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The Processes, Interventions, and Delivery of Pre-Marital Counselling in Selected Institutions within Kiambu and Nairobi Counties

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Abstract:

- ***Background:***
  Existing literature indicates a positive correlation between the effectiveness of pre-marital counselling (PMC) programs and the stability, satisfaction, and longevity of Christian families. However, there is a low PMC uptake in Kenya, and couples who utilize PMC are likely to report dissatisfaction with the PMC experiences and may face marriage dissolutions later in life. Part of the cause is the lack of professional competence among PMC practitioners. No Kenyan study has explored the processes, interventions, and delivery of PMC.

- ***Objective:***
  To discover the processes, interventions, and delivery of PMC in selected institutions within Kiambu and Nairobi counties.

- ***Methods:***
  The study employed a qualitative research design based on interpretivist and constructivist paradigms of Grounded Theory. The participants comprised 12 PMC counsellors from Nairobi County, 4 male clergy offering PMC, and 20 PMC beneficiaries married for 15 to 28 years, selected from 4 churches within Kiambu and Nairobi counties. The data were collected between April 25 and April 30, 2025, using in-depth interviews with the clergy, self-administered couple questionnaires, and counsellor-focused group discussions. Data was analyzed using thematic analysis.

- ***Results:***
  Eleven theories and six assessment tools were highlighted by PMC practitioners for application in PMC. The beneficiaries identified five core expectations for PMC content delivery: professionalism, cultural competence, a supportive environment, comprehensive topic coverage, and the use of real-life examples.

- ***Conclusion:***
  Increasing professional competence among PMC practitioners contributes to PMC effectiveness.

- ***Implications:***
  Institutions offering PMC courses should enhance practitioners' competence and professionalism by ensuring that their PMC curriculum captures the highlighted tools.

Keywords: *Counselling, Competence, Professionalism, Couples, Kenya, Pre-Marital.*

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I. INTRODUCTION

Pre-marital counselling prepares couples for future marriages. PMC is associated with a lower divorce rate (Clyde et al., 2020), better quality of life (Bahkali et al., 2022), marital stability (Muchope, 2022), and harmony, commitment, cohesion, and satisfaction (Marang'a, 2021; Keverenge et al., 2020). Effective PMC requires sufficient time for a detailed examination of all PMC topics, well-organized sessions, and incorporation of assessment tools and manuals, presented by professionally competent counsellors (Moeti et al., 2024). In addition, existing studies underscore the need for cultural competence in PMC. Cultural sensitivity requires practitioners to recognize clients' backgrounds, including educational attainment, spirituality, race, social norms, economic conditions, communication styles, values, conflict-resolution approaches, and perceptions of marital roles (Atkins & Lorelle, 2022). Besides, incorporating interactive sessions such as group discussions, guided questions, opportunities for feedback, recreational activities, brainstorming sessions, presentations, handouts, posters, and oral evaluation techniques promotes active participation and learning outcomes (Alizadeh et al., 2021; Elrayes et al., 2023). These resources ensure participants' active engagement and enhance realistic life expectations, collaboratively process and enhance relational readiness.

Despite the clear guidelines and expectations in PMC, existing studies indicate inadequacies in the implementation of PMC programs across various countries. Okwabeng (2022) noted that Christian couples in Ghana need professional counsellors as PMC facilitators, observing that religious counsellors focus only on Bible reading, preaching, and prayer. Kgatle and Spaumer (2023) found that while marriage counselling offered by Pentecostal pastors can be beneficial in certain instances, it is often conducted by untrained pastors who struggle to identify issues and provide accurate, suitable solutions. This gap exposes a larger systemic risk in guaranteeing that PMC programs are provided by effectively trained and professionally competent practitioners. Accordingly, there is a pressing need to harmonise PMC training and incorporate evidence-based counselling methods to boost the usefulness and dependability of these programs.

Inadequate content coverage, short PMC duration, and reliance on untrained pastors or clergy who lack adequate professional PMC training, knowledge, or skills are among the challenges affecting PMC effectiveness in Kenya (Gichuri et al., 2024; Moeti et al., 2024; Munyoki, 2023). Despite the essential role of assessments in guiding interventions, a notable gap exists in the structured assessments or tools used as clinical resources during PMCs in Kenya. The absence of assessments restricts counsellors' capacity to recognize vital relationship dynamics, individual difficulties, and compatibility factors, which are crucial for preparing couples for marriage (Deylami et al., 2021; Irvine, 2022). Counsellors are often less trained in PMC assessment tools, and, coupled with the clergy who may lack formal training, this leads to low utilization of assessment tools in PMC. Little is known about the status of standardized assessment tools in Kenya's PMC and such inadequacies can lead to future marriage instability, divorce, and low utilization of PMC. Thus, understanding the processes, interventions, and delivery of PMC content is essential to identify any inadequacies and promote awareness of existing best PMC practices.

II. MATERIALS AND METHODS

A. Research Design

The study adopted a Constructivist Grounded Theory approach within an interpretivist paradigm, emphasizing the researcher's role in co-constructing meaning with participants (Charmaz, 2020; McCall & Edwards, 2021; Friese et al., 2020). Guided by the criteria of credibility and originality, the study was contextually grounded with the real representation of participants lived experiences.

B. Location of the Study

The study was conducted in four conveniently selected churches: the Presbyterian Church of East Africa, Kirigiti Parish in Kiambu; Word of Faith Church in Kiambu County; and Christ Is the Answer Ministries (CITAM), Thika Road, and ACK St. Paul's South C Parish in Nairobi County. Selection was based on proximity to the researcher to facilitate participant access. Additional data were obtained from counsellors providing PMC services in Nairobi County and affiliated with the Kenya Counselling and Psychological Association (KCPA).

C. Participants

- *Counsellors Respondents' Bio Data*

A total of 12 counsellors participated in the FGD, which comprised three clinical psychologists (two possessing Master's degrees and one with a PhD); five counselling psychologists (two with Diplomas and three with Master's degrees), and four Marriage and Family Therapists (MFTs) (two with Diplomas and three with PhDs). The participants were aged 30-70 years. Specifically, respondents aged 30 - 40, 50 - 60, and 60 - 70 each accounted for 25% of the total, while those in the 40 - 50 age range accounted for 16.7%.

- *Clergy Respondents' Biodata*

Four male clergy members aged between 40 and 60 years participated in the in-depth interviews. The respondents were drawn from four faith-based institutions: Word of Faith, St

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Paul's ACK South C, PCEA Kirigiti Church, and CITAM. Three of the clergy members had undergone formal training in counselling and psychology, comprising a Higher Diploma in Marriage and Family Therapy, a Diploma in Counselling, and a Diploma in Industrial Psychology, while one lacked formal counselling training.

➢ *The PMC Beneficiaries' Bio Data*

The study involved 20 PMC beneficiaries who had been married for more than 15 years. The majority were female (73%), with males representing a smaller proportion (15%), and marriage durations ranged from 15 to 28 years (M = 17.72, SD = 3.74). Educational attainment among participants was predominantly high: 55% (N = 11) had completed university education, 35% (N = 7) held a college diploma and only 5% (N = 1) reported primary-level education. By intermarriage, 80% (N = 16) had married within the same tribe/race/culture.

D. Data Collection

Data were collected between April 25 and April 30, 2025, using three methods including in-depth interviews, questionnaires and focus group discussions (FGDs). First, in-depth interviews data with clergy were audio-recorded and transcribed into MS Word. Second, self-administered online questionnaires were issued to PMC beneficiaries. Third, FGDs with counsellors were conducted in two sessions (2:00 - 4:00 pm and 7:00 - 9:00 pm), each with six participants and two coordinators, supervised by the principal researcher and a counselling psychologist assistant, and recorded via Google Meet and phone audio. Altogether, four research assistants supported questionnaire administration, interviews and transcription.

➢ *Study Reliability*

Reliability in qualitative research refers to the consistency and trustworthiness of findings (Aslan, 2025). This was ensured through credibility, transferability, dependability, and confirmability, alongside pilot testing. Credibility was achieved through triangulation across PMC practitioners, clergy, and beneficiaries (Aslan, 2025; Forero et al., 2018). Accordingly, detailed methodological descriptions enhanced the study's transferability. Dependability was reinforced through a data-driven CGT approach (Charmaz, 2020). Confirmability was ensured through audit trails, verbatim quotes, and peer review to minimize bias (Noble & Smith, 2025).

➢ *Study Validity*

Validity refers to the appropriateness of instruments, methods, and data (Taherdoost, 2021). It encompassed credibility (internal validity) and transferability (external validity) (Noble & Smith, 2025). Construct validity was ensured through alignment with study objectives, expert review, and piloting. Internal validity was strengthened through peer debriefing, while content validity was achieved using open-ended questions that captured participants' experiences without restriction.

➢ *Qualitative Data Analysis*

Data were analyzed using a thematic qualitative approach. Transcripts were prepared in MS Word, and themes were identified from patterns and relationships in the data. Reporting incorporated verbatim responses to enhance credibility and validity. Analytical memo writing captured researchers' reflections and interpretations (Ravitch & Carl, 2019). Visualizations were generated using MS Word and R software version 4.5.1 (R Core Team, 2026).

➢ *Ethical Considerations*

Ethical clearance was obtained from the [BLINDED] Institutional Ethics Review Committee and the National Commission for Science, Technology, and Innovation. Authorization to access participants was sought from church administrators and the Kenya Counselling and Psychological Association. Informed consent was secured from all participants, with assurances of voluntary participation, confidentiality through pseudonyms, and protection of personal data. No incentives were provided, and the study upheld integrity throughout the research process.

III. RESULTS

The PMC processes and interventions used by the participant PMC practitioners were explored using the lenses of the theoretical frameworks and assessment tools.

A. Counselling Theories Applied in PMC

The participant PMC practitioners were asked to provide theories they apply in PMC. The study findings indicated that integrating these theoretical frameworks enhances couples' emotional readiness for marriage, drawing on past experiences, fostering deeper relational understanding, and strengthening overall marital functioning. These theories provide practitioners with an understanding of human behaviour, its sources, and treatment protocols. Eleven theories were highlighted by all twelve counsellors and presented in Figure 1.

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Fig 1: Recommended Theories Effective in PMC

➢ *Psychoanalytic Theory (PT).*

The PT highlights the standing of unconscious processes moulded by lived life experiences, intrapsychic conflicts, and defence mechanisms (Nicolò, 2023; Williams, 2024). These experiences impact how people understand and relate to others, as unsolved issues may be automatically replayed and relived in relationships (Olusola & Falaye, 2024; Reinhardt, 2023). The study found that integrating psychoanalytic concepts in PMC helps couples identify and deal with past conflicts, anxieties, and unrealistic expectations that could introduce instabilities in marriage.

➢ *Cognitive Behavioural Theory (CBT).*

Cognitive Behavioural Therapy (CBT) postulates that faulty mental schemas cause dangerous behaviours, but these can be reorganised to stimulate improved thoughts, emotions, and self-regulation (Afrin, 2023; Beck, 2020). Some studies found that CBT advances relational skills, diminishes depression and anxiety, and boosts sexual fulfilment among spouses (Durães et al., 2020; Farajkhoda et al., 2021; Rahimi et al., 2020). This study discovered that CBT applied to PMC is important towards equipping couples with practical skills for healthy communication, emotional regulation and marital stability.

➢ *Humanistic Theory (HT).*

This theory upholds that people are basically capable of growth and self-actualization when buttressed by empathy, unconditional positive regard, and congruence in interactions (Agrawal, 2024; Singh, 2023). It helps couples develop awareness, emotional openness, and personal obligation through meditative practises rather than directive advice. In PMC, it is vital as it raises reliable marital bonds based in acceptance, mutual respect, and shared growth.

➢ *Emotionally Focused Theory (EFT).*

Emotionally Focused Therapy (EFT) was created to fortify relations through constructive interactions and operative conflict management. Empirical evidence shows that EFT advances affect regulation, increases intimacy, and supports healthy expression of feelings among couples (Ghahari et al., 2021; Asvadi et al., 2022). Therefore, in PMC, EFT is significant as it stimulates interpersonal stability and contributes to marriage durability.

➢ *Gottman Couple Theory (GCT).*

The GCT postulates that healthy relationships are based on emotional regulation, shared meaning, and constructive communication (Omidi et al., 2022). It helps couples identify unhealthy patterns, manage conflict effectually, and build trust through empathy and problem-solving (Keilholtz & Spencer,

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2022). The current study found that its integration in PMC improves intimacy and harmony among couples.

- *Solution-Focused Theory (SFT).*

The SFT is a brief, goal-directed, evidence-based approach that underscores solutions and positive future outcomes rather than harms (NaderPilehroud et al., 2022). It improves hope, promotes positive emotions, and supports the growth and preservation of anticipated behavioural changes (Seyyedmoharrami et al., 2022). This study confirmed that SFT in PMC is vital in improving family functioning and marital satisfaction, thus upholding marital stability and harmony

- *The Attachment Theory (AST).*

The AST theorizes that humans progress internal working models that influence their trust, intimacy, and intimacy with insecure styles linked to conflict, low contentment, and relational unpredictability (Bakhtiari et al., 2021; Bolcal & Masan, 2024; Martins et al., 2023). These early life attachment configurations tend to persist stable and influence adult loving relations (Johnson & Levy, 2019; Bradford et al., 2020). The study outcomes noted that AST enhances emotional well-being, fosters secure bonding, and encourages trust and long-term marital stability

- *The Existential Theory.*

This theory avows that people have the freedom to shape their lives through important choices notwithstanding doubt, while identifying that experiences are impacted by biological, cultural, and chance factors (Alhammouri & Shawashra, 2021; Daei et al., 2020). It permits couples to envision challenges as normal facets of human existence and to advance deeper standpoints on love and meaning in life (Daei et al., 2020). In PMC, it helps couples align mutual goals and values, foster unity, responsibility, and a determined marital bond.

- *Bowenian Theory.*

Bowen's theory clarifies that partners often repeat configurations learned from their family of origin (FOO) in their relations (Amini & Shariati, 2021). It uses tools such as multigenerational family map to help couples comprehend these behaviours and their influence. In PMC, it is vital as it boosts awareness, empathy, and healthier social functioning by addressing FOO undercurrents.

- *Triangular Theory of Love (TTL).*

One counselor respondent (Couns08) noted that the theory was advanced to boost closeness, desire, and commitment in relationships. Evidence shows these components shape relationship beliefs and attitudes toward marriage (Soyer & Sünbül, 2023). In PMC, it is essential as it helps couples balance these elements to foster affective depth, attraction, and lasting commitment.

- *Structural Theory (ST).*

This theory aims at helping couples appreciate family structure and parental responsibilities (Couns04; Namani & Dehmardeh, 2020). It highlights reorganization of family boundaries to mend communication, unity, adaptableness, and global functioning (Omidi et al., 2022; Tura, 2022). In PMC, it is imperative in enhancing problem-solving, reinforcing relationships, and endorsing healthy steady family systems.

Collectively, the eleven theoretic frameworks provide a wide-ranging and integrative foundation for improving PMC outcomes by dealing with both intrapersonal and interpersonal dynamics. They furnish couples with important capabilities such as affective regulation, effective communication, conflict management, and deeper self-awareness, while nurturing secure attachment and genuine relational engagement. Also, they illuminate the impact of family systems, FOO patterns, boundaries, and intergenerational dynamics in shaping marital relationships. By integrating constructs of affection, desire, obligation, and shared meaning, these frameworks reinforce interpersonal depth and unity. Eventually, they endow counsellors to provide evidence-based, holistic PMC that upholds marital contentment, resilience, hope, and continuous relational steadiness.

B. The PMC Programs Assessment Tools

The evaluation of the state and advantages of using the PMC program assessment tools was conducted to recognize their role in assessing session effectiveness and facilitating program development. A significant number of PMC beneficiaries recounted that practitioners did not conduct any formal assessments during the PMC sessions. When asked whether the PMC practitioner administered assessments during the sessions, 82% (N = 14) stated no, while only 18% (N = 3) affirmed that assessments were administered. One beneficiary remarked: "*No, they would only assess homework done not assessment tools*" (Benef06). However, some counselors acknowledged their application during PMC. They comprised personal programs dubbed *"Marriage Mosaic"* (Couns02), *"Pre-marital Engagement Program"* (Couns05), and *"Preparation for a Fulfilling Marriage"* (Couns08), and standardized assessment tools shown in Figure 2.

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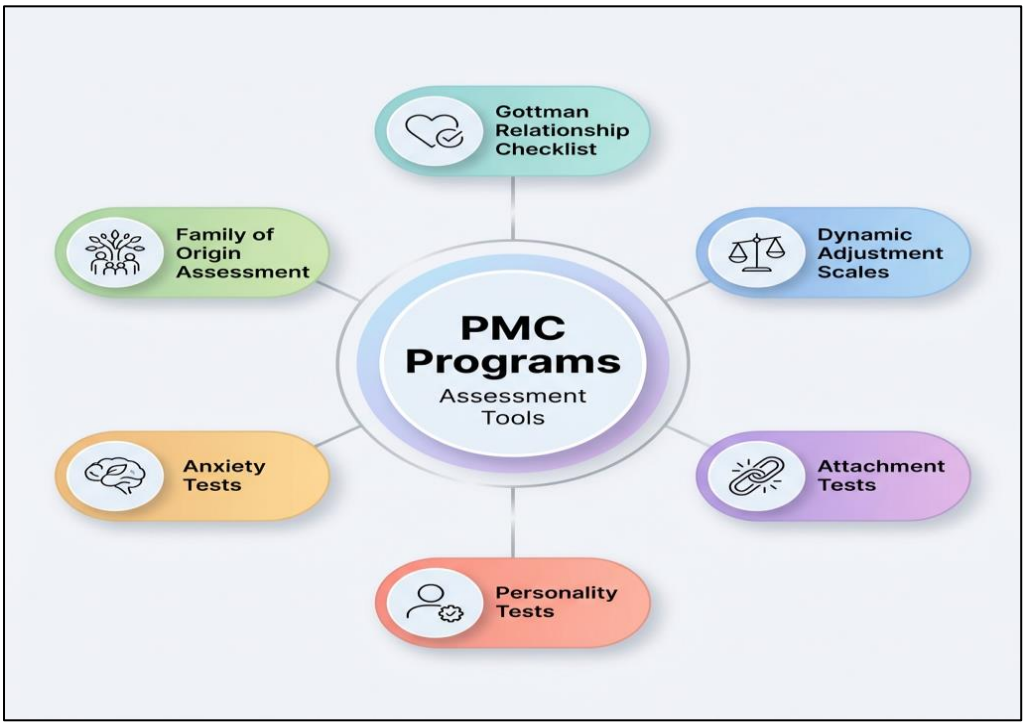


Fig 2: PMC Programs Assessment Tools

The counsellors conveyed that these assessment tools play an important role in enlightening and guiding PMC interventions by allowing more custom-made and receptive care for couples (Couns03; Couns04; Couns08; Couns09; Couns12; Clergy01). Instruments such as the Gottman Relationship Checklist were appreciated for assisting clinicians customize interventions based on couples' personalised needs and expectations (Couns03). Personality assessments, comprising the Big Five, Myers-Briggs Type Indicator, and temperament tests, were universally used, although some counsellors underscored the need for clearer guidance on picking the most suitable tools for PMC (Couns04). Anxiety measures, mainly the Beck Anxiety Inventory (BAI), were also used to improve self-awareness and unearth personalised emotional concerns that may impact affairs (Couns01; Couns10; Couns12). In addition, FOO analysis, through tools such as genograms was recognized as vital in exposing intergenerational patterns, unsettled issues, and behavioural effects (Couns01; Couns05; Couns06; Couns07). Largely, these tools allow counsellors to address personality dynamics, emotional challenges, and family patterns, thereby firming intervention strategies that uphold marital stability and harmony.

Benefits of PMC Assessments. Participants stressed that PMC assessment tools are instrumental in increasing self and partner awareness, allowing couples to better comprehend their temperaments, communication styles, and relational patterns. They enable open and honest dialogues about expectations, emotive needs, and latent areas of concern, while also assisting to discover early warning signs that may impact relationship (Couns01; Couns02; Couns09). Counsellors reported that these tools aid couples in identifying strengths and weaknesses, refining communication, and developing practical strategies for healthier dealings and cooperation (Couns03; Couns04; Couns08). Also, assessments were seen as treasured in guiding couples toward self-reflection and informed decision-making concerning their future marital journey (Couns05; Couns07; Couns11). From the beneficiaries' perspective, these tools fortify the counsellor–client relationship by permitting practitioners to reliably classify underlying issues and provide custom-made care. Generally, PMC assessments boost personalized interventions, advance compatibility, and contribute to practical conflict prevention and long-term interpersonal stability (Benef12; Benef13; Benef17; Benef18).

- *The Gottman Relationship Checklist.*

The Gottman Relationship Assessment Tool is renowned as an all-inclusive framework for assessing key components of a relationship, offering strong grounds for marriage (Irvine, 2022). It analyses manifold domains, comprising friendship, closeness, communication, conflict resolution, values, and financial and parenting roles, enabling a holistic appreciation of couple dynamics. In PMC, its application is central as it improves communication, mitigates conflicts, recognizes pathological patterns, and stimulates long-term marital fulfilment (Deylami et al., 2021; Irvine, 2022).

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➢ *Dynamic Adjustment Scales.*

The Dyadic Adjustment Scale (DAS) is a 32-item device advanced to measure parties' views of their romantic relationships (Spanier, 1976; Spanier, 2013). It quantifies key dimensions such as compromise, contentment, unity, affective expression, and broader domains comprising sexual, cognitive, and social adjustment (Körük & Özabacı, 2023). In PMC, it is significant as it aids couples handle interpersonal changes, control emotions, and reinforce intimacy.

➢ *Attachment Tests.*

Some attachment-based assessment tools are applied in PMC, comprising Collins and Read's Adult Attachment Style Scale and the Attachment-Differentiation Pre-marital Model (ADPM), which assess dependency and intimacy in relations (Asadpour et al., 2025; Yavuzer & Doğanülkü, 2024). The ADPM has been exposed to deliver a theoretically grounded and culturally delicate framework for pre-marital education, predominantly in contexts with limited emotional expression (Asadpour et al., 2025). In PMC, these instruments are vital as they boost affective, mental, and affection among couples.

➢ *Personality Tests.*

Counsellors established that personality tests in PMC improve both self and partner awareness amongst couples. Tools such as the Myers–Briggs Type Indicator, the Big Five traits, and temperament measures help ascertain differences in communication, emotional responses, and decision-making styles (Ripberger, 2020). In PMC, these assessments are vital as they raise mutual understanding, back adaptation, and uphold marital synchrony and stability.

➢ *Anxiety Assessments.*

Counsellors recounted using anxiety assessments in PMC to ascertain underpinning strain factors that may disturb interpersonal performance. Tests like the Beck Anxiety Inventory (BAI) and the Spielberger State–Trait Anxiety Inventory (STAI) are normally applied to assess anxiety symptoms amongst couples (Raeisi et al., 2021; Zubaroğlu et al., 2025). In PMC, these tools are essential as they support regulation of affect, advance communication, and fortify family unity and steadiness (Doğan et al., 2023).

➢ *The Family of Origin (FOO) Tests.*

The FOO methods enable self-disclosure of family dynamics and aid confronting faulty beliefs regarding marriage. Tests such as FOO genogram software like Genopro allow counsellors to evaluate cross-generational dynamics and psychological impacts on spousal relations (Joseph et al., 2023). In PMC, these tests are essential as they aid couples deal with deep-rooted family issues that may distress marital stability.

C. Methods the PMC Practitioners Use in PMC Content Delivery

The PMC beneficiaries were asked about the techniques PMC practitioners used to facilitate the sessions. The findings are summarized in Figure 3.

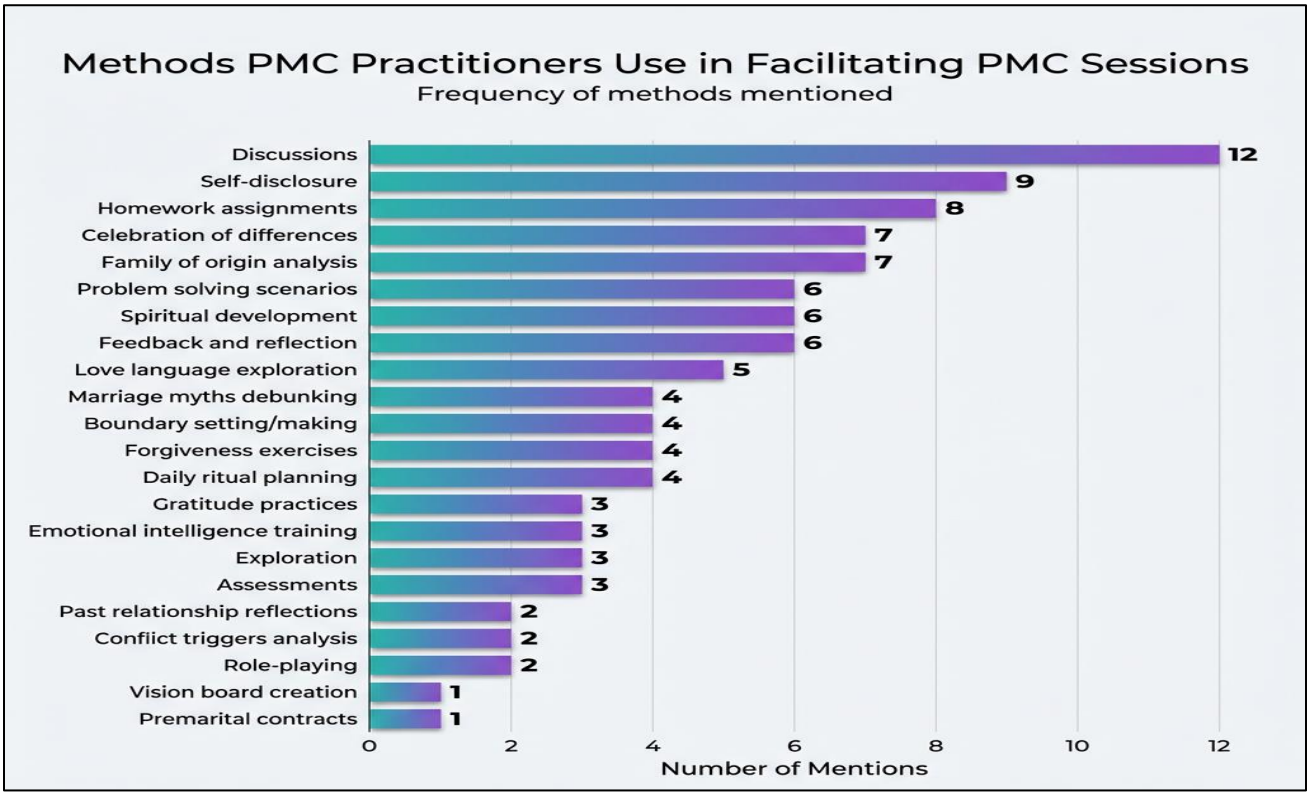


Fig 3: Methods PMC Practitioners Use in Facilitating PMC Sessions

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The study outcomes specify that PMC facilitators use varied facilitation techniques, with discussion-based involvement appearing as the most principal method in increasing interpersonal awareness and skill mastery (Noshabadi & Mohammadi, 2025). Self-disclosure was also acknowledged as a vital approach, assisting couples to convey personal experiences, expectations, and values, thus promoting trust, bonding, and genuine conversations (Novikova, 2024). Empirical evidence advances that self-disclosure in PMC is positively related with improved marital fulfillment and interpersonal stability among couples (Gichuri et al., 2024). Additionally, methods such as role-playing, problem-solving exercises, and structured dialogue strengthen experiential learning and practical application of rapport skills (Baidoo, 2021). These methodologies jointly boost couples' readiness for marriage by firming communication, bonding, and shared understanding.

Further findings divulge that experiential and reflective strategies, including homework assignments, feedback, and guided reflection, considerably progress PMC outcomes by supporting behavioural change and skill assimilation (Almashyra, 2025; Utami et al., 2024). The FOO analysis appeared as a main intervention, aiding couples to recognize intergenerational trends, communication modes, and attachment forces that impact marital performance (Amini et al., 2021; Alexander et al., 2022). Bowen's theoretical viewpoint also supports that people tend to repeat learned family trends in their affectionate relationships, underscoring the significance of FOO probe in PMC (Youvan, 2024). Moreover, the integration of spiritual and cognitive behavioural methods boosts holistic relational growth by combining faith-based principles with evidence-based therapeutic methods (Nganyu, 2025). These integrative devices foster enriched affective regulation, empathy, and adaptive coping approaches among couples.

Besides, the study underscores the significance of systematic interventions such as myth deconstruction, boundary setting, forgiveness activities, and gratitude exercises in shaping realistic marital expectations and endorsing affective intelligence (Asvadi et al., 2022). The cognitive and behaviour techniques comprising journaling, relaxation, and schema-based interventions, advance conflict resolution and affective awareness (Cheshmeh et al., 2021; Keilholtz & Spencer, 2022). Reflection-based methods were shown to progress marital metacognition and diminish conflict by promoting active listening, validation, and empathy among partners (Olaolorun & Adebayo, 2023; Hudyma et al., 2024). Moreover, innovative tools such as vision boards and pre-marital contracts fortify obligation, shared goals, and relational clarity. The EFT advance communication, affect regulation, and problem-solving, thus decreasing marital displeasure and risk of divorce (Asvadi et al., 2022). Largely, these evidence-based and integrative methods considerably increase marital resilience, stability, and prolonged relationship contentment.

D. Couples' Satisfaction with PMC Sessions

The findings discovered remarkable dissatisfaction amongst beneficiaries concerning PMC content delivery, with 55% (N = 11) venting dissatisfaction contrasted with 45% (N = 9) who conveyed satisfaction. Participants ascribed their discontent to inadequate topical coverage, principally on critical areas like personality traits and sexual intimacy in addition to unprofessional facilitation methods. Concerns were expressed about judgmental and directive counselling styles, insufficient session engagement, and inadequate time allocation for important discussions. Also, some sessions were executed in disturbing environments and assisted by persons devoid of sufficient counselling competencies. These issues mutually challenged the efficiency of PMC and narrowed its capability to meet the expectations of couples priming for marriage.

The study outcomes emphasize acute need to fortify PMC curriculum design and develop practitioner competencies to increase execution of quality and client contentment. Consistent with current literature, effective PMC necessitates inclusive, systematic and personalized content that tackles diverse needs of couples (Gichuri et al., 2024; ShokrZadeh et al., 2024). Likewise, cooperative and investigative facilitation methods are necessary in stimulating reflection, shared understanding, and meaningful engagement (Hollifield, 2021; Saulter-Carney, 2024). The results also underscore the prominence of sufficient session time, proper preparation, and professional readiness in guaranteeing effective execution of PMC programs (Moeti et al., 2024). Without these developments, PMC risks remaining unproductive, mostly when provided by insufficiently trained practitioners who grapple with addressing relational intricacies (Kgatle & Spaumer, 2023).

E. Beneficiaries' Expectations of Content Delivery During PMC.

The results showed that pre-marital couples anticipate PMC practitioners to show professionalism, cultural competence, and comprehensive coverage of PMC topics, use examples, and delivery of PMC in conducive environments.

- *Professionalism*.

The PMC beneficiaries repeatedly emphasized that their expectations of PMC practitioners centered on professionalism, comprising rapport-building, ample session time, subject-matter proficiency, training, and both group and personalized engagement. Positive experiences mirrored these expectations, as one study participant said, *"The counsellor was knowledgeable and delivered appropriate disclosures. He took his time and was not hurried"* (Benef10), demonstrating conformity with professional ideals. Nonetheless, numerous respondents' reported dissatisfaction related to supposed unprofessionalism, such as inadequate knowledge (*"this wasn't a counsellor in the first place…* Benef09) and lack of preparedness *("she did not understand what she was getting into,"* Benef03). Apprehensions about hurried and poorly

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structured sessions were also notable, with respondents averring, *"we were rushed and so did not have time to understand what marriage entails"* (Benef05) and highlighting disruptions due to postponements and workload constraints (Benef06). Additional feedback highlighted limited interactivity and insufficient facilitation skills, as reflected in remarks about hurried, non-engaging sessions and unprepared providers (Benef12; Benef10). Broadly, these findings demonstrate that professionalism manifested through preparation, competence, time management, and structured delivery is vital to service recipient satisfaction, while its lack weakens the perceived value and efficacy of PMC programs.

➢ *Cultural Competence*.

The beneficiaries spotlighted the need for cultural sensitivity, observing, *"My sessions involved a cultural way of caring for a spouse, and I got out of the PMC sessions more fearful"* (Benef04). Others reported incongruities in beliefs and practices, stating, "Cultural incompatibility, beliefs and practices, fear from traditional framing, and lack of cultural sensitivity" (Benef03; Benef07; Benef17). These accounts exemplify that without cultural competence, PMC practitioners may inadvertently enforce norms that worsen anxiety and fail to reflect couples' varied environments (Benef03; Benef04; Benef07; Benef17).

➢ *Supportive Environment*.

Participants showed that a caring setting in PMC is promoted through active engagement in private spaces, personalized sessions that inspire depth and group settings that assist peer learning. One respondent offered, *"The sessions was well delivered and were detailed and informative...the facilitator created a safe space for open sharing and contributions"* (Benef02), while another simply remarked, *"Self-disclosure was helpful"* (Benef05). Group dynamics were also appreciated, as one PMC recipient shared, "we were several pre-marital couples...and the deliberations were insightful and engaging" (Benef06), though some conveyed worries about inadequate depth, asserting, *"It was a group PMC and did not offer space for personalized counselling"* (Benef14). Counsellors also highlighted the prominence of safe settings, with one observing on *"building an atmosphere of safety where they can now plug in"* (Couns017), along with others mentioning *"respect, honesty, punctuality and no distractions" (*Couns01) and *"instituting a safe environment"* (Couns04). These perspectives suggest that both practitioners and beneficiaries recognized confidentiality, reverence, and active involvement as significant to productive PMC delivery. Collectively, a supportive PMC context is associated with emotional safety, honesty, and a balance between individualized and group methodologies that boost trust and constructive discussions among couples.

➢ *Adequate Coverage of PMC Topics*

The study respondents laid emphasis to the value of wide-ranging handling of PMC topical issues, noting that well-adjusted and structured PMC content enriches learning and readiness for marriage. One beneficiary reported achieving hands-on skills, stating, *"I gained treasured conflict resolution techniques, which comprised psycho-education and management"* (Benef08), while another emphasized overlooked expectations, elucidating, *"the entire experience was cultural; I expected guidance on upholding a marriage through the discussion of relevant topics and post-marital care and education"* (Benef012). Concerns about insufficient topical coverage were likewise raised, with one respondent saying, *"The duration was not enough, and there was no discussion regarding sex within the context of marriage"* (Benef13). Additionally, some respondents noted disproportions in delivery, as one observed, *"He dodged queries and chuckled all through the session, but mostly focused on sex*" (Benef15). Clergy also noted ignored subjects like *"sexual purity during dating, sexual and reproductive health, and sexual intimacy" (*Clergy04). Overall, these findings show that PMC efficacy is improved when practitioners deliver all-inclusive, well-adjusted, and well-structured coverage of indispensable topical areas (Benef08; Benef012; Benef13; Benef15; Clergy04).

➢ *Utilization of Examples*

Respondents noted the value of integrating real-life cases in PMC sessions to improve comprehension, mainly for those lacking previous marital experience. One beneficiary pointed out the significance of practical examples, observing *"the capability to deliver life specimens or scenarios"* (Benef03), while another recommended that practitioners should *"give illustrations from their marriages"* (Benef05). Furthermore, a respondent narrated a positive experience, asserting, *"The PMC provider was well prepared, and the content was offered systematically and included various examples picked from their individual experiences"* (Benef09). These reactions specify that experience-based guidance and relatable circumstances advance understanding and make sessions more significant for couples. Generally, the use of real-world samples was understood as indispensable approach for efficacious PMC delivery (Benef03; Benef05; Benef09).

IV. DISCUSSION

Beneficiaries expressed five expectations regarding how effective and relevant PMC content should be delivered: professionalism, cultural competence, a supportive environment, adequate coverage of PMC topics, and the use of real-life examples. Each theme is discussed below:

➢ *Professionalism.*

The PMC beneficiaries expected practitioners to prove professionalism by readiness, subject-matter proficiency, intentional time management, and active involvement, as inadequacies in these aspects contributed to feeling hurried, unsupported, and having frustrated expectations. These outcomes are aligned with studies highlighting the necessity for well-thought-out programmes and numerous facilitators to improve delivery (Kgatle & Spaumer, 2023; Okwabeng,

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2022). Participants' experiences in this study echo comparable worries, where inadequate time provision impended adequate comprehension of crucial topics and diminished programme effectiveness. Such gaps show that deficient readiness and lack of wide-ranging knowledge by practitioners may undermine the worth of PMC delivery (Okwabeng, 2022). Therefore, guaranteeing practitioners are well-trained and sufficiently furnished with related knowledge is important in refining outcomes. Largely, expertise in PMC delivery is needed for promoting critical learning and aiding couples' readiness for marriage.

Moreover, respondents highlighted the importance of collaborative and experiential learning methods, which have been shown to boost hands-on skills and decision-making (Muda & Nasri, 2024; Sahputra et al., 2025). Exercises such as role-playing, group discussions, and reflective activities were identified as contributory to ingraining confidence, progressing conflict management, and growing awareness of marital duties. Likewise, a balanced method combining group and individualized sessions was stressed, supporting endorsements for incorporating both formats in PMC delivery (Okwabeng, 2022). Personalized sessions encourage confidentiality and openness, empowering couples to deal with delicate issues, while group sessions allow peer learning by shared experiences (Sahputra et al., 2025). This blending generates a caring and vibrant learning setting that fortifies involvement and understanding. So, assimilating collaborative methods along a well-adjusted counselling structure boosts the total efficacy of PMC programmes.

- *Cultural Competence.*

The findings reveal that cultural competence is an essential expectation for PMC beneficiaries. Cultural identity, including beliefs, educational attainment, spirituality, racial background, social norms, and economic conditions, greatly affects expectations, communication styles, values, conflict-resolution approaches, and perceptions of marital roles (Atkins & Lorelle, 2022; Stubbe, 2020). Culturally sensitive counselling ensures that counselling is inclusive, respectful, and aligned with the relational norms of diverse couples. In turn, it promotes trust and empowers couples to engage openly (Agner, 2020; Ogunyemi et al., 2024; Stubbe, 2020). Such sensitivity enhances client satisfaction and participation during PMC, as couples feel free and open to articulate their concerns without hesitation.

- *Supportive Environment.*

A supportive PMC atmosphere fosters a sense of safety, trust, and self-disclosure, as well as personalized support and group counselling (Alizadeh et al., 2021). The use of group discussions, questions, feedback, and recreational activities is a vital strategy for couple engagement (Alizadeh et al., 2021; Elrayes et al., 2023). In addition, learning activities include tasks such as having couples create a family budget template and respond to questions; instructional media such as PowerPoint presentations, hand-outs, and posters; and assessment techniques that use oral feedback. This interactive environment enhances couples' engagement and improves learning outcomes.

- *Adequate Coverage of PMC Topics.*

Incorporating all essential themes for inclusion in a PMC program enhances PMC effectiveness. The Gachutha (2026) study highlighted crucial subjects worth inclusion in a PMC program including Biblical and legal angles, self-awareness, family roles, communication skills, conflict resolution and management, personality types, and sexual education. Participants noted shortcomings in content, particularly in relation to sex, sexuality, and reproductive health coverage. These observations are consistent with recent research indicating that many faith-based PMC programs inadequately address sexual health and intimacy due to the sensitivity and stigma associated with these subjects (Harley et al., 2021; Pollock, 2025; Salley, 2022). As such, incorporating all pertinent topics in PMC broadens the learning scope and equips couples with practical insights to foster intimacy and strengthen marital resilience.

- *Utilization of Examples.*

The present findings emphasize the importance of incorporating real-life examples and scenarios into PMC delivery. Beneficiaries expressed appreciation when facilitators utilized examples from their own or observed marital experiences. Examples could be drawn from biblical texts, personal experiences, and shared testimonies from other couples, all of which enrich the counselling process. Counsellors could use biblical narratives related to marital life, such as the story of Jacob and Rachel (Genesis 29:15 -30), to illustrate themes of love, patience, and commitment. Such scriptural references, alongside lived experiences, provide practical illustrations that resonate with couples and make abstract concepts more relatable. This helps pre-marital couples translate expectations into real-life scenarios. When facilitators share realistic examples, couples are better equipped to anticipate relational challenges and apply PMC lessons meaningfully.

V. CONCLUSION

An efficacious PMC must move yonder theory into deliberate, skillful practice that profoundly equips couples for enduring partnership. Assimilating relevant theoretical frameworks with standardized assessment tools offers a systemized yet fluid foundation for recognizing risks, firming compatibility, and enriching mutual understanding. These tools enable PMC providers to unearth buried patterns from family-of-origin impacts that can ingrain marital instability if left unaddressed. Similarly vital is the delivery: professionalism, cultural competence, and the use of relatable, real-life applications convert PMC from information-sharing into transformative guidance. When providers are well-equipped, they can tailor strategies to each couple's unique context, cultivating hands-on problem-solving and continuous

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relational growth. Eventually, a well-designed and professionally provided PMC not only equip couples for marriage but furnishes them with the understanding and resilience required to develop lasting, healthy relationships.

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➢ *Conflicts of Interest*

No conflicts of interest are declared. The manuscript is derived from a completed doctoral dissertation developed in collaboration with academic supervisors, and no financial, professional, or personal relationships influenced the conduct of the study or the reporting of its findings.

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