

FACTORS THAT INFLUENCE POST MARITAL COUNSELLING PARTICIPATION

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Abstract

Despite Post Marital Counselling (PMC) effectiveness, most couples seek marital help very late when their problems have worsened. The purpose of this qualitative research study was to explore factors that influence couples' participation in PMC. The study sample consisted of married couples and service providers. Purposive and snowball sampling was used to select 25 participants who took part in the interviews and focus group discussions. Thematic data analysis by Braun and Clarke (2006) was utilized to analyze the data. The findings indicated that unwillingness to attend PMC, lack of awareness and prohibitive fees were some of the factors that contributed to nonparticipation in PMC. Implications and professional considerations for professional practice are outlined in order to further assist in exploring the factors that influence nonattendance of PMC.

Key Words: Post marital counselling, influence, participation, Botswana

Introduction

The government of Botswana places a high value on the institution of marriage in recognition of its significance in people's lives. Post marital counselling services are progressively being provided in various settings such as churches as well as families in the country with the aim of building stable and healthy families (Stockton, Nitza & Bhusumane, 2010). Gladding (2015) posits that there is no conflict-free marriage. Gladding (2015) further views post marital counselling as a type of counselling that is offered to couples with marital problems and provides them with necessary skills to help them develop strong foundations for their marriages. Despite this, divorce rates have been on the rise in Botswana over the years to the point that it has become a common occurrence in the society (Gasennelwe, 2015; Tlhoiwe, 2012; Moeti, 2015).

This study is an attempt to explore couples and service providers' perceptions about factors that influence PMC participation. Perhaps PMC sessions conducted earlier could stem out inherent marital challenges significantly and contribute to dropping the high rates of divorce. This study believes that attendance of therapy in the early stages of marital distress can positively benefit couples (Murray, 2005) and improve the effectiveness of the therapy (Jacobson & Addis, 1993). Couples attendance of PMC could possibly provide a chance for couples to address differences that might have surfaced after the wedding. It might possibly give them the chance to assess their current situations, detect future problems as well as reduce the divorce cases (Silliman & Schumm, 1999).

Background

Marriage is considered a vital institution in most countries in the world (Joseph & Subhashini, 2012). However, very few people enjoy their marriages (Nyanga, 2010). Research indicates that getting married is easier compared to staying married (Stewart, Bradford, Higginbotham & Skogrand, 2016; Joseph & Subhashini, 2012). This could be due to the challenges that come along with marriage such as adjustment issues. For this reason, there is dire need for marital intervention measures that seek to strengthen marriages. One such measure is PMC which can be offered in diverse settings such as religious and professional settings (Rijk & Dijk, 2013; Stockton et al., 2010). Although PMC attempts to prevent challenging marital issues from becoming more severe (Kepler, 2015), it has been established that relatively fewer people seek professional help before they divorce (Moeti, 2015; Gladding, 2015).

Cultures across the world differ in the ways they prepare couples for successful marriage. In America, preventive programs have been established as an attempt to build marriages (Borowski & Tambling, 2013). In the African continent, marital counselling is used as an attempt to develop stability in families. Parents remain an important cornerstone in an African context. They, together with other members within the extended family, are deeply involved through the provision of on-going counselling to the newly married (Solway, 2016; Rijk & Dijk, 2013). In South Africa and Botswana, it is the elderly married women who provide the new couple with marital counselling and guidance (Moeti, 2018; Moloko-Phiri, 2015; Ellece, 2011).

Despite the benefits of marital preparation programs, participation rates remain low (Valiente, Belanger, & Estrada, 2002). Studies have demonstrated that seeking PMC remains a challenging issue for most of married people (Killawi, Daneshpour, Elmi, Dadras, & Hamid, 2014; Namoje & Mandyata, 2017; Chase & Chase, 2010; Gichinga, 2008; Wolcott, 1986). Failure to participate in marital counselling/programs is one of the factors that impact negatively on the marriage. It is estimated that only 37% of couples seek counselling before they divorce (Gladding, 2015; Johnson, Stanley, Glenn, Amato, Nock, Markman et al., 2002) and it is commonly the middle-class and the educated (Doss, Rhoades, Stanley & Markman, 2009). There are various reasons why couples do not take part in marital counselling services. Research suggests that low participation rates may be due to the absence of effective enrolment strategies that seek to attract and increase participation (Sullivan & Anderson, 2002), and couples who end up seeking assistance, invariably do so after considerable delays to the point where their problems have worsened (Chase & Chase, 2010; Doss, 2009; Doss, Simpson & Christensen, 2004; Wolcott, 1986). For instance, in Kenya there are challenges that hinder couples from accessing professional marital counselling such as cultural influences. Marital issues are kept secrets and only shared with family members (Gichinga; 2003, 2008). Gichinga (2008) found that couples considered psychological counselling as their ultimate choice. Preference was given to family members and friends instead. Typically, couples wait for about six years before seeking marital counselling, and by the time they do, it is “often a last resort; an attempt to fix up the relationship

when the marriage has already deteriorated beyond repair or when one partner was severely distressed” (Wolcott, 1986, p.164). According to Adams (1986) the counsellors’ state of marriage is critical as it can either build or destroy other peoples’ marriages. The implication of this statement is that people may look to counsellors as their role models. Therefore if they fail and their own marriages end in divorce then people may be discouraged from seeking help, especially from such counsellors.

Statement of the problem

Evidence from research confirms that there is professional counselling in Botswana, and it is provided by religious leaders, marriage counsellors, district commissioners and parents (Stockton, et al., 2010). Rijk and Dijk (2013) confirmed that religious bodies such as churches offer counselling to married couples going through marital problems. Church pastors organize marriage seminars and workshops to address marital issues (Moeti, 2015). According to Stockton et al. (2010), mental health services are offered through government ministries, community agencies, nongovernmental organizations, prisons, private agencies and churches. However, despite all these positive initiatives, there is clear evidence of high rate of divorce cases (Gasennelwe, 2015). For instance, figures from the two High Courts of Botswana in Gaborone and Francistown illustrate that in 2016 registered cases of divorce were 1013 compared to 921 in 2017 and 893 in 2018 respectively. In addition, Francistown High Court alone registers 80 divorce cases per week (Mmolai, 2019).

Purpose of the study

The purpose of the study is to explore couples and service providers’ perceptions about factors that influence participation in PMC. The study also explores strategies that can enhance PMC participation and reduce divorce.

Research Questions

The study seeks to answer the following questions:

1. What is the perception of service providers and married couples about factors that contribute to nonattendance of post-marital counselling in the cities of Gaborone and Francistown?
2. How can post marital counselling be enhanced to increase participation and reduce divorce rates?

Literature Review

Post-marital counselling is an intervention measure that seeks to help people to have meaningful and healthy marriages (Rijk & Dijk, 2013). However, majority of married couples do not seek these interventions (Moeti, 2015; Doss, 2009). Those who do seek help when their problems have deteriorated (Wolcott, 1986). For instance, in the USA only 19% of couples are reported to

seek PMC (Johnson et al., 2002). Of the few who may seek help, females were found to be more responsive to counselling than their male counterparts (Park, Jeon, Lee, Mi Ko & Kim, 2018; Northdop, 2014; Doss, Atkins & Christensen, 2003). Doss et al. (2003) examined the issue of delay in seeking marital counselling and found that wives were more active in seeking PMC compared to their husbands. The study also revealed that men would seek marital counselling only if they were sexually dissatisfied.

Interventions that occur late in the development of the relationship and during intense marital distress have limited ability to produce significant results (Murray, 2005). Such people according to Snyder (1997) are unlikely to get satisfaction at the end of their counselling session. Jacobson and Addis (1993) posit that looking for marital therapy early before marital problems worsen is better because therapy is more likely to be effective at that stage. Killawi et al. (2014) study which was conducted among the Muslim community revealed that most divorced participants acknowledged that they sought professional counselling when their troubles had escalated. One even expressed that if this service was provided a bit earlier it could have saved their marriage. The couple did not even have a chance to attend premarital counselling. In showing the need to seek counselling early, Wood and Stroup Jr (1990) stressed that new patterns of behaviours are revealed in the early years of marriage. Karney and Bradbury (1997) argued that challenging areas in marriage become known from six months. It makes sense that any time before six months elapses is not ideal as couples will still be blissfully enjoying their new marriage and blind to each other's shortcomings or weaknesses. Interventions after the wedding play a pivotal role because they can cater for problems that occur during the transition period. This is the reason why the period of six months after the wedding is regarded suitable time for PMC, as it is believed to be a time when individuals may be able to effectively deal with matters that were not addressed during premarital counselling (Tambling & Glebova, 2013; Coffie, 2008; Stahmann & Hiebert, 2000).

Research has further established various reasons why couples do not take part in PMC services. In a study conducted by Wolcott (1986), the reasons why couples do not seek help were associated with their partners' unwillingness attitude, reluctance to share their private life, denial that there is a problem in the relationship and the thought that it was already too late to seek marital counselling. Moreover, the absence of effective enrolment strategies in order to attract and increase participation (Sullivan & Anderson, 2002), religion (Sullivan, Pasch, Cornelius, & Cirigliano, 2004) and the financial situation of the married couple (Schofield, Mumford, Jurkovic, Jurkovic & Chang, 2015) further complicated the problem. Due to modernization, traditional premarital counselling is no longer given the value it had in the past. This has had a negative impact on the many marriages as counselling is no longer given the value it deserves (Moeti et al., 2017). Park et al. (2012) found that couples' belief that they have the ability to manage marital challenges on their own hinders their participation in PMC. Unprofessional behaviours of counsellors, ignorance of the availability or lack of counselling services, negative

attitudes towards counselling, general misconceptions, inadequate resources such as time and funds were some of the reasons that contributed to poor attendance of PMC (Barasa & Nzangi, n.d). As already mentioned, research also shows that in the event that couples do finally seek counselling intervention, this is often done very late (Field, 2008; Chase & Chase, 2010; Wolcott, 1986; Nwoye, 2004).

Abanyam et al. (2014) revealed that couples face numerous problems in marriage throughout the marital relationship cycle. Such problems indicate the need for effective marital interventions after the wedding. Silliman and Schumm (1999) recommended that service providers should collaborate to enhance the quality delivery of PMC. Financial incentives were found to be helpful as a way of encouraging couples to attend the marriage and relationship programs (Wolcott & Glezer, 1989).

Research methodology

This is a qualitative case study that was conducted in Gaborone and Francistown. The research sites were conveniently selected for the study mainly because of the availability of participants who met the right selection criteria. The participants used in the study consisted of twenty-five people (See *Table 1*). These participants were purposively selected through the snowballing approach. Service providers were firstly identified, and they then helped to identify potential participants such as married couples who had been their clients. Since they interacted with the couples, the service providers thought the couples would be amenable to taking part in the study. Participants were met at their places of convenience. These venues included researcher’s office, participant’s office, church premises and their homes in Gaborone and Francistown.

Table 1: Participants Demographic data

Participant	Male	Female	Total
Personal interviews	5	3	8
Paired interviews	4	3	7
Focus group 1	3	3	6
Focus group 2	2	2	4
Total	14	11	25

Table 1 shows the 25 participants that took part in the study. Fourteen participants were males while eleven were females. For the personal interviews, six of the participants were married and their number of years in marriage ranged between 1-10 and 31-40.

Data were collected through twelve interviews and two focus group discussions. Each focus group had four to six participants. A total of eight personal interviews were conducted with the service providers and four paired interviews with married couples. Since the interview guide was written both in English and Setswana, participants were given the opportunity to choose their preferred language. The service providers favoured English more than married people. Before the interviews could take place the purpose of the study was explained, and participants were requested to sign consent forms. The participants were informed that participation was by choice, that they were free to pull out at any given time and that they would not be forced to participate. Participants were informed about risks such as emotional risks that may arise as a result of taking part in the study. As a result, the researcher provided a list of service providers and their contact numbers who could assist the participants should they need counselling. Confidentiality was maintained throughout the research process. Participants were informed that no names will be used or revealed in the research report and that pseudonym will be used instead. A recording device was used to record all the discussions with participants' permission. The Setswana transcripts were translated to English. Thereafter, transcripts were transcribed verbatim by the researcher and data analysis was carried out with the use of Braun and Clarke's six stages of data analysis. Data was organised in a meaningful and systematic manner and appropriate themes were developed and reviewed. The reviewed themes and subthemes were used to write a report (Braun & Clarke, 2006).

Credibility of the study was maintained using triangulation, member checking and reflexive journal (Polit & Beck, 2012; Creswell & Miller, 2010). Data was collected through interviews and focus group discussions. This assisted in checking regularities in the data (Creswell, 2003; Bogdan & Biklen, 1998). The data was audio recorded and was then member checked by the participants to check if the transcripts reflected correct information as articulated by the participants during the interviews (Lincoln & Guba, 1985). Reflexivity helped in reducing personal bias in the research process. Streubert and Carpenter (2011) noted that it gives the researcher the opportunity to examine their influence on the study. Transferability of the findings in this study will not be possible because the study was conducted only in two cities of the country.

Research Findings

The study identified factors that led to poor attendance of PMC. These were unwillingness of the partners to attend PMC, financial constraints, lack of awareness of the availability of PMC services and untrained service providers. Ways that PMC can be enhanced to increase participation were also identified. *Table 2* below shows the findings of the study.

Table 2: Findings of the study

Factors that influence PMC participation
1. Lack of interest to attend PMC
2. Economic factors
3. Lack of awareness of the PMC services
4. Untrained service providers

How to enhance PMC services
1. PMC should be offered by qualified PMC counsellors
2. Collaboration of service providers

Lack of interest to attend PMC

Both the service providers and couples acknowledged poor attendance of marital therapy. One participant said, “The only challenge we still have is the unwillingness to attend post marital counselling...” This is an indication that couples still struggle with seeking assistance when faced with marital problems. In the current study the lack of interest was influenced by stigma associated with counselling and the general negative attitude towards counselling. The following excerpt is from an explanation by a participant about stigma as an obstacle that contributes to people’s lack of interest to seek counselling:

Since some people still feel that if I am seen going there it would seem like I have a huge problem or I am a careless person who doesn’t know how to handle his own problems... people only think counselling is necessary when people have serious problems.

Furthermore, a female participant also narrated that this has led to many people not attending PMC. She said:

... we do not want to be seen going for counselling. We are afraid of being bad-labelled by people. We think people will label us as failures. As Batswana we do not understand the role of counselling, our perceptions about it are negative and this is what keep people from seeking help.

These quotes express the view that lack of PMC participation is largely influenced by general perceptions that people have about PMC.

Uneasiness to disclose confidential matters to strangers was one of the reasons why people would not or were reluctant to participate in marital counselling. For instance, a participant said, "We are afraid to disclose our issues to strangers..." Additionally, the study also revealed that this particular habit is prevalent among males than females.

Economic factors

The other theme that emerged as a major challenge was finances. The general concern expressed by participants was that although PMC is essential, not all people can afford it because of the high fees that prohibit everyone to participate. The following comments substantiate this view, "Post marital counselling is not free ...From my experience, I have not seen any service provider who offers services free of charge."

Another participant concurred,

I have realised that nothing is free, even churches that offer PMC services, whether in the form of seminars or individual sessions, demand exorbitant charges not easily accessible to the average Motswana.

A participant further explained that lack of sufficient funds is a hindrance towards PMC participation. She said, "other people have no access to counselling because they do not have the money to pay for the service." This is unfortunate because if marital counselling was provided free of charge, couples could probably be attending counselling in larger numbers. This has led to some couples opting not to attend PMC altogether. A married woman said:

People opt to struggle on their own. They would rather deal with their issues on their own rather than involve the next person. They have the belief that they can independently deal with their issues. Sometimes they think post marital counselling is a waste of money.

Participants thus advocated for the free provision of counselling services and that the government should incur all the expenses. A participant said, "Counselling services should be affordable and the government can provide free counselling sessions."

Lack of awareness of the PMC services

Failure to attend PMC services was also associated with lack of awareness of the availability of the services. This theme was mentioned by married couples who considered this a problem. A participant said, “couples are not aware; if they were they would come for counselling.” It was also revealed that there are disparities in terms of availability of the services in towns and cities. For instance, a participant said, “these services are not widespread; they are not in each and every area especially villages.” Another participant added by saying:

PMC services are found in cities and towns, where you will find one or two organizations or one or two professional counsellors providing this kind of service. Yes! You will not find them in each and every place around Botswana.

Untrained service providers

Majority of the participants, particularly service providers, expressed inability to successfully assist clients due to lack of training or experience. The study established that most of the service providers are not eligible to offer PMC since they do not have relevant qualifications for the profession. One of the service providers described her situation noting that:

we are not professional post marriage counsellors... we are employed as junior assistant officers and the first day we are employed we are expected to attend to clients. That is the entry point when you are from the University.

Another social worker concurred and further stated that service providers should be taken for PMC training. She noted, “Pastors should be assisted with PMC training.” Participants explained the dangers associated with PMC being offered by untrained personnel. To substantiate this view according to one participant, sub-standard service is offered. She said, “post marital counselling is not a joke; the way it’s done is not one size fits all ... we need people who are trained to handle various marital issues.”

Ways of enhancing PMC

Participants acknowledged that PMC approaches and practices need to be enhanced to prevent escalating divorce rates in the country. PMC should be offered by trained PMC counsellors; and collaboration of PMC service providers were identified as ways in which PMC could also be enhanced.

PMC should be offered by qualified PMC counsellors

The participants suggested that PMC should be provided by trained professionals who have gone through intensive training in PMC. During a personal interview a participant said:

PMC should be done by those who have received professional training specifically post marital counselling. Sometimes we take it for granted that if one is a counsellor they will be able to cover each and every aspect of counselling. There are several counselling specializations such as grief, divorce etc. It doesn't mean that if I am a counsellor I will be able to effectively tackle all the issues; so we need trained personnel. These could be pastors or professionals; as long as they are trained then it will be fine.

Other excerpts from service providers were as follows:

People with adequate skills like the psychologists and counsellors should provide post marital counselling. When somebody provides counselling they should solely be responsible for that and nothing else. This will enable them to give an effective service to their clients.

Post marital counselling must be offered by trained people. The fact that one has passion for counselling does not mean that one can offer PMC. Every talent must be shaped; so I think training is very important because it shapes you and gives you the skills that can enable you to handle clients' cases and how to approach your clients' cases. For instance, you will learn how to keep confidential information.

Collaboration of PMC service providers

Participants stressed the need for all service providers to work together in the interest of clients. Commenting on this issue, participants confirmed the need of collaboration:

collaboration of all pastors, counsellors and the DC office in providing PMC is essential, we need to meet as many times as possible. We can have scheduled compulsory meetings every year where we can meet and assist each other on how we can effectively help our clients

There is a need that service providers work as a team because there are couples who still believe that they cannot be counselled by the District Commissioner; instead they prefer their pastors hence the need to embrace all these service providers.

The service providers can do a good job when they work as a team. There are couples who prefer being assisted by their pastors than any other service provider; so all service providers must be embraced to be able to effectively assist couples.

It was also emphasised that where one service provider is unable to effectively assist a client the other can step in to help. A participant said:

Pastors and professional PMC counsellors can deal with the remaining part left out by the parents. Despite their bias, parents can lay the foundation during *patlo* (asking for a hand in marriage) then afterwards PMC service professionals should take over.

In support of collaboration another participant further stated that:

As pastors and professional counsellors we need to conduct workshops, seminars and symposiums where we can address parent about issues of marriage so that in the event that they need to provide counselling in their families they will know what they are supposed to do.

Discussion

The current study has shown that many couples have no interest in participating in PMC services. The lack of interest came from the fact that they were not comfortable to disclose family issues and secrets to strangers and because of the stigma associated with counselling. This observation is similar to past research (Stewart et al., 2016; Gichinga, 2003; Wolcott, 1986) who noted that some of the reasons why couples do not seek marital help were associated with the couples' reluctance to share information about their private life, among others. In Botswana, sharing information about ones' private life could be in contradiction to Setswana culture. Culturally, after marriage, the couple is assigned a mentorship couple whom they share their problems/struggles with. Consistent with this finding, other researchers found stigma to be contributing negatively to peoples' participation in counselling in general (Fox, Blank, Rovnyak & Barnett, 2001). In the United States of America Kepler (2015) found that the stigma came from feelings of embarrassment, anxiety that comes with being judged and considered a dysfunctional couple by other people. Similarly, Demir and Aydin (1996) found that students' lack of interest to seek psychological help emanated from fear of stigmatization and or from being labelled. In Botswana, because counselling became vibrant in the 1960's in the country (Stockton et al., 2010) one would think it would have been embraced by many people henceforth. Unfortunately, the status quo signifies the opposite. This could be because at that time counselling mainly focused on HIV/AIDS matters, and there was a lot of stigma associated with the HIV pandemic as a result. It may be for that reason that people did not want to be associated with counselling services. And this could be the reason why PMC services are still stigmatized in the country.

Consistent with past research (Park et al., 2018; Stewart et al., 2016; Khamis, 2013; Wolcott, 1986) gender disparities were observed in this study with regard to PMC participation. In the current study lack of attendance was predominantly among men than among females. However, a contrary finding by Schramm et al. (2005) observed no difference between men and women with regard to PMC attendance.

Finances were also identified by participants as one of the factors that deter couples from participating in PMC. Participants shared that distressed couples who are financially challenged tend to experience difficulty in attending PMC services and this impacts negatively on the wellbeing of their marriages. This was supported by Killawi et al. (2014) as well as Stanley et al. (2006) who found that financial restrictions/constraints pose a barrier in PMC attendance. As Schofield et al. (2015) put it; people with higher salaries may attend counselling sessions as they have the financial means to do so. Participants supported the notion that when couples are financially stable participation becomes easy. Silliman and Schumm (1999) suggested family and institutional sponsorships to take care of PMC costs.

Furthermore, participants in this study indicated that low participation in PMC is due to lack of awareness of the PMC services; and this finding is consistent to previous research (Namoje & Mandyata, 2017; Atik & Yalcin, 2011; Khamis, 2013; Demir & Aydin, 1996). In this study the unawareness come from the fact that there is unavailability of the PMC services in some areas, particularly villages. A possible explanation of this finding is that not attending the services to some people may not be deliberate but would be that they do not know where to get help when they are faced with a challenge. So, since the services are mostly in towns people in villages will be forced to board transport to go seek help in towns where the services are available. This was not considered an easy task for most of the people as it involves finances; and was found to be contributing to couple's failure to attend PMC. As Schofield et al. (2015) puts it, people who are financially stable can afford counselling. Khamis (2013) observed a similar finding in Ghana among the Muslim community. Although there were premarital counselling centres around the country, a substantial number of people were unaware of the availability of those counselling services.

Contrary to the finding mentioned above, in Zambia, Namoje and Mandyata (2017) found that 60% of the people were aware of the availability of the traditional counselling services and had positive appreciation of the helpfulness of the services. This could plausibly be attributed to service providers making effective promotion strategies. Clearly, service providers in Botswana have a mammoth task of promoting their services. Similarly, in support of the fact that knowledge about the services is advantageous, Atik and Yalcin (2011) conducted a study among Turkish undergraduate students. They found that students who had information about the professional psychological services provided on campus had a positive attitude towards seeking help. Demir and Aydin (1996) noted that lack of knowledge about counselling services has a negative impact in its utilization. It is possible that the students might have misinterpreted and underestimated the importance of the service and its impact because of lack of knowledge.

Ways of enhancing PMC

PMC should be offered by qualified PMC counsellors

Many participants argued for the training of PMC counsellors as a way of enhancing the service. Untrained providers were perceived to be offering substandard service and thus jeopardizing the standards of the profession. Olson, Olson-Sigg and Larson (2008) noted that training allow counsellors to understand and assist their clients efficiently. Pugh (2000) noted that receiving good service or therapy increases positive attitudes in the clients. As a result, provision of the best service lies with both the profession and the professionals. Both must do all it takes and all that is necessary to enhance and increase participation, appreciation and recognition. Professional counsellors also need to additionally acquire experience in working with couples (Tambling & Glebova, 2013; Schumm, 2010) to add value to the profession.

Collaboration of service providers

Concurring with other research (Namoje & Mandyata, 2017; Silliman & Schumm, 1999), the current study argued for collaboration of service providers to enhance provision. This view emanated from the fact that most of the service providers were or did not feel competent in offering the service; a pooling of service providers can go a long way in addressing this problem. In support of this finding, Schofield et al. (2012) stressed that service providers working together could lead to effectiveness in offering PMC services. Silliman and Schumm (1995) also emphasized that clients appreciate assistance given by a variety of professionals. The current study noted that there is collaboration in the provision of premarital counselling, and recommends that the same could be done with PMC.

Conclusion

This study sought to explore factors influencing the participation of married people in PMC. Lack of interest in attending PMC sessions, economic factors, lack of awareness of PMC services and untrained PMC personnel are some of the factors that contribute to poor attendance of PMC. The study also revealed the need for training of counsellors to enhance service provision. The study further noted that PMC services are not accessible to many people because of lack of awareness of the services. There is dire need to come up with ways to attract and motivate couples' participation in PMC. The need for PMC services is a priority especially considering the high rates of divorce in the country. The Government of Botswana also has a role to play in building this nation by promoting PMC services to benefit marriages. Finding ways to provide the services free of charge or all minimal/affordable charges will bridge the gap between the rich and the poor or the haves or have nots.

Although this study has contributed to the literature on factors that contribute to PMC participation, it has some limitations. All the participants were from the Christian background and were from two cities only. Therefore generalization of the findings to other areas may be limited. Furthermore, pastors from pentecostal churches and social workers represented the service providers' category as participants. Therefore future research could take into consideration other helping professionals as well. Only married people took part in the study so a more diverse population could be used in future studies.

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