collection and analysis. The data collection methods used by the current study were questionnaire and in-depth interview guide.

**Questionnaire.** This was because the questionnaire and in-depth interview guide helped the researcher to describe the characteristics of a large population, which provided the broad capability and ensure a more accurate sample for gathering targeted findings, which helped in making conclusion and recommendations.

The researcher used to collect information from the 60 elders from each group of study population. The consisted of structured and unstructured questions in the form of close and open-ended questions based on the research's purpose. This interview guided allow the researcher to collect both qualitative and quantitative data.

### Description of Validity of the Instruments Results

Validity is the appropriateness of inferences and uses of research instruments results. All validity assessments were subject to the judgement of academics and professionals (Drost, 2011). The study used content validity to determine whether the instrument

sufficiently covers all of the content that should be covered by the variable. As a result, the researcher distributed research instrument to the psychological research professionals to confirm that the questions test or measure what they are meant to test or measure. Therefore, the validity of this study was attained through experts' advice.

### Description of Pilot Study

A pilot study was carried out in Sigowet-Soin constituency of Kericho County. The respondents who participated in the pilot study were not involved in the main study. The pilot study was conducted to determine the reliability of the study's research instruments. The researcher administered 6 questionnaires and in-depth interview guide and observation to respondents in Sigowet-Soin constituency of Kericho County, representing 10 per cent of the sample size. The results of the piloted research instruments helped the researcher to determine the consistency of responses and change the items as needed by updating the research instrument.

### Description of Reliability of the Instruments Results

The degree to which a test regularly assesses whatever it measures is referred to as its reliability. As a result, dependability is utilised to focus on how stable or consistent empirical indicators of theoretical concepts are throughout two or more attempts to assess them (Mohajan, 2017). The researcher utilised test-retest method to measure the internal consistency of the study in the instruments. This was performed by computing the Pearson correlation coefficient. In order to measure the test-retest reliability, the researcher gave the same test to the same test respondents on two separate occasions. The first time test given was referred to as T1 and the second time that the test was given, it was referred to as T2. The scores on the two occasions were then correlated. The pilot results showed that the respondent's scores on T1 and T2 were close hence the research instruments were reliable. The following guidelines were followed in interpreting the results: 0.9 and greater: excellent reliability, between 0.9 and 0.8: good reliability, between 0.8 and 0.7: acceptable reliability, between 0.7 and 0.6: questionable reliability, between 0.6 and 0.5: poor reliability, less than 0.5: unacceptable reliability.

### Description of Data Collection Procedures

Data collection procedures are the systematic actions that the researcher takes to collect data from the field in the cor-

rect manner Guest, Namey, and Mitchell (2013). First, the researcher acquired approval from the university and the National Commission for Science, and Innovation (NACOSTI). The permit was used to secure permission from the Sigowet-Soin sub-county government and the chiefs. Before data collection begins, the researcher visited the study location to become acquainted with the intended respondents. During this visit, the researcher briefed participants about the prospective study's purpose and schedule appointments for data collection. After agreeing to participate in the study they needed to sign consent. After signing the consent form to participate in the study during a home visit, the elderly were provided with a set of researcher-administered questionnaires. The investigator conducted psychological counselling for the study group every week for 2 months. At the end of the followup (i.e., 2 months), the study population was provided with the same researcher-administered questionnaires and scales given at baseline in a final preventive home visit. Before the baseline visit, all investigators participated in two training sessions on the scales and questionnaires to be used in the study.

Following familiarisation, data was collected from respondents using the aforementioned instruments. The research assistant was tasked with assisting with in the distribution and collection of research instruments from respondents. The completed instruments were validated and collected.

### **Description of Data Analysis Procedure**

The collected data were analysed using both quantitative and qualitative methods. Quantitative analysis entailed the use of descriptive and inferential statistics. Descriptive statistics included frequency, mean, percentage, and standard deviation. Inferential statistics included t-test to evaluate significant differences between the groups one attending counselling and the other not attending and thus acting as a control group.

A systematic counter-checking of questionnaires after the conclusion of fieldwork was vital. This created room for the establishment of reliable and valid findings. The presentation of findings was done by frequency distribution tables and diagrams, pie charts, and bar graphs.

The qualitative analysis from open-ended questions involved narrations and descriptions of data collected. This involved identifying major themes emerging from the data collected and relating them to the research objectives. The thematic analysis emphasizes pinpoints, examines and records the themes within the collected data. Themes and patterns across data set a basis that is important to the descriptions of a phenomenon associated with specific research questions. Qualitative data was presented by using themes denoted by narrations and tabulations on responses in verbal form and pictures found in the area of study.

### **Ethical Considerations**

Guided by Blaxter, Hughes, and Tight (2010) on research ethics, the study sought to remain within the frame of sound ethical standards. The research was screened for ethical issues by the Catholic University Of Eastern Africa Ethics Committee. Moreover, ethical clearance to conduct the study was sought and obtained from the National Commission for Science, Technology and Innovation (NACOSTI).

The respondents who were willing to participate in the study were given informed consent forms to fill out in order to be involved in the research study. The researcher facilitated the process of filling out informed consent forms after the respondents had fully understood the nature of their involvement in the research, including time commitment, type of activities, issues they would be asked to comment about or discuss and the envisaged risks for participating in the research. When seeking consent for this study, the researcher did not compel respondents to sign the informed consent forms. Therefore, participation was voluntary. The researcher explained to the respondents during the filling of the consent forms that they are free to withdraw from the study at any point.

Another ethical consideration which was made in this study involved protecting the identities of the respondents. This entailed masking the identities and protection of confidentiality, secure storage and restricting access to the data. The researcher undertook to seek permission from the respondents for any subsequent use of data. Moreover, the researcher destroyed all raw data when analysis and reporting were complete.

The researcher informed participants that the data collected for this study would remain confidential. They were informed that the findings would serve academic purposes only and would not be shared, except with prior knowledge of the investigator and them. This was meant to safeguard the trust exhibited by the participants in the researcher and to observe the ethical code of conduct on information gathered from the field. To ensure the privacy and confidentiality of the information and participants, the researcher used pseudonyms.

**Tests of Hypotheses.** The following hypotheses were tested using t-test of independent groups at 0.05 level of significance

$H_{01}$ - There is no significant difference between mean assertive social behaviour scores of male and female elderly people.

$H_{11}$ : There is a significant difference between mean assertive behaviour scores of male and female elderly people.

$H_{02}$  – there is no significant difference between mean adjusted assertive social behaviour scores of elderly people who have received psychological counselling in adjustment of assertive social behaviour and those who have not.

$H_{12}$ : There is a significant difference between mean maladjusted assertive social behaviour scores of male and female

Table 1  
*Comparison of Mean Assertive Behaviour Scores of Elderly People*

Gender	n	$\bar{x}$	sd	p
Male	38	24.6	3.6	0.0048
Female	22	32.1	3.1	

Table 2  
*Comparison of Mean Assertive Behaviour Scores of Elderly People*

Category	n	$\bar{x}$	sd	p
Intervening group	30	42	3.2	0.0007
Control group	30	28.4	6.28	

elderly people.

Table 1 and Table 2 present the results.

$H_{01}$ - There is no significant difference between mean assertive social behaviour scores of male and female elderly people.

$H_{11}$ : There is a significant difference between mean assertive behaviour scores of male and female elderly people.

Since the p-value of 0.0048 is less than 0.05 we reject the null hypothesis and thus there is a significant difference between mean maladjusted assertive behaviour scores of male and female elderly people.

$H_{02}$ : There is no significant difference between mean adjusted social behaviour scores of elderly people who participated in an assertive behaviour adjustment psychological counselling and those who did not.

$H_{12}$ : There is a significant difference between mean adjusted social behaviour scores of elderly people who participated in an assertive behaviour adjustment psychological counselling and those who did not.

Table 2 presents the results

Since the p-value of 0.0007 is less than 0.05, we reject the null hypothesis and thus there is a significant relationship between psychological counselling on maladjusted Assertive behaviour and assertive social behaviour of elderly people.

## Summary, Conclusion and Recommendations

### Summary

This sector summarises the results of the study. This study investigated the effects of assertive behaviour psychological counselling intervention on adjustment of assertive behaviour.

Data were collected using questionnaire from the selected sample before and after intervention. Further, data collected from the control group was also collected and analysed using descriptive and inferential statistics. This section summarises the research findings of the study based on the research objectives.

### Assertive Training and Adjustment of Social Behaviours.

**Assertive Behaviour Before Intervention.** The analyses of elderly people's social behaviour revealed that they had a moderate level of assertiveness when it comes to self-awareness, decision-making, communication, problem-solving, critical thinking, self-efficacy, and imagination. Most of the elderly manifest seldom assertive behaviour when it comes to these factors.

**Assertive Behaviour After Intervention.** The results of the study assessing assertive behaviour after intervention for elderly people showed that a majority of elderly people demonstrate assertive social behaviour frequently or always. None of the elderly people in the study demonstrated assertive behaviour rated *never* or *seldom*.

### Conclusion

The following conclusions were made based on the research findings.

**Social Behaviours Manifested by the Elderly .** This research concludes that maladjusted social behaviours are common among the elderly. These behaviours can include difficulties in self-awareness, decision-making, problem-solving, collaboration, and critical thinking.

### Recommendations

The following recommendations were made based on the research findings and conclusions

1. Social Behaviours Manifested by the Elderly  
Based on the research findings, it is recommended that Sigowet-Soin Sub-County put in place strategies to ensure that the elderly population can receive the appropriate support to help them remain socially active and engaged. This could include increased awareness and education programmes about the physical, psychological, and social factors that can contribute to maladjusted social behaviour among the elderly. To increase access to these programs, it may be necessary to provide transportation to ensure elderly individuals are able to attend sessions. Further, caregivers and family members should also be encouraged to foster social engagement with their elderly loved ones. This could include providing companionship, participating in physical activity, engaging in meaningful conversations, and encouraging mental stimulation. Finally, elderly individuals must have access to healthcare professionals who can evaluate and treat any physical, psychological, and social issues that may be impacting their social functioning. This includes access to psychological counselling that is specifically tailored to the unique needs of the elderly population. Providing the elderly with appropriate support and resources is necessary to ensure that they remain socially connected, engaged, and healthy.

2. Assertive Training and adjustment of social behaviours  
According to the results, assertive training and adjustment of social behaviour are crucial in ensuring an increase in assertive behaviour. Thus, the study highly recommended that healthcare providers and/or other professionals plan and implement an intervention program to improve assertive social behaviour among elderly people. Such an intervention should be tailored to the particular needs of the elderly population to maximise its effectiveness. The intervention should be aimed at improving the elderly population's self-awareness, decision-making, communication, problem-solving, critical thinking, self-efficacy, and imagination as all of these are important for assertive behaviour. Additionally, professionals should focus on encouraging collaboration with others as this is an area where elderly people have a higher level of assertive behaviour. The intervention should also be centred around providing elderly people with practical guidance and instruction on how to utilise interpersonal communication strategies. This will help them to better navigate interpersonal relationships and implement assertive behaviour in their daily lives. Finally, professionals need to provide feedback and support to the elderly population throughout the intervention. This will help encourage them and ensure that they are using the communication techniques effectively.

**Suggestions for Further Research.** This study primarily examined the effects of psychological counselling on social behaviour among the elderly in Sigowet-Soin Sub County of Kericho County, in Kenya, implying that the study was done in a rural set up. Future studies should be done on the entire county or should be done in urban areas such as Nairobi and Mombasa.

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