EVALUATION OF PREMARITAL COUNSELLING PROGRAMS TOWARDS DEVELOPMENT OF PREMARITAL COUNSELLING MODEL: A CASE OF KIAMBU AND NAIROBI COUNTIES, KENYA

CATHERINE WANJIRU GACHUTHA

A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DOCTOR OF PHILOSOPHY IN MARRIAGE AND FAMILY THERAPY

PAN AFRICA CHRISTIAN UNIVERSITY

JUNE 2026

DECLARATION

This dissertation report is my original work and has not been presented for the award of degree in any other university.

Signature ……..Date: …….
Catherine Wanjiru Gachutha
PMFT/22077/0/22

The dissertation report has been submitted for examination with the approval of my assigned supervisors:

Signature: …… Date……..
Dr. Amos Keya Alumada
Pan Africa Christian University

Signature……Date……
Dr Elizabeth W. Kamau
Pan Africa Chritian University

Contents

DECLARATION **ii**

ACKNOWLEDGEMENTS **ix**

ABSTRACT **xii**

LIST OF TABLES **xiii**

LIST OF FIGURES **xiv**

ABBREVIATIONS AND ACRONYMS **xvi**

OPERATIONAL DEFINITION OF TERMS **xix**

CHAPTER ONE **1**

INTRODUCTION AND BACKGROUND TO THE STUDY **1**

Introduction 1

Background of the Study 1

Statement of the Problem 10

Purpose of the Study 11

Objectives of the Study 12

Research Questions 13

Assumptions of the Study 13

Justification of the Study 14

Scope of the Study 17

Study Limitations and Delimitations 18

Chapter Summary 22

CHAPTER TWO **23**

LITERATURE REVIEW **23**

Introduction 23

Overview of PMC Versus Marital Satisfaction and Stability 23

Marital Satisfaction *25*
Marital Stability *30*
The Premarital Counselling Curricula Content 32
Current PMC Programs' Content *33*
Post Marital Counselling 42
Towards Cultural Humility and Intersectionality 43
Cultural Competence *44*
Cultural Humility *45*
Cultural Competemility *47*
Intersectionality *47*
Professional Competence and Qualifications 49
Contextualizing PMC Care 51
Theoretical Framework 53
Emotionally Focussed Couple Therapy (EFCT) *54*
Acceptance and Commitment Therapy (ACT) *57*
Mental Health Literacy (MHL) *60*
Conceptual Framework 62
Research Gaps 65
Chapter Summary 67
CHAPTER THREE **69**
RESEARCH METHODOLOGY **69**
Introduction 69
Philosophical Worldview 69
Research Design 71
Constructivist Grounded Theory *73*
Study Area 76
Population Size and Sampling Technique 78

Types of Data 82

Data Collection Methods 83

In-depth Interviews *83*

Self-Administered Questionnaires *84*

Focussed Group Discussions (FGDs) *84*

Protocols and Procedures for Data Collection *86*

Pre-testing Data Collection Instruments *87*

Study Reliability and Validity 88

Study Reliability *88*

Study Validity *89*

Qualitative Data Analysis 90

Data Presentation *94*

Data Analysis Tool *96*

Data Pre - Processing *97*

Ethical Considerations in Qualitative Research 98

Approval for Data Collection *98*

Informed Consent *99*

Anonymity and Confidentiality *99*

Researcher Integrity *100*

Conflict of Interest *100*

Incentives for Respondents *101*

Non-Discrimination *101*

Trustworthiness *101*

Chapter Summary 102

RESULTS AND DISCUSSION **103**

Respondents' Bio Data 103

Counsellor Respondents' Bio Data *103*

Clergy Respondents' Biodata *105*

The PMC Beneficiaries' Bio Data *106*

Perceptions and Experiences Regarding PMC Content for PMC Programs 108

Word Frequency Analysis *108*
Thematic Analysis: Contextualized PMC Themes *112*
Discussion of Thematic Analysis: Contextualized PMC Themes 137
The Processes, Interventions, and Delivery of Existing PMC 153
Counselling Theories Applied in PMC *153*
The PMC Programs Assessment Tools *157*
Delivery of PMC Content *165*
Beneficiaries' Levels of Satisfaction and Suggestions for Improvement *169*
Guidelines and Protocols for Ingraining PMC Efficacy *176*
Discussion of Processes, Interventions and Delivery of Existing PMC 187
The PMC Applicable Theories *187*
The PMC Programs Assessment Tools *189*
Delivery of Content *192*
Beneficiaries' Satisfaction Levels and Recommendations *195*
Guidelines and Protocols for Ingraining PMC Delivery *198*
Contextually Relevant Cultural Factors Worth Inclusion in Existing PMC Programs 202
Contextually Relevant Cultural Factors *203*
Challenges of Dealing with Cultural Differences *205*
Inclusivity and Non-Discrimination *206*
The PMC Practitioner Cultural Sensitivity *208*
Creating an Open and Collaborative Environment *210*
Strategies for Addressing Cultural Challenges *212*
Discussion of Contextually Relevant Cultural Factors in PMC Programs 217
Fundamental Professional Competences and Qualifications for Premarital Counsellors 238
Professional Skills and Qualifications for Premarital Practitioners *239*
Ways Professional Training Enhances Counsellor Competency *240*
Professional Competence and Confidence in PMC Delivery *242*
The PMC Training Role in Enhancing Service Delivery *247*

Discussion of Professional Competences and Qualifications for Premarital Counsellors 255

Professional Skills and Qualifications for Premarital Practitioners *255*
Ways Professional Training Enhances Counsellor Competency *257*
Professional Competence and Confidence in PMC Delivery *259*
The PMC Training Role in Enhancing Service Delivery *264*

CHAPTER FIVE **278**

SUMMARY OF FINDINGS, IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS, AND AREAS FOR FURTHER RESEARCH **278**

Summary of Findings and Implications 278

Conclusion 290

A Grounded Theoretical Model on Experiences, Perspectives, and Perceptions of the Study Participants Regarding an Effective PMC Framework 294

The Ubuntu Integrative PMC Model *296*
Background of the Ubuntu Integrative PMC Model *296*
The Study's Major Findings and Insights Applicable to Ubuntu Integrative PMC Model *297*
Study Findings on Spousal Relationship Wellbeing *318*
Ubuntu Integrative PMC Model Underlying Assumptions *323*
The Ubuntu Integrative PMC Model Goals *330*
Scope of the Ubuntu Integrative PMC Model *331*
The Ubuntu Integrative PMC Model Domains *334*
The Ubuntu Integrative PMC Model Domains Implementation *364*

Recommendations and Areas for Further Research 368

Policy Recommendations *368*
Clinical and Practice Recommendations *369*
Recommendations for Further Research *369*

REFERENCES **371**

APPENDICES **431**

Appendix 2: In-depth Interviews Guide 432

Appendix 3: The PMC Questionnaire 435

Appendix 4: The FGD Guide..... 438

Appendix 5: Selected Churches Request Letter 441

Appendix 6: The KCPA Request Letter 443

Appendix 7: Study Respondents Consent Form 444

Appendix 8: The ISERC Letter 447

Appendix 9: The NACOSTI Approval Letter 449

ACKNOWLEDGEMENTS

I am grateful for God's provision of the necessary resources, time, and strength to finalize my dissertation. I prayed for the opportunity and financial means to return to academia to pursue a Doctor of Philosophy (PhD) in Marriage and Family Therapy (MFT). In 2006, I earned my first Ph.D. in psychology from the University of South Africa (UNISA), yet I recognized that I still yearned to obtain a qualification in MFT. In 2019, Dr. Amos Alumada Keya reignited this aspiration by detailing the qualifications required for marital and family therapists in a social media post. I strongly believe that God has called me to complete my dissertation to enhance the effectiveness of His workers in the premarital counselling field.

I extend my heartfelt appreciation to my primary supervisor, Dr. Amos Alumada Keya, and my secondary supervisor, Dr. Elizabeth Kamau, for their steadfast support both verbal and written through my dissertation journey. Their unswerving guidance was contributory in the successful completion of this work. They encouraged me to polish my study, empowering me to advance a high-quality PMC product tailored for institutions, clinical practices, and PMC practitioners. I also wish to acknowledge the faculty of the Psychology Department for facilitating concept paper presentations, as well as proposal and final dissertation defence forums, which greatly enriched my academic experience. Additionally, I am sincerely grateful to my principal research assistant, Emmanuel Koech of Chuka University, for his invaluable support with data analysis using R software.

I also owe a great deal of gratitude to my spouse, Gilbert Gachutha, and my children, Kenna Wanjiku and Keega Gakuua, along with my grandchild, Tara Njeri, who generously allocated their time, which I could have otherwise spent with them, to this project. Initially, I struggled to express to my spouse my desire to pursue a

second PhD in MFT; however, when I finally did, he amiably encouraged me to proceed. I am deeply thankful of his unwavering support and for permitting me the necessary space to complete my dissertation.

DEDICATION

This dissertation's outcome is dedicated to individuals and organizations interested in providing premarital counselling (PMC) services aimed at promoting healthy marriages. Furthermore, I dedicate my work to African psychologists, psychotherapists, and counsellors who deliver PMC as a means to support evidence-based practices within African contexts. In summary, this resource is dedicated to clergy and priests who zealously offer PMC to couples preparing to formalize their marriages.

ABSTRACT

The study evaluated the effectiveness of home grown PMC programs with the aim of developing a contextually suitable premarital counselling model. Guided by a qualitative constructivist grounded theory specially the Charmaz approach, the research identified underlying patterns, shared meanings, and thematic structures through systematic data comparison, organization, and analysis. Participants' lived experiences constituted the primary data source for constructing the model, allowing for an in-depth understanding of premarital counselling practices within the local context. The sample population was selected using convenience sampling and comprised a total of 36 participants. This included 20 married individuals married for 15 to 30 years, 4 clergy drawn from selected churches in Kiambu and Nairobi Counties, and 12 mental health practitioners affiliated with the Kenya Counselling and Psychological Association (KCPA). The use of convenience sampling permitted the inclusion of participants with appropriate experiential and professional knowledge in PMC, thereby enriching the quality and depth of the data. The study addressed four key objectives: identifying appropriate PMC content, determining effective interventions and delivery processes, establishing culturally relevant factors for inclusion, and defining the professional competencies and qualifications required of premarital counsellors. Data were collected using questionnaires, in-depth interviews, and focus group discussions. Reliability was ensured through pilot testing involving 10% of the target population including two counsellors from KCPA, two beneficiaries from PCEA Kirigiti church, and one clergy from Loresho PCEA church. Also, validity was enhanced through data triangulation, systematic data recording, and rigorous data organization and analysis procedures. The study outcomes established that effective PMC programs require comprehensive and structured content. Interactive, structured, and skills-based interventions were found to be more effective than purely didactic methods in enabling meaningful learning and behavioural change among couples. Besides, cultural factors including family expectations, gender roles, spirituality, and community influence emerged as critical modules that must be integrated into PMC programs to ensure contextual relevance within the African setting. The study also established that practitioner competence, including formal training, professional credentialing, and cultural competemility, is essential for the effective delivery of PMC services. Eventually, the study developed Ubuntu Integrative PMC model suitable for both scholarly and clinical application. The findings underscore the need for institutions, counsellors, and clergy to adopt culturally responsive and evidence-based PMC approaches that align with local realities. The study further advocates for the standardization of training and credentialing frameworks for PMC specialists. Largely, the advanced model offers a practical framework for enhancing premarital preparation, thereby contributing to improved marital welfare.

LIST OF TABLES

Table 1: Contextual Domains 52

Table 2: Principles of Constructivist Grounded Theory 75

Table 3: Sampling Frame 81

Table 4: Target Population Summary 81

Table 5: Demographics of Clergy Respondents 105

Table 6: Summary Statistics of Years of Marriage 106

Table 7: Descriptive Statistics of Number of PMC Sessions 167

Table 8: Guidelines and Protocols for Ingraining Efficacy 187

Table 9: Appropriate PMC Training Units/Modules 272

Table 10: The Ubuntu Integrative PMC Model Goals 330

Table 11: The Ubuntu Integrative PMC Model Curriculum 339

Table 12: Theoretical Frameworks and their Application in PMC 351

Table 13: Assessment Tests, Administration and Value in PMC 354

Table 14: Ubuntu Integrative PMC Practitioner Delivery Methods 358

Table 15: Ubuntu Integrative PMC Model Domains Implementation 365

LIST OF FIGURES

Figure 1: Core Processes to Becoming Psychologically Healthy 59

Figure 2: Conceptual Framework for Evaluating Premarital Counselling Programs . 64

Figure 3: Bar Plot of Counsellor Category by Highest Training Qualification 104

Figure 4: Bar Plot of Counsellors by Age 105

Figure 5: Participant Distribution by Gender 106

Figure 6: Participant Distribution by Highest Education Level 107

Figure 7: Participant Distribution by Marriage from the Same Tribe 107

Figure 8: Top 30 Words in Areas Covered During PMC Sessions 109

Figure 9: Word Cloud of Top 30 Most Frequent Words 110

Figure 10: Most Important Words During PMC Sessions by Participant Category . 111

Figure 11: Radial Chart Showing Reproductive Health Lessons Taught at PMC 134

Figure 12: Recommended Theories Effective in PMC 156

Figure 13: Beneficiary Responses on Administration of Assessment 157

Figure 14: PMC Programs Assessment Tools 158

Figure 15: Beneficiaries' Perception on Centrality of PMC Assessments 161

Figure 16: Methods PMC Practitioners Use in facilitating PMC Sessions 167

Figure 17: Average Number of PMC Sessions Attended by Beneficiaries 168

Figure 18: Beneficiaries Satisfaction with the Way Delivery of Content was Handled 170

Figure 19: Guidelines and Protocols for Ingraining Efficacy 186

Figure 20: Beneficiaries Perceptions of Cultural Sensitivity of their Counsellors ... 208

Figure 21: Cultural Issues Faced by PMC Counsellors and Relevant Strategies 213

Figure 22: Cultural Factors worth Inclusion in PMC Programs 215

Figure 23: The Ubuntu Integrative PMC Model Curriculum 335

ABBREVIATIONS AND ACRONYMS

ACK:	Anglican Churches of Kenya
ACME:	Association for Couples in Marriage Enrichment
ACT:	Acceptance and Commitment Theory
AST:	Attachment Styles Theory
BAI:	Beck Anxiety Inventory
BT:	Bowenian Theory
CAQDAS:	Computer Assisted Qualitative Data Analysis Software
CBT:	Cognitive Behavioural Therapy
CCARE:	Couple Commitment and Relationship Enhancement
CCP:	Couples Communication Program
CDACC:	Curriculum Development, Assessment and Certification Council
CDC:	Centres for Disease Control and Prevention
CGT:	Constructivist Grounded Theory
CITAM:	Christ is The Answer Ministries
CMP:	Community Marriage Policy
CPB:	Counsellors and Psychologists' Board
CPD:	Continuing Professional Development
EE:	Engage Encounter
EFCT:	Emotionally Focussed Couple Therapy
EFT:	Emotionally Focussed Therapy
FGD:	Focussed Group Discussion
FOO:	Family of Origin
FP/C:	Family planning or contraceptive

GCT:	Gottman Couple Theory
GT:	Grounded Theory
HT:	Humanistic Theory
ICT:	Information and Communications Technology
IPV:	Intimate Partner Violence
ISERC:	Institutional Scientific Ethics Review Committee
IT:	Information Technology
KAMFT:	Kenya Association of Marriage and Family Therapists
KCPA:	Kenya Counselling and Psychological Association
KCPF:	Kenya Christian Professional Fellowship
KNBS:	Kenya National Bureau of Statistics
ME:	Marriage Enrichment
MET:	Marriage Enrichment Training
MFT:	Marriage and Family Therapist
MHL:	Mental Health Literacy
NACOSTI:	National Council of Science, Technology and Innovation
NCCK:	National Council of Churches in Kenya
NLP:	Natural Language Processing
PAIRS:	Practical Application of Intimate Relationship Skills
PAP:	Pre-Marital Assessment Program
PCC:	Premarital Counselling Classes
PCEA:	Presbyterian Church of East Africa
PCI:	Pre-Marital Communication Inventory
PICK:	Premarital Interpersonal Choices and Knowledge Program
PMC:	Pre-Marital Counselling

PPRE:	Premarital Personal and Relationship Evaluation
PREP:	Prevention and Relationship Enhancement Program
PT:	Psychoanalytic Theory
QDAS:	Qualitative Data Analysis Software
REP:	Relationship Enhancement Program
SFBT:	Solution Focussed Behaviour Theory
SSA:	Sub Saharan Africa
ST:	Structural Theory
STIs:	Sexually Transmitted Infections
SYMBIS:	Save Your Marriage Before it Starts
TF-IDF:	Term Frequency-Inverse Document Frequency
TT:	Triangular Theory
TVET:	Technical Vocational Training Authority

OPERATIONAL DEFINITION OF TERMS

African Context: Diversity, cultural standpoints, dogmas, and realisms that influence African philosophy of humanness (Mbeteh & Perregrini, 2022). In this study, the phrase refers to the African context realities which require contexualised interventions.

Competemility: This refers to the holistic practice of cultural competence, which encompasses knowledge of clients' cultural backgrounds and respect for diverse cultures, alongside cultural humility, which includes continuous self-reflection, openness to differences, and the acknowledgment of personal biases, to effectively engage with individuals from a variety of cultural backgrounds (Rollet et al., 2021). In this study, these terms signify the knowledge and reflexivity related to cultural diversities.

Cultural Competence: Ability to comprehend, converse with, and effectually interact with people across cultures (Villagran, 2022). In this study, the phrase refers to the ability to engage in fruitful interactions with premarital couples.

Efficacy: Is the capacity for an intervention to produce the expected outcomes (Enrique & Marta, 2020). In the context of this study, the term refers to PMC's potential to instil increased functionality in marriages, ensuring their length, stability, and contentment.

Marital Satisfaction: Refers to respondents' felt level of fulfilment in marriage, observed through indicators such as emotional bonding, cooperation, shared meaning and purpose, fulfilment of shared needs, functional communication, and relational closeness (Ebid et al., 2021). In this study marital satisfaction was gathered from respondents' lived experiences during interviews, FGDs and questionnaires.

Marital Stability: The degree to which a marriage proves stability, security, adjustment, cohesion, and resilience over time (Hesbon et al., 2021). In the context of this study it was measured qualitatively through respondents' stories concerning obligation, conflict resolution, harmonious living, adaptableness, emotional safety, and marital longevity.

Premarital Counselling: Ingraining capacity to handle, manage and grow marriages by establishing dependable companionship and synergy for growing marriages (Kabasinguzi, 2022). The term describes a supportive service that aims to improve and strengthen spousal relationships in order to prevent marriage stagnation, toxic relationships, and breakdown.

The PMC Model: A structure of PMC that demonstrates relationships between components and tells what is done in counselling and in what sequence (Suranata, 2020). The term was used to mean premarital therapy method which provides the practitioner with a road map, concepts, philosophical presumptions, and tools to help them deal with premarital couples.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

This chapter sets the foundation for the dissertation, which assesses indigenous Premarital Counselling (PMC) programs with the primary goal of creating a PMC model. The chapter discusses pertinent issues related to the introduction and background of this research. The background of the study examines the current understanding of PMC and its impact on marital outcomes. The problem statement identifies the gap in the existing literature that this study aims to fill. The following section delineates the study's objectives and questions, assumptions, justification, significance, purpose, scope, limitations, and delimitations, concluding with a summary of the chapter.

Background of the Study

Premarital counselling is a program that benefits couples preparing for marriage and seeking to strengthen their relationship (Clyde et al., 2019). Research by Bahkali et al. (2022) indicates that engaging in premarital education can lead to significant improvements in both marital satisfaction and stability. Numerous studies have shown that premarital counselling services can decrease divorce rates and promote the overall well-being of marriages (Brown, 2019; Clyde et al., 2019; Mikle & Gilbert, 2019; Rajabi & Abbasi, 2020). However, some research suggests that the rates of separation and divorce are similar for individuals who have participated in premarital counselling compared to those who have not, leading to a strong recommendation for post-marital counselling (Adzovie & Dabone, 2021; Moeti et al., 2024). In sum, the findings from these studies suggest that while premarital

counselling can help reduce the likelihood of marital dissolution, prioritizing marital enrichment is essential to maximize the benefits of such programs.

Adzovie and Dabone (2021) stated that PMC originated from Churches and cultural mentorship prior to World War II and decades later developed into systematic pastoral counselling. Notably, clergy regarded the institution of marriage as a sacred union between a husband and wife who establish a relationship with God and one another (Adzovie & Dabone, 2021). In the early 1900s, premarital counselling programs included lessons on the value of marriage and the role of religion in the home (Kabasinguzi, 2022). Moreover, a study by Zhang and Liang (2023) established that the spiritual fit of both partners is responsible for the stability and harmony of marriage. This shows how spirituality was seen as a tool for the well-being and health of marriages and the centrality of the Church in the advent and growth of PMC. To support spiritual integration, the researcher obtained data from Churches by incorporating former recipients of PMC along with clergy members.

Roberts' (2023) study explored viewpoints and experiences of African American couples on benefits of PMC. The study sample comprised eight married heterosexual African American couples between the ages of 25 and 50. Colaizzi's seven-step coding method was used to analyse the responses from the participants (Roberts, 2023). The study outcomes showed that PMC expectations, participation benefits, session quality and structure, and overall experience were the most common patterns (Roberts, 2023). The findings from this study confirmed that benefits of PMC included longer lifespans, stability, happier marriages, and more engagement. Considering that PMC has demonstrated the potential to enhance future marriages (Roberts, 2023), the researcher opted to develop a model tailored to the local context to improve PMC services.

Marital satisfaction is highly influenced by variables like age and financial means (Lebaron-Black et al., 2022). For instance, a study from Australia indicates that the marital satisfaction of couples at different ages decreases over time when compared to couples of similar ages (Chen & Oin, 2019). Consequently, a prerequisite for marital satisfaction is the capacity and willingness of partners to share responsibilities (Lebaron-Black et al., 2022). The Zhang and Liang (2023) study suggested that, whereas age similarity strengthens the marriage cord because of matched developmental needs, financial resources are unquestionably important for marriage performance. Accordingly, marital harmony, stability, and satisfaction are influenced by both age compatibility and financial resources.

Sitek (2023) conducted a study in Poland to determine the demographic makeup of believers, atheists, and adherents of other religions in Europe and to evaluate the influence of this makeup on the longevity of marriages. The study's hypothesis stated that prayer has an impact on marriage longevity (Sitek, 2023). In the research, legal-dogmatic techniques were used including surveys and interview methods (Sitek, 2023). The outcomes of the study showed that prayer improved couples' spiritual connection, humility, self-reflection, mental clarity, and inner peace (Sitek, 2023). Given this, Brynly (2023) suggested that married couples’ commitment to a mutual prayer life could strengthen their marriages. A significant aspect of the present study sample, which comprised clergy and recipients of PMC, was their Christian faith, which facilitated appropriate spiritual interventions aimed at enhancing marital satisfaction.

Rajabi and Abbasi (2020) investigated the effectiveness of PMC based on a relationship education program in Ahvaz, Iran, with respect to reducing irrational expectations about prospective marriage. The sample was selected at random for this

quasi-experimental study, which included experimental and control groups (Rajabi & Abbasi, 2020). According to the results, the ‘relationship education program’ lowered the intervention group's expectations for marriage to reasonable levels before they entered the follow-up phase (Rajabi & Abbasi, 2020). The study found that relationship education program may be a useful and appropriate program in PMC and in helping reduce unrealistic expectations (Rajabi & Abbasi, 2020). Consequently, this PMC evaluation study highlighted the importance of helping prospective marriage couples cultivate a more pragmatic view of their partnership.

Azimi et al. (2021) employed two programs, the Prevention and Relationship Enhancement Program (PREP) and the Premarital Interpersonal Choices and Knowledge Program (PICK), to assess the efficacy of premarital education outcomes for couples in Tehran, North Central Iran. The study found that when used as a short-term intervention to improve attitudes toward marriage, PICK performed better than PREP (Azimi et al., 2021). With a control group and a two-month follow-up, the study used a quasi-experimental pre-test and post-test approach (Azimi et al., 2021). While the PREP program served as a workshop for instilling basic skills and knowledge for relationship quality, the PICK program was based on the communication attachment model (Azimi et al., 2021). Key studies noted that majority of current PMC programs are organized around objectives, structure, interventions, material, and effectiveness (Karney & Bradbury, 2020; Moeti et al., 2024). Consequently, premarital programs that emphasize attachment and communication factors are more likely to enhance relationship well-being than those that concentrate solely on information dissemination (Moeti et al., 2024). In response to this, Emotionally Focused Couple Therapy and Acceptance and Commitment

Theory (ACT) were integrated into the theoretical framework to promote attachment and facilitate healthy communication between couples.

Nerve-wracking marriages have been correlated with an amplified risk of psychological stressors, comprising anxiety and depression (Carlson et al., 2020). Preventive interventions applied early in relationships have been shown to moderate negative marital outcomes such as acute conflict intensification, separation, divorce, and the development of mental health problems (Engl et al., 2022). Given the inevitability of marital disagreements, scholarly attention has increasingly shifted toward firming couples' adaptive capacities in handling emerging stressors that may else contribute to psychological distress (Engl et al., 2022). Contemporary evidence highlights that effective prevention of spousal problems is closely linked to the enrichment of constructive communication patterns, cooperative problem-solving skills, and dyadic coping mechanisms (Lebow, 2022). These competencies not only expedite conflict resolution but also encourage relational resilience by allowing partners to respond to stressors in a harmonised and compassionate manner. Therefore, the mitigation strategies advanced by Engl et al. (2022) and Lebow (2022) provide a theoretically and empirically grounded framework for addressing both enduring and emergent marital challenges, thus reducing the possibility of antagonistic psychological and relational aftermaths.

In Africa, PMC programs have been a subject of much research, especially in Egypt, West Africa, South Africa, and the East African countries of Kenya and Uganda (Adzovie & Dabone, 2020; Kabasinguzi, 2022; Kabura et al., 2005; Watenga, 2023). Nonetheless, the quality of PMC programs and marital satisfaction in Sub-Saharan context has only been examined in a limited number of studies (Adzovie & Dabone, 2020; Watenga, 2023). Equally, the uptake of PMC has not

been encouraging and more enforcement has been coming from faith institutions (Kabasinguzi, 2022; Watenga, 2023). Hence, the objective of this study was to assess the effectiveness of PMC programs in forecasting marital satisfaction, with a focus on enhancing stability and longevity, culminating in the development of a thorough premarital counselling model tailored to the local context.

A study outcome by Adzovie and Dabone (2020) suggested that levels of marriage health can be predicted by the quality of pre-marital programs. Their study surveyed the correlation between premarital programs and marriage success among Christians in Accra, Ghana (Adzovie & Dabone, 2020). The sample population consist of 30 couples purposively selected and showed a significant mean difference between married men (M=1.24, SD=0.16) and women (M=1.19, SD=0.15) perceptions regarding preventative service. The study found that whereas the service is critical to marital health (Adzovie & Dabone, 2021), its uptake remains somewhat low. Adzovie and Dabone (2021) emphasized not only the significance of PMC but also the need to ensure value proposition of available programs. Against this background, the present study aimed to advance a model grounded in the lived experiences of PMC beneficiaries, clergy, and counsellors, including clinical psychologists, counselling psychologists, and marriage and family therapists.

Kabasinguzi (2022) investigated the relationship between PMC and marital stability within the Anglican and Catholic Churches in Bukoto, Uganda. A comparative examination of emotionally focused, cognitive behavioural, and Gottman approaches concerning marital stability was conducted (Kabasinguzi, 2022). Moreover, the study employed a mixed-methods design that integrated both qualitative and quantitative approaches (Kabasinguzi, 2022). Counsellors and religious leaders formed the sample population, selected through convenience

sampling, while couples for the study were chosen using simple random sampling (Kabasinguzi, 2022). In the analysis of data, the Kabasinguzi (2022) study applied Pearson's correlation and a multiple regression model. Among the three, Gottman theory and cognitive behavioural therapy had less impact on marital stability compared to emotionally focused therapy (Kabasinguzi, 2022). As mentioned, all three theoretical approaches demonstrated certain beneficial outcomes, with emotionally focused therapy receiving the highest evaluation.

Existing studies from Uganda specify that escalating divorce rates, swelling marital dysfunction, and concerns about conserving social stability have jointly driven the growth of premarital counselling (Kabasinguzi, 2022; Nyamahunge & Pio, 2024). Nyamahunge and Pio (2024) contextualize this inclination within African traditional societies, where initiation practices historically primed individuals for adult roles such as marriage and family life. This steadiness suggests that modern PMC epitomizes a formalized extension of indigenous preparatory systems rather than a wholly external intervention. Kabasinguzi (2022) further shows that mounting divorce rates within Catholic communities impelled the Church of Uganda to implement structured measures aimed at strengthening marital stability. As a result, PMC emerged as both a pastoral and institutional response to the rising demand for well-thought-out marriage preparation among faith leaders and relationship professionals. Jointly, these findings highlight the interplay of socio-cultural and institutional drivers while highlighting the need for contextually grounded and clinically effective PMC programs.

Ndimbo and Paul (2022) examined the elements leading to the breakdown of contemporary marriages in Tanzania, identifying economic conditions, technological progress, as well as socio-cultural and political influences as significant contributors.

In contrast, Uhega et al. (2023) analysed the reasons behind and the effects of premarital cohabitation among university students in Iringa Municipality, Tanzania. The Uhega et al. (2023) study identified premarital cohabitation as the arrangement in which couples live together without a formal marriage. Additionally, the study examined the role of PMC in decreasing prevalence of cohabitation, influenced by factors such as housing needs, fear of abandonment, the pursuit of personal freedoms, the desire to impress peers, aspirations for financial independence, and the fulfilment of sexual needs (Uhega et al., 2023). The aforementioned studies highlight the importance of providing individuals who are about to marry with tools and strategies to promote the durability and success of their spousal relationships.

Zhang and Liang (2023) argue that gender and cultural elements significantly affect the stability of marriages, making it imperative for practitioners to incorporate cultural competemility in their work with couples. Cultural competemility is a concept that merges cultural competence with cultural humility. Cultural competence entails practitioner ability to understand the cultural backgrounds of their clients, communicate in a respectful manner, and build rapport across cultural divides, while cultural humility focuses on continuous self-reflection, openness, and empathetic engagement (Moeti et al., 2024; Rollet et al., 2021). In this study, cultural competemility is utilized as the primary orientation for understanding how practitioners navigate diverse cultural expectations during PMC. Cultural competemility and humility equip churches with knowledge and skills to address cultural matters but also remain cognizant of their own biases and which honouring clients' needs. As such, clinicians who embody cultural competemility conduct PMC sessions as they couples diverse cultural backgrounds and effectively manage culturally rooted conflicts.

A growing body of research had reinforced the importance of cultural competence in PMC, particularly in relation to cultural dynamics such as gender roles. Brynly (2023) specified that couples from dissimilar cultural backgrounds faced distinct challenges compared to those from similar backgrounds. Specially, disparities in the distribution of domestic responsibilities contributed to differing perceptions of marital satisfaction between men and women (Otero et al., 2020). Furthermore, traditional cultural norms often placed women as primary caregivers, resulting in a uneven burden of domestic work for women in China (Zhang et al., 2023). These findings underscored the extent to which cultural expectations shaped marital dynamics and satisfaction. Thus, this study evaluated existing indigenous PMC practices towards identifying gaps in their capacity to adequately address culturally embedded factors that influence marital outcomes.

Moeti et al. (2024) study noted that religious leaders often delivered PMC without essential formal traning. This raised concerns about the qualifications and competencies of clergy, particularly concerning their capacity to deliver reliable clinical outcomes (Moeti et al., 2020). Likewise, Hesbon et al. (2020) highlighted the necessity of structured training, arguing that reliance solely on biblical teachings was lacking for adequately preparing individuals for marriage. Besides, scepticism about the effectiveness of clergy compared to trained counsellors underscored a pressing need for pastors to enhance their professional expertise in addressing the complexities of marital preparation (Hesbon et al., 2020; Moeti et al., 2024). It was also notable that many pastors reported feelings of inadequacy in their roles as PMC providers, attributing this to limited seminary-based training and expressing the need for further professional development (Moeti et al., 2024). Taken together, these findings noted structural misalignment between the pastoral mandate to provide PMC and the

professional competencies required, indicating that without systematic integration of counselling frameworks into clergy training, PMC risks remaining religiously grounded but clinically inadequate in addressing modern marital challenges.

Statement of the Problem

The efficacy of PMC programs had been widely examined (Adzovie & Dabone, 2021; Bahkali et al., 2022; Roberts, 2023), yet stubbornly high divorce rates showed that prevailing interventions were not satisfactorily alleviating marital breakdown. Clyde et al. (2020) saw that many PMC methodologies in the African context were mostly borrowed from Western models and stayed thematic rather than contextually grounded. Roberts (2023) further noted that, notwithstanding some revisions, most curricula failed to align with the socio-cultural realities and relational intricacies of diverse couples. This misalignment restricted the capability of PMC to address key drivers of marital uncertainty. If unresolved, PMC risked functioning as a technical formality with insignificant impact on reducing divorce and strengthening marriages. Therefore, the development of culturally responsive PMC programming arose as vital for improving marital outcomes and reducing divorce rates.

Premarital counselling programs that were unsuccessful in integrating contextual realities were found to be lacking in creating meaningful results (Gichuri, 2024). Roberts (2023) warned that interventions not custom-made to couples' particular needs were unlikely to address core relational underlying forces contributing to marital dissatisfaction and eventual marriage breakdowns or dysfunctions. Also, Bahkali et al. (2022) stressed that some practitioners lacked the essential training and professional competencies, further weakening the effectiveness of PMC. This resulted in a critical gap between the intended preventive function of PMC and its actual impact on marital stability. Without responsive and contextually

grounded programming, PMC risked continuing ineffective preparation and failing to restrain rising marriage dysfunctions and divorce rates. Accordingly, updating PMC content to reflect contemporary relational, cultural, and psychological demands was essential to improve its preventive and stabilizing role.

Research further established that practitioner competency was central to the efficacy of PMC in addressing marital instability (Roberts, 2024). As well, Fisher (2019) argued that cultural humility empowered practitioners to co-construct meaning with couples, thereby augmenting the applicability and impact of interventions. Kabasinguzi (2022) and Bahkali et al. (2022) underscored the need for structured programs, professional preparation, and adherence to counselling standards to ensure dependable outcomes. However, Roberts (2023) recounted that many religious practitioners continued to provide interventions observed as inadequate, thus restraining PMC's effectiveness in averting marriage harms. This shortage not only undermined program trustworthiness but also lowered uptake among couples. In response, the present study enriched practice by finding and incorporating core competencies for culturally responsive PMC programming, thereby firming its ability to alleviate marriage negative outcomes towards promotion of sustainable marital relationships.

Purpose of the Study

The main aim of this study was to assess the efficiency of the local PMC curricula and advance a context specific approach custom-made to couples in Kiambu and Nairobi Counties. In particular, the research studied how current PMC practices influence marriage satisfaction, stability, and global relationship outcomes, being aware that although premarital education has been related with enriched marital quality, the rising divorce rates show that current curricula may not sufficiently deal

with the causes of marital breakdown (Adzovie & Dabone, 2021; Bahkali et al., 2022; Clyde et al., 2019; Roberts, 2023). Additionally, the study intended to find critical PMC components, comprising program content, intervention strategies, delivery methods, and culturally adaptable components appropriate to the African context, given concerns that many current models are largely Western-centric and inadequate in addressing indigenous socio-cultural realities (Adzovie & Dabone, 2021; Moeti et al., 2024; Udofia, 2021; Watenga, 2023). Furthermore, the study targeted establishment of the professional competencies and qualifications necessary for effective premarital counsellors by ascertaining critical skills, training principles, and professional frameworks needed for quality service delivery, mostly in light of concerns regarding limited training among some PMC practitioners (Hesbon et al., 2020; Bahkali et al., 2022; Kabasinguzi, 2022; Moeti et al., 2024). Finally, the study envisioned to incorporate these outcomes into an evidence-based grounded theoretical model that mirrors both empirical insights and contextual realities, thus influencing the boost of culturally competent counselling practices and the upgrade of marital health.

Objectives of the Study

The following objectives guided this study:

1. To explore perceptions and experiences regarding content for existing PMC programs in selected institutions within Kiambu and Nairobi counties.
2. To discover the processes, interventions, and delivery of existing PMC in selected institutions within Kiambu and Nairobi counties.
3. To find contextually relevant cultural factors worth inclusion in existing PMC programs in selected institutions within Kiambu and Nairobi counties.

4. To explore fundamental professional competences and qualifications for premarital practitioners in selected institutions within Kiambu and Nairobi counties
5. To develop a grounded theoretical model that accurately represents the experiences, perspectives, and perceptions of participants regarding an effective premarital counselling framework.

Research Questions

The following are the study questions:

1. What are the perceptions and experiences regarding the content of existing PMC programs in selected institutions within Kiambu and Nairobi counties?
2. What are the processes, interventions, and delivery methods of existing PMC programs in selected institutions within Kiambu and Nairobi counties?
3. Which contextually relevant cultural factors should be included in existing PMC programs in selected institutions within Kiambu and Nairobi counties?
4. What are the fundamental professional competencies and qualifications required for premarital practitioners in selected institutions within Kiambu and Nairobi counties?
5. What grounded theoretical model accurately represent the experiences, perspectives, and perceptions of participants regarding an effective premarital counselling framework?

Assumptions of the Study

The study assumed that respondents, encompassing PMC beneficiaries, clergy, and professional counsellors, would provide honest, pertinent, and experience-based information on central facets of premarital counselling such as

content, interventions, cultural considerations, and required professional competencies. It was further predicted that these study subjects owned suitable knowledge and practical experience to greatly inform the development of an effective PMC model. The study also presumed that the constructivist grounded model was the most appropriate methodological framework for creating a theory grounded in participants' lived experiences. In addition, it assumed that integrating supportive theories such as Mental Health Literacy, Acceptance and Commitment Theory, and Emotionally Focused Couple Therapy would amply and reinforce the study findings. Lastly, the study predicted that compliance to ethical research principles would uphold trust, openness, and honesty among participants, thus upgrading the dependability and trustworthiness of the data gathered.

Justification of the Study

Contextual responsive PMC programs have the capacity to improve marital satisfaction, relational cohesion, and general family health (Adzovie & Dabone, 2021; Mokhtari et al., 2022; Udofia et al., 2021). Nevertheless, Roberts (2023) verified that numerous available PMC programs are not culturally responsive and are incompatible with the real life experiences, aspirations, and interpersonal realities of beneficiaries. This disparity restricts the efficiency of PMC curricula in handling modern-day marital issues upsetting couples within the African setting. Adzovie and Dabone (2021) hence suggested the review of PMC modules, strategies, cultural receptiveness, and practitioner expertness to guarantee that premarital interventions successfully deal with context specific marital needs.

The study is important as it is projected to profit some stakeholders invested in marriage preparation and family welfare. These comprise couples priming for marriage life, clergy, counsellors, marriage and family therapists, psychologists,

churches, training organizations, and policy designers committed to family wellness. Couples are projected to derive value from PMC curricula that are tailored to their mental, interpersonal, spiritual, and cultural needs, hence reinforcing marital steadiness and durability. Counsellors and clergy as PMC practitioners anticipated to gain from a grounded and structured framework that delivers culturally suitable strategies, practical counselling interventions, and professional guidance for productive premarital preparation. Furthermore, the study is envisioned to aid in the advancement of culturally competent PMC methods and support institutions in enhancing the standard, applicability, and efficacy of PMC services in the local settings.

Persons priming for marriage regularly partake PMC with the aim of realizing satisfying, steady, and healthy marriages (Soleimani et al., 2022; Udofia et al., 2021). Gichuri (2024) argues that PMC varies from normal relationship education since deals with deeper individual, affective, and relational problems that may limit the growth of healthy marital unions. Current studies also prove that marital satisfaction is a chief pointer of marital victory and that PMC prepares couples with critical skills linked to communication, conflict management, closeness, emotional management, and cohesion (Mokhtari et al., 2021; Soleimani et al., 2022; Udofia et al., 2021). But, several scholars have endorsed the assessment and upgrading of PMC curricula to guarantee that the content and practices delivered sufficiently meet the emerging realisms of couples (Adzovie & Dabone, 2021; Mokhtari et al., 2022; Udofia et al., 2021). Thus, there is need to strengthen PMC practice by finding pertinent curriculum content, effective strategies, culturally grounded methods, and vital practitioner expertise essential for enriching marital outcomes and advancing family health.

In the African context, families continue to go through instabilities because of unsettled conflicts and interpersonal handicaps that adversely impact family functioning (Gabriel et al., 2024). In Kenya, this challenge is bolstered by swelling rates of marital dissolution and divorce, which point to flaws in current preventive practices (Kenya National Bureau of Statistics [KNBS], 2022). These disparities have been linked to shifting social norms, westernization, economic stresses, and the decline of customary family care systems that hitherto supported marital stability. Though PMC has proven promising in decreasing marital anguish and upholding healthy relations, its efficacy mostly hinges on on contextual applicability and cultural receptiveness (Elrayes et al., 2023). So, upgrading of PMC services by means of developing a data driven and culturally grounded PMC approach capable of handling modern marital issues and reinforcing marital and family stability in the local settings.

Significance of the Study

This research has informed the development of PMC practice by contributing a grounded theory-based model that is appropriate to the needs of couples within the local context. The model furnishes premarital counsellors with a practical approach relevant for guiding the design and provision of counselling services, thus improving the quality and success of premarital preparation. By drawing on the lived experiences of the study respondents, the model affords insights that can help counsellors deal with couple issues using methodologies that are meaningful and appropriate within the local setting. The study also contributes to professional practice by finding the competencies, training necessities, and qualifications essential for efficacious PMC. These outcomes can enlighten the development of training programmes, professional principles, and capacity-building initiatives for counsellors,

clergy, and other providers responsible for preparing couples for marriage. Accordingly, the study has the resourcefulness to progress service quality and fortifies the professionalism of PMC practitioners.

Similarly, this study adds value by offering a culturally applicable approach to PMC. The generated approach, namely, the Ubuntu Integrative PMC model blends cultural and spiritual elements that are essential within the local setting, making it more aligned and applicable to couples. This contextual positioning has been found to improve couple engagement and upgrade the likelihood of positive marital outcomes (Elrayes et al., 2023; Neswiswa & Jacobs, 2020; Sedek et al., 2022). The outcomes of this research shall profit policymakers, faith institutions, counselling training institutes and organisations engaged in family life education. The evidence produced can help towards development of policies, curricula, and programmes meant to strengthen marriage prepping and stimulate family stability (Adzovie & Dabone, 2021; Mokhtari et al., 2022; Udofia et al., 2021). Still, the study profits the growing body of knowledge on PMC in Africa by giving empirical evidence and a locally grounded theoretical approach that can appraise future studies and practice.

Scope of the Study

This study evaluated indigenous PMC programs and developed a contextually relevant model intended to be a useful resource for professionals and institutions in the PMC field. The researcher utilized grounded theory within a qualitative research framework to gather insights, perspectives, and personal experiences from the participants. The selection criteria for the sample population were grounded in their lived experiences related to either receiving or providing PMC. It was anticipated that the participants would possess the necessary knowledge to achieve the objectives of the study.

The research systematically explored appropriate program content aimed specifically at enhancing marital satisfaction. It also examined PMC interventions and identified cultural elements to be integrated into these programs. Furthermore, the study established the educational and credentialing requirements for premarital counsellors. A total of twelve (12) premarital counsellors, including clinical psychologists, counselling psychologists, and marriage and family therapists (MFTs) from the Kenya Counselling and Psychological Association (KCPA), along with a sample of twenty (20) married individuals and four clergy members from four selected Churches in Kiambu and Nairobi counties, contributed to the essential data for the research. The projected PMC theory was shaped by the comprehensive data generated from the diverse data sets.

Study Limitations and Delimitations

Several limitations were acknowledged as having imposed contraints to the current study, such as its short period, reliance on subjective participant responses, qualitative design, and small sample size. It was cautioned by Montgomery (2023) that time limits could undesirably affect the quality of participants' submissions. It was further noted by David (2022) and Ali and Pandya (2021) that respondent variables and time limitations are recurring dynamics that can prominently impact research outcomes. Moreover, it was proclaimed by Montgomery (2023) that time restrictions and respondent dynamics could end in vague responses, inapplicable responses, and unanswered questions. AS a rejoinder to these challenges, it was guaranteed that enough time was given to respondents to complete the questionnaires, and clear directives were given. Also, a detailed schedule was created and strictly adhered to and aligned to study activities.

The researcher expressed concern that the subjective insights of participants might lead to social desirability bias, given the study's dependence on self-reported experiences, opinions, and beliefs (Junior, 2022). Moreover, Junior (2022) defines social desirability bias as a systematic distortion in research, where participants are inclined to share views that conform to societal norms rather than their authentic feelings, perceptions, and actions. Conversely, Montgomery (2023) asserts that qualitative research utilizes subjective data collection methods to examine the connections between pertinent variables. Both Montgomery (2023) and Santana (2024) agree that participant honesty is crucial for maintaining the validity and reliability of the research. This study mitigated social desirability bias through various strategies: providing explicit instructions, creating an inviting atmosphere, encouraging detailed responses, seeking further information, ensuring anonymity, and employing a range of data sources including PMC beneficiaries, counsellors and clergy.

Third, the study employed qualitative methodology which has potential of affecting its reliability, validity and generalizability since the data is self-reported and it can be laced with personal biases (Dimitrios & Antigoni, 2019). According to David (2022) purposeful sampling restricts the study findings' applicability to the full population. Furthermore, questionnaires may vary in their degree of predictability, which could further compromise reliability (Anandavalli et al., 2022). Thus, David (2022) offer that qualitative researchers are often cautious regarding generalizability claims. According to Anandavalli et al. (2022) and Dimitrios & Antigoni (2019), qualitative researchers use case-to-case transfer logic to restrict their generalization to what is feasible. Through the use of a variety of data collection techniques, pilot

testing, validating data collection tools, determining data saturation, focused coding, and thematic content analysis, the researcher narrowed these limitations.

The final limitation mentioned was the relatively small sample size, which comprised 20 married individuals (both males and females), 4 clergy members, and 12 counsellors (counselling psychologists, clinical psychologists and MFTs). Research suggests that a small sample size can lead to limited reliability and generalizability, potentially compromising the integrity of the current study (David, 2022; Dimitrios & Antigoni, 2019). Importantly, the determination of sample size in qualitative research is context-dependent and essential for evaluating the credibility of qualitative investigations (Suresh et al., 2024). Furthermore, Suresh et al. (2024) assert that studies with small sample sizes tend to be of inferior quality. This limitation was mitigated by thoughtfully addressing the research questions, employing various data collection methods, conducting careful data analysis, allowing participants the freedom to provide honest responses, being open to further explanations from respondents, meticulously designing research instruments, and linking findings to pertinent theoretical frameworks and existing literature.

The proposed study had several significant delimitations. Initially, data was collected, analyzed, and interpreted from married individuals and clergy associated with four selected Churches in Kiambu and Nairobi counties. Additional insights were gathered from counsellors, including Marriage and Family Therapists (MFTs), counselling psychologists, and clinical psychologists affiliated with the KCPA. The researcher easily accessed and navigated both locations due to their close proximity, which facilitated a more economical logistical approach for conducting focus groups, in-depth interviews, and distributing questionnaires. To qualify for inclusion, married individuals were required to have participated in some form of PMC, while clergy

and counsellors served as PMC providers, either through referrals from their Churches or by their own choice.

Additionally, the target group included individuals who had been in a marriage relationship for 15 to 30 years and were ascertained to have undertaken PMC. Individuals who have been married for less than 15 years or more than 30 years were excluded from participation. It was presumed that those in marriage for a considerable length of time would be able to evaluate the influence of PMC on their marital well-being. According to Adzovie and Dabone (2021), PMC was first established by religious leaders and cultural advisors before World War II and became formalized two decades after the war; thus, those married for 15 to 30 years likely experienced formal PMC and could offer reliable feedback for the study's questions.

Furthermore, my clinical assessment of the existing PMC programs had led me to conclude that these programs are insufficiently adapted to the African context. Consequently, this study aimed to evaluate the local PMC curricula in order to create a model that is specifically designed for the local environment. According to Adzovie and Dabone (2021), premarital counselling programs are predominantly Western-oriented and lack contextual relevance. Therefore, Adzovie and Dabone (2021) recommended that counsellors and other relevant parties should review the content of PMC to determine its effectiveness in promoting marital well-being. A key object of the study was to ascertain appropriate content for PMC programs, with input gathered from opinions provided by PMC beneficiaries as well as perceptions presented by PMC practitioners, including clergy and counsellors.

Lastly, a qualitative study method was employed in the investigation. The principal aim of the study was to execute a qualitative constructivist grounded theory

in the creation of a PMC model. To efficiently tackle the research problem and realize the projected outcome, all components of the study were matched with the study objective. These comprised the study questions, design, sampling techniques, theoretical framework, data collection tools, and data analysis approaches. The qualitative approach guaranteed that lived experiences were considered to back a reliable and meaningful product outcome.

Chapter Summary

This chapter has laid the groundwork for the present study by systematically reviewing relevant research on PMC in chronological order. It detailed the historical development of PMC and examined studies that assess its effectiveness and contribution to improving marital satisfaction. Key components covered in this chapter include the study's background, problem statement, objectives, research questions, underlying assumptions, rationale, significance, scope, limitations, and delimitations. The subsequent chapter provides a literature review.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter covered the empirical literature pertinent to the conducted research. The discussion included relevant literature and studies that focused on the study variables, which were analyzed and synthesized. The topics examined corresponded with the study's objectives, covering content related to PMC programs, PMC interventions, cultural influences, and the proficiency of PMC practitioners. Furthermore, the chapter addressed elements such as marital satisfaction, stability, contextualized outcomes, and post-marriage counselling. Finally, the chapter concluded with a summary of theoretical, identification of research gaps, and an overview.

Overview of PMC Versus Marital Satisfaction and Stability

A marriage union creates a legal, cultural, and religious impact on all facets of a couple's life (Isingi, 2019). Moreover, Njiru and Muyunga (2022) and World Population Review (2014) suggest that marriage is a universally recognized cultural practice that is fundamental to human existence. Additionally, Njiru and Muyunga (2022) look at marriage as a turning point in the lives of partners constructed for a variety of reasons, such as friendship, procreation, financial security, social standing, and religious fulfilment. Thus, improved emotional and physical health, children's wellbeing and functionality, and personal economic well-being are just a few advantages of marriage (Isingi, 2019). Njiru and Muyunga (2022) reported that marriage serves the purpose of providing life support, love, and on-going emotional support.

Modern marriage has faced particular difficulties brought on by globalization, industrialization, and technological development (Njiru & Muyunga, 2022). A qualitative study carried out carried out in Ghana by Ameyaw et al. (2023) revealed that disrespect, a lack of accountability, conflictual decision-making, interference from extended family, differences in values and beliefs, infidelity, and misunderstandings were the primary reasons why marriages among young couples end in divorce. Ameyaw et al. (2023) further warn that a high rate of marriage dissolution damages the foundations of society and leads to the disintegration of family institutions. Likewise, Njiru and Muyunga (2022) assert that marital instability and subsequent dissolution are predicted by higher levels of negativity during the marriage formation process characterized by resentments and destructive conflict resolution techniques. These studies highlight the systemic, contextual, and traditional factors that adversely affect marriage (Ameyaw et al., 2023; Njiru & Muyunga, 2022), suggesting that these issues can be mitigated through the provision of contextually appropriate PMC that effectively addresses emerging marital challenges.

It is easier to understand how terms like "satisfaction" and "stability" in marriage relate to the phenomenon of marriage when they are defined (Taghani et al., 2019). For instance, marital satisfaction is influenced by a number of factors, such as parenting practices, financial status, personality traits, and sexual encounters (Ebid et al., 2021). A study conducted by (Marang'a, 2021) in Kenya investigated how well PMC interventions ingrained marital stability and discovered that spouses who participated in PMC had improved communication, commitment, and friendly coexistence. Also, Mutunga's (2020) study found that commitment, unity, and closeness are indicators of a long-lasting marriage. In light of the preceding

discussion, it is evident that PMC enhances marital performance and therefore, clinicians should focus on promoting such programs to ensure positive results.

Marital Satisfaction

According to Taghani et al. (2019), marital satisfaction is the sincere sense of joy, and contentment that spouses experience when they evaluate their overall marriage. Some researchers have suggested that, marital satisfaction is developed when a person's current circumstances in their marriage are attuned to their expected situation (Gichuri et al., 2024; Moeti et al., 2024). Further, Moeti et al. (2024) suggest that marital satisfaction has several dimensions including shared values and objectives, communication, trust, emotional intimacy, and sexual satisfaction. As well, Gichuri et al. (2024) notes that establishing and maintaining a meaningful and positive relationship with one's partner is a central feature of the human experience. Hence, marital satisfaction can characterised as a manylayered, expectation-aligned sense of contentment grounded in common values, effective communication, trust, and intimacy, emphasizing the need for structured interventions to sustainably enhance relationship quality and marital longevity.

Determinants of Marital Satisfaction. A major area of interest for researchers in the social sciences and psychology is the study of marital satisfaction and its determinants (Piechota et al., 2022). In order to achieve marital satisfaction, a couple must adjust their preferences, balance their personalities, establish behavioural guidelines, and establish healthy communication habits. For many researchers, marital satisfaction is a manifold concept with many facets, including sexual fulfilment, communication, emotional intimacy, trust, shared values, and objectives (Gichuri et al., 2024; Knappe et al., 2020). Additionally, Fincham et al. (2020) found

that gratitude, empathy, and forgiveness promote health and well-being of couples. Gichuri et al. (2024) established that marital outcomes can be enhanced by employing strategies that emphasize communication, problem-solving, and emotional support. This means that PMC programs need to focus on aspects that nourish romantic relationships by addressing core personal and systemic needs.

Some research findings on marital relationships suggest that, conflict results in dissatisfaction, which impacts couples' psychosocial behaviours and performances as well as the growth and development of children and youth (Gichuri et al., 2024; Knappe et al., 2020). It is believed that marital satisfaction is a psychological state that necessitates the cooperation of both partners, particularly during the initial years of marriage (Gichuri et al., 2024). One of the most significant and impactful elements in promoting marital longevity is marital satisfaction (Gichuri et al., 2024). Experts agree that unique skills and strategies, such as effective communication and problem-solving, are necessary for a successful marriage. An interpersonal gap that affects every element of the couple's life is caused by poor communication (Gichuri et al., 2024). Together, this body of evidence proposes that marital satisfaction functions as both a safeguarding and intervening construct, where shortfalls in communication, skills, and contextual resources intensify interpersonal conflict thereby underscoring the critical need for targeted, skill-based interventions.

It has been demonstrated that self-disclosure in romantic relationships fosters stronger bonds, increased intimacy, and trustworthiness (Knappe et al., 2020). According to Gichuri et al. (2024), self-disclosure training can be a useful strategy for enhancing the quality of relationships. This claim is supported by a study by Finkenauer et al. (2021), which discovered that a self-disclosure intervention enabled couples to open up and share deeply. In the study conducted by Finkenauer et al.

(2021), couples participated in a safe and non-judgmental environment where they could share their fears with their partners. Compared to the control group, the findings indicated that those who engaged in the intervention experienced increased intimacy and greater satisfaction in their relationships. These findings underscores the importance of including selfdisclosure as a key intervention for PMC programs.

Using an enrichment program for couples in the Seventh-day Adventist Church in Huntington, New York, Benoit (2019) conducted a quasi-experimental study to examine marital satisfaction. The goal of the eight-week marriage enrichment program was to help married couples improve their marital satisfaction in five areas: communication, financial management, spirituality, sexual relationships, and conflict resolution (Benoit, 2019). The study had four couples who participated, and a pre- and post-test were administered. This study found out that four couples were more satisfied in each of the five categories. The couples in the Benoit (2019) study attested that the enrichment program gave them marriage enrichment tools and immediately improved their marriage relationship. Overall, the study found that the study participants' marriages were healthier as a result of the enrichment program.

Second, Gichuri et al. (2024) looked into how married couples in Pentecostal Churches in Turbo Sub County, Kenya, felt about their marriages after receiving PMCs that focused on self-disclosure and marital satisfaction. A total of 332 couples and five counsellors made up the sample size, which was chosen using stratified and basic random sampling. Both quantitative and qualitative data were collected using questionnaires and interview guides. The instruments' validity was confirmed by piloting and Cronbach Alpha calculations (Gichuri et al., 2024). According to this study premarital counselling that focuses on self-disclosure was found to be enriching

(Gichuri et al., 2024). Overall, there is evidence of correlation between self-disclosure, emotional intimacy and relationship satisfaction.

Third, the effectiveness of marital life enrichment programs based on the Enrich and TIME models on marital satisfaction in couples seeking marriage annulment was compared in a study by (Gichuri et al., 2024; ShokrZadeh et al., 2024). In the study, marital satisfaction levels and the likelihood of divorce were correlated, indicating the need to increase couple satisfaction (ShokrZadeh et al., 2024). A pre- and post-test, as well as a three-month follow-up, were all part of the study's quasi-experimental research design, which included experimental and control groups (Gichuri et al., 2024; ShokrZadeh et al., 2024). The findings indicated that interventions based on the Enrich and Time model raised short-term marital satisfaction though outcomes for the two models were identical (ShokrZadeh et al., 2024). In conclusion, the Enrich and Time models are equally effective; however, post-marriage counselling was indicated as highly important in keeping marriages robust.

Fourth, a study by Udofia et al. (2021) compared married couples who received PMC to those who did not, examining the impact of PMC on marital satisfaction and the relationship between three psychological variables: intimacy, self-esteem, and locus of control. Standardized questionnaires were employed in the study to evaluate all relevant variables (Udofia et al., 2021). The Statistical Product and Services Solution software (SPSS version 25) was used for data entry, validation, and analysis. There were 720 responders in all, the majority of whom were female. According to the study's findings, married couples who participated in the PMC had significantly higher locus of control, self-esteem, and intimacy than those who did not

(Udofia et al., 2021). In conclusion, the PMC is beneficial for newlyweds and ought to be encouraged for those getting married as well as included in school curricula.

Fifth, the effectiveness of PMC on intimacy and marital satisfaction was examined in a study by Alizadeh et al. (2021). The researchers searched the heading and abstract of articles published in Google Scholar, PubMed, Scopus, SID, Magiran, Noormags, and ScienceDirect using the keywords PMC, marital satisfaction, marital intimacy, quality of life, and couples' mental health. The printed articles of all connected Persian and English texts from 2012 to 2020 served as the primary entry requirement, and the articles' quality was assessed and managed using the PRISMA checklist. The research indicated that PMC had the potency of addressing a wide range of topics related to marriage, including partner selection, reproductive health, sexual matters, psychology of both genders, and factors that contribute to a successful marriage (Alizadeh et al., 2021). The study found that by recognizing personal risk factors and elements of personal flexibility, couples were sufficiently prepared for marriage (Alizadeh et al., 2021). Consequently, marriage outcomes were favourable when PMCs centred on marriage-related topics that were well-organized.

The effectiveness of PMC in achieving marital satisfaction was the main focus of the five studies discussed above (Alizadeh et al., 2021, Benoit, 2019; Gichuri et al., 2024, Udofia et al., 2021; ShokrZadeh et al., 2024). The studies employed different methodologies to explore the effectiveness of PMC. Benoit (2019), Gichuri et al. (2024), and ShokrZadeh et al. (2024) PMC studies used quasi-experimental designs with treatment and control groups and pre- and post-tests. Alizadeh et al. (2021) conducted a literature review, whereas Udofia et al. (2021) was primarily a qualitative study using questionnaires. In particular, one study (ShokrZadeh et al., 2024) examined the effectiveness of two PMC programs; Enrich and TIME on

fostering marital satisfaction. Notably, all the five studies discussed in this section showed that varied PMCs produced positive outcomes towards marital satisfaction but ShokrZadeh et al. (2024) underscored the need for post marital programming for continuum of guaranteeing marital satisfaction.

Marital Stability

Hesbon et al.'s (2021) study offer that compatibility, marital happiness, and marital adjustments cultivate marital stability. According to Karney and Bradbury's (1995) model, three aspects of a couple's life have an impact on marital stability (Kabasinguzi, 2022; Karimi et al., 2019). First, long-term vulnerabilities like psychological diseases affect people's ability to interact effectively in married relationships. Second, stressful situations, such as a spouse losing their job, and third, adaptive processes, such as how people interact, such as how they solve problems and resolve conflicts impact relationship health (Hesbon et al., 2021). Intrapersonal protective factors, such as empathy, trustworthiness, personality traits, and commitment and devotion, are regarded as persistent vulnerabilities (Karimi et al., 2019). Customs and expectations were named as among the factors that contribute to stressful situations (Kabasinguzi, 2022; Karimi et al., 2019). Karimi et al. (2019) suggest that specific interpersonal elements, such as shared religious beliefs and approaches to problem-solving, decision-making, and the distribution of responsibilities are considered adaptive processes. Consequently, enhancing problem-solving skills, fostering intimacy, and implementing adaptive strategies are likely to significantly promote marital stability.

Marang'a (2021) investigated how PMC affected marital stability in Nairobi County, Kenya. The study's specific aim was to determine how stable marriages,

communication skills, spousal romance, and money management abilities were among couples who had undergone PMC. Marang'a (2021) identified 416 married men and women using systematic random sampling and pilot studies were used to determine reliability while experts validated the instruments to determine their validity. The Marang'a (2021) study discovered that people who had undergone PMC exhibited greater levels of commitment, improved communication, friendly coexistence, and cohesiveness, all of which led to the stability and longevity of their marriages. This indicates that the respondents' participation in PMC programs had a positive impact on the longevity and stability of their marriages.

Similarly, Hesbon et al. (2021) aimed to investigate the connection between family stability and PMC resourcefulness in Kisumu, Kenya. The research employed a mixed methods design that included both qualitative and quantitative techniques. Using stratified sampling, the Hesbon et al. (2021) study selected a sample size of 462 respondents from 26 congregations affiliated with the National Council of congregations of Kenya (NCCK) to be included in the researcher's analysis. While descriptive statistics were analysed using Pearson's Correlation and Multiple Linear Regression, qualitative data was assessed thematically. The Hesbon et al. (2021) study found a positive relationship between family stability and participation in PMC programs. Thus, PMC interventions for those entering marriage are promissory in etching marital stability.

Hesbon et al. (2021) and Marang’a (2021) engaged dissimilar sampling techniques to successfully study the association between PMC and marital stability. Hesbon et al. (2021) used stratified sampling since the study compromised respondents from 26 NCCK congregations, thus guaranteeing depiction from different groups, while Marang’a (2021) applied systematic random sampling to

diminish bias and advance sample distribution. Both studies adopted a mixed-methods design, which was analytically significant because it combined quantitative data with qualitative insights to offer a deeper appreciation of marital experiences. The usage of mixed methods reinforced the believability of the findings by allowing the researchers to match statistical outcomes with participants' personal perspectives on PMC. Generally, the studies steadily recognized that participation in PMC positively promoted to marital stability and marital health.

The Premarital Counselling Curricula Content

Udofia (2021) declares that PMC equips couples with the fundamental skills for fostering fulfilling marriages. Iyeke (2023) and Roberts (2023) highlights that marriage presents a range of complex issues that necessitate certain levels of marital competency, attributing various advantages to PMC such as improved communication skills, financial education, and preparation for transition into married life. Udofia (2021) noted additional focus areas for PMC including effective communication, conflict resolution, problem-solving abilities, emotional regulation, self-awareness, awareness of others, and strengthening relational bonds. Additionally, Adzovie and Dabone (2021) highlighted several important subjects addressed in PMC, such as intimacy, affection, sexual relationships, communication abilities, financial management, parenting, and the roles within marriage. Therefore, a solid understanding of essential skills needed for marriage enables PMC practitioners to effectively offer helpful preparation for marriages.

Udofia (2021) identifies three primary themes in the topics covered during counselling: toxic subjects, conflict resolution and communication. Toxic subjects encompass issues such as finances, sexual matters, relationships with in-laws, child-rearing, the roles of individuals within the marriage and spiritual leadership (Udofia,

2021). In terms of conflict resolution, Udofia (2021) highlights behaviours such as stonewalling (withdrawal), defensiveness, criticism, and contempt, along with a comprehensive discussion of communication aspects. Common subjects addressed in PMC include careers, financial matters, parenting and children, friendship and support, family background issues, religious beliefs, attitudes towards marriage, expectations regarding gender roles, values, personality traits, transition from single to married life, commitment to marriage, conflict resolution techniques, communication skills, emotional management, problem-solving abilities, coping strategies, importance of spending quality time together, romance, sexual relationships, and leisure activities (Adzovie & Dabone, 2021; Babalola, 2024; Sedek et al., 2022). From a professional standpoint, assembling commonly discussed topical areas into a PMC manual would considerably help PMC practitioners to support couples expertly.

Current PMC Programs' Content

The effectiveness of the Marriage Enrichment (ME) programs was assessed through a meta-analysis conducted by Khojastehmehr et al. (2021). For authorization to examine the programs' materials, the reviewers reached out to developers or organization administrators and the reviews were conducted by searching major databases such as Family and Society Studies Worldwide and Google Scholar for dissertations and theses using keywords (Khojastehmehr et al., 2021). Nine programs including Couple Commitment and Relationship Enhancement program (CCARE), Couple Communication Program (CCP), Engaged Encounter (EE), Practical Application of Intimate Relationship Skills (PAIRS), Prepare/Enrich Group program, Prevention and Relationship Enhancement Program (PREP), Relationship

Enhancement Program (REP), Saving Your Marriage Before it Starts (SYMBIS), and the Association for Couples in Marriage Enrichment (ACME) met the selection criteria (Khojastehmehr et al., 2021). Marriage Enrichment Training (MET), Hope-Based Relationship Enrichment Program, Emotion-Focused Approach, Mindfulness-Based Enrichment Program, and Marriage Enrichment Program Based on Choice Theory were also included in the Khojastehmehr et al. (2021) review. Furthermore, Khojastehmehr et al. (2021) pointed out that some of the programs have been updated and changed, and that programming effectiveness was crucial in establishing validity and reliability. This section shall discuss four PMC programs including: Relationship Education Programs (REP), **PREPARE/ENRICH Program,** African PMC programs, and Religious PMC Programs with a focus on goals, structure and interventions, content and efficacy.

Relationship Education Programs (REP). Father Gabriel Calvo started a movement in Spain in 1962 to improve marriages (Iyeke, 2023). Moreover, Marriage Enrichment Training (MET), a relationship education program, was developed by Jon Carlson and Don Dinkmeyer (Iyeke, 2023; Tavaloli et al., 2022). Sedek et al. (2022) maintain that programs for spousal relationship education guarantee that couples have a solid, wholesome bond that fosters contentment and stability. According to Moeti et al. (2024) such programs help couples identify areas of weakness that may cause them destabilization. Based on the above, relationship education programs promote well-being and instil a sense of adequacy in marital partnerships.

***Goals of REP*.** By developing abilities, the educational intervention programs help to improve the spousal bond (Tavaloli et al., 2022). In order to prevent future incompatibility risks, the recipients receive education on mate selection (Tavaloli et al., 2022). As such, the programs improve healthy attitudes regarding marriage,

encourage reasonable marital expectations, and help prospective spouses develop their communication skills (Abbasi, 2020).

***Structure and Interventions of REP*.** This program is taught in classrooms as part of weekly sessions or individually (Abbasi, 2020). It includes aiding the shift from single to married life, developing couple's communication skills, improving companionship and capacity for romantic relationship, increasing intimacy, developing problem-solving and decision-making capacity in financial and marital responsibilities (Iyeke, 2023).

The REP Content. Five self-knowledge modules including romance, marital happiness, sexual differences, intimacy, and lowering unrealistic marital expectations are the main focus of the relationship education curriculum (Abbasi, 2020).

***The REP Efficacy*.** Tavaloli et al. (2022) assert that the implementation of an instructional package like the TIME plan improves intimacy and the overall quality of relationships. Furthermore, they indicate that marital education programs can transform individuals' knowledge, attitudes, and behaviours.

PREPARE/ENRICH Program. David Olson began with the PREPARE inventory in 1977, and he, David Olson, and Joan Druckman of Life Innovation in Minnesota developed the "ENRICH" inventory in 1981 (Neswiswa & Jacobs, 2019). PREPARE (PMC planning) and ENRICH (couple skills) are the two components of the program (Neswiswa & Jacobs, 2019). Prepare and Enrich has been in use for more than 40 years, is highly reputable, and has undergone extensive research (Gichuri et al., 2024) and it is intended to cover every significant facet of a couple's life together. Overall, it has undergone changes that have addressed multicultural issues (Gichuri et al., 2024).

Goals of PREPARE/ENRICH. This program is a prominent relationship inventory based on systems theory (Neswiswa & Jacobs, 2019). It provides vital relationship-building techniques to couples (Gichuri et al., 2024). A skilled counsellor's input is given, and important topics like communication, sex, and affection are covered in the exercises (Neswiswa & Jacobs, 2019). Specifically, engaged, married, and dating couples are the target audience of the PREPARE/ENRICH program (Gichuri et al., 2024).

***Structure and Interventions of PREPARE/ENRICH*.** In both group and individual settings, couples are given inventories to complete and then discuss with the facilitator (Neswiswa & Jacobs, 2019). There is also a specially designed online version of application available.

PREPARE/ENRICH Content. While the ENRICH assessment focuses on enhancing married couples' awareness of their strengths and possible areas for improvement, the PREPARE inventory helps couples get ready for marriage (Neswiswa & Jacobs, 2019). The program's main objectives are to improve strengths, work on personal and relational growth, family of origin issues, goal setting, communication, conflict resolution, financial management, leisure activities, affection, sexuality, partner style and habits, family, friends, relationship roles, and spiritual beliefs (Gichuri et al., 2024).

PREPARE/ENRICH Efficacy. This program has demonstrated notable reliability and validity and has shown sensitivity across different cultures (Neswiswa & Jacobs, 2019). The PREPARE/ENRICH program's effectiveness was validated through the assessment of subjective well-being and sexual self-efficacy among couples in Iran (Gichuri et al., 2024).

African Indigenous PMC Programs. The research conducted by Gichuri et al. (2024) indicates that traditional knowledge systems, along with sociocultural values, customs, and practices, form the basis of indigenous PMC programs in Africa. These traditional knowledge systems play a crucial role in ensuring that the custodians of community wisdom transmit their insights to future generations (Chiboola, 2019). The elderly are regarded as a vital asset for community development (Gichuri et al., 2024). They are esteemed as the community's most respected figures, experts in cultural competency, and guardians of traditional knowledge (Moeti et al., 2017). In many African societies, significant life events such as marriage, childbirth, and essential rites like circumcision are perceived as critical transitions that require guidance and mentorship from older individuals who possess the necessary folk wisdom (Chiboola, 2020). Parents, relatives, and friends of couples getting ready for marriage often make consultation about the PMC program, mainly about its comformity with contemporary African values and beliefs related to marriage.

Goals of the African Indigenous PMC Programs. The African indigenous PMC approaches were intended to strengthen family ties (Gichuri et al., 2024). They aimed to lessen marital stress and promoted the preservation of solid familial ties and bonds (Chiboola, 2020). Furthermore, according to Gichuri et al. (2024), indigenous PMC services were remedial, preventive, and developmental, depending on perceived needs. Overall Moeti et al. (2020) declare that the provision of indigenous PMC services was crucial in equipping individuals with the necessary skills to establish stable families.

***Structure and Interventions of the African Indigenous PMC Programs*.** Songs, riddles, recitations, stories, proverbs, modelling, and group support were

among the indigenous therapeutic premarital marital techniques employed (Chiboola, 2020). Narratives of marital experiences and taboos pertaining to marriage and family life served as the primary tool (Moeti et al., 2020). Therefore, experiential learning of lived experiences was used to teach the special lessons (Chiboola, 2020; Gichuri, 2024). The younger generations were anchored in marriage and family life by their grandparents, aunts, and uncles, who served as educators (Moeti et al., 2020). The structure of the indigenous PMC appears to have facilitated on-going support, with senior members keen to provide guidance to their junior counterparts.

Content of the African Indigenous PMC Programs. This included, among other things, marital customs and expectations, household chores, treatmnet of in-laws, raising children, deference to parental authority, eating habits, and cultural and gender roles and responsibilities (Chiboola, 2020).

Efficacy of the African Indigenous PMC Programs. Moeti et al. (2024) found that the African indigenous PMC lack the scientific review regarding their authenticity. According to Moeti et al. (2024), indigenous premarital practices are rapidly being replaced by western premarital approaches that are heavily influenced by systemic paradigms. As such, various African resources, such as proverbs, mentorship traditions and narratives, hold important depth that could significantly profit PMC programs.

Religious PMC Programs. Relevant models designed for religious settings were not found during a literature review search for religious PMC programs. According to Moeti et al. (2024) study the primary cause of Christian marriage instability was a lack of efficacious PMC for religious settings. However, Gichuri et al. (2024) noted that Churches serve as a central location for providing PMCs. Before being joined in holy matrimony, faith leaders and clergy must attest that the

prospective couples are ready for marriage. Consequently, upcoming research should concentrate on developing PMC tailored for religious contexts, as this would be advantageous for religious faithful preparing for holy matrimony.

Goals of the Religious PMC Programs. The gold standard for PMC in religious contexts is to give couples the skills and techniques they need to have a successful marriage (Moeti et al., 2024). According to Gregoire (2023), it is standard procedure for religious organizations to get premarital couples ready for marriage before they are legally married. Moeti et al. (2024) emphasize the importance of PMC, as it enables couples to tackle potential challenges and fortify their relationship by addressing problematic issues before entering into marriage.

***Structure and Interventions of the Religious PMC Programs*.** The inconsistent planning and execution of PMC programs across different Church contexts is well highlighted (Gichuri et al., 2024; Moeti et al., 2024). According to Gichuri et al. (2024), unpredictability of PMCs contributes to variance in the quality and efficacy of such services in Churches. Gichuri et al. (2024) and Gregoire (2023) concur that to influence knowledge, skills, and competencies for marriage success, PMC practitioners employ psycho-education sessions, scriptural references, storytelling, case studies, and experiential learning. Additionally, premarital couples are matched to mentor couples to help them navigate the matrimonial journey (Gichuri et al., 2024).

Content of the Religious PMC Programs. To mentor, coach, and prepare premarital couples for marriage, religious organizations primarily rely on Holy Scriptures (Gregoire, 2023; Moeti et al., 2024). In Church settings, PMCs address issues like communication, commitments, conflict resolution, equitable roles, sexuality, personality issues, and finances (Gichuri et al., 2024).

***Efficacy of the Religious PMC Programs*.** Moeti et al. (2024) conducted a qualitative study in Botswana to examine the effectiveness of premarital counselling within Church environments. The results revealed several key issues: pastors generally lacked expertise in premarital counselling, relied on the Bible and an unstructured counselling guide, had unclear session durations, and varied content delivery among different clergy members. Furthermore, there was a notable absence of follow-up after the initial counselling sessions, as post-marriage counselling was not given priority during the premarital counselling process (Moeti et al., 2024). It is also important to highlight that the majority of clergy members did not possess skills in psychological evaluation, which are crucial for assessing the needs of premarital counselling (Gichuri et al., 2024; Moeti et al., 2024).

Processes, Interventions, and Delivery of Current PMC Programs

Roberts (2023) indicate that PMC functions as a clinical practice that encompasses educational, therapeutic, and preventive aspects. Iyeke (2023) avow that most PMCs are structured around a defined curriculum, primarily concentrating on psycho-education and skill enhancement. As well, Udofia (2021) found that PMC is accessible in various formats, including workshops, conferences, couple counselling, individual counselling, and group counselling courses, and is available in settings such as schools, online platforms, and through literature, among other resources. Duncan and Rogers (2019) noted that some colleges and universities offered self-paced courses aimed at marriage preparation. Other educational initiatives were led by skilled facilitators in group settings, with some programs also available online (Clyde et al., 2020). This suggests wide arrays of PMCs modalities are tailored to address specific contextual requirements.

Iyeke (2023) and Roberts (2023) describes PMC as a framework that introduces the objectives of marriage, explores the psychology of both genders, discusses mate selection, outlines the prerequisite for marriage, and provides sex education. In addition, Iyeke (2023) emphasizes that PMC is a systematic step-by-step approach that addresses various facets of the spousal relationship. Roberts (2023) argues that preventative strategies can mitigate the likelihood of marriage dissolution by equipping couples with essential conflict management skills. Besides, Watenga (2023) suggests that PMC prepares couples for unexpected challenges through various forms of counselling, including religious, traditional, legal, medical, and financial. Collectively, these studies depict PMC as an inclusive and preventive intervention that prepares couples with the knowledge, skills, and support essential for stable and functional marital relationships (Iyeke, 2023; Roberts, 2023; Watenga, 2023).

Salley (2022) explored the impact of integrating biblical principles into PMC in enhancing couples' intuition and comprehension of marriage. Conversely, Baker (2019) cautioned that applying biblical principles as a universal solution may not necessarily result in marital fulfilment. In particular, Salley (2022) discovered that spirituality and religion can either contribute to or alleviate a couple's challenges, as they serve as significant influences on life's purpose and meaning. Furthermore, Salley (2022) noted that Christian PMC establishes benchmarks and encourages the development of marital virtues. In addition, Hesbon et al. (2020) identified that Christian virtues assist married couples in steering clear of harmful behaviours, such as infidelity and abusive dynamics. From the insights of these authors, it is evident that integrating Christian and biblical resources into PMC clinical practice can lead to improved outcomes (Baker, 2019; Hesbon et al., 2020; Salley, 2022).

Kabasinguzi (2022) posits that PMC provides a secure environment for addressing both current and past relational challenges. As well, Salley (2022) posit that PMC assists couples in clarifying and navigating their marital expectations. Besides, Cobbinah and Osei-Tutu (2019) identifies PMC as a training method that equips couples with essential skills to enhance their relationships. Also, Cobbinah and Osei-Tutu (2019) observed that effective techniques for this therapeutic approach include attending, accommodating, empathy, and sharing. Most importantly, Adzovie and Dabone (2021) indicate that a longer duration of PMC correlates with greater effectiveness. In summary, PMC employs various skills and techniques to create a supportive space for imparting the knowledge, attitudes, and competencies necessary for a successful marriage.

Post Marital Counselling

Cobbina (2019) showed that married couples who participated in pre-marital counselling experienced separations at rates comparable to those who did not receive such counselling. Hence, Cobbinah and Osei-Tutu (2019) opined that while PMC is important, it alone is insufficient to maintain marriages, leading to a recommendation for post-marital counselling. Similarly, Adzovie and Dabone (2021) emphasized the need for counsellors to take a proactive approach in providing marriage enrichment to enhance and support the pre-marital counselling that couples receive. Moeti et al. (2024) highlighted the importance of follow-up plans for couples to have continuous guidance and support as they navigate the marital challenges. From the insights by Adzovie and Dabone (2021) and Cobbinah and Osei-Tutu (2019), it is evident that while pre-marital counselling serves as an effective tool for promoting marital health and reducing divorce rates, it must be complemented with supplementary marital enrichment.

Moeti et al. (2024) found out that researchers have differing opinions on the appropriate timing for offering marital counselling after the wedding to enhance PMC. Also, Cobbinah and Osei-Tutu (2019) and Roberts (2023) support the idea of initiating early marital interventions following the wedding to supplement PMC efforts. Moeti et al. (2020) propose that six months post-marriage is the optimal time to begin counselling, as couples remain receptive to assistance. Moreover, Moeti et al. (2020) concur with Moeti et al. (2024) on the necessity of providing post-marital counselling six months after the wedding. The centrality of introducing post-marital therapy approximately six months after the wedding has been racknowledged towards strengthening marital foundations and guaranteeing that lessons learnt during PMC are efficiently applied.

Towards Cultural Humility and Intersectionality

Numerous demographic factors like gender, age, education level, culture, religion, and financial resources have an impact on marital health (Brynly, 2023; Ramos et al., 2021). According to Ramos et al. (2021), religiosity and marital satisfaction are positively correlated. Moreover, religion gives people a common set of beliefs and brings them together in religious rituals and group practice, which strengthens social stability and spousal and marital unity (Kenya Christian Professional Forum [KCPF], 2023). A study by Vikram (2023) conducted in India found that educated women can negotiate for equal status in marriage thus improving the quality of their union. Some studies concur that marital satisfaction is significantly impacted by factors such as education, gender, culture, and religion (Brynly, 2023; Ramos et al., 2021; Shifaw, 2022). This study explored contextually relevant cultural factors worth inclusion in PMC programs aimed at promoting marital satisfaction, stability and longevity.

The term "intersectionality" recognize the multifaceted nature of human characteristics, while cultural humility denotes relating to people in ways that honour their diversity (Agner, 2020; Ogunyemi et al., 2024; Stubbe, 2020). Intersectionality describes how a person's diverse traits, such as gender, sexual orientation, and class, or race, can overlap and result in discrimination (Agner, 2020; Stubbe, 2020). It outlines the relationship between social structures of racism and oppression and intersecting social identities (Agner, 2020; Stubbe, 2020). On the other hand, "cultural humility" is a lifelong practice of self-reflection and inquisitiveness about one's own cultural identity with the goal of fostering better relationships (Ogunyemi et al., 2024). It is a personal responsibility to be modest, inquisitive, and adaptable (Ogunyemi et al., 2024). Hence, PMC practitioners can reverently recognize and evaluate diversity through the lenses of intersectionality and cultural humility (Agner, 2020; Ogunyemi et al., 2024; Stubbe, 2020).

Cultural Competence

Mental health practitioners realized that racial and ethnic minority clients were not receiving the necessary support in counselling, which led to the development of the field of multicultural competence (Ogunyemi et al., 2024; Stubbe, 2020). According to Ogunyemi et al. (2024), multicultural competence focused on three key areas: cultural self-awareness, understanding of the client's cultural background and experiences, and appropriate skills regarding the client's cultural background. Multicultural competence was linked to multicultural orientation which refers to a therapist's views on diversity and how they influenced their methods of work (Hook, 2019; Ogunyemi et al., 2024). The term "cultural comfort" also refers to the ease with which therapists discuss their clients' cultural presentations (Hook,

2019; Stubbe, 2020). Therefore, multicultural orientation focuses on "ways of being" with diverse clients, such as cultural humility, cultural comfort, and seizing cultural opportunities, whereas multicultural competence looks at "ways of doing" therapy with diverse clients (Hook, 2019).

Cultural competency emphasizes how important it is for healthcare systems and providers to understand and accommodate patients' cultural backgrounds and viewpoints (Stubbie, 2020). Improving the quality of health care requires both cultural competence and client-centeredness (Hook, 2019). Therefore, providing individualized client care necessitates taking into account variety of clients' lifestyles, backgrounds, and viewpoints in a cooperative therapeutic process. Ogunyemi et al. (2024) assert that delivery of health care is more equitable when it is client-centred and culturally sensitive. In that regard, providing effective, equitable and courteous quality care and services that are sensitive to the varied cultural health beliefs and practices of the clientele should be assured for effective PMC.

Cultural Humility

Melanie Tervalon and Jann Murray-García introduced the concept of cultural humility in 1998 to address treatment disparities and institutional injustices (Ogunyemi et al., 2024). This component is essential to the PMC offer because couples have systemic and personal differences that need to be acknowledged and respected. Three facets of cultural humility are: acknowledging and confronting power disparities; self-evaluation and critical self-reflection; and institutional accountability (Ogunyemi et al., 2024). Cultural humility, as defined by Hook (2019) and Ogunyemi et al. (2024), refers to a lifelong dedication to self-reflection and self-critique aimed at enhancing collaborative efforts with clients. Therefore, "culturally

safe" clinical care that addresses power imbalances in healthcare systems through courteous, transparent communication is made possible through cultural humility (Hook, 2019).

According to Hook (2019), there are two primary characteristics that define cultural humility. Firstly, there is the intrapersonal dimension, where cultural humility includes understanding one's own and other people's limitations in terms of their cultural worldviews (Hook, 2019). In the second dimension, which is interpersonal, cultural humility means communicating respect rather than superiority and being other-oriented with respect to one's cultural background and experiences. Hook et al. (2019) demonstrated that cultural humility was positively associated with the working alliance and client increased wellness. Furthermore, therapists who were culturally humble were seen as safer even when they missed chances to engage with clients about their cultural background (Ogunyemi et al., 2024). This was linked to a decrease in micro-aggressions, which are negative behaviours based on privilege and power, that occurred during therapy (Stubbie, 2020). Based on the aforementioned, PMCs that make use of cultural humility's abundance are likely to produce more reliable results.

Therapists who are humble are more willing to work with clients from diverse cultural backgrounds (Hook, 2019). This process involves acknowledging and accepting one's limitations as well as making an effort to show interest and openness toward the client's multifaceted cultural identities (Stubbie, 2020). In actuality, cultural humility also entails focusing on the cultural background and experiences of clients rather than oneself (Agner, 2020). In order to attain desired results, the culturally humble therapists are receptive to learning about the clients' cultural background and experiences (Agner, 2020). Such culturally modest therapists rarely

presume that their cultural perspective is "the correct one" and instead recognize that there are other valid ways of viewing the world (Agner, 2020). Thus, to ensure better results, incorporating cultural humility into PMC relationship building through self-reflection, self-analysis, polite communication, and addressing power imbalances would lessen micro-aggressions based on privilege and power.

Cultural Competemility

The combination of competence and humility is known as cultural competemility, which is the infusion of cultural humility into cultural knowledge (Agner, 2020; Stubbe, 2020). It is defined as the synergistic process amid cultural humility and cultural competence in which cultural humility permeates each of the five components of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural desire, and cultural encounters (Stubbe, 2020). A meaningful relationship with each client as an individual with a variety of viewpoints, cultures, and lifestyles is made possible by the competemility position (Agner, 2020; Stubbe, 2020). Cultural competemility necessitates being cognizant of one's knowledge gaps and the constant possibility that one's perspective may be constrained by unconscious biases (Stubbe, 2020). In light of this, some cultural competency traits that would improve the proposed PMC model in a highly multi-ethnic African setting include learning about the culture, evaluating oneself, managing differences, admitting power disparities, embracing diversity, being conscious of one's own prejudices and presumptions, and being receptive to new information.

Intersectionality

The concept of intersectionality is a social construct that describes how various oppressions, including racism, sexism, and classism, interact and intensify to

produce privilege and marginalization (Agner, 2020). The concept asserts that systems of inequality interact to jointly shape people's daily lives, frequently bestowing privilege or oppression according to each person's place within power-stratified groups (Agner, 2020). Since social characteristics are interconnected and have an impact on well-being, an intersectional approach to therapy should acknowledge this (Ogunyemi et al., 2024; Stubbe, 2020). It includes addressing systemic factors that contribute to disparities in mental health, creating inclusive environments, and offering culturally sensitive care (Ogunyemi et al., 2024). As a result, by approaching clients' identities from an intersectional perspective, PMC practitioners are better able to understand their lived experiences, which enable them to approach PMC in a way that is more effective and sensitive to cultural differences.

Notwithstanding that standardized psychometric tools such as PREPARE/ENRICH, Gottman assessments, Family of Origin inventories, and anxiety screening tools offer standardised frameworks for assessing relational quality, many of these tests were designed within Western socio-cultural settings (Neswiswa & Jacobs, 2020; Sedek et al., 2022). Therefore, their deployment within African PMC settings necessitates cultural humility and contextual understanding (Moeti et al., 2024; Rollet et al., 2021). In the current study, such tests were not considered as universally applicable but as adaptable evaluative frameworks construed along participants' lived experiences, spirituality, communal systems, family structures, and indigenous relational values. Likewise, the study acknowledged that relational meanings, affect expression, and family anticipations are culturally rooted and so cannot be interpreted satisfactorily outside the respondents' socio-cultural realisms (Watenga, 2023; Zhang & Liang, 2023). And so, cultural competemility was

underscored as necessary in promoting both contextual receptiveness and ethical implementation of psychometric assessments.

From the above discussion, the concepts of intersectionality, cultural competence, cultural humility, and competemility are validated in the work of PMC practitioners. As these practitioners engage with premarital couples, they consider various demographic factors such as age, race, gender, culture, religion, and economic status, among others. Furthermore, intersectionality is relevant when practitioners encounter a mix of these demographic factors, which may lead to situations where they inadvertently express judgment, insensitivity, unfairness, and oppression. Therefore, it is essential for practitioners to possess cultural competence, which involves self-awareness and awareness of others, along with the application of suitable skills. In addition, cultural humility represents a more advanced level of skill that requires self-reflection and respect for the diversity of the premarital partners, while cultural competence is regarded as the pinnacle of client interaction, as it integrates both cultural competence and cultural humility.

Professional Competence and Qualifications

Adzovie and Dabone (2021), Babalola (2024), and Moeti et al. (2020; 2024) acknowledge that the clergy, professional counsellors or therapists, and physicians are the three main categories of people renown for providing PMC. Moeti et al. (2024) study established that pastors had no structured curriculum to help them provide PMC. Furthermore, the pastors differed in terms of the duration of PMC (Babalola, 2024; Moeti et al., 2024). Highlights of the lack of consistency in how PMC programmes are structured and delivered across diverse Church settings are outlined (Adzovie & Dabone, 2021). On the other hand, (Moeti et al., 2024) contends that inconsistency leads to discrepancies in the quality and effectiveness of the

counselling provided to premarital couples. Notably, Moeti et al. (2024) proposes that counselling educators should begin to find ways of incorporating pre-marital counselling into the training of counsellors leading to suitable credentialing and certification. Thus, the current study recognized the need for structured PMC training, professional credentialing, and contextually relevant capabilities among PMC practitioners to boost the steadiness, quality, and effectiveness of PMC programs in varied church and clinical settings.

Kirkbride et al. (2024) indicate that programs facilitated by trained counsellors provide more comprehensive support and effectively tackle the intricate challenges faced by couples. Additionally, Kirkbride et al. (2024) clarify expert identity as a self-constructed framework shaped by training, on-going professional development, and practical experience. Moeti et al. (2024) highlight the significant advantages of training, which include instilling confidence in clients regarding the services offered. Similarly, Moeti's (2020) research revealed that clients tend to select counsellors based on their training, expertise, and skills, suggesting that this preference may contribute to the slow adoption of PMC, particularly within Church settings. Furthermore, the study by Hesbon et al. (2020) found that PMC programs are occasionally poorly managed and ineffective, raising concerns about the Church's readiness to implement such initiatives. Collectively, these authors emphasize the importance of training that promotes inclusivity, addresses complex issues, and enhances the management of PMC programs, thereby increasing clients' confidence in PMC services (Hesbon et al., 2020; Kirkbride et al., 2024; Moeti et al., 2024).

Hesbon et al. (2020) and Moeti et al. (2024) thoughtfully stress the pressing need to fortify pastoral PMCs through standardised training and institutional support. Their studies expose remarkable shortcomings in the execution of PMC programs,

principally the lack of standardized training, professional oversight, and synchronized policy frameworks. Hesbon et al. (2020) advocates founding of an independent Christian Marriage Association to endorse best practices and raise stable families. Likewise, Moeti et al. (2024) emphasize the significance of having training institutions skilled in training counsellors with the necessary competencies to address modern marital handicaps commendably. The endorsement to create an IT database advance illustrates the need for efficient frameworks to administer, preserve, and access PMC-related data for upgraded service delivery. Eventually, without strong institutions devoted to research, training, policy development, and implementation PMC will persist being substandard in combating the growing crises upsetting marriages and family stability.

Contextualizing PMC Care

Weiner (2022) posits that contextualizing care involves tailoring evidence-based resources to fit the specific life circumstances of clients. Sim and Wang (2022) uphold that a contextual error occurs when treatment plans are unlikely to fulfil their intended purpose. In addition, Weiner (2022) provides substantial evidence indicating that such contextual errors are prevalent, negatively impacting client outcomes and healthcare expenses, yet they are preventable. Sim and Wang (2022) claim that contextualizing care is vital competency for clinicians and suggests an evidence-informed approach to developing and enhancing necessary skills throughout the spectrum of client care. Thus, the study established a PMC model that permits the customization of interventions to align with the distinctive life environments and contextual realities of couples undertaking therapy.

Weiner (2022) indicate that the ability to consistently identify contextual red flags, inquire about them, gather contextual information, and incorporate this data

into care planning constitutes the essential skill for delivering contextualized care. Furthermore, practitioners often operate "out of context," leading to care that may not adequately address the unique circumstances and needs of couples, including cross-cultural elements (Sim & Wang, 2022). Conversely, clinicians who approach certain aspects of a spouse's situation, such as unresolved issues from their family of origin, with curiosity and concern are more likely to provide contextualized care (Weiner, 2022). The process of contextualizing care as follows: Contextual red flag → Contextual probe → Contextual factors → Contextualized care plan (Weiner, 2022). Conversely, Weiner (2020) highlights several contextual areas that must be taken into account when there are signs that a client's situation or behaviours necessitate focus within the care plan. Table 1 has further details.

Table 1: Contextual Domains

Access to Care	**Skills, Abilities, and Knowledge**
Competing Responsibilities	Emotional State
Social Support	Cultural Perspective/Spiritual Beliefs
Financial Situation	Attitude Towards Illness
Environment	Attitude towards Health Care Provider and System
Resources	Health Behaviour

Contextualizing Care by Weiner (2022)

Weiner et al. (2022) suggests that contextual factors are significant elements of therapeutic encounters and may considerably influence clinical outcomes. Additionally, Sim and Wang (2022) claim that ecological landscape in which the clinical encounter happens, referred to as therapeutic context consists of a range of factors referred to as contextual factors. According to Sim and Wang (2022) these factors include socio-demographic variables like race, age, socialization, education, career, family history, beliefs and physical and social environments. At a micro-level, contextual factors are defined by seemingly disparate terms such as

therapeutic alliance, one's role in the environment, treatment characteristics and cultural competemility (Weiner et al., 2022). These nuances of knowledge suggest that care tailored to the needs of spouses must take into account contextual factors, allowing these elements to be considered throughout the therapeutic process in order to achieve personalized outcomes in treatment.

Theoretical Framework

This study employed constructivist grounded theory (CGT) as its research design; accordingly, the theories discussed in the theoretical framework were used as sensitising theories instead of deductive frameworks for hypothesis testing. The CGT affirms the co-construction of meaning among the researcher and respondents while permitting theory to unfold inductively from respondents' lived experiences (Charmaz, 2024). Because of this, Emotionally Focused Couple Therapy (EFCT), Acceptance and Commitment Therapy (ACT), and Mental Health Literacy (MHL) discussed in this section served as conceptual lenses that sensitised the researcher to interpersonal, affect, mental, and context bound interactions situated within PMC experiences. The theories facilitated identification of possible patterns, sense-making, and engagements without impeding the occurrence of new classifications grounded in participants' stories (Keane, 2025; Miller, 2023). Therefore, the theoretical framework delivered interpretative guidance while preserving the openness and flexibility necessary in CGT inquiry.

The usage of sensitising theories was compatible with the philosophical roots of CGT, which recognises that researchers inescapably conduct studies with previous theoretical mindfulness that may enhance analytic interpretation (King, 2025). Within this study, EFCT sensitised the researcher to attachment dynamics, emotional alertness, and relational processes among couples, while ACT emphasized

psychological flexibility, acceptance, and values-based functioning applicable to marital preparation. Likewise, MHL sensitised the inquiry toward concerns linked with emotional wellbeing, psychological readiness, and help-seeking deeds amongst premarital couples. Nonetheless, these theories were not applied in a deterministic manner and did not supersede perceptions and experiences constructed by respondents all through the study process. Thus, the constructed grounded theory largely emerged from respondents' lived realisms while being theoretically informed by the sensitising models rooted within the theoretical framework.

Emotionally Focussed Couple Therapy (EFCT)

The model of EFCT is based on systemic and humanistic therapeutic traditions (Greenberg et al., 2019). The EFCT is one of the most researched couple therapy modalities in terms of effectiveness (Spengler et al., 2022). The method developed into two unique traditions and is based on the original work of Susan Johnson (Spengler et al., 2022). The original Greenberg and Johnson model emphasized the account of the unhealthy cycle of interactions that traps them and stems from the spouse's more vulnerable emotions, which in turn causes behaviours like aggression. In order to help couples understand their emotions and break free from the tangle, therapists ought to first understand the unhealthy cycles (Johnson, 2020).

For some years, Johnson (2020) and her associates emphasized the importance of attachment theory in understanding why people seek out and provide each other with calming responses in order to keep their relationship alive (Spengler et al., 2022). Susan Johnson highlighted that a couple can become entangled in identity-related conflicts in addition to attachment-related unhealthy cycles. Personal

work is prioritized in therapy in order to create a more positive marriage (Spengler et al., 2022). As the therapist guide the distressed couple from negative and rigid positions toward flexibility and sensitive responsiveness, the process of experiencing and the process of interaction serve as touchstones (Johnson, 2020). In the end, the therapist helps the couple develop a stable relationship, which is the ultimate objective of EFT.

The EFCT Key Concepts. The EFCT approach has several fundamental ideas that are used in couple therapy (Johnson, 2019). The first key concept is "Emotional focus" since emotions are thought to play a role in the drama of relationship distress and in changing that distress (Johnson, 2019). The core of change in EFT is unpacking important emotions and using them to prime new reactions to one's partner in therapeutic enactments (Bodenmann & Bradbury, 2020). Another idea is "accepting people for who they are" which entails therapists uncovering the rationality behind seemingly destructive or irrational reactions, and spouses' needs, desires, and primary emotional reactions are viewed as generally healthy and adaptive (Bodenmann & Bradbury, 2020; Johnson, 2019). The other is "emotion schemes" which are thought to be networks of related experiences that contribute to how emotions are consolidated (Johnson, 2019). The key concepts discussed are critical in guiding the PMC practitioner on what to focus on and how to engage clients meaningfully.

Therapeutic Process. As spouses restructure their interaction patterns, the overall objective of EFCT is to help them access and reprocess their emotional experiences (Splengler et al., 2020). This strategy's main goal is to help partners develop self-awareness and improve the spousal dyad's functional patterns (Johnson, 2019). By addressing the interpersonal and intra-psychic factors that contribute to

dysfunctional interaction patterns, therapists in EFCT strengthen the attachment bond between partners (Bodenmann & Bradbury, 2020). According to Greenman et al. (2019), emotional-focused couple therapy assumes that these patterns are caused by insecure attachment bonds, in which the spouses push each other away due to attachment distress. In order to meet their spouse's needs, partners in PMC must be coached to create healthier interactive patterns. Hence in PMC, it is imperative to coach partners to develop healthier interactive patterns in meeting their spousal needs.

Usually, EFCT is differentiated in three stages (Greenman et al., 2019). In the first stage of "cycle de-escalation," therapists help in tracking the negative patterns of attacking, withdrawing, criticizing, and distancing among others (Greenman et al., 2019). These relational patterns are observed to hinder constructive emotional interchange (Johnson, 2020). In the second stage of "restructuring interactions," the therapist facilitates emotional understanding which can lead to more secure bonding (Johnson, 2020; Spengler et al., 2020). In EFCT, spouses learn to respond to partners in an emotionally attuned and supportive way (Johnson, 2020). Though this study did not evaluate or apply EFCT expressly in framing the research questions, the theory delivered valuable conceptual understanding into the role of affective attachment, communication styles, and attachment dynamics in spousal relationships. Its tenets served as a sensitizing lens for comprehending respondents' experiences of PMC and marital relations while permitting the grounded theoretical approach to surface inductively from the data.

Acceptance and Commitment Therapy (ACT)

The goal of evidence-based acceptance and commitment therapy (ACT) is to increase psychological flexibility, or the capacity to feel life's inevitable pain while acting on values that have been freely chosen (Lawrence et al., 2023). Despite its radical behaviourist roots, ACT is ultimately experiential, and therapists frequently infuse sessions with warmth and adaptability (Sobhani et al., 2021). The ACT approach is founded on a combined model of psychological functioning called "psychological flexibility," which is the capacity to act in a way that is consistent with one's values even when one is experiencing unpleasant thoughts and emotions (Lawrence et al., 2023). Relational frame theory, a behavioural explanation of language, is the fundamental science that underpins ACT (Khaneghahi et al., 2024). Therefore, ART is a comprehensive framework for addressing interpersonal functioning in a multifaceted, systemic, and adaptable manner.

The ACT's central message, according to Khaneghahi et al. (2024) is to accept what is outside of one's control and to make a commitment to do what one can. Poshtiri et al. (2022) state that ACT-based couple therapy view love as a practice that is based on commitment and acceptance (Sobhani et al., 2021). Acting on the values regarding their marriage makes it easier for couples to talk about their difficulties (Sobhani et al., 2021). Hence, Gharadaghi (2020) suggests that couples enhance their relationship satisfaction by aligning their actions with their core values. In view of that, this approach can benefit premarital couples by teaching them how to achieve psychological flexibility by accepting life's experiences and resolving to act in a positive way.

The ACT's goal is to help clients communicate their experiences in a different way and fully engage in a meaningful and value-based life, not to change them

(Gharadaghi, 2020). The treatment prevents clients from avoiding certain experiences thus increasing psychological and behavioural flexibility (Poshtiri et al., 2022). A person's capacity to make sensible decisions among a variety of difficult options is improved by psychological flexibility (Khaneghahi et al., 2024). The ACT method enables clients to stay in the present and modify or maintain their behaviour in support of significant and worthwhile life objectives (Sobhani et al., 2021). Therefore, the six fundamental processes of acceptance, cognitive diffusion, self as context, contacting the present moment, values, and committed action are used in the ACT to achieve psychological flexibility.

Core Processes to Becoming Psychologically Healthy. The first is "acceptance," which entails acknowledging and allowing unpleasant or upsetting feelings and thoughts without avoiding or repressing them (Gharadaghi, 2020). The second is "cognitive diffusion," which involves recognizing that ideas are not facts and observing beliefs and thoughts without automatically accepting them as true (Gharadaghi, 2020). According to Khaneghahi et al. (2024), the third strategy is "being present," which entails focusing entirely on the here and now and letting go of preoccupations with the past or the future. The fourth is "self-as-context," which means acknowledging that ideas, feelings, and experiences are transient and cultivating a broader sense of self that observes and accepts experiences without becoming overwhelmed by them (Khaneghahi et al., 2024). The fifth step is "values clarification," which comprises determining and elucidating personal values that represent what is genuinely significant and important. Lastly, is the "goal-setting" which means taking determined action in the face of obstacles and failures (Poshtiri et al., 2022). All the techniques explained above are critical tools for the PMC. The

main procedures are depicted in the Figure 1.

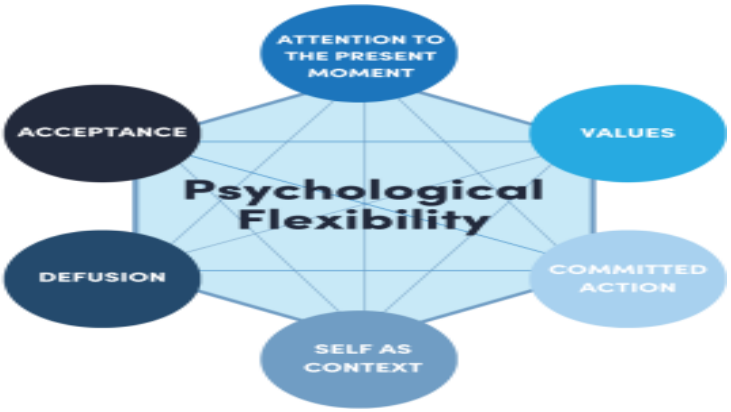


Figure 1: Core Processes to Becoming Psychologically Healthy

Copyright: Steven Hayes

Strategies for Increasing Psychological Flexibility. “Mindfulness practices,” which involve meditation and reflection for increased awareness and acceptance, are among the common ACT therapy techniques that can improve psychological flexibility (Lawrence et al., 2023). The second method is "thought observation,” which is the ability to watch thoughts without becoming enmeshed in them (Lawrence et al., 2023). The third is "emotional acceptance,” which is the ability to tolerate unpleasant feelings and letting them develop and fade without condemnation or avoidance (Sobhani et al., 2021). The fourth step is "values exploration,” which comprises thinking back on one's own values, figuring out what really matters, and thinking about how these can direct one's decisions and actions. Lastly, "goal-setting” involves making sure that one's values are in line with one's own and committing to taking consistent steps to achieve them (Sobhani et al., 2021). Overall, the ACT served as a sensitizing theory that informed the survey of respondents’ interpretations on affect management, commitment, values-based decision-making, communication, and flexibility within premarital relations. As data got analysed, ACT constructs supplied a lens for deducing outcomes allied to

psychological flexibility and interpersonal preparedness, while permitting for generation of new classifications and the building of a grounded theoretical theory from respondents' lived experiences

Mental Health Literacy (MHL)

Nurmula et al. (2024) define mental health as a state of well-being in which people are able to recognize their potential, manage life's challenges, work effectively, and give back to their communities. Marital adjustment and mental health are related for married couples (Sampaio et al., 2022). Besides, Nobre et al. (2021) emphasize the importance of assessing marital readiness prior to marriage and subsequently recommend providing post-marriage counselling to promote long-term well-being. Knowledge and comprehension of mental health and mental illness, information about care, lowering the stigma associated with mental illness, and improved effectiveness in seeking help are the four components of MHL (Carvalho et al., 2022; Morgado et al., 2022). Therefore, PMC can assist those who are considering marriage in beginning to value mental health for overall wellbeing in all facets of life.

According to Nobre et al. (2021), mental well-being is intrinsic to one's general health and facilitates the realization of one's full potential as well as the development of deep interpersonal relationships. The MHL is crucial for preparing prospective brides for marriage in order for it to be both happy and functional (Sampaio et al., 2022). Marriage is a significant social-cultural practice that is essential to the formation of safe and stable family ties (Carvalho et al., 2022). A successful family life depends on being prepared on all levels psychologically, economically, communally, and spiritually (Nurmula et al., 2024; Sampaio et al.,

2022). Findings by Nurmula et al. (2024) study show that raising the mental health literacy of prospective brides can help them feel better. The Nurmula et al. (2024) study noted that this can be done through premarital mental health screening policies, awareness campaigns, training courses, and educational workshops and social media.

According to Nobre et al. (2021), mental capacity includes emotional control, emotional maturity, respect for one another, the ability to adapt to a spouse, and taking responsibility. Dissatisfaction and mental health issues can result from declining marital quality (Morgado et al., 2022). Poor mental and physical health, decreased productivity at work, and a lower standard of living for both the couple and their kids are just a few of the negative consequences linked to unhealthy marriages. Carvalho et al. (2022) and Nurmula et al. (2024) agree that there is a connection between marital functioning and the mental health of the spouses. Consequently, addressing marital problems can contribute to the improvement of spouses' mental health (Carvalho et al., 2022; Morgado et al., 2022). Unpreparedness for marriage and parenthood has been associated with conflict, intimate partner violence (IPV), increased child mortality, and even divorce (Morgado et al., 2022). Thus, comprehensive premarital counselling can enhance marital relationships, facilitate transitional adjustments, and promote emotional regulation.

According to Sampaio et al. (2022), marriage readiness is the state of preparedness to enter into a marriage and accept spousal responsibilities, such as raising children and maintaining healthy relationships with the spouse's family and friends. Sampaio et al. (2022) offer that there are two components to marriage readiness: individual readiness and circumstantial readiness. Social maturity, emotional well-being, role preparation, emotional maturity, and physical readiness (being old enough to marry) are all components of individual readiness (Sampaio et

al., 2022). However, both time and money resources are part of situational readiness (Morgado et al., 2022; Sampaio et al., 2022). The literature presented indicates that readiness for marriage is a crucial factor influencing marital performance. This readiness is significantly supported by emotional, cognitive, and capacity preparedness for the institution of marriage, which is further developed through PMC.

A premarital mental health assessment should be considered by couples getting married (Nobre et al., 2021). Premarital mental health examination is new and has not yet gained widespread acceptance as a standard practice for individuals getting married (Morgado et al., 2022). Given how difficult it can be to live with someone who has mental health issues, premarital mental health exams are vital (Morgado et al., 2022) and spouses have the right to know a potential spouse's mental health status (Nobre et al., 2021). In this study, the MHL was utilised as a sensitizing framework to provide a lens for enquiry into the respondents' views of mental health preparedness, support utilization, emotional regulation, and recognition of mental health concerns relevant to marriage. During data analysis, MHL tenets functioned as an interpretive lens for making sense of the findings connected to mental health readiness amongst premarital couples, while continuing to be open to the unfolding of new sets and the emergence of a grounded theoretical approach from the respondents' lived experiences.

Conceptual Framework

A conceptual framework is a layout based depiction of the main constructs, assumptions, and relationships that inform a study and give direction for comprehending a situation under research. It helps the researcher in bringing together study variables and showing how varied constructs are anticipated to engage in

determining the study outcomes (Miles et al., 2020). In qualitative studies, a conceptual framework operates as an interpretive reference that facilitates examination of respondents' lived experiences and contextual undertones rather than acting as an inflexible explanatory model (Ravitch & Carl, 2021). Conceptual frameworks also assist researchers to link empirical evidence, theoretical assumptions, and real world conditions into a coherent frame that guides data collection, analysis, and interpretation (Maxwell, 2021). Accordingly, a conceptual framework reinforces the clearness, uniformity, and analytical path of a study while permitting elasticity for evolving discoveries all through the research sequence.

Guided by Kathy Charmaz's constructivist grounded theory, the conceptual framework of this study was instrumental in supplying sensitizing concepts that aided analysis without imposing pre-set inferences on the findings (Charmaz, 2020). The CGT stresses that interpretations and realities are co-constructed through continual engagements between the researcher and participants within particular social and cultural contexts (Charmaz & Thornberg, 2020). In this method, the conceptual framework remains malleable and grows steadily through recursive analysis, reflexivity, and involvement with respondents' realisms (Friese et al., 2020). The framework hence assists recognition of relations amongst contextual aspects, social processes, and emerging classifications while staying grounded in participants' viewpoints and meanings (Tie et al., 2020). In current study, the conceptual framework directed conceptualization of how PMC content, delivery mechanisms, cultural realisms, and practitioner expertise interrelate to influence marital satisfaction, stability, and the creation of a contextually grounded PMC model.

Figure 2 presents PMC as a co-constructed product where inputs (PMC content, delivery processes, cultural/contextual factors, and practitioner competence)

are not predetermined but construed from respondents' lived experiences and situated meanings (Charmaz, 2020; Charmaz & Thornberg, 2020). The intervening processes signify the reasoned and practical mechanisms through which meanings are settled and revolutionised into executable relational skills (e.g., communication, emotional regulation, psychological flexibility), with sensitizing concepts such as Mental Health Literacy and ACT informing rather than interpretation dictating outcomes.

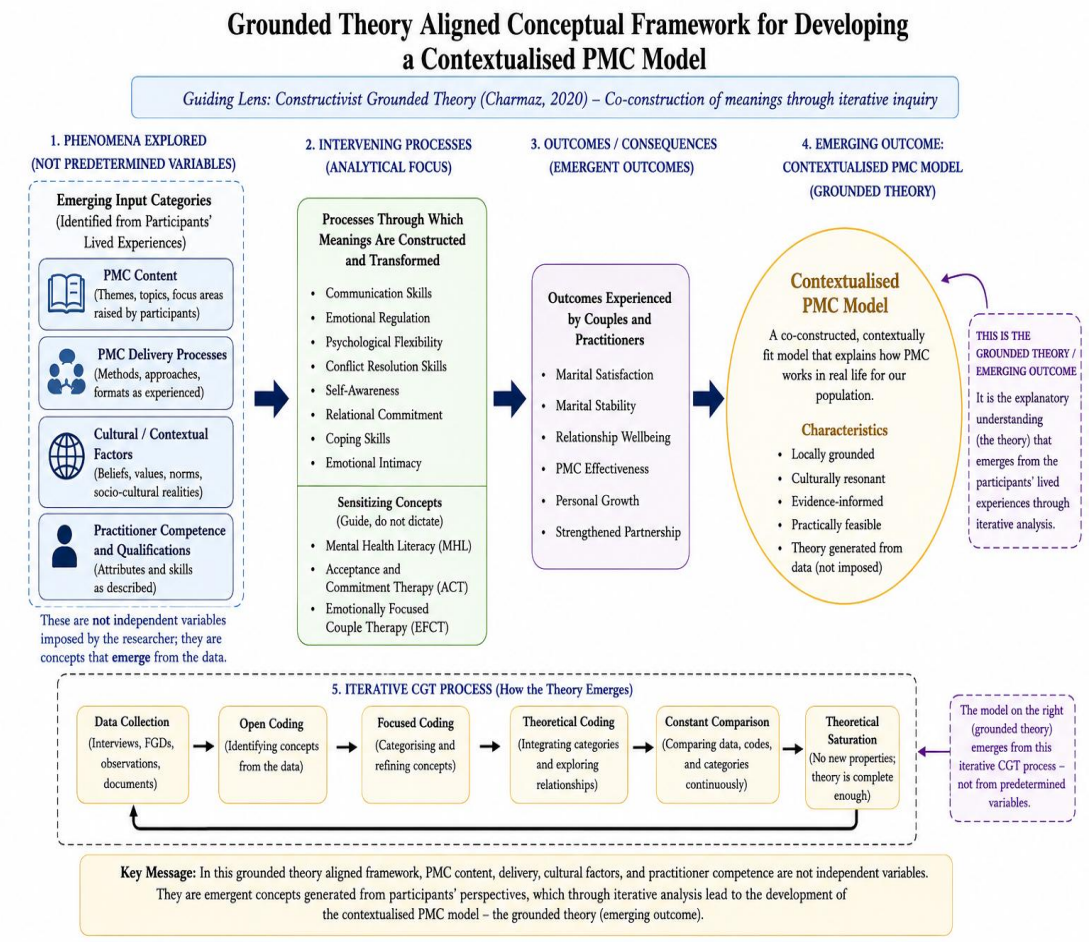


Figure 2: Conceptual Framework for Evaluating Premarital Counselling Programs

Source: Gachutha, 2026

In CGT principles, these systems reflect continuous comparison and iterative polishing, where stakeholders' varied realisms are scrutinized until patterns and mutual meanings develop clearer perspectives which inform practice (Friese et al.,

2020). The outcomes (marital satisfaction, stability, wellbeing, effectiveness) are thus conceptualised as communally generated outcomes of how couples and practitioners apply, modify, and make sense of PMC in context. Importantly, development of a contextualized model is itself an aftermath of the CGT process, echoing Charmaz's focus on reliability, resonance, novelty, and value in theory built from local practicalities. This corresponds with the study's claim that western centric frameworks regularly miss socio-cultural fit, henceforth the importance for a regionally grounded, evidence-informed approach created by respondents' meanings and context (Adzovie & Dabone, 2021; Bahkali et al., 2022).

Research Gaps

Kissi-Abrokwah and Aboyom (2021) and Moeti et al. (2024) studies found that PMC programs lacked consistency regarding how they are designed and offered, thus impacting negatively on their quality and effectiveness. Of essence, Kissi-Abrokwah and Aboyom (2021) caution that the goal of PMC is to equip couples with the skills necessary for a sustainable marriage, not just to get them oriented to potential land mines in marriage. According to Moeti et al. (2020) study, PMC programs were inconsistent in their design and delivery across various contexts. Furthermore, the absence of a syllabus or standardized PMC manuals is criticized by Moet et al. (2024). Notably, in order to meet the various needs of couples, Adzovie and Dabone (2021) suggested that integrated PMC programs should be created. Though Western PMC models offer evidence-based frameworks for communication, affection, and relationship enrichment, a range of them are inadequately localised to African socio-cultural realisms like communal identity, faith, kinship systems, and indigenous relational milieu. This contextual gap required the construction of a culturally responsive PMC model rooted in African lived experiences.

Moeti et al. (2020) found that majority of PMC programs are offered by practitioners who lack the necessary training and are incompetent particularly those from religious institutions where the majority of PMC programs are offered. Studies by Madigele et al. (2020) and Moet et al. (2024) agree that the enlisted Churches lacked PMC provision training. For improved PMC outcomes, Kissi-Abrokwah and Aboyom (2021) suggested engagement of professional counsellors to administer PMC. Accordingly, Marang'a (2021) and Sigamoney (2023) supported the requirement that premarital practitioners have more advanced training and experience. In contrast, Moeti et al. (2024) cautions that solely reading the Bible does not sufficiently equip individuals for marriage, thus highlighting the need for training. Consequently, Moeti et al. (2024) recommends that PMC programs be conducted by qualified counsellors to ensure comprehensive support and effectively address relational complexities.

The PMC programs aid in improving psychological readiness for marriages, but post-marriage counselling is required for greater marriage grounding and enrichment. Kissi-Abrokwah and Aboyom (2021) suggested follow-up services to make sure that the marital skills learned during PMC are utilised and enhanced. Marang'a (2021) endorsed the inclusion of mentor couples and the use of post-marriage counselling. According to Moeti et al. (2024), the absence of systematic follow-up plans indicated a lack of a structured strategy for marriage enrichment continuity. The aforementioned studies (Kissi-Abrokwah & Aboyom, 2021; Marang’a, 2021; Moeti et al., 2024) agree that post-marital counselling ought to be integrated into the marriage care continuum, as it enhances the effectiveness of PMC offered at the onset of marriage.

Couples enter marriage institution unprepared due to resistance to PMC programs and premarital service dropouts (Moeti et al., 2024). Notably, Adzovie and Dabone, (2021) recommended that studies to be conducted on the factors that lead premarital couples to oppose PMC programs and devise mitigation strategies. According to a study by Moeti (2020), clients choose therapists based on their professionalism, training, and abilities, hence, lack of these attributes would make it more difficult for premarital couples to participate. Moeti et al. (2024) suggested that religious organizations should keep stressing the value of PMCs to their membership and also hire qualified premarital counsellors. It is essential that the PMCs are managed by qualified professionals capable of providing effective services, thereby making them attractive to numerous potential premarital couples.

In order to make sure that PMC programs are effective in achieving marital satisfaction, cultural humility and intersectionality was found to be essential (Agner, 2020). According to Neswiswa and Jacobs (2023) findings, appropriate solutions require gaining knowledge about how to support marriages across cultural boundaries. The study by Moeti et al. (2024) report that region-specific studies conducted in the US have emphasized the significance of modifying PMC approaches to address particular challenges. In order to overcome communication barriers and foster understanding between partners, Wilcox (2020) emphasizes the importance of utilizing culturally sensitive strategies. Overall, the study by Moeti et al. (2024) urges more research to tailor PMC programs to unique client needs and various cultural contexts.

Chapter Summary

This chapter provides a comprehensive literature review of the proposed research area. It encompasses sections that discuss the overview of PMCs as well as

marital satisfaction and stability in relation to contextualized outcomes. Additional topics addressed include the content of PMC curricula, various interventions, contextual outcomes, professional competencies, credentialing, and post-marital counselling. Furthermore, the chapter discusses cultural competemility, intersectionality, and theoretical outlooks, while also finding prevalent research gaps. Chapter three addesses the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter presents a detailed account of the methodology utilized in the proposed study. It elaborates on the methods and procedures established to enhance the credibility of the research, as well as the execution of the study. Furthermore, it provides guidance on the processes of data collection, analysis, and presentation, including the validation of data collection instruments. A thorough explanation of the objectives, significance, and methodologies for implementing the research components is included. The discussion encompasses philosophical and theoretical foundations, research design, study location, target population, sampling methods, types of data, data collection techniques, validity and reliability, data analysis, and ethical considerations.

Philosophical Worldview

Research is directed by philosophical worldviews that inform propositions regarding reality, knowledge creation, and the connection among researchers and respondents. Creswell and Guetterman (2019) pinpoint four main modern-day worldviews universally employed in social science studies: post-positivism, constructivism, and advocacy/participatory, and pragmatism. Post-positivism tries to clarify occurrences using unbiased inquiry, constructivism highlights the co-construction of meanings, advocacy approaches emphasize societal justice and transformation, while pragmatism centers on practical solutions to research problems. These interpretive frameworks offer researchers with logical lenses through which they envisage research questions, select procedures, and construe outcomes (Creswell

& Guetterman, 2019). Accordingly, the choice of a suitable worldview is critical since it impacts every stage of the study process.

This research was anchored on constructivist worldview, which espouses that reality is socially constructed and that numerous realities occur based on individuals' experiences and engagements with their social spheres. Constructivism identifies that knowledge is produced through interaction between researchers and respondents rather than founded as an objective truth existing independently of human interpretation (Charmaz, 2020; Charmaz & Thornberg, 2020). Thus, comprehending respondents' viewpoints and the meanings they ascribe to their realities becomes significant to the study process. This worldview supports qualitative inquest, where stress is placed on discovering subjective experiences and contextual effects on human behavior. Hence, it permits researchers to gain rich and nuanced understandings into multifaceted social occurrences.

The constructivist worldview was deliberated as suitable for the present research since it intended to appreciate how couples, practitioners, and other stakeholders experience and perceive PMC programmes within their sociocultural settings. Instead of testing preconceived hypotheses, the research intended to discover respondents' perspectives and produce insights grounded in their experiential accounts. Constructivism hence provided a philosophical foundation that assisted the researcher to survey different considerations of PMC and appreciate the contextual realities that frame curriculum structure and effectiveness (Babchuk & Boswell, 2022; Charmaz, 2020). The worldview also reinforced the recognition of diverse viewpoints as authentic sources of knowledge. Such a method was mainly vital given the study's goal of developing a theory that mirrors local realities and cultural settings.

Also, the constructivist worldview is aligned with Kathy Charmaz's Constructivist Grounded Theory, which guided the methodological strategy embraced in this study. Constructivist Grounded Theory views theory as a co-constructed interpretation created through iterative interactions with respondents and the data rather than as an objective finding of universal laws (Charmaz, 2020; Charmaz & Thornberg, 2020). Using this lens, the researcher and respondents jointly helped shape the Afrocentric PMC theory grounded in local experiences, meanings, and realities. The worldview hence provided the philosophical foundation essential for creating a contextually applicable and evidence-informed theory of PMC. In addition, it reinforced the iterative procedures of data collection, analysis, constant comparison, and theory creation that are fundamental to Constructivist Grounded Theory.

Research Design

This study used a qualitative research design to examine and comprehend respondents' world view regarding PMC curricula within their natural communal and cultural contexts. Qualitative design was deemed applicable for this study since it enables an in-depth examination of human encounters, meanings, and social realisms that cannot be sufficiently obtained within quantitative approaches (Creswell & Guetterman, 2019). The method aided the researcher to get resourceful, detailed, and contextually grounded data from respondents about PMC practices, marital experiences, cultural impacts, and practitioner expertise. Also, qualitative research highlights respondents' subjective stories and allows the researcher to interrelate intimately with participants in order to co-construct implications and understandings from their experiences (Charmaz, 2024). The elasticity of the qualitative method also helped the researcher to constantly polish evolving perceptions all through the study

process, thus advancing the depth and reliability of the outcomes. Accordingly, the qualitative method delivered an appropriate frame for producing ample understanding and creating a contextually applicable PMC model grounded in respondents' life events.

In particular, this dissertation embraced a qualitative constructivist grounded theory (CGT) method to explore respondents' lived experiences, views, and views concerning PMC programs and to formulate a contextually grounded PMC model (Charmaz, 2024). The method was well aligned to the current study focus since an in-depth understanding of participants' experiences was required to develop a theoretical model grounded in scientific data rather than test pre-existing hypotheses (Creswell & Guetterman, 2019). The CGT provided the methodological procedures for data generation, coding, scrutiny, and theory development (Keane, 2025). The qualitative method further enabled the researcher to capture abundant, exhaustive, and contextually rooted meanings linked with PMC practices and marital life (Ugwu & Eze, 2023). In addition, constructivist grounded theory reinforced the co-construction of meaning-making between the researcher and respondents, in that way expediting the birth of a grounded and contextually responsive PMC model (Charmaz, 2024).

The study started with the recruitment of participants who owned lived experiences and professional knowledge linked to PMC, comprising counsellors, clergy, and married persons. Data was gathered using in-depth interviews, focus group discussions, and questionnaires to document rich perspectives concerning PMC content, interventions, cultural considerations, and practitioner competencies (Creswell & Guetterman, 2019). Data gathering and interpretation happened simultaneously, aligned with constructivist grounded theory methodologies (Charmaz, 2024). Preliminary coding was first done to ascertain meaningful patterns

within the data, followed by focused coding to polish themes and launch conceptual relationships (Tie et al., 2024). Continuous comparative analysis was used all through the study to analyse respondents' responses, identify recurrent themes, and improve unfolding categories (Keane, 2025).

The principles of CGT facilitated the investigative process of the study (Charmaz, 2024). The researcher stayed open to respondents' perceptions and experiences while steering clear of imposing predetermined suppositions or current PMC models. Memo writing was constantly applied to record surfacing insights, conceptual considerations, and relationships between classifications during data analysis (Tie et al., 2024). Theoretical sampling and category improvement were done until conceptual saturation was realized and no noticeably new insights resulted from the data (Keane, 2025). Finally, the Ubuntu Integrative PMC Model was inductively created through methodical coding, classification, conceptual incorporation and interpretation of particiapnts' life experiences, viewpoints, and accounts from their socio-cultural settings.

Constructivist Grounded Theory

The CGT approach promotes the creation of new theories through a collaborative interpretation of meanings shared between researchers and participants regarding specific areas of interest (Friese et al., 2020). The CGT encourages researchers to critically evaluate their methodological choices and acknowledges the influence of their subjectivity on the research process (Friese et al., 2020; Hoque et al., 2021). Furthermore, CGT facilitates an on-going comparison of data and categories, allowing for the development of theories through iterative methods (Hoque et al., 2021). Within the framework of CGT, Delve and Limpaecher (2021)

affirm that researchers can pursue further data to fill gaps and achieve saturation in categories. Moreover, CGT integrates collected data with existing theoretical frameworks to construct a coherent and robust theory (Charmaz & Thornberg, 2020; Friese et al., 2020). In conclusion, the application of constructivist grounded theory allowed for extraction of meanings from the data collected to develop a PMC grounded theory.

Charmaz and Thornberg (2020) offer four main criteria for CGT including credibility, originality, resonance, and usefulness. Charmaz (2020) posits that "credibility" entails having ample appropriate data for asking incisive questions about the data, making well thought out comparisons and conducting systematic analysis. Conversely, "originality" is achieved not by discovering pre-existing truths, but rather by the researcher and study participants co-creating new knowledge and theories (Charmaz, 2020). In the context of CGT, "resonance" refers to the theory's ability to reflect each participant’s lived experiences and meanings, and its potential for wider use and relevance to other persons and contexts (Delve & Limpaecher, 2021). The term "usefulness" is not about constructing a theory that is universally applicable, but rather about understanding and interpreting the lived experiences of participants within their specific contexts, leading to insights that can inform practice and further research (Charmaz & Thornberg, 2020). This research has validated that constructivist grounded theory serves as a dependable approach for creating a contextualized model advantageous for practitioners.

In constructivist grounded theory, Charmaz (2020) describe the interviewing process as one that emphasizes building relationships through a collaborative reflection of the interviewee's experiences and perspectives. As a result, the interviewer's approach including their questioning style, attentiveness, and follow-up

on responses significantly influences the co-construction and overall quality of the data gathered (Charmaz & Thornberg, 2020; Hoque et al., 2021). The researcher subsequently undertakes initial coding to develop codes that correspond with the data (Bhandari, 2022). Through a repetitive process of coding and constant comparison, the focused codes that emerge are closely aligned with the data (Charmaz & Thornberg, 2020). The interaction among co-constructing detailed data, constant comparison, focused coding, theoretical coding, memo-writing, and theoretical sampling is crucial for forming a set of theoretical categories that are firmly rooted in the data (Charmaz, 2020; Charmaz & Thornberg, 2020). For this study, the researcher and research assistants promoted supportive relationships with respondents that encouraged sharing of lived experiences related to PMC. According to Carmaz and Thornberg (2020), the following constructivist principles are critical in generating grounded theory (see Table 2).

Table 2: Principles of Constructivist Grounded Theory

Focus on Meaning	**Exploring how individuals understand and express the importance they assign to various issues of concern**
Multiple Realities	Acknowledging the existence of various realities shaped by individuals and examining how these realities influence their lives
Language and Communication	Paying attention to language and symbols employed by participants to shape their perception of reality
Participant Interaction	Actively interacting with participants to gain insight into their viewpoints
Contextual Analysis	Taking into account the cultural, historical, and social contexts that shape the meanings created by participants is essential for comprehending the wider implications of their interactions
Reflexivity	Contemplating one's position and impact as a researcher in the study involves recognizing how personal background, biases, and engagement with participants influence both the research process and its outcomes
Ethical Practice	Maintains ethical standards throughout the research, ensuring human welfare and justice
Focus on Meaning	Exploring how individuals understand and express the importance they assign to various issues of concern

Though the dissertation engaged CGT as the methodological design, the research process was chiefly informed by the study objectives and research questions rather than by grounded theory itself. The objectives guided the direction of data gathering, interview questions, coding strategy, and thematic analysis; while CGT offered the methodological processes for generating meaning from respondents' lived experiences (Charmaz, 2024). As such, grounded theory worked as an analytical and interpretive method rather than as a pre-set theoretical guide. This method allowed the researcher to accommodate participants' viewpoints while maintaining coherence with the objectives of the study. Additionally, the use of objectives as reference pointers boosted concurrence among the research problem, data collection process, analysis processes, and the ultimate creation of the grounded theoretical model.

Study Area

The study area refers to a particular location, environment, neighbourhood, community, or city from which pertinent data for the research can be achieved (University of California, 2021). The target demographic for this study comprised married individuals and clergy from specific Churches in Kiambu and Nairobi counties. The selected Churches included the Presbyterian Church of East Africa, Kirigiti Parish, which is located opposite Kirigiti International Stadium; Christ Is The Answer Ministries (CITAM), found along Thika Road and within Pan Africa Christian University; Word of Faith Church situated in Kiambu township; and ACK St Paul's South C Parish in Nairobi. These Churches were chosen due to their closeness to the researcher, facilitating more efficient data collection. Moreover, they represented a mix of traditional and Pentecostal denominations, leading to a rich variety of perspectives and insights relevant to the PMC study area.

In Nairobi County, additional information was collected from counsellors, comprising marriage and family therapists, clinical psychologists, and counselling psychologists affiliated with the Kenya Counselling and Psychological Association (KCPA), with offices located in the Central Business District of Nairobi City. This organization functions as a member-based entity committed to the professional development of its members, granting reach to the targeted three types of counsellors: clinical psychologists, counselling psychologists, and marriage and family therapists (MFTs). Appendix 1 shows the study location.

Target Population

The study's target population consisted of three different cohorts: married individuals and clergy from Nairobi and Kiambu Counties, with counsellors exclusively drawn from Nairobi County. This population exclusively included beneficiaries of PMC in Christian Churches, as they are the primary consumers of PMC services and, therefore, possess the required information. Initially, married participants, both male and female, were recruited from four Churches situated in Kiambu and Nairobi Counties: Word of Faith (Kiambu County), PCEA Kirigiti (Kiambu County), CITAM Thika Road (Nairobi County), and ACK St Paul's South C Parish in Nairobi. To qualify for inclusion in the study, married individuals needed to have been married for duration of 15 to 30 years and must have undergone a religious ceremony, indicating their participation in some form of premarital counselling. Couples in this category have had sufficient time to apply the teachings and skills acquired during PMC in handling marital challenges and are better positioned to provide contemplative, insighful, and real life marital insights on effectiveness of

PMC. The second category consists of clergy members or PMC practitioners recognized by the Church administration who administer PMC within these Churches, constituting an additional segment of the study population. The last segment of the target population included practicing counsellors, such as marriage and family therapists, clinical psychologists, and counselling psychologists, who typically offer family therapy, including PMC, to couples preparing for marriage.

Population Size and Sampling Technique

Sampling denotes the procedure of choosing a subset of research subjects from a bigger population for goals of research, while a sample is the subcategory chosen to contribute in the study (Ahmad et al., 2023; Jilcha, 2020). Understanding the target population allows the researcher to evidently describe the group of interest and decide the degree to which the outcomes may be relevant (Jilcha, 2020). In this study, the target population involved married individuals who had formerly partook in PMC programs, clergy providing PMC in church locales, and professional counsellors, including marriage and family therapists (MFTs), counselling psychologists, and clinical psychologists. As such, the three sub categories involved those who had prior benefited or delivered PMC. The study sought to obtain abundant and contextually grounded data from these groups in order to examine experiences, and viewpoints relating to PMC programs.

The study purposively designated four Churches, namely Word of Faith Church, PCEA Kirigiti Church, CITAM Thika Road, and ACK St. Paul's South C Parish, located within Nairobi and Kiambu Counties. These Churches were designated since they actively provided PMC curricula, possessed proven Church governance systems that enabled access to respondents, and had members who met the inclusion criteria of having been married from 15 to 30 years. Additionally,

choosing Churches from other denominations and locations enriched variety in respondent experiences and improved the depth of the information obtained. The Churches were also reachable and ready to back the study, which was imperative in enabling data collection.

The study sample consisted of 36 respondents drawn from married individuals, clergy, and counsellors. Specially, 20 married persons and 4 clergy were chosen from the four selected Churches, while 12 counsellors were enlisted through the Kenya Counselling and Psychological Association (KCPA) forums. Church administration helped in finding married persons who had formerly undertaken PMC curricula and had been married for a period of between 15 and 30 years. The clergy respondents were also chosen by Church leadership based on their participation in delivering PMC services. As well, counsellors comprising MFTs, counselling psychologists, and clinical psychologists were requested through official KCPA WhatsApp platforms. Appendix 5 comprises the request letter issued to the selected Churches, while Appendix 6 contains the KCPA request letter for data gathering.

Convenience sampling was employed to select respondents for the study. Convenience sampling is a non-probability sampling method in which respondents are chosen based on their reachability and obtainability to the researcher (Ahmad et al., 2023; Bhardwaj, 2019). The method was deemed suitable since it assisted the researcher to obtain respondents who had pertinent lived experiences and knowledge regarding PMC programs. The method also reinforced the study by ease of access, cost-effectiveness, and time efficiency while enabling the enrollment of participants qualified to provide in-depth data applicable to the study objectives (Lee & Landers, 2022; Rashid et al., 2019). The sampling frame for the study is provided in Table 3

and illustrates the groups of participants, institutions included, counties from which the participants were drawn, and the corresponding sample and pilot sample sizes.

Table 3: Sampling Frame

Target Population	Institution	County	Sample Size	Pilot Sample
Beneficiries	PCEA Kirigiti Church; CITAM Thika road; Word of Faith and ACK St Paul's South C Parish	Kiambu & Nairobi	20	2
Clergy	PCEA Kirigiti Church; CITAM Thika road; Word of Faith and ACK St Paul's South C Parish	Kiambu & Nairobi	4	1
Counsellors	Kenya Counselling and Psychological Association	Nairobi	12	2
Totals			**36**	**5**

Note: *Beneficiaries comprised married men and women. Counsellors comprised MFTs, counselling psychologists, and clinical psychologists. The pilot sample constituted approximately 10% of each category of the sample size.*

Table 4 shows a synopsis of the target population from which the study sample was drawn. It outlines the distribution of married persons, clergy, and professional counsellors across the selected institutions and professional categories.

Table 4: Target Population Summary

Target Population	Target Population	Sample Size	Pilot Sample Size
PMC Beneficiaries			
PCEA Kirigiti Church	157	5	1
Word of Faith	300	5	1
CITAM Thika Road	150	5	-
ACK St Paul's South C Parish	450	5	-
Premarital Practitioners			
Clergy- PCEA Kirigiti	1	1	-
Clergy- Word of Faith	16	1	1
Clergy-CITAM Thika Road	3	1	-
Clergy-ACK St Paul's South C Parish	2	1	-
Counselling Psychologists	1531	4	-
Clinical Psychologists	45	4	1
MFTs	510	4	1
Total Target Population		**36**	**5**

In line with the qualitative constructivist grounded theory (CGT) approach adopted in the study, theoretical sampling was similarly used during the data collection process. Theoretical sampling involves the concurrent procedure of sampling, data collection, and data analysis towards identification of additional respondents or data sources able to enrich emergent themes and concepts (Ahmad et al., 2023; Hennink et al., 2019). The processes stayed iterative and data-driven all through the study, letting the researcher to constantly fine tune patterns and strengthen the developing theory. Data collection persistented until theoretical saturation was attained, meaning that no considerably new insights or categories arose from the data (Andrade, 2020; Hennink et al., 2019). Through this process, the study guaranteed the gathering of broad and contextually relevant data essential for the formation of the Ubuntu Integrative PMC Model.

Types of Data

Research that employs a qualitative design provides a detailed description of the respondents lived experiences and enables comprehension of individuals' perceptions (Friese et al., 2020; Ugwu & Eze, 2023). This strategy made it possible for the study to collect data on the premarital experiences from married persons as well as from premarital practitioners. As indicated by Hoque et al. (2021), qualitative data comprise of detailed descriptions of circumstances, happenings, individuals, exchanges, and observed behaviours. Qualitative data is descriptive, interpretation-based, and language-related (Hennink et al., 2019). The data also comes in the form of direct quotations from people about their experiences, attitudes, beliefs, and thoughts (Creswell & Poth, 2018; Hoque et al., 2021).

Subjective data was collected for the intended study utilizing methods such as Focus Group Discussions (FGDs), in-depth interviews, and questionnaires (Ugwu &

Eze, 2023). Comprehensive descriptions, direct quotations, and case documentation of raw data constitute the primary techniques employed to produce qualitative data (Creswell & Guetterman, 2019). This information was instrumental to understand the what, how, and why of the participants' experiences (Hoque et al., 2021; Ugwu & Eze, 2023). This study addressed lived experiences of married persons and professional clinical lived realities of premarital counselling practitioners. Hoque et al. (2021) clarify that qualitative data pertains the words or labels utilized to describe specific features or attributes of the data collected in the study. This study concentrated on the lived experiences of married individuals and the clinical experiences of premarital counselling professionals.

Data Collection Methods

Information gathered from first-hand sources specifically for research purposes is referred to as primary data (Taherdoost, 2021), and was essential for answering the study questions. However, secondary data information was utilized for supporting analysis of primary data (Busetto & Gumbinger, 2020). This research employed three data collection methods: in-depth interviews, questionnaires, and focus FGDs to gather essential information that fulfilled the objectives of the study.

In-depth Interviews

Taherdoost (2021) avow that insights into the subjective experiences, viewpoints, and motives of study participants with respect to researcher relevant topics are gotten through qualitative interviews. In-depth interviews are executed using focussed interviews (on the areas of interest), unstructured interviews (flexibility in the interview), and structured interviews (having a systematic structured) (Mazhar et al., 2021; Taherdoost, 2021). To obtain rich data through

interview flexibility, this study engaged focussed interviews guided by the research questions. In-depth interviews were conducted with clergy from four selected Churches to provide richness and depth (Mazhar et al., 2021) from this significant population. The clergy were selected from PCEA Kirigiti congregation, Word of Faith, CITAM Thika Road, and ACK St Paul's Parish, South C. Common methods for recording interviews include paper-based formats, self-reports, and audio recordings (Taherdoost, 2021), all of which were employed in the current study (see Appendix 2 which captured an in-depth interview guide).

Self-Administered Questionnaires

Self-administered questionnaires were distributed to the twenty (20) married beneficiaries of PMC. Each Church provided five (5) married respondents. The completion of the questionnaires is anticipated to require approximately one hour. The data from the questionnaires was admistered online and later transcribed into MS Word (Appendix 3 captures the PMC questionnaire).

Focussed Group Discussions (FGDs)

This approach is used to find out how people behave, think, and respond to certain ideas of importance to researchers (Taherdoost, 2021). The FGDs typically last two hours and include six to twelve participants (Busetto & Gumbinger, 2020; Taherdoost, 2021). The conversations may be recorded on audio or video and then transcribed, depending on the preferences of the researchers and respondents. Taherdoost (2021) explain that FGDs are helpful for assembling homogeneous groups with pertinent experience and knowledge in a particular field of interest. Mazhar et al. (2021) and Taherdoost (2021) saw that FGDs are a relatively simple, quick, and cost-effective technique of gaining participants' experiential knowledge.

Moreover, since ‘groupthink’ reduces the output's richness, care should be taken to diminish it (Mazhar et al., 2021). The FGD proved to be a valuable approach for gathering information from the twelve counselors who encompassed marriage and family therapists (MFTs), clinical psychologists, and counselling psychologists. These counsellors were ordered into two focus groups, each consisting of six participants. This arrangement allowed enough time for participants to share their experiences, viewpoints, thoughts, and insights regarding PMC. Each session of the focus group lasted two hours, including a break at the halfway point for refreshments and regrouping.

According to Busetto and Gumbinger (2020), in order to achieve the best results, FGD moderators must be adept at leading and facilitating groups. Hence, moderators should receive training on how to be helpful and attentive listeners as well as how to analyse participant behaviour, facilitate, manage, and control meetings and observe behaviours to inform follow up (Mazhar et al., 2021; Busetto & Gumbinger, 2020). To get responses and spark conversation among the participants about the study questions, the moderator poses targeted yet broad questions (Mazhar et al., 2021; Taherdoost, 2021). By listening, drawing out quiet participants, maintaining the discussions' focus, and managing time, the moderator makes sure that participants are at ease and involved in the conversation (Mazhar et al., 2021; Taherdoost, 2021). The moderators of this study received training prior to data collection to ensure they had the necessary skills and competencies to effectively coordinate the groups (Appendix 4 captures the FGD guide).

Protocols and Procedures for Data Collection

Execution plans were required for all three data collection methods, including the focus group discussions, questionnaires and in-depth interviews (Busetto & Gumbinger, 2020). To help with tool validation, pilot testing was conducted following the development of the questionnaire and interview guides (Taherdoost, 2021). The "test runs" involving a small number of members of the targeted population yielded valuable data for tool improvement, culminating in the final validation of the data collection instruments by chosen verifiers (Taherdoost, 2021). A consent form outlining the research details, subject selection, risks and discomforts, benefits, cost and compensation, confidentiality, withdrawal, contact information, voluntary participation, and research approvals was signed by those who agreed to participate (Appendix 7).

The interviewers were crucial in FGDs and in-depth interviews since they were in charge of encouraging participants to respond to questions and verified that the responses were of required standard and relevance (Busetto & Gumbinger, 2020; Taherdoost, 2021). Also, Mazhar et. al. (2021) offer that researchers and their assistants conduct interviews and provide guidance to the respondents as needed. The moderators and researcher assistants are adequately trained for the duties they perform during the research execution (Busetto & Gumbinger, 2020). Such research assistants should have practical competency, fundamental applied skills and must be trustworthy, honest, diligent, and unbiased (Mazhar et al., 2021). Through paper documentation, audio recording, and video recording, the research assistants are expected to ensure accurate data capture (Taherdoost, 2021). The researcher collaborated with four research assistants all through the study. One assistant executed the delivery and gathering of questionnaires (handcopies and electronically

transmitted) and transcribed data gathered, two assistants aided the interviewing process and coordinated the FGDs and in-depth interviews, while the fourth assistant assisted in data analysis using R software.

Pre-testing Data Collection Instruments

Various scholars agree that pre-testing data collection tools enables identifying and addressing potential issues before actual data collection thus improving validity and reliability of the research (Coleman, 2021; Nassaji, 2020). The pretesting of data collection tools entails administering such tools to a small scale of target respondents (Nassaji, 2020). It allows researchers to identify potential problems with data collection tools like unclear items, confusing instructions, or logistical issues (Mazhar et. al., 2021). According to Busetto and Gumbinger (2020) and Nassaji (2020), pre-testing minimizes respondent burden, leading to higher participation rates and more accurate data. Additionally, Nassaji (2020) relays that identifying and addressing potential issues guarantees that data collected is of high quality. In this study, the researcher pre-tested the three data gathering tools, namely in-depth interview schedules, questionnaires, and focus group discussion guides.

The researcher in this study conducted pilot testing using10% of the sample size from each subcategory of participants. The subgroups comprised married persons, clergy, and counsellors, in particular MFTs, clinical psychologists, and counselling psychologists. Pilot testing was directed by the sampling frame and target population summary tables in this study. Data was gtahered from two married persons, one clergy, and two counselors; a total of five participants drawn from an overall sample size of 36 respondents.

Study Reliability and Validity

Rose and Johnson (2020) emphasize the significance of reliability and validity in the design of a study, the analysis of results, and the assessment of the study's quality. Nassaji (2020) asserts that rigor must be incorporated into the qualitative research process from the outset, rather than being addressed at the conclusion of the inquiry. Focusing on strategies to ensure rigor afterwards poses substantial risks to reliability and validity, often leaving no opportunity for correction (Busetto & Gumbinger, 2020). Reliability and validity serve as critical measures for assessing research quality, reflecting how effectively a method, technique, or test is applied (Coleman, 2021). Specifically, reliability pertains to the consistency of a measure, while validity relates to its accuracy (Nassaji, 2020). This research utilized three instruments namely: FGD guides, in-depth interview protocols, and self-administered questionnaires. The researcher guaranteed that the tools were aligned to research questions to effectively handle the issue under investigation.

Study Reliability

Nassaji (2021) emphasizes that reliability pertains to the degree to which a method consistently measures a particular variable. Therefore, if identical results are repeatedly obtained using the same techniques under same conditions, the measurement is deemed reliable (Rose & Johnson, 2020). Conversely, reliability is concerned with the consistency and credibility of the research process and its outcomes, which can be enhanced through methods such as meticulous documentation, reflexivity, and data triangulation (Hogue et al., 2021). In the same vein, Busseto and Gumbinger (2020) elucidated that the core of reliability in qualitative research is rooted in constancy. Furthermore, Mazher et al. (2021) and

Rose and Johnson (2020) concur that reliability hinges on the consistent and careful execution of research methodologies, which should be evident in the transparency of research practices, analyses, and conclusions, while also acknowledging the biases and limitations inherent in the research findings.

Mazhar et al. (2021) provide important qualitative research trustworthiness principles such as credibility, transferability, dependability, and confirmability. In qualitative research, the concept of credibility pertains to the veracity of the results and the extent to which they accurately depict the phenomenon under investigation (Nassaji, 2020; Rose & Johnson, 2020). Conversely, the degree to which the researchers' conclusions can be applied to other comparable situations is known as transferability (Nassaji, 2020; Rose & Johnson, 2020). Besides, confirmability refers to the extent to which other people agree with the researcher's interpretations and conclusions, whereas dependability specifies that the study should be reported in a way that allows others to arrive at similar interpretations if they review the data (Nassaji, 2020; Rose & Johnson, 2020). The researcher applied diligence, reflexivity, and objectivity in each stage to ensure credibility, transferability, dependability, and confirmability.

Study Validity

Validity in qualitative research refers to the suitability of the instruments, methods, and data utilized (Taherdoost, 2021). Various scholars, including Hennick (2019), Busseto and Gumbinger (2020), and Hogue et al. (2021), agree that validity encompasses the correlation among all research elements, such as the research problem, questions, methodology, sampling, analysis, and documentation. Furthermore, Busseto and Gumbinger (2020) emphasize that the selected

methodology should facilitate the identification of findings within an appropriate context, taking into account cultural and contextual factors. Also, validity indicates the extent to which a tool accurately measures its intended construct, while content validity pertains to how comprehensively a measurement addresses all facets of the concept being evaluated (Taherdoost, 2021). The researcher conducted initial testing of the measuring tools, comprising in-depth interviews, questionnaires, and FGDs to assess their clarity and effectiveness. Further, the researcher ensured that pilot testing was conducted with PMC practitioners who supplied valuable feedback on the appropriateness of the research tools.

Psychometric characteristics, including reliability and validity, are crucial for evaluating the quality of research instruments, as they ensure that these tools accurately and consistently assess the intended constructs (Taherdoost, 2021). The researcher developed three study tools including FGD Guide, In-depth Interview Guide, and the Questionnaire. To ensure their trustworthiness, the researcher concentrated on the following psychometric aspects: internal validity, content validity, and face validity. Internal validity was evaluated by confirming that the items within the tools were consistent through diligence, pilot testing, and subsequent amendments. Content validity was gauged through consultation with other experts engaged in the pilot study to guarantee that the tools covered relevant content. Finally, face validity was established by certifying that the tools correctly measured their proposed constructs by aligning all items with the research questions.

Qualitative Data Analysis

Charmaz (2020) identified that the analysis of Constructivist Grounded Theory (CGT) entails a cyclical process of collecting and analysing qualitative data to develop new theories. She outlined the significance of the researcher's engagement in

interpreting participant experiences and constructing meanings (Charmaz, 2020). Key components of CGT data analysis include iterative data collection and analysis, an emphasis on participant viewpoints, coding and analytical methods, the researcher's role and reflexivity, as well as achieving theoretical saturation (Charmaz, 2020; Chien & Li, 2022). The first aspect to consider is the iterative nature of data collection and analysis, which involves a continuous exchange between these two processes (Bingham, 2023). As the data analysis process begun in partnership with a qualitative analysis software specialist, the researcher realised the complex difficulty of examining the gathered data without jeopardising its integrity, while prudently revising the testimonials and their interpretations.

Regarding researcher positionality, her training as a clinician purposely impacted the classification and coding of themes by granting a "clinical lens" that ranked relational dynamics and psychological undercurrents over purely descriptive data. This professional expertise permitted for a nuanced appreciation of the respondents' lived experiences, where clinical hunch enabled the verification of latent meanings within the narrative of PMC (Braun & Clarke, 2024). As such, the Ubuntu Integrative PMC was a co-creation between the researcher and the participants. However, to moderate the risk of clinical bias where one might unintentionally "diagnose" respondents or force data into current therapeutic frameworks the researcher engaged rigorous reflexivity and peer debriefing (Creswell & Poth, 2024). By retaining a recursive link between clinical understanding and the raw data, the analysis moved beyond surface-level reporting to create a model that is both sound in theory and practically applicable in therapeutic environments (Finlay, 2023). This double role as an insider to the profession and an outsider to the particular

experiences of the respondents deepened the interpretive depth of the final thematic framework (Berger, 2023).

Charmaz (2020) suggested that data analysis is conducted to uncover emerging themes and concepts. The current study utilized R software to analyse the data gathered from the three research instruments. Charmaz and Thornberg (2020) explain that this iterative process allows for the adjustment of research questions and the development of a theory that is rooted in the data. Bhandari (2020) assert that inductive coding software facilitates the generation of codes from the data without the constraints of a predefined structure or framework. According to Ravitch and Carl (2021), these tools help detect patterns, meanings, and relationships within the data, organizing them into categories and themes. The R software assisted in illuminating the patterns and themes present in the study data.

Secondly, the emphasis is placed on understanding participant viewpoints, with the researcher aiming to grasp the perspectives and experiences of those involved (Charmaz, 2020). Then, researchers document the meanings and interpretations that participants attribute to the phenomenon being studied (Bhandari, 2020). The third aspect involves coding and analytical methods, starting with open coding, which requires segmenting the data and assigning preliminary codes to highlight significant themes and concepts (Charmaz & Thornberg, 2020). Following this is axial coding, which seeks to identify relationships among codes and categories, organizing them into a structured framework (Charmaz, 2020). The next step is focused coding, which aids in refining the analysis by selecting the most pertinent codes and categories (Charmaz, 2020). Finally, theoretical coding is employed to develop a theory that elucidates the phenomenon under investigation, based on the data and the interconnections between categories (Friese et al., 2021). The researcher

approached the process with thorough care, structured execution, and detailed coordination to confirm a clear trajectory in the formation of the new theory.

Charmaz (2020) specifies that the data analysis process involves on-going comparisons of data. This practice is fundamental to CGT where researchers consistently analyse data from various sources to uncover patterns and relationships (Hoque et al., 2021). Fourth is memo writing, which necessitates recording respondents' thoughts and interpretations during the data analysis. This practice fosters reflexivity and allows for the tracking of theoretical development (Ravitch & Carl, 2019). Additionally, the role of the researcher and reflexivity is emphasized and researchers are urged to consider their own biases and assumptions and recognize how their experiences and viewpoints may impact the research process (Delve & Limpaecher, 2021). In summary, engaging in reflexivity through a continuous iterative process was essential for establishing the credibility and validity of my research findings.

Fifth is the theoretical saturation where data collection and analysis continue until exhaustive understanding is attained which means that no new concepts or categories emerge from the data. With constructivist grounded theory, data analysis and collection occur iteratively until you reach theoretical saturation. Further, Charmaz (2020) advises that once you have saturated all that you can learn about a particular topic, you no longer need to collect more data. Charmaz and Thornberg (2020) indicate that the theory produced is well-grounded in the data and that the researcher has explored the phenomenon in depth. This research gathered data from FGDs, in-depth interviews, and questionnaires, which were systematically analyzed through an iterative process until theoretical saturation was achieved.

Data Presentation

Charmaz and Thornberg (2020) highlight that qualitative CGT requires researchers to emphasize respondents' accounts and understandings when presenting data. This methodology comprises the use of thorough extracts and direct quotations to clearly exemplify unfolding patterns and concepts. Charmaz (2020) acknowledge that the analyst's perspectives and interactions inevitably influence the interpretation of the findings. The presentation process therefore includes emphasizing participant voices, highlighting key themes, recognizing researcher influence, and applying appropriate presentation techniques (Charmaz, 2020; Coleman, 2021). As a consequence, this study required careful attention to accurately capturing, organizing, and interpreting respondents' data throughout the analytical process.

Charmaz (2020) identifies three primary methods for acknowledging participant voices: incorporating detailed excerpts and quotations, providing context for these quotes, and emphasizing lived experiences. The inclusion of detailed excerpts and quotations necessitates the use of direct statements from participants to effectively convey their experiences and viewpoints (Coleman, 2021). Furthermore, contextualizing these quotations involves the researcher offering adequate background information to help the reader understand the significance of the quotes within the larger narrative (Charmaz, 2020; Coleman, 2021). Finally, focusing on lived experiences entails presenting the data in a manner that highlights the participants' experiences and perspectives while also drawing attention to emerging themes and concepts (Charmaz, 2020). In light of this, I respected the insights shared by the respondents while also making comparisons to enhance clarity, ensuring that I remained connected to respondents' lived experiences and perspectives that contributed to new knowledge.

The second task focuses on identifying emerging themes and concepts, which encompasses three primary activities: the application of codes and categories, the clarification of analytical reasoning, and the presentation of findings in a narrative style (Charmaz & Thornberg, 2020). The researcher is required to accurately identify and display the codes and categories that emerge from the data analysis (Mazhar et al., 2021). Following this, the process of deriving these codes and categories from the data, along with their relationships, is explained (Charmaz, 2020). Also, a narrative approach is utilized to present the findings, allowing the participants' stories to be shared organically (Charmaz, 2020; Mazhar et al., 2021). This study undertook a broad analysis of the data obtained and employed R to extract the emergent codes and themes, eventually outlining the evolving knowledge paradigm in a narrative format.

It is crucial to acknowledge the role of the researcher, which encompasses reflexivity, the clarification of the interpretive framework, and the maintenance of transparency (Charmaz & Thornberg, 2020). Reflexivity requires the researcher to recognize how their presence impacts the analysis and interpretation of the data (Taherdoost, 2021). Moreover, the researcher should explain how their personal background and experiences may influence their analytical perspective (Charmaz, 2020). Transparency regarding the methodologies and analytical decisions is also a fundamental expectation of the researcher (Charmaz, 2020). This perspective positioned the researcher as a co-creator of knowledge alongside the participants, integrating their own lived experiences into the discussion, which ultimately enhanced clarity and ensured openness about the analytical methods and decisions made.

Ultimately, CGT employs a range of presentation techniques, such as tables, visual aids, narratives, and a blend of these methods (Charmaz, 2020; Mazhar et al.,

2021). Tables serve as a valuable tool for displaying codes, categories, and their interconnections (Charmaz, 2020). Additionally, diagrams and flowcharts are utilized to depict the relationships among concepts and categories (Charmaz, 2020; Coleman, 2021). The researcher then integrates the data into a compelling narrative that reflects the essence of the participants' experiences (Charmaz & Thornberg, 2020). In conclusion, CGT merges various presentation methods to produce a comprehensive and insightful account of the findings (Mazhar et al., 2021).

Data Analysis Tool

The analysis used R's Natural Language Processing (NLP) technique to extract meaningful insights (R Core Team, 2025). The analyses were done using two key strategies. First, is the frequency analysis of words implemented using the R's Text Mining (TM) Package Version 0.7-16 (Feinerer & Hornik, 2025). Thematic analysis was then done to discover associations among extracted bags of words (Feinerer & Hornik, 2025). The second approach was sentimental analysis using Canada's National Research Council (NRC); Word-Emotion Association Lexicon (NRC-EmoLex) (Mohammad & Turney, 2013a; 2013-b). The NRC's Sentiment and Emotion Lexicons consists of English words associated with eight basic emotions (anger, fear, anticipation, trust, surprise, sadness, joy, and disgust) and two sentiments (negative and positive) (Mohammad & Turney, 2013a; 2013b). The current study focused on sentiment analysis to depict the nature of negative and positive issues covered in PMC. The implementation was done using the quanteda package, a dictionary object containing Mohammad and Turney (2013a) and Mohammad and Turney (2013b) English version of the NRC-EmoLex. This procedure was conducted with great rigor, involving a series of meetings between the researcher and the R

software expert to ensure a mutual understanding and consensus on the final outcomes of the systematic process.

Data Pre - Processing

The focus group discussions and comprehensive interviews yielded extensive information containing significant terminology related to the study participants, along with frequently used conjunctions and pronouns in their dialogues. The transcribed data was transferred to an Excel spreadsheet and subsequently imported into R software for preprocessing. The transformation methods employed included tokenization, the elimination of numerical data and stop words, and lemmatization. Conversely, tokenization involved the extraction of a distinct collection of words by eliminating whitespace, hyphens, punctuation, and symbols such as '/' or '@', while also converting the text to lowercase. This process was executed utilizing R's tokenizers Package Version 0.3.0 (Mullen et al., 2018) and the associated Tidytext Package Version 0.4.2 (Silge & Robinson, 2016). Subsequently, numerical data and stop words such as 'a,' 'an,' 'the,' 'I,' 'he,' and 'we'd,' which lack substantial informational value, were removed.

Consequently, lemmatization was performed to convert words to their fundamental or root forms. The lemmatization algorithms identify the dictionary form (lemma) of each word, which may influence the frequency with which a word is referenced. The lemmatize words [lemmatize_words()] function is part of R’s textstem Package Version 0.1.4 (Rinker, 2018). In contrast to stemming, which eliminates prefixes and suffixes, lemmatization minimizes redundancy by preserving the word's dictionary lemma (root) (Rinker, 2018). For example, the terms sexuality and sex, which were present in the collected data, share a root in sex. However, using

a stemming algorithm yielded the redundant stems; sex and sexual. The matrix of lemmatized words was subsequently analyzed for frequency and illustrated through a word cloud to highlight the most prevalent topics addressed.

Ethical Considerations in Qualitative Research

Researchers are obligated to safeguard the rights and welfare of research participants (Kang & Hwang, 2021). Moreover, Bos (2020) defines ethics as the examination of the morality of researchers' actions. This examination emphasizes the responsibilities researchers hold towards the rights and welfare of both respondents and third parties (Bellalem, 2023). As noted by Gedutis et al. (2022), research ethics encompasses the principles and values that guide decisions regarding the collection, analysis, and dissemination of research data. The following ethical considerations are discussed: permission for data collection, informed consent, anonymity and confidentiality, the integrity of the researcher, possible conflicts of interest, and incentives for participants, non-discrimination, and trustworthiness.

Approval for Data Collection

The researcher started the data collecting process by gaining endorsement from the Pan Africa Christian University Institutional Scientific Ethics Review Committee (ISERC), which conferred ethical clearance for the study (Appendix 8). To expedite the necessary data collection activity for the study, the researcher further sought for and acquired a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) (Appendix 9). Additionally, formal letters were dispatched to the administrators of the selected Churches (Appendix 5) and KCPA to secure permission for data collection (Appendix 6). These letters outlined the study's objectives, the methodology employed, and the precautions taken to

protect both the research participants and the institutions where data was gathered from any potential adverse effects associated with the data collection process. So, all the needed ethical endorsements and institutional approvals were gained prior to the start of the study, thus certifying observance to prescribed research ethics and regulatory requirements.

Informed Consent

In addition, research participants completed consent forms (see Appendix 7). Research consent forms outlined the study's objectives, participant rights, and ethical considerations designed to safeguard participants from any potential harm (Gedutis et al., 2022). The researcher asked the respondents to specify their readiness to partake in the study by endorsing the consent form.

Anonymity and Confidentiality

Participants are assured of their anonymity and confidentiality by employing coded language and pseudonyms (Kang & Hwang, 2021). In general, by making and implementing ethical choices, researchers actively work to protect both institutions and participants from potential harm (Bellalem, 2023). Additionally, Bellalem (2023) advise that researchers should guarantee data privacy and participant anonymity and apply data Protection Act provisions when handling and storing data. Additionally, during and after data collection, participants must be informed of the status of the study whenever feasible (Kang & Hwang, 2021). During the data collection, the researcher and the research assistants avoided inviting any individually recognizable data from the participants, and anonymity was kept all through the documentation process.

Researcher Integrity

Researchers are required to uphold ethical responsibilities and exhibit behaviours characterized by honesty, accountability, integrity, dependability, and adherence to professional standards (Bellalem, 2023; Kang & Hwang, 2021). In this study, the researcher guaranteed the safeguarding of the rights, interests, and sensitivities of the participants by allowing each individual the option to withdraw from the study at their discretion. Likewise, participants' time was respected by upholding promptness and using time efficiently, while also recognizing their promise to the research process.

Conflict of Interest

Researchers must give precedence to ethical considerations concerning conflicts of interest, particularly in their engagements with research participants, ensuring these interactions remained free from bias (Rose & Johnson, 2020). It is essential for researchers to cultivate open and honest relationships with participants throughout all stages of the research process (Bellalem, 2023). Prior to the commencement of data collection, a formal agreement should be established between the researcher and the participants, and informed consent from the respondents must be obtained (Bellalem, 2023; Gedutis et al., 2022). The current researcher provided the respndents with a comprehensive consent form delineating the safeguards for protecting respondents from any latent risks related with their participation in the study (refer to Appendix 7). Additionally, the researcher plainly divulged any possible conflicts of interest to the respondents and sustained clear professional boundaries throughout the research process.

Incentives for Respondents

It is vital for researchers to recognize that the use of material incentives in their studies is deemed unethical (Bos, 2020; Gedutis et al., 2022). As noted by Bellalem (2023), participants may find motivation in recognizing the advantages that research presents for themselves or for others. The clergy and Churchess were made aware that the results of the study, which led to the creation of a PMC model, were advantageous for them as providers of PMC. Meanwhile, the beneficiaries of the PMC were commended for their role in aiding the development of future programs that are relevant to the local context. Additionally, the PMC providers, which include Churchess and clergy, were assured that they would receive the final version of the PMC contextualized grounded theory model, which they could use as a resource for their clinical PMC services.

Non-Discrimination

Primarily, it is essential that all individuals involved in research are treated with respect and dignity, irrespective of their age, gender, ethnicity, religion, political beliefs, lifestyle choices, or any other significant differences from the researcher (Bos, 2020; Kang & Hwang, 2021). The researcher guaranteed that all respondents felt esteemed and treasured by exhibiting politeness, actively listening, providing equal chances for contribution, and treating all persons impartially.

Trustworthiness

The reliability of the research and translation concerns are categorised among ethical considerations (Bellalem, 2023; Kang & Hwang, 2021). Trustworthiness denotes the extent to which qualitative research findings are reliable, trustworthy, confirmable, and transferable despite the potential influence of the researcher's

presence (Bos, 2020; Kang & Hwang, 2021). Improving practical measures to diminish intrusiveness and bias is a preventive measure that preserves the credibility of their research (Kang & Hwang, 2021). After transcribing the information provided by the respondents, the research team, which included the lead researcher and assistants, ensured the precise recording of the data during the analysis process.

Chapter Summary

This chapter has addressed various aspects of the proposed research methodology. It includes the philosophical and theoretical foundations, research design, study area, target population, sampling methods, sampling techniques, types of data, data collection methods, validity and reliability, data analysis, and ethical considerations, which are key components of the study. The information presented offers a comprehensive overview of the research process and the methodological approaches employed at each phase. Additionally, the chapter discusses the three data collection instruments utilized in the study: questionnaires, focus group discussions, and in-depth interviews. It also outlines the data analysis techniques and ethical guidelines to ensure responsible research practices. The findings and discussions of the study are discussed and analysed in the next chapter.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter presented the findings and discussions that arose from the study. The introductory section offered an overview of the demographics of the study participants, which included their educational backgrounds, gender, education levels, and ages. The subsequent subsections delved into the results related to the five study objectives, highlighting the understanding of the participants' perspectives, impressions, and experiences. Data analysis was achieved using R software to reveal emerging themes and insights. A continuous comparison of data from the three sample populations, comprising PMC beneficiaries, clergy, and counsellors, facilitated the analysis that led to the development of the grounded PMC model. The process involved prioritizing participant voices, emphasizing emerging themes and ideas, recognizing the influence of the researcher, and presenting and analyzing the qualitative data. Analytical memos were included which documented the researchers' thoughts, ideas, and perceptions. The results and analysis presented incorporated excerpts from respondents and contextualized the quotes to highlight their lived experiences.

Respondents' Bio Data

Counsellor Respondents' Bio Data

The study data carried out by PMC practitioners was collected through FGDs and in-depth interviews. 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) (Figure 3). This information indicates that there are more counselling psychologists than MFTs and clinical psychologists within the Kenya Counselling and Psychological Association (KCPA) which reflects the National outlook. Two coordinators led two sessions of FGDs, one scheduled in the afternoon from 2:00 pm to 4:00 pm and the other in the evening from 7:00 pm to 9:00 pm. Each session consisted of six participants and was supervised by the Principal Researcher along with the Research Assistant, who is a Counselling Psychologist. The sessions were recorded using Google Meet and an external sound recorder via mobile phone.

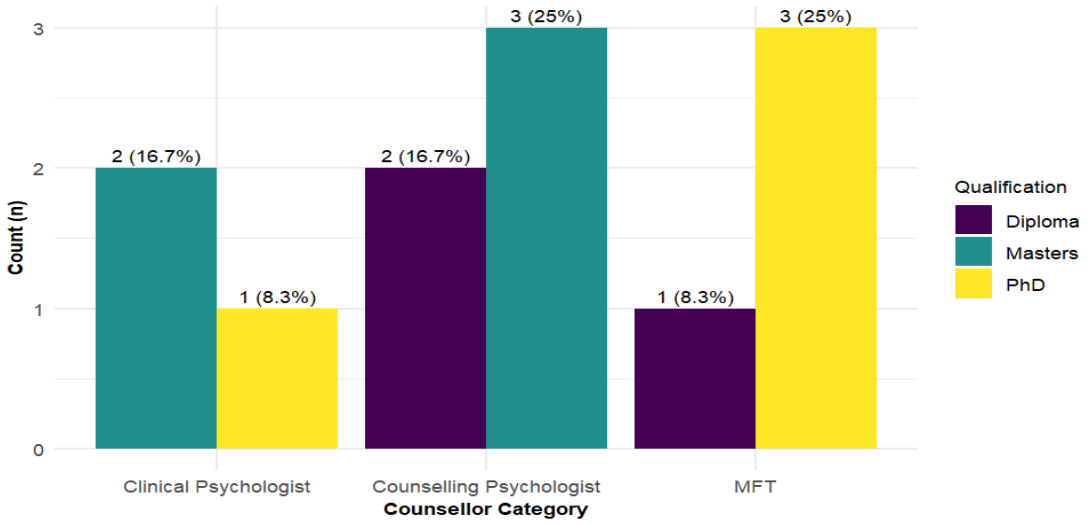


Figure 3: Bar Plot of Counsellor Category by Highest Training Qualification

The participants were aged between 30 and 70 years. Specifically, respondents aged 30-40, 50-60, and 60-70 each constituted 25% of the total, while those in the 40-50 age range represented 16.7% (Figure 4). This indicates a balanced distribution of counsellors across various age groups.

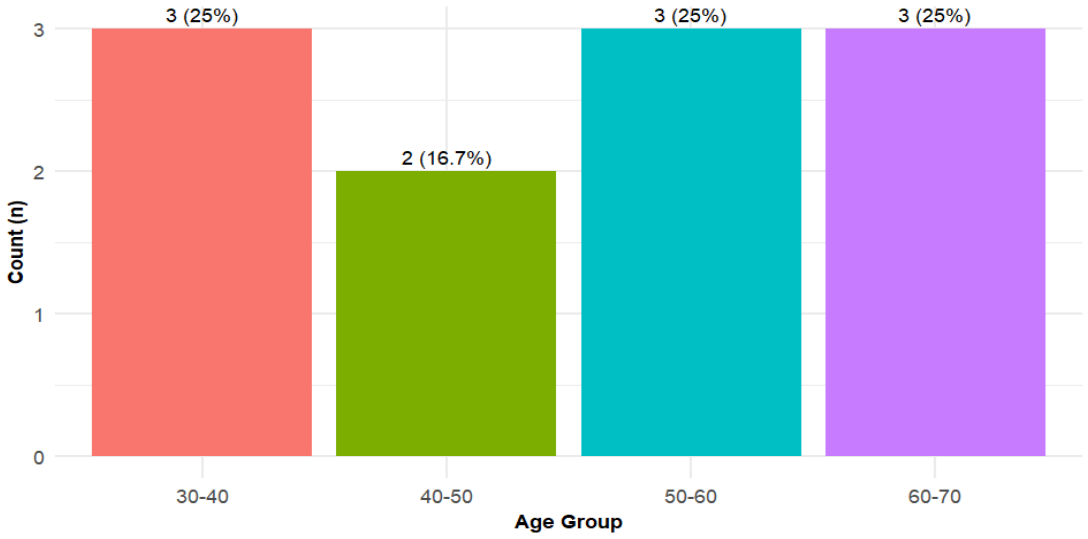


Figure 4: Bar Plot of Counsellors by Age

Clergy Respondents' Biodata

Four male clergy members aged between 40 and 60 years participated in the in-depth interviews. Table 5 presents these demographics.

Table 5: Demographics of Clergy Respondents

Name	Gender	Age Range	Highest Level of Training as a Counsellor	Work Institution
Clergy001	Male	60 +	Higher Diploma MFT	Word of Faith
Clergy002	Male	60 +	No training in Counselling	St Paul's ACK South C
Clergy004	Male	50-60	Diploma in counselling	PCEA Kirigiti Church
Clergy005	Male	40-50	Industrial psychology	CITAM; Thika Road

The interviews were conducted between April 25th and April 30th, 2025. The respondents were drawn from four faith-based institutions: Word of Faith, St 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 Industrial Psychology, while one lacked formal training in Counselling (Table 5). At CITAM, the PMC practitioner held the role of Head of the Family Care and Enrichment Department; the clergy from Word of Faith acted as the Head of the Marriage and

Family Department, whereas the clergy from ACK South C and PCEA Kirigiti served as senior pastors who facilitated PMC in their respective Churches.

The PMC Beneficiaries' Bio Data

The study involved 20 PMC beneficiaries, the majority of whom were female (14; 70%), while males represented a smaller proportion (6; 30%). See Figure 5.

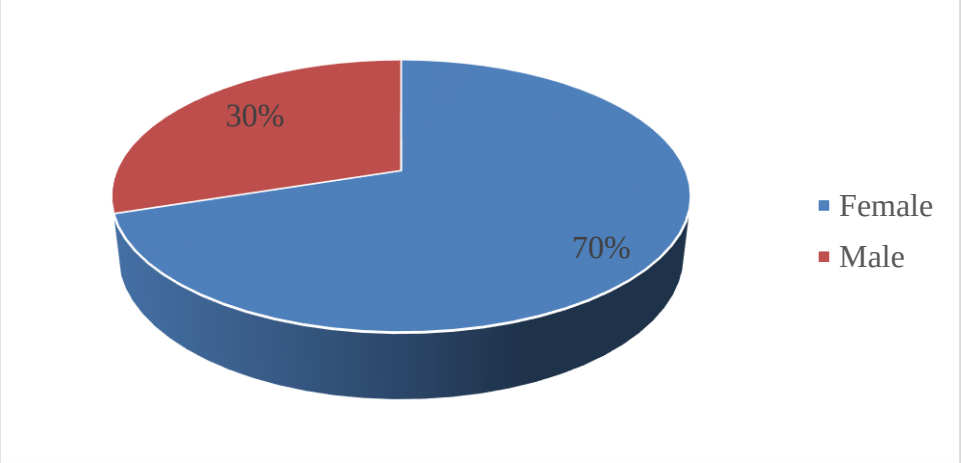


Figure 5: Participant Distribution by Gender

The research respondents who were PMC beneficiaries had marriage durations varying from 15 to 28 years (M = 17.72, SD = 3.74) as shown in Table 6. The longevity of these marriages contributed to the study by providing insights into lasting family relationships, effective coping strategies, and skills for resolving marital conflicts amicably.

Table 6: Summary Statistics of Years of Marriage

Mean	Median	Standard Deviation	Kurtosis	Skewness	Min	Max
17.72	16.5	3.74	5.19	1.82	15	28

Educational attainment among participants was predominantly high, with 55% having completed university education, 35% holding a college diploma, and only 5% reporting primary-level education (Figure 6). While the education composition can

limit generalizability to populations with less formal education, the sample reflects the general PMC seeking behaviour among higher educational attainment.

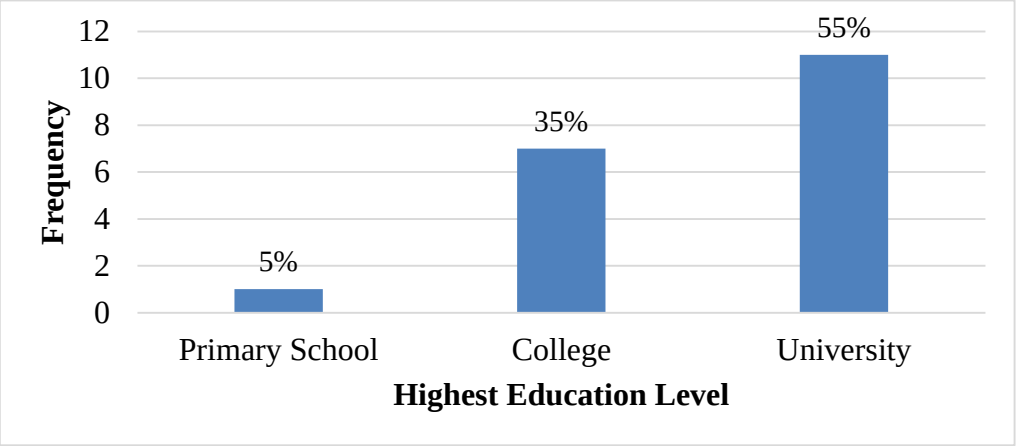


Figure 6: Participant Distribution by Highest Education Level

The study also reflects the Kenyan society, where most couples marry from the same tribe. Out of the 20 participants, 80% (N = 16) had married within the same tribe/race/culture (Figure 7).

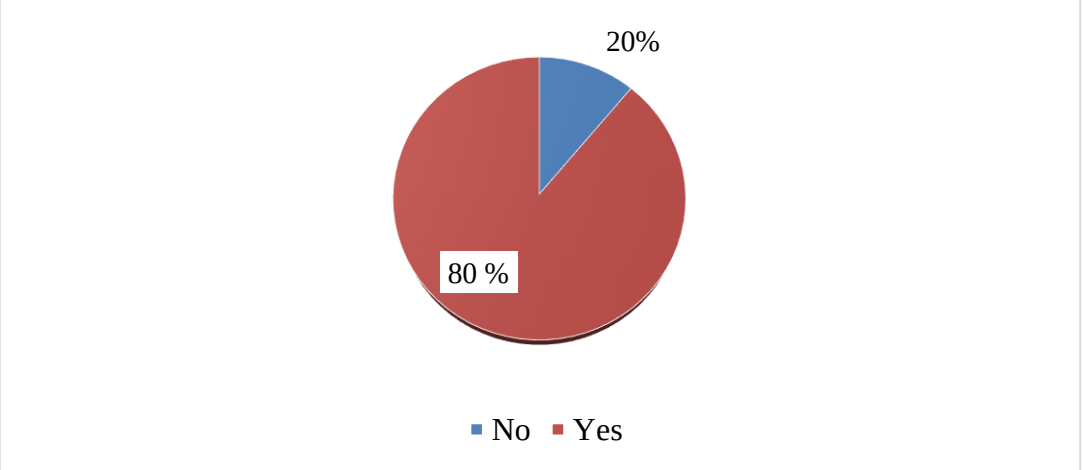


Figure 7: Participant Distribution by Marriage from the Same Tribe

The interview sessions were conducted either in a group format or as individual sessions. The respondents noted that the Evangelical Churches, such as Word of Faith and CITAM, conducted their PMC in group settings, with facilitators who were specialists in various topical areas. Conversely, Churches like ACK South

C and PCEA Kirigiti conducted individual sessions for their PMC. In the Churches that utilized a group format for PMC, mentor couples were available to guide participants through the practical aspects of marriage. Furthermore, the Evangelical Churches had established departments dedicated to marriage and family issues, which served as a structural foundation that enhanced their PMC programming. The results from all the participants were analysed objectively as follows.

Perceptions and Experiences Regarding PMC Content for PMC Programs

The first objective of the study was to investigate the perceptions and experiences related to the content of current PMC programs in specific institutions located in Kiambu and Nairobi counties. The data collected from in-depth interviews with clergy, FGDs with counsellors, and questionnaires completed by beneficiaries regarding the content addressed in PMC programs were integrated and analysed utilizing qualitative data analysis methods.

Word Frequency Analysis

The clergy and counsellors (i.e., clinical psychologists, counselling psychologists, and MFTs) all identified topical issues that looked very similar across the professionals. The common topical issues mentioned included: personality and character, marriage covenant; personal backgrounds (religious, education, personal hobbies, age difference, economic standing status, family of origin, birth order among others), communication; conflict resolution and management; boundaries in marriage; relationship with in-laws and friends; financial management; roles and responsibilities; parenting; family and Church ministry/inter-religious issues, cross cultural relationships and sex and sexuality, intimacy, one-flesh relationship,

marriage covenant, reality with in-laws in marriage, dating, handling relationships, and courtship and love.

After data pre-processing (i.e., tokenization, removal of numerical values and stop words, and lemmatization), a matrix of the lemmatized words and their frequencies was created and presented using a word cloud to identify the most common areas covered. The most frequently occurring words mentioned over 10 times from the pooled responses were marriage (n = 36), communication (n = 27), role (n = 27), conflict (n = 24), responsibility (n = 23), intimacy (n = 21), sex (n = 21), parenting (n = 20), resolution (n = 19), finance (n = 18), sexuality (n = 18), family (n = 17), personality (n = 13), and relationship (n = 13) (Figure 8 and 9).

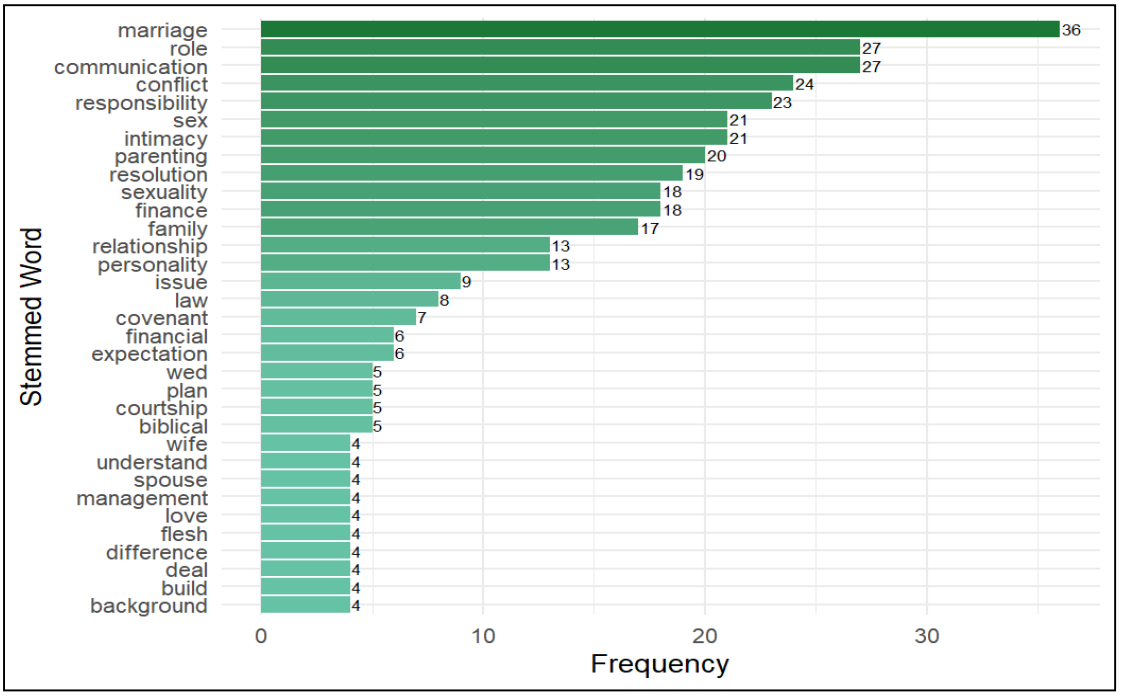


Figure 8: Top 30 Words in Areas Covered During PMC Sessions

A word cloud of top 30 most frequently words is summarized in Figure 9.



Figure 9: Word Cloud of Top 30 Most Frequent Words

The clergy, counsellors, and the PMC beneficiaries had varied feedback on the topics covered which could be shaped by their personal interests or practice. Thus, the Term Frequency-Inverse Document Frequency (TF-IDF) scores were used to evaluate words' relative importance and classified by participants. Figure 10 show the most important words based on TF-IDF score by participant category.

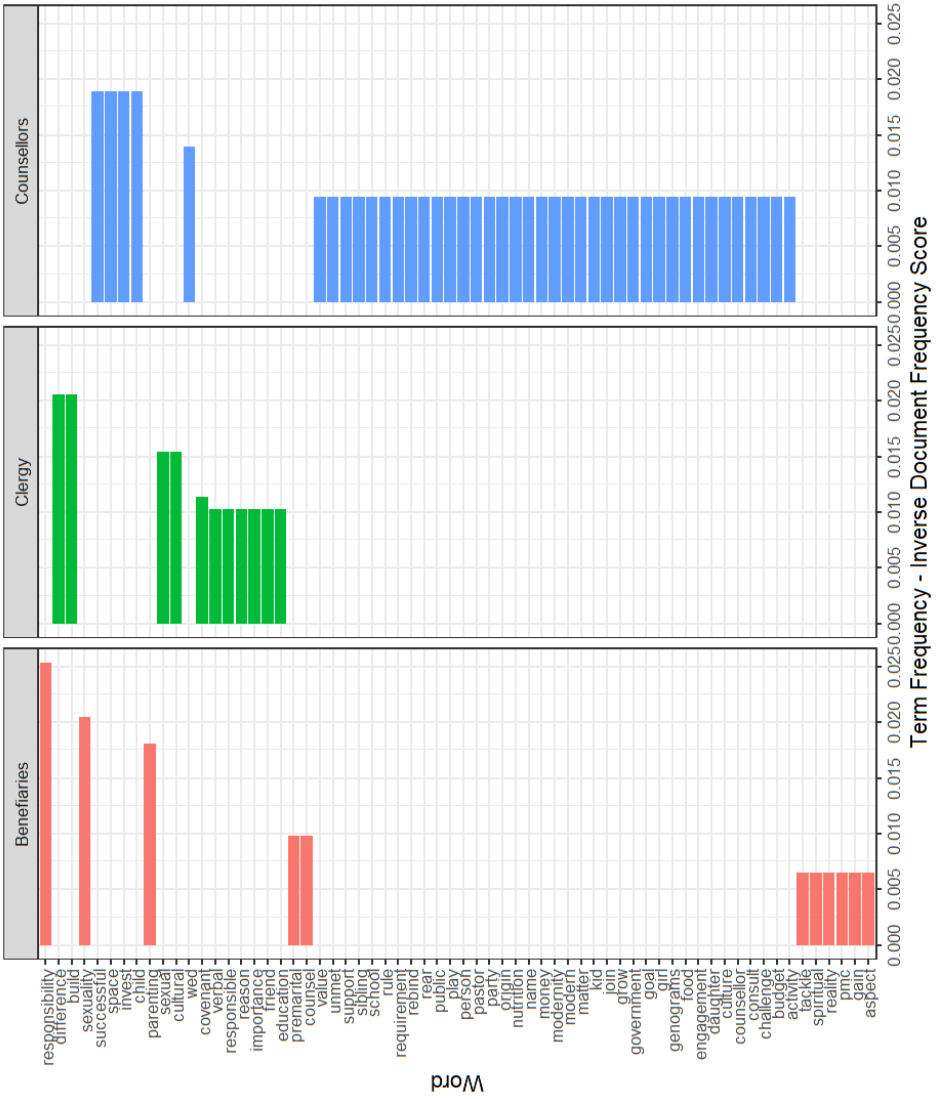


Figure 10: Most Important Words During PMC Sessions by Participant Category

The figure 10 illustrates that the PMC beneficiaries exhibited significant variations in their perceptions and experiences concerning the content addressed during the PMC. They identified subjects such as "*roles and responsibilities"* (Clergy03; Benef01, Benef02; Benef05, Benf08; Benf016), sex and sexuality aspects such as "*premarital sexual expectations*" (Couns02, Couns05), "*sexual purity*" (Clergy02, 03), "*sexual intimacy*" (Clergy01, Clergy03, Benef01), "*parenting"* (Clergy01, Clergy03, Benef01, Benef05), and spiritual matters such as "*spirituality in marriage*" (Clergy 01, 02, 03 & 04), "*engaging in bible study*" (Clergy02), and

"*nurturing their faith"* (Clergy07) as prevalent topics discussed during PMC. The clergy on the other hand highlighted subjects like establishing a Christian family, fostering a responsible relationship that begins with God and a covenantal relationship, and recognizing and valuing cultural and demographic differences, including age and educational background.

Counsellors appeared to focus on investment, wedding planning, family unity, education, personality challenges, conflict resolution, and governmental requirements for obtaining marriage certificates, such as wedding dates. The feedback from beneficiaries, in-depth interviews with the clergy, and counsellors' FGDs uncovered ten essential themes addressed during PMC sessions. The proposed contemporary topical issues encompassed interreligious/faith matters, sexual orientation, blended families, and addictions (including gambling, sex addiction, and chemical dependency) within the PMC curriculum.

Thematic Analysis: Contextualized PMC Themes

Ten themes emerged from the responses of all the study participants comprising PMC beneficiaries, the clergy, and counsellors. The 10 thematic areas are discussed below:

Theme 1: Marriage Institution and Legislation. The information shared by the study subjects shaped three subthemes: Marriage as a transitory stage of life; and its institution by the Church and legislation by the Government.

Sub-theme 1: Marriage as a Transitory Stage of Life. The participants presented the marriage as a symbolic initiation of a new phase in life, where women evolve into wives and men assume the roles as fathers and husbands. The perspective of transition was supported by the perspectives shared by two counsellors who

remarked: "*dynamics of the relationship- the girl moving from being a daughter to being a wife, in-law*" (Couns01) and *"shapes them from a girlfriend and boyfriend to husband and wife*" (Couns02).

Analytical Memo. The participants viewed marriage as representing a crucial life change or transformative experience, particularly in relation to gender identity and societal roles. This change introduces new configurations of changed responsibilities and fresh family identities, such as in-laws. The findings highlighted a wider cultural and relational context in which marriage acts as an important rite of passage between different phases of social relationships, accompanied by expectations and duties that reshape personal identities and relational interactions thereafter. The study underscores marriage as a pivotal life transition that reconfigures personal and relational identities within a culturally and spiritually anchored framework. The findings affirm that marriage is not merely a legal or romantic union, but a socially codified rite of passage which gives individuals boosted identities shaped by marriage.

Sub-theme 2: Marriage Institution by the Church. The clergy members recounted that the PMC programs are grounded in biblical teachings, affirming marriage as a union of one flesh and emphasizing true love in courtship. This was evident from the clergy's responses: "*the program is biblically based*" (Clergy 01); "*love and courtship - what is true love, the biblical definition of love, reasons for marriage, invalid reasons for marriage, and what to look for in a partner*" (Clergy 02); "*marriage covenant - meaning and components of a covenant, types of covenants, and marriage as a covenant*" (Clergy 03); and "*one flesh relationship - the significance of one flesh, the state of marriage before and after the fall of man, how Christ redeemed marriage, and the importance of leaving and cleaving*" (Clergy 04).

Analytical Memo. These accounts collectively bring out marriage as biblically ordained. The doctrinal foundations based on biblical teachings position the marital union as divinely instituted. As such, marriage is not simply a social or legal arrangement, but rather a sacred covenant rooted in scriptural authority. The study highlights that the PMC program, as affirmed by clergy members, presents marriage as a sacred institution rooted in biblical doctrine. Participants are introduced to teachings that emphasize the covenantal nature of marriage, the theological significance of becoming "one flesh," and the moral foundations of love and courtship. These teachings are anchored in scriptural texts such as Genesis 2:24 and Matthew 19:5 - 6, which frame marriage as a divinely instituted union (King James Bible, 2017). Thus, marriage, as presented through PMC, functions as a spiritually mediated institution. It reorients personal identity and relational responsibilities through a framework of divine accountability and covenantal unity.

Sub-theme 3: Marriage Legislation by the Government. The counsellors also highlighted that PMC couples are educated on Government requirements. One counsellor noted that:

"*Government requirements, for example announcing marriage bans and pastor to have a date of the wedding before joining the couple*" (Couns02).

Analytical Memo. Counsellors have indicated that PMC encompasses education regarding governmental regulations and underscores a dual obligation to both spiritual and legal authorities in the context of marriage. It stresses a comprehensive understanding of marriage as both a sacred covenant and a civic institution. Furthermore, it illustrates that PMC programs not only equip couples for the relational and spiritual dimensions of marriage but also guarantee adherence to government regulations. This legal framework ensures that participants grasp the

institutional responsibilities associated with marriage, including the requirement of a government issued certificate for rights related to succession, benefits, and legal recognition. The study subjects affirm that marriage preparation should encompass not only emotional, relational, and doctrinal readiness but also the administrative realities that protect the couple's future within the wider legal framework.

Theme 2: Creating Self and Spousal Awareness. Two sub-themes emerged from this theme namely marriage dynamics awareness and awareness about past relationship.

Sub-theme 1: Marriage Awareness. The participants highlighted that PMC program promotes self-awareness among premarital couples concerning the nature of marriage and their eventual roles in marriage. As a preliminary stage to having a family, one counsellor reported regarding PMC: *"gives them a glimpse of what marriage is all about"* (Couns01). As per the beneficiaries of PMC, *"the program assists couples in comprehending their partners, the essence of marriage, the motivations behind marriage, potential challenges they may face, effective communication within the marriage, and the development of conflict resolution techniques"* (Benef03, 07, 09, 011, 014, 016, 019). When inquired about the ways in which PMCs bolster future marriages, the concept of self-awareness and awareness of one's spouse was highlighted by the remarks of a clergy member who expressed that: "*individuals enter into marriage with a certain level of understanding; however, they receive assistance in comprehending their own identities and perspectives towards their partners. They are also guided in valuing effective interaction and are provided with knowledge about their future direction and the essence of the marriage institution, thereby enabling them to make well-informed choices"* (Clergy04).

Some counsellors observed that PMC contributes to self-awareness on their personal strengths and weaknesses and the need for cultural change given the anticipated new relational dynamics in a family. The views are supported by the counsellors' responses about the advantages of PMC highlighted as follows: "*creation of self-awareness since couples are supported towards knowing who they really are in terms of the strengths and areas of growth"* (Couns02). Couns02 also remarked: "*culture- they are assisted in gaining awareness so that they comprehend the culture they are entering into*" (Couns02). Thus, the awareness generated assists couples in mentally preparing for their upcoming marriage and building resilient marital foundations.

A participant in the PMC program indicated that PMC assisted them in managing their expectations. She observed, "*it provided me with insights into managing my expectations. I was able to reflect or engage in a thought process regarding why I am marrying her*" (Benef08). The counsellors also observed that couples come to understand that they are equal and unique partners, and the PMC environment fosters mutual knowledge. Two responses from counsellors regarding spousal awareness are emphasized as follows: *"… learning they are all equal and unique partners…"* (Couns02); *"…time factor- able to learn about each other before they get to the marriage. They are able to learn so much within the sessions"* (Couns07). The awareness generated encourages couples to set aside their differences and collaborate as a team.

Analytical Memo. The responses highlight that PMC promotes both self-awareness and relational awareness. Understanding the new culture allows couples to sustain healthy relationships and effectively manage marital conflicts. The mention of 'informed decisions' emphasizes that PMC plays a crucial role in fostering mutual and

sound choices that enhance understanding and minimize conflicts within a family. This awareness aids couples in making constructive decisions regarding marriage and family issues. The study data reveals that PMC encourages both self-awareness and spousal awareness by assisting couples in reflecting on their identities, expectations, and interpersonal dynamics prior to marriage. Through organized sessions, PMC participants gain insights into their strengths, cultural backgrounds, and relational roles, which facilitate informed decision-making and conflict resolution. The counsellors clearly stated that developing awareness of oneself and one's partner prepares couples to enter marriage with realistic expectations, shared values, and the interpersonal skills essential for a resilient family life.

Sub-theme 2: Awareness of Unresolved Past Relationships History. The need for awareness of unresolved experiences from past relationships or marriages emerges as concerns among premarital couples during their PMC sessions. One of the key questions posed by a counsellor respondent to clients includes: "*past relationships- are there kids? Was there closure with past romantic relationships? Are there unresolved issues? Are they coming from a rebound*?" (Couns02). However, matters related to blended families are predominantly sensitive yet frequently neglected in counselling. A clergy respondent provided insights concerning blended families: "*you do not want to touch because of the sensitivity...*" (Clergy01). When questioned about topics that were overlooked, one of the counsellors remarked: "*past baggage- not covered because there's a lot that happens in the family of origin*" (Couns02).

Analytical Memo: The study participants underscored the need for handling significant past relationship issues to prevent them from overshadowing future marriages. However, these sensitive matters are often evaded, turning into potential

pitfalls for marriage, as unresolved issues from one's upbringing can surface in marital and family dynamics, ultimately jeopardizing marriages. The research highlights the critical need to confront unresolved past relationships and marital histories during PMC sessions. In particular, the PMC providers (counsellors and clergy) observed that discussions surrounding blended families, emotional baggage, or previous romantic relationships are frequently sensitive and sometimes neglected, yet they hold considerable consequences for the stability of future marriages. This avoidance may arise from discomfort or the lack of structured frameworks within PMC programs to facilitate these conversations. Therefore, incorporating trauma-informed strategies and organized discussions about past relationships would enable couples to establish trust, encourage emotional closure and relational transparency, and cultivate strong marital connections.

Theme 3: Family Roles and Responsibilities. The subject of gendered family roles and responsibilities emerged as a significant area of concern in the majority of PMCs. The PMC providers and beneficiaries noted the importance of establishing boundaries and clarifying roles and responsibilities within marriage to prevent feelings of betrayal, disappointment, and confusion. A clergy elaborated: *"... marriage enrichment within the follow-up, family priority, the family tree, boundaries, friends and guarding oneself and spouse and understanding oneself"* (Clergy03). When asked about the specific topics addressed during PMC sessions, a counsellor noted that discussions often include child related matters such as naming practices. He observed: "*child naming, and rearing in marriage*" (Couns02).

Furthermore, the clergy underscored the significance of adaptability in managing household and diverse family responsibilities, including parenting. In response to inquiries regarding the specific topics addressed during PMC sessions,

clergy members pointed out that couples are led through conversations about marital roles, duties, and functions, in addition to essential elements of parenting within the framework of marriage. Here are some of the responses they gave: "*parenting and child rearing"* (Clergy01). Another clergy offered: "*a ten-week programme on topical coverage: Biblical foundation of marriage; sexual purity in courtship, African traditions and marriage (dowry negotiations and traditional marriage rites), planning for the wedding, parenting, culture and marriage; roles and responsibilities in marriage; communication and conflict resolution, sexual intimacy, financial stewardship, parenting and guardianship, financial management; sexual and reproductive health*" (Clergy03).

Participant beneficiaries reported gaining clarity on expectations they had not previously considered, particularly regarding gendered roles, spiritual leadership, and relational functions within marriage. When asked about the advantages gained from the PMC sessions attended prior to marriage, some beneficiaries replied: "*spouse roles and responsibilities especially on financial management*" (Benf08); "*it prepared me psychologically for some of the things I had not thought of during courtship. For example, the issue of the roles that I am expected to do as a wife*" (Benef011); "*the lesson on roles and responsibilities came out strongly and encouraged me to up my game in being the priest, protector, provider, and prophet in my family*" (Benef016); "*how to deal with misunderstanding without involving others*" (Benef017).

The PMC teachings also foster a mutual understanding among spouses on the roles they are required to play in the family. A male beneficiary remarked: "*the lesson on roles and responsibilities was particularly meaningful"* (Benef02). A female PMC beneficiary commented: *"I got to appreciate my spouse's preferences and my*

roles as a wife" (Benef06). Both the PMC providers and beneficiaries expressed a clear understanding that roles and responsibilities must be thoroughly addressed in PMC to enhance the capacity of marital couples to fulfil the needs within their marriages.

Analytical Memo. The topic of family roles and responsibilities emerged as a prominent theme during the PMC sessions. Specifically, couples are confronted with expectations pertaining to gender-specific roles and responsibilities. The participants recognized the need for adaptability and the significance of intentional preparation when assuming both familiar and unfamiliar family roles. The responses from the study demonstrated that PMC is vital in broadening couples' understanding of their future household responsibilities. The roles of females or wives are frequently encouraged to encompass all domestic and relational expectations, while males or husbands are urged to take on leadership roles that include spiritual, emotional, and material aspects within the family unit. This preparation based on roles is crucial for cultivating accountability, resilience, minimizing conflict, and improving long-term marital satisfaction. The PMC should advocate for a comprehensive perspective on marital roles, motivating couples to view marriage as a partnership rooted in mutual respect, shared responsibilities, and proactive involvement.

Theme 4: Communication Skills and Conflict Resolution. Another prominent theme that emerged from the narratives of the study respondents was communication skills and conflict resolution, derived from two sub-themes. The first relates to the sources of conflicts, whereas the second emphasizes conflict resolution skills.

Sub-Theme 1: Origins of Conflicts. Participants noted that couples are educated about the sources of conflicts, which encompass matters concerning

children and parents. When asked about the benefits of PMC, a counsellor remarked: "*an eye-opener- children and parents can interfere with marriage. PMC helps them to have a wider view in marriage. It makes them know the glue that can bind them together during fights*" (Couns02). The respondents highlighted the following sources of conflict: miscommunication, unfulfilled expectations, personality differences, and diverse backgrounds, disparities in spending habits, unrealistic anticipations, and self-serving ambitions. These sources are further substantiated by the responses of counsellors and clergy about the common issues that premarital couples report during their premarital counselling sessions: *"misunderstandings because of the different expectations and background"* (Couns011); *"personality differences; that is, not understanding why the other behaves the way they do"* (Couns012); *"financial goals and expectations- one could be a spender; the other could be good in budgeting"* (Couns012) and *"they have unrealistic expectations of the partner and the marriage; they think singularly and selfishly"* (Clergy01). The interventions or conflict resolution skills helps bring couples together during disputes. Collectively, these accounts illustrate that conflicts often stem from unmet expectations, personality differences, and external influences. It reinforces the need for PMC as a preventive intervention that equips couples with conflict resolution and communication skills.

Analytical Memo. The PMC establishes a robust family foundation by offering beneficiaries insights into the significance of effective communication and decision-making, along with skills for conflict resolution. The study participants observed that marital conflicts often stem from unfulfilled and unrealistic expectations that they may hold upon entering marriage, communication misunderstandings, unmet desires, differing spending habits, and diverse backgrounds. Consequently, a typical PMC should highlight these sources of conflict

and suggest proactive strategies to prevent disputes. The study confirmed that PMC provides couples with a more comprehensive understanding of the origins of conflict, particularly those that are rooted in family dynamics, personality differences, and mismatched expectations. The PMC providers collectively identified misunderstandings in communication, financial behaviours, and unrealistic ideals as frequent triggers of conflicts, emphasizing the necessity for their resolution to ensure marital stability. Therefore, PMC promotes relational maturity and equips couples to handle inevitable tensions with empathy and resilience.

Sub-Theme 2: Conflict Resolution Skills. In addition to highlighting the origins of conflicts, the findings indicated that PMC practitioners assist couples in acquiring skills for conflict management, communication, openness, empathy, honesty, establishing realistic expectations, forgiveness, intimacy, collaborative parenting, and the distribution of roles and responsibilities. When inquired, "What benefits did you derive from the premarital counselling sessions you attended prior to your marriage?" A beneficiary responded: *"premarital counselling sessions have helped me a lot because we were taught aspects of communication, being open to each other, being honest, how to deal with misunderstandings without involving others, solving our conflicts, how to deal with the aspect of finance, forgiveness, intimacy, mutual parenting and sharing of roles and responsibilities"* (Benef01). Another beneficiary added: *"helped me to be truthful, to tackle all unsolved issues, also to know good communication is essential"* (Benef03). The findings demonstrate that PMC equips couples with conflict resolution skills ranging from communication and empathy to collaborative parenting and role distribution. These practical skills and competencies are necessary to effectively address marital challenges and sustain healthy relationships.

When asked about the ways in which PMC aids in fortifying future marriages, the clergy's responses regarding conflict management skills encompassed: *"...provides insight into the nature of the marriage institution; individuals acquire tools for navigating marriage through effective communication and conflict resolution skills, while foundational rules for marriage are established to manage relationships in a mature manner"* (Clergy03). *"...skills in communication (articulating thoughts rather than remaining silent, engaging in open dialogue, striving to resolve conflicts, and identifying issues without assigning blame); conflict and conflict management (various styles of conflict resolution, procedural steps, and the origins of conflict) ..."* (Clergy02). The results suggested that marital disputes can arise from signals that suggest infidelity. The counsellors highlighted the necessity of setting boundaries with individuals outside of a marriage to distinctly outline those relationships. Moreover, understanding each other and appreciating personality differences forms a basis for relationships. A counsellor noted: *"boundaries with people outside marriage relationship should be clearly marked"* (Couns2).

Communication, the emotional atmosphere, awareness of background, personal attributes, and cultural differences, including education level, age, gender, dreams, and religious beliefs, were highlighted as critical in addressing past wounds and unresolved issues. Counsellors also reported discussing *"leaving and cleaving"* (Couns01), *"intimacy"* (Couns05, 09), and *"conflict resolution."* (Couns04). Additionally, the findings suggested that mutual growth and consultation are essential skills for minimizing conflicts in marriage. A counsellor commented: *"enhancing intimacy which ensures you are not the only one who's growing. When you want to go back to school, consult your spouse"* (Couns09).

Analytical Memo. Conflict resolution skills function as crucial resources that

empower couples to confront ongoing, current, and persistent conflicts. This empowerment enables couples to escape deadlocks, gridlocks, and feelings of being trapped. Moreover, the ability to resolve conflicts provides couples with opportunities for both personal and marital growth. The study reveals that PMC equips couples with a comprehensive range of conflict resolution skills, from open communication and empathy to boundary-setting and mutual consultation. These skills are not only conveyed as theoretical principles but are also integrated into practical situations such as managing finances, navigating intimacy, and resolving misunderstandings without external involvement. The PMC beneficiaries and clergy have noted that learning to express thoughts, listen actively, and approach disagreements without blame promotes emotional safety and relational maturity. Furthermore, PMC encourages couples to recognize personality and cultural differences as relational assets rather than sources of division. By advocating for shared decision-making and proactive communication, PMC lays the foundation for resilient marriages that can adapt to evolving challenges and sustain long-term harmony.

Theme 5: Personality and Character. This theme was inferred from a sample population of clergy and counsellors, underscoring the importance of recognizing personality temperaments, character and background in the context of marriage preparation. A clergy remarked: *"helping them to appreciate* t*emperaments helps in self-awareness and other understanding*" (Clergy02). A counsellor added: *"getting to know whom they are getting married to; background and temperament"* (Couns01). These insights highlight that personality and character, shaped by temperament and background foster self-awareness, mutual understanding, and informed partner selection.

Analytical Memo. The issue of personality and character development emerged as a vital area of focus during PMC sessions, particularly concerning self-awareness and interpersonal insight. These findings indicate a concerted effort within PMC to educate couples on personality and character development, aiming for compatibility and sustainable relational adaptability. Consequently, self-awareness and valuing a partner's character are crucial for relational harmony and long-term compatibility. The research emphasizes that PMC plays a significant role in guiding couples to explore personality traits and temperamental differences as part of their marital preparation. Clergy and counsellors have observed that understanding one's own nature and recognizing a partner's background cultivates emotional intelligence and relational empathy. Based on the empirical data, PMC programs should integrate structured modules that aid couples in identifying their personality profiles, reflecting on compatibility, and developing strategies for managing differences. Such sessions can enhance self-awareness, decrease conflict stemming from temperament clashes, and foster long-term relational flexibility, endurance, and marital harmony.

Theme 6: Religion, Christianity, and Spirituality. The consensus among all four clergy members was that spouses should represent a paradigm of shared responsibility and spiritual unity in marriage (Clergy 01, 02, 03 & 04). A PMC beneficiary (Benef05) cited one of the often-quoted scriptures for creating a solid foundation for marriage. She commented: *"the premarital counselling sessions prepared me well for marriage by deepening my understanding of its biblical foundation (Ephesians 5:21-33) and equipping us with practical skills like communication, conflict resolution, and financial planning. They also helped us align our expectations and spiritual journeys, laying a strong foundation for a Christ-centered marriage"* (Benef05).

The clergy also emphasized the spiritual aspects addressed in the PMC. Among the recommendations that the clergy suggested for incorporation into the PMC were: *"family and ministry, spirituality in marriage, and the impact of religion on partner selection."* When asked about the subjects addressed in the PMC, one clergy stated: *"establishing a Christian family by creating a family altar, engaging in bible study, and including everyone in the family, as well as fostering a covenant relationship that begins with God and persists even when challenges arise"* (Clergy02). The clergy also observed that among the challenges they encounter are couples who belong to different Churches or religious traditions. When inquired about the prevalent issues raised by premarital couples during their PMC, a clergy and a counsellor remarked: *"inter-religious or faith-related matters necessitate a dialogue on reconciling faith differences and determining the most suitable Church for nurturing their faith"* (Clergy07). *"Variations in beliefs and values are common challenges presented by premarital couples during their PMC sessions"* (Couns11). The participants emphasized the importance of fostering Godliness within the context of their marital practices. One beneficiary remarked: "*they also assisted us in aligning our expectations and spiritual journeys, thereby laying a solid foundation for a Christ-centred marriage*" (Benef13).

Analytical Memo. Spirituality as a fundamental element of family life and an essential resource for family well-being emerged as a critical study outcome. There is a pressing need for shared religiosity and spiritual alignment to achieve marital stability and satisfaction within Christian families. These findings emphasize the role of PMC as a transformative environment that shapes spiritual aspirations. The results indicate that PMC acts not only as a relational and practical guide but also as a space for spiritual formation, where couples are prepared to cultivate Christ-centred

marriages. The importance of shared spiritual practices such as prayer, Bible study, and covenant-making was underscored by both PMC providers and beneficiaries as fundamental to marital resilience. Consequently, PMC programs should purposefully integrate modules that address both spiritual alignment and interfaith dynamics. This includes providing opportunities for couples to explore doctrinal compatibility, create shared rituals, and navigate theological differences with empathy and clarity. By doing so, PMC can more effectively support diverse couples in developing spiritually grounded, resilient, and inclusive marital relationships.

Theme 7: Financial Management. The study pariticipants also pointed out that financial management is a common topic of discussion in PMC sessions. The phrases used by PMC providers and beneficiaries in relation to financial management included: financial management, financial stewardship, money matters, financial issues, financial matters, and investment. A counsellor indicated the importance of achieving financial stability beyond just weddings. In response to the issues raised during PMC, a counsellor responded: *"how to prepare for the wedding day, for instance some invest a lot in the wedding and forget to invest in what is needed for the marriage"* (Couns02). Another counsellor offered: *"finances in particular budgeting since some come from families where they are supporting others"* (Couns02).

Although financial management is essential, certain counsellors opt to steer clear of this topic, believing it to be a sensitive matter. When inquired about subjects they do not address that are significant for premarital couples, a counsellor responded: *"financial management and budgeting noting issues of money are very sensitive. There are differences in financial values, spending habits and money goals*

(Couns04). Another counsellor offered: *"career people change careers, and this can lead to a lower income, which can lead to struggle in power dynamics"* (Couns05).

Analytical Memo. The significance of financial planning through budgeting and prudent financial spending in marriage was brought out. Finances act as essential resources for fulfilling family requirements; therefore, couples need to recognize their income sources, understand their spending behaviours, support each other in managing bills and financial duties, and foster a culture of accountability. Attaining financial stability is a goal that couples should pursue throughout their life journey. The research findings indicate that financial management is not merely a practical issue but also a relational one, intricately linked with power dynamics, gender roles, and obligations to extended family. The outcomes suggest that PMC programs should broaden their financial modules to encompass discussions on financial transparency, shared accountability, and the emotional consequences of income fluctuations. Couples ought to be encouraged to create joint financial plans that address both practical necessities and relational equity. Openly discussing these matters during PMC can promote mutual respect, minimize future conflicts, and empower couples to handle financial transitions with clarity and collaboration.

Theme 8: Tradition and Cultural Dynamics. The essential ideas pertaining to tradition and cultures include intercultural marriages and diverse cultural aspects of marriage, such as female genital mutilation (FGM). Three subthemes arose: Family of origin Genograms, African marriage traditional practices, and established traditional regulations.

Sub-theme 1: ***Family of Origin Genograms***. The counsellors observed that dating couples need to be aware of the genograms of their families of origin and the type of family background they come from. When asked about suitable content for

PMC, a counsellor responded: *"use of family maps to bring out family patterns"* (Couns05) and another counsellor observed that: *"family of origin genograms helps to bring out the kind of family one is coming from"* (Couns07).

Analytical Memo. The FOO genogram act as a diagnostic instrument for identifying inherited patterns, including character traits, habits, or emotional connections that may present relational risks within a family system. By utilizing genogram analysis, counsellors aim to assist couples in tracing relational patterns, inherited values, and intergenerational dynamics that could affect future marital functioning. The findings confirm that genogram analysis is an essential tool in PMC, providing couples with a structured approach to examine their FOO and reveal inherited relational patterns. The counsellors observed that genograms aid in recognizing emotional legacies, behavioural tendencies, and intergenerational dynamics that may impact marital functioning. By mapping family histories, couples become aware of inherited conflict styles, attachment patterns, and emotional expectations. These insights facilitate proactive intervention before such dynamics lead to marital strain. The findings indicate that PMC practitioners ought to integrate genogram exercises early in the counselling process and such sessions assist couples in finding relational risks, examining cultural and spiritual legacies, and formulating strategies for emotional dysregulation.

Sub-theme 2: African Marriage Traditional Practices. The sub-theme relates to domains such as dowry negotiations and traditional marriage rites as noted by a clergy who stated that: *"African traditions and marriage dowry negotiations and traditional marriage rites are part of the process"* (Clergy02). Other phrases used related to traditions and culture included, "*intercultural marriages*" (Couns08) and "*culture practices like female genital multilation (FGM)*" (Couns11). Counsellors

noted that specific cultural dynamics were identified as being overlooked by certain clergy members due to their sensitive nature. These cultural practices continue to exist in numerous societies, driven by myths and misunderstandings, including the notion that FGM is crucial for the transition from childhood to adulthood. One counsellor commented: *"it is crucial to dispel myths surrounding marriage"* (Couns10).

Analytical Memo. The sub-theme regarding traditional marriage customs in Africa relates to the widely acknowledged discussions surrounding cultural rites, which encompass dowry negotiations and customary marriage traditions. These practices are essential elements of African marital identity, and PMC should explore the importance of safeguarding cultural heritage while also addressing harmful traditions such as female FGM. Consequently, PMC ought to create a platform for challenging misconceptions and re-evaluating outdated or detrimental norms within a structured and thoughtful environment. The results indicate that traditional African marriage practices, including dowry negotiations, rites of passage, and culturally ingrained gender roles, remain pivotal to how couples envision and prepare for marriage. Although these customs are deeply embedded in communal identity, they often carry symbolic significance that can either fortify or weaken marital relationships. As highlighted by clergy and Churches, PMC must function as a venue where couples can critically engage with these traditions, striking a balance between cultural continuity and ethical reform.

The PMC practitioners should be prepared to facilitate respectful discussions on sensitive cultural matters, such as intercultural marriages, evolving gender expectations, and inherited rituals. This involves dispelling myths, advocating for informed consent, and motivating couples to align cultural practices with shared

values and ethical principles. To improve relational stability and cultural awareness, PMC programs ought to incorporate modules that examine the historical and symbolic importance of traditional practices while providing frameworks for ethical decision-making. This strategy enables couples to respect their heritage without being constrained by harmful norms, promoting marriages that are both culturally rooted and emotionally secure.

Sub-theme 3: Traditional Family Roles. The sub-theme of traditional roles was also evident and linked to the typical duties of a wife engaging in household tasks, including cooking and cleaning, while men act as the main providers. A counsellor offered: *"the roles they will play may come from traditional expectations. For example, a wife may expect to sit back and let the man take the financial role"* (Couns02).

Analytical Memo. The established roles concerning the allocation of household tasks in relation to financial duties emerged as an expectation that partners may not clearly communicate during their courtship. This idea is closely associated with earlier themes of power dynamics and gender conflict, particularly when traditional expectations conflict with modern ideals or personal goals. These customs may later result in disagreements when one partner feels overwhelmed or limited by inherited role expectations. Therefore, PMC should advocate for couples to engage in open discussions about their role preferences and negotiate responsibilities in ways that demonstrate mutual respect and adapt to evolving social realities.

The findings indicate that traditional gender roles, where men are expected to provide financially and women to oversee domestic responsibilities, remain deeply rooted in marital expectations across numerous cultural contexts. As noted by Churches, these roles are often taken for granted rather than explicitly addressed,

which can lead to misaligned expectations and relational strain. From the findings, PMC programs must progress beyond merely reinforcing traditional role expectations and instead facilitate open dialogue regarding role flexibility, shared responsibilities, and changing gender norms. Couples should be encouraged to articulate their values, ambitions, and practical needs, allowing them to collaboratively create a relational model that reflects mutual respect and adaptability.

Theme 9: Sex, Sexuality, and Family Planning. This theme was consistently stressed among all categories of respondents (PMC practitioners and beneficiaries) as a fundamental aspect of PMC. When asked of the topics or content covered during PMC, the counsellors' responses encompassed: "*premarital sexual expectations" (*Couns02; Couns05*),* "*sexual purity*" (Couns03), "*sexual intimacy*" (Couns05), and decisions regarding the *"number and spacing of children."* (Couns019). The counsellors recognized that subjects pertaining to sexual intimacy and reproductive planning are discussed during PMC, albeit with caution due to cultural sensitivities. For instance, regarding topics covered during PMC, a counsellor noted that couples feel uncomfortable with issues related to sexuality: "*intimacy and sexual expectations – they feel very uncomfortable*" (Couns05). Besides, a counsellor noted that they often avoid this subject due to feelings of awkwardness and discomfort. A counsellor observed: "*Intimacy and sexual expectations make one feel very uncomfortable*" (Couns02). The responses suggest that PMC counsellors recognize the importance of sexual life within marriage. Nevertheless, it remains essential to handle these topics carefully, as they embody profound emotional and cultural sensitivities.

The clergy responses also emphasized that PMC content addressed topics such as sexual purity, intimacy in marriage, and various elements of family planning.

One clergy respondent summarized the essential areas as follows: "*finance, sex and intimacy, spirituality in marriage, parenting*" (Clergy01). Another clergy outlined a comprehensive ten-week curriculum that incorporated sexual and reproductive health, intimacy, and planning for marriage and family life: "*a ten-week programme on topical coverage: Biblical foundation of marriage; sexual purity in courtship, African traditions and marriage (dowry negotiations and traditional marriage rites), planning for the wedding, parenting, cultural and marriage; roles and responsibilities in marriage; communication and conflict resolution, sexual intimacy, financial stewardship, parenting and guardianship, financial management; sexual and reproductive health*" (Clergy02). A third clergy added further emphasized on practical and emotional preparation: "*family planning; personality temperaments; honeymoon and expectations; Parenting*" (Clergy03). These responses illustrate that the clergy integrate moral guidance on sex, sexuality, and family planning during PMC, ensuring that couples are adequately prepared spiritually and emotionally for marital intimacy and family life.

Almost all beneficiaries also pointed out that sex and sexuality were significant and memorable facets of their PMC experience. Their reflections suggest that these matters were addressed alongside other relational themes and were considered important for their marriage preparation. Some PMC beneficiaries noted: "*communication/ sex and sexuality/ roles and responsibilities*" (Benef01); "*sex and sexuality*" (Benef01); and "*communication/Conflict resolution/Sex and sexuality/Intimacy/Finances Personality /Roles and responsibilities/Parenting*" (Benef05). These responses suggest that beneficiaries appreciated the incorporation of sexual and reproductive subjects as essential for comprehending marital dynamics and expectations.

Among all participants in the study, there was consensus that sex, sexuality, and family planning are crucial elements of premarital counselling. The counsellors handle these subjects with care, while clergy provide organized and faith-oriented guidance, and beneficiaries recognize their significance in marital life. This alignment positions the necessity of upholding a respectful and thorough approach to sexual and reproductive education in PMC. The indentified reproductive health topics are outlined in Figure 11.



Figure 11: Radial Chart Showing Reproductive Health Lessons Taught at PMC

Analytical Memo. The subject of sex, sexuality, and family planning has emerged as a primary concern among all study participants, underscoring its essential role in preparing for marriage. The results indicate that sexual and reproductive issues are vital to maintaining marital stability, fostering emotional connections, and ensuring long-term wellbeing. These findings confirm that sex, sexuality, and family planning are not secondary issues but rather fundamental elements of married life that necessitate intentional focus during PMC. Participants emphasized significant aspects such as intimacy, sexual expectations, reproductive health, and child spacing, each of which has repercussions on emotional bonding, conflict resolution, and overall

marital satisfaction. Addressing these topics empowers couples to confidently navigate the sexual and reproductive facets of marriage with mutual respect and informed decision-making. In light of these insights, PMC programs should incorporate structured modules on sexual and reproductive health, presented within culturally and spiritually sensitive frameworks. This should encompass guidance on marital intimacy, fertility planning, and shared expectations regarding sexual behaviour. In instances where facilitators may lack sufficient expertise, collaborations with qualified health professionals should be considered to guarantee accurate and respectful communication. Such discussions equip couples to foster healthy, satisfying, and lasting marital relationships.

Theme 10: Social Life, and Modernism. Some PMC practitioners indicated that they addressed topics in PMC such as *"marriage and modernity"* and *"challenges in contemporary marriage."* The concepts associated with this theme encompass *"relationship with friends, interests and activities, and honeymoon."* Insights from a clergy highlighted the cultural transformations influenced by modernism and educational progress, as well as the social aspects of discovering personal hobbies. A clergy stated: *"…cultural differences like backgrounds affect marriage including religious, education backgrounds, personal hobbies, age difference, social status and economic standing, career"* (Clergy04). There was evidence pointing to the fact that PMC should collaboratively aid in constructing a firm foundation that is both joyful and sustainable. A counsellor offered: *"helps couples to build a firm foundation for a successful and fulfilling marriage" (Couns02).* Another counsellor added: *"finding a happy and fulfilling marriage"* (Couns03*).* Ultimately, fostering a strong family foundation contributes to the

enhancement of the social fabric. A counsellor commented that: *"PMC strengthens families, Churches, and society…"* (Couns07).

Analytical Memo. The notion of social life and modernism exemplifies how evolving social norms, educational prospects, and individual preferences are reshaping expectations in contemporary marriages. Modernism has motivated individuals to actively seek happiness and self-fulfilment. Consequently, marriage today is not merely for procreation or following familial and cultural customs; instead, its main objective is to attain personal satisfaction. The counsellors have observed that discussions surrounding friendships, personal interests, and honeymoon arrangements are now integral to PMC conversations (Couns07 & 12), while clergy have highlighted the influence of cultural variances, social standing, and personal growth on marital compatibility (Clergy04). These viewpoints signify a wider acknowledgment that marriage in the present day transcends being merely a cultural or religious institution; it is also a venue for personal fulfilment and collective development.

This indicates that PMC programming should prioritize enhancing marital contentment in the face of modernism's challenges and the diversity of religious and social cultures. The results confirm that contemporary social factors, including educational achievements, personal interests, friendships, and career aspirations, are becoming increasingly significant in how couples view marriage. The PMC programming ought to include modules that examine the realities of contemporary life, such as managing friendships, balancing personal passions with marital duties, and addressing cultural and educational disparities. Such discussions should be approached from a value-based perspective that honours traditions while preparing couples to establish adaptable, empathetic, and lasting marital foundations. By

adopting this approach, PMC can sustain its relevance and effectiveness in equipping couples for the intricacies of modern marriage.

Discussion of Thematic Analysis: Contextualized PMC Themes

Theme 1 – Marriage Institution and Legislation. This theme frames marriage as a many faceted institution fashioned by cultural transitions, spiritual beliefs, relational expectations, and legal frameworks. According to the findings marriage is seen not only as a private arrangement but also as a socially and legally structured institution rooted within cultural and religious paradigms. This aligns with studies that cconstrue marriage as a life changing social milestone impacted by culture, spirituality, and social structures (Gabriel et al., 2024; Lebese et al., 2022). Participants linked efficacious marital coaching with biblical teachings and help, particularly Proverbs 11:14, which emphasizes the value of wisdom and counsel in decision-making process, alongside legal recognition through marriage certification (King James Bible, 2017). These outcomes match the constructivist grounded theory viewpoint that meanings surrounding marriage are socially constructed through lived experiences and contextual realisms.

Sub-theme 1: Marriage as a Transitory Stage of Life. The study outcomes view marriage as a developmental transition that rebuilds personal identity, social positioning, and interpersonal responsibilities. Respondents understood marriage as a passage from individual-centred identities into socially accepted marital roles such as wife, husband, father, mother and in-law. This outcome correlates with Njiru and Muyunga's (2022) position that marriage marks an important transition in life associated with companionship, social obligation, and relational adjustment. Equally, Lebese et al. (2022) define marriage as an important evolving milestone that remodels social expectations and relational obligations. The shift into marriage thus

arise not only as an interpersonal event but as a culturally- based transition of identity and social belonging.

The findings also affirm the constructivist grounded theory viewpoint underpinning this study, which holds that meanings and identities are interpersonally created through lived experiences and interpersonal interactions. Respondents' stories proved that marriage ushers in new interpersonal dynamics and expectations that reshape gendered roles, family obligations, and social encounters. This relates with Adzovie and Dabone's (2021) declaration that marriage within African settings operates as both a cultural and social institution directed by communal expectations and role shifts. The outcomes also reflect the broader literature underscoring marriage as a rite of passage needing affect, relational, and social adjustment to uphold marital stability and satisfaction (Moeti et al., 2024). Accordingly, the study shows the need for PMC programs to sufficiently prepare couples for the mental and relational passage brought about by marriage.

Sub-theme 2: Marriage Institution by the Church. The study outcomes view marriage as a sacredly ordained union grounded in biblical teachings and spiritual stewardship. Clergy respondents continually defined marriage as more than a social or legal union, highlighting its consecrated and covenantal nature via lessons on love, courtship, and becoming "one flesh." This finding match with Adzovie and Dabone's (2021) claim that PMC within African Church settings is essentially rooted in faith doctrine and pastoral guidance. The traditions also reflect scriptural grounds such as Genesis 2:24 and Matthew 19:5–6, which look at marriage as a lasting union sanctioned by God (King James Bible, 2017). Also, Zhang and Liang (2023) recognized that shared spirituality and religious alignment reinforce marital cohesion, dedication, and relational stability.

The outcomes also support the CGT that informed this study, which postulates that meanings and identities are communally and spiritually created through lived experiences and interpersonal interactions. Through PMC, marriage was framed as a spiritually determined institution that redefines individual identity, interpersonal obligations, and moral accountability within a faith-based frame. This aligns with Moeti et al. (2024), who witnessed that church-based PMC curricula often rely on biblical teachings to guide couples toward relational obligation and marital durability. The stress on covenant, "leaving and cleaving," and divine responsibility validates how religious discourse upholds marriage as both a spiritual pledge and a social institution. Largely, the findings recommend that spirituality remains a central systemising framework in PMC and considerably impacts couples' appreciation of marital roles, devotion, and relational expectations.

Sub-theme 3: Marriage Legislation by the Government. The findings depict marriage as a legally controlled institution formed by governmental regulations. Counsellors noted that PMC embraces instruction on legal requirements such as marriage bans, official wedding processes, and certification procedures, showing that marital preparation goes beyond emotional and spiritual preparedness. This outcome agrees with Njiru and Muyunga's (2022) contention that marriage has legal, cultural, and social effects that impact couples' obligations and interpersonal stability. Likewise, Nyamahunge and Pio (2024) revealed that contemporary African marriages progressively operate within intersected religious, cultural, and legal structures. The outcomes thus propose that PMC functions as a holistic readiness process that prepares couples for both spousal commitment and institutional compliance.

Also participants' stories demonstrated that PMC programs socialize couples into appreciating marriage not only as an individualised union but also as a civic

institution linked with legal legitimacy, rights, and obligations. This parallels with Moeti et al. (2024), who argue that successful PMC curricula should incorporate practical and institutional components of marriage training alongside interpersonal and spiritual teachings. The condition for government-issued certification moreover reflects the institutionalization of marriage within modern-day society, mostly about succession rights, benefits, and legal protection. Therefore, the outcomes specify that effective PMC should assimilate affective, spiritual, social, and legal education to satisfactorily prepare couples for modern marital realities.

Theme 2: Creating Self and Spousal Awareness. The findings under this theme show that PMC supports thoughtful appreciation of personal identity, relational expectations and dynamics among couples priming for marriage. Respondents demonstrated that PMC boosted awareness about communication, conflict management, cultural adjustment, and shared obligations thus allowing well thought out marital decisions. These findings correlate with Gichuri et al. (2024), who concluded that self-awareness and self-disclosure fortify emotional attachment and relationship fulfilment. Also, Moeti et al. (2024) attested that effective PMC curricula equip couples with interpersonal abilities that uphold marital resilience. The outcomes further support the Mental Health Literacy (MHL) structure, which identifies awareness and appreciation of psychological and relational processes as requisite for healthy relationships.

Sub theme 1: Marriage Awareness. The findings on marriage awareness support the Acceptance and Commitment Therapy (ACT) perspective, which promotes psychological flexibility, value-based decision-making, and acceptance of interpersonal realisms within close partnerships. Respondents' reflections on appreciating individual strengths, weaknesses, expectations, and cultural variances

establish the importance of self-reflection and adaptive coping in priming couples for marital life. This corresponds with Rajabi and Abbasi's (2020) viewpoint that PMC aids couples in cultivating realistic expectations and informed views regarding marriage. Moreover, the highlight on teamwork, equality, and effective relations reflects Emotionally Focused Couple Therapy (EFCT), which endorses emotional receptiveness and secure bonding within relationships. Therefore, the findings commend that PMC fosters emotional readiness and interpersonal capability among premarital couples.

Sub theme 2: Awareness of Unresolved Past Relationship History. The findings on awareness of unprocessed past romantic relationships and family-of-origin issues may adversely impact future marital stability when overlooked during PMC. Counsellors and clergy agreed that conversations on past relationships and blended family issues are frequently dodged because of their sensitivity despite their relational impacts. These findings agree with Lebow (2022), who found that unsettled emotional stresses and unhealthy relational patterns often heighten marital conflict and mental strain. The findings further corroborate with EFCT and ACT, which emphasize affect awareness, secure connection, acceptance, and mental openness in dealing with painful experiences. As such the findings determine the need for trauma-informed and emotionally receptive PMC strategies that promote interpersonal openness and emotional healing.

Theme 3: Family Roles and Responsibilities. The findings demonstrated that family roles and responsibilities comprised a central component of PMC, with clergy, counsellors, and beneficiaries noticing the need for clarity relating to marital expectations, parenting, financial management, and relationship boundaries. Respondents saw role definition as key in lessening confusion, betrayal, and marital

frustration, mainly within culturally normed gender expectations. These findings match with Gichuri et al. (2024), who found that marital satisfaction is supported when couples are capacity build with communication skills, emotional support systems, and systemised role expectations. Similarly, Moeti et al. (2024) observed that comprehensive PMC programs enhance couples' preparedness for future marital obligations and adaptive functioning within the family system. The findings therefore demonstrate that PMC facilitates psychological preparedness and relational accountability by helping couples negotiate family roles before marriage.

The study as well pointed out that PMC teaching reinforced both customary and collaborative interpretation of gendered family duties. Male PMC beneficiaries generally located leadership roles such as breadwinner, protection, and spiritual guide, while female beneficiaries considered care work, relational care, and domestic duties within marriage. These findings agree with Zhang et al. (2023), who claimed that cultural expectations and gender role socialization noticeably influence marital health and satisfaction. Additionally, the findings support the theoretical suppositions of EFCT and ACT, which lay emphasis on emotional regulation, relationship cooperation, flexibility, and dedication to shared values in close relationships. Lastly, the findings advise that PMC should encourage a well-adjusted and culturally responsive appreciation of marital roles grounded in shared respect, flexibility, shared obligations, and healthy relationship engagement.

Theme 4: Communication Skills and Conflict Resolution. Communication and conflict resolution skills came out as resources for effective PMC since they equip spouses with skills for dealing with marriage issues constructively. The findings of this study indicated that PMC encourages honesty, empathy, forgiveness, and shared problem-solving, which advance marital harmony and stability. These

findings relate to Gichuri et al. (2024) whose findings recognized that effective communication, emotional support, and problem-solving skills enhanced relational quality and reduced conflicts. Also, Fincham et al. (2020) found that empathy and forgiveness promoted relational wellness among couples, while Ngunjiri and Muiru (2021) proffered that active listening and open dialogue largely improve marital stability among newly married couples in Nairobi County. The outcomes also concur with Kanter et al. (2022) outcomes that negative communication patterns lead to relationship dissolution, thus proving the importance of PMC in enhancing positive communication skills.

Sub-theme 1: Origins of Conflicts. This study showed that unrealistic expectations, unproductive communication, personality differences, financial mismanagement, and parental influences were major origins of marital conflict among couples. Respondents offered that many couples go into marriage expecting instant harmony, emotional contentment, and spontaneous compatibility, which later caused discontent and disputes. These findings back Jordan (2022) and Tetteh (2023), who noted that idealized beliefs about marriage, social media influences, and religious fantasy often produced unrealistic marital expectations. The findings align well with Ameyaw et al. (2023) claim that disrespect, disagreements, family meddling, and value variations are leading causes of marital dysfunctions and divorce among young couples. Likewise, Njiru and Muyunga (2022) observed that harmful conflict resolution patterns and pessimism during marriage formation escalate marital dissatisfaction and instability. Nevertheless, unlike previous studies that mainly focused on the consequences of conflict (Ameyaw et al., 2023; Njiru & Muyunga, 2022), the current study established that PMC can proactively prepare couples to identify and deal these sources of conflict before marriage.

Sub-theme 2: Conflict Resolution Skills. Respondents in this study established that respectful communication, previous consultation before making decisions, and transparency in finances and shared childcare brought down conflicts and strengthened marital unity. These findings agreed with Gichuri et al. (2024), who confirmed that communication, emotional oneness, and self-disclosure advance marital satisfaction and relationship stability. Likewise, Uye et al. (2023) found that respectful communication and constructive engagement diminished domestic violence among couples in Lagos State, Nigeria, while Wondimu and Zeleke (2024) proposed that forgiveness and emotional regulation positively influence marital satisfaction. The findings also correlate with Otubah (2024) and Tetteh (2023) findings which found that understanding each other's expectations and practising reciprocal reverence are central in resolving marital disagreements. The current study recommended that PMC serves as a preventive intervention that develops emotional intelligence and relational resilience before conflicts spiral into marital volatility.

Theme 5: Personality and Character. The outcomes on personality and character affirm the necessity of self-awareness and knowledge one's partner during PMC. Respondents indicated that awareness of temperament and family background aids couples understand personality differences and prepare for marital adaptation and compatibility. These findings validate Gichuri et al. (2024), who echoed that emotional awareness and self-disclosure fortify marital satisfaction and closeness among couples. Similarly, Udofia et al. (2021) discovered that PMC upscale closeness, self-esteem, and interpersonal appreciation, showing that personality-focused strategies progress psychological readiness for marriage. The current study thus establishes that personality and character assessment are vital in enhancing emotional regulation, marital empathic stance, and long-term marital harmony.

Further, the dissertation revealed that personality and temperament awareness play the role of preventive mechanisms for reducing marriage conflict and refining versatility in marriage. These findings complement Karimi et al. (2019), who maintained that personality traits, empathy, and dependability greatly impact marital stability and relational adaptability. Likewise, Fincham et al. (2020) related emotional regulation and empathy with healthier marital performance and resilient couple relationships. Nevertheless, unlike many Western PMC models that mostly highlight communication and conflict resolution, this study finds that the African contextual emphasis on family contexts, temperament, and character formation as causes of compatibility. Therefore, the findings confirmed that PMC programs should integrate formalised personality profiling and introspective exercises to bolster couples' relationship elasticity, endurance, and long term marital stability.

Theme 6: Religion, Christianity and Spirituality. The study outcomes on religion, Christianity, and spirituality illustrate the importance of mutual faith and spiritual alignment in upholding marital stability and satisfaction among couples. Respondents observed that PMC reinforced their grasp of Christian marital teachings, mostly shared values, mutual submission, and covenantal relations as depicted in Ephesians 5:21–33. These findings are consistent with Zhang and Liang (2023) study which confirmed that spiritual compatibility is instrumental towards enhancement of marital oneness and relational steadiness among couples. Similarly, Sitek (2023) reported that mutual spiritual engagements such as prayer and worship enhance emotional connectedness, modesty, and commitment within marriage. The findings also uphold Ecclesiastes 4:12, which emphasizes that "a cord of three strands is not quickly broken," thus acknowledging the centrality of God-centred relationships in boosting marital resilience and long-term relational health.

Additionally, the study indicated that spirituality within PMC goes beyond religious instruction to include spiritual formation, family worship, covenant-building, and the management of interfaith differences among couples. These findings correspond with Adzovie and Dabone (2021), who attested that PMC has its roots in Church-based coaching which aimed at enriching marriages through spiritual instruction and moral support. Nevertheless, unlike some Western PMC models that mainly highlight cognitive and communication-based strategies, the present study confirms that African Christian settings robustly incorporate spirituality, biblical teachings, and shared religious practices into marital grooming. The findings also concur with Amos 3:3, who asks, "Can two walk together unless they agree?" underscoring the need for spiritual accord and shared marriage values. Subsequently, the findings purport that PMC curricula should purposely assimilate modules on shared spirituality, interfaith dialogue, family altars, prayer, and doctrinal understanding to strengthen spiritually anchored, inclusive, and durable marriages.

Theme 7: Financial Management. This study finding identified financial handling came to be a central subject within PMC sessions, reflecting its impact on both marriage stability and relational performance. Respondents suggested budgeting, investment, financial handling, and transparency to be key elements of marital grooming. These outcomes concur with earlier studies which revealed that financial resources, spending practices, and economic cooperation considerably ingrain marital satisfaction and stability (Lebaron-Black et al., 2022; Zhang & Liang, 2023). The issue raised by counsellors regarding unwarranted wedding expenditure at the expense of long-term marital needs further agree with Benoit's (2019) contention that financial literacy and budgeting are important aspects of working marital relationships. In addition, the findings are consistent with Udofia's (2021) claim that

PMC should prepare couples with practical life-management strategies essential for durable marriages.

The study also revealed that some counsellors evaded dealing with financial issues because for fear of triggering sensitivity and emotional reactivity, especially where differences in spending behaviours, family obligations, and power dynamics persisted. This outcome is corroborated by literature specifying that financial disagreements are closely connected to conflict escalation, gender expectations, and relational discontent within marriages (Gichuri et al., 2024; Moeti et al., 2024). Hence, the results purport that PMC curricula should move beyond basic budgeting deliberations toward incorporating financial transparency, shared responsibility, and emotional management during economic transitions. Such a method relates with modern-day PMC literature promoting locally responsive and skills-based strategies that bolster communication, partnership, and adaptability among couples (Engl et al., 2022; Lebow, 2022). This study recommends open discussions regarding financial issues during PMC towards lessening marital conflict while safeguarding reciprocal respect, relational equity, and long-term financial prudence among couples.

Theme 8: Traditional and Cultural Dynamics. Three sub themes surfaced including family of origin (FOO) genograms, African marriage traditional practices, and traditional family roles as important cultural aspects within PMC programs. Respondents indicated that these areas shape couples' expectations, relationship actions, and marital adjustment dynamics. The findings propose that culturally receptive PMC should favourably interact with inherited family systems, cultural practices, and gender role expectations to boost marital strength and relational wellbeing.

Sub -theme 1: Family of Origin Genograms. The findings on FOO genograms established that counsellors deemed family mapping as an important diagnostic and reflective tool for aiding couples comprehend inherited relational patterns and emotional legacies. The counsellors identified that genograms assisted couples in detecting behavioural tendencies, attachment styles, and conflict patterns transferred across generations. These findings coincide with Gichuri et al. (2024) study which observed that unattended family experiences and emotional tendencies considerably impact marital health and communication processes. These results specify that genogram analysis reinforces self-awareness and enables couples to forestall interpersonal susceptibilities before they worsen into marital distress. Thus, incorporating genogram exercises within PMC may enhance emotional intelligence, relational insight, and adaptability among couples priming for marriage.

Sub-theme 2: African Marriage Traditional Practices. The sub-theme of African marriage traditional practices brought out continuing impact of dowry negotiations, intercultural marriages, rites of passage, and harmful cultural practices such as FGM within marital priming. Respondents narrated that these practices remain deeply entrenched in communal identity notwithstanding changing social circumstances. These findings agree with Moeti et al. (2024) and Watenga (2023) who argue that PMC curricula in African contexts must deal with cultural realities rather than depending exclusively on westernized counselling approaches. These findings also suggest that some cultural traditions may fortify communal belonging while others propagate myths, inequality, or emotional harm within marriages. Therefore, PMC should provide reflective spaces where couples critically evaluate cultural traditions, challenge harmful beliefs, and align marital practices with ethical values, mutual respect, and relational health.

Sub-theme 2: Traditional Family Roles. The findings on customary family roles confirmed that culturally transmitted expectations regarding domestic and financial obligations continue to shape marital relations. Counsellors observed that lots of couples enter marriage with inherent expectations that men should serve as providers while women administer domestic duties. These findings affirm Zhang and Liang's (2023) claim that gender norms and culturally ascribed family roles pointedly affect marital satisfaction and relational power dynamics. The current study showed that rigid role expectations may create conflict when partners' personal motivations, economic realities, or modern relational values are different from traditional norms. The findings hence suggest that PMC curricula should inspire open compromise of duties, role flexibility, and collaborative decision-making to foster equality, adaptability, and healthier marital relations.

Theme 9: Sex, Sexuality and Family Planning. The findings attest that sex, sexuality, and family planning were considered as key components of PMC by counsellors, clergy, and beneficiaries alike. Respondents prioritised issues such as sexual closeness, reproductive health, child spacing, and sexual expectations as critical areas needing structured guidance before marriage. These outcomes match with Alizadeh et al. (2021), who found that PMC curricula focussing on sexuality, closeness, and reproductive health markedly improve marital fulfilment and emotional attachment among couples. Also, Gichuri et al. (2024) found that marital closeness and open conversations on sexual matters fortify relational attachment and lessen future marital discontent. Yet, unlike some Western studies where sexuality deliberations are openly incorporated into PMC syllabus (Alizadeh et al., 2021; Gichuri et al., 2024), the present findings purport that cultural uneasiness and religious sensitivities linger thus limiting open engagement with sexual topics in

African contexts. This study alludes that PMC practitioners within African localities should balance cultural sensitivity with the need to deliver accurate and practical sexual education capable of strengthening marital wellbeing.

Additionally, these findings confirmed that clergy incorporated sexual and reproductive health debates within spiritually grounded and morally guided PMC paradigms, while beneficiaries prized these deliberations as essential for realistic marital grooming. This observation matches with Zhang and Liang's (2023) supposition that spirituality and relational cohesion are closely interrelated within marriage priming processes. Likewise, Moeti et al. (2024) found that culturally receptive PMC curricula should integrate holistic dialogues on affection, fertility planning, and emotional attachment rather than concentrating wholly on doctrinal teachings. In contrast, studies carried out in Europe and North America tends to frame sexuality primarily through cognitive and humanistic lenses (Moeti et al., 2024; Zhang & Liang, 2023), whereas the current findings position sexuality within communal, moral, and faith-oriented realities. Therefore, integrating structured yet culturally respectful sexual and reproductive health modules within PMC may endow couples to traverse affection, reproductive choices, and marital expectations with sureness, shared respect, and emotional maturity.

Theme 10: Social Life and Modernism. The outcomes on social life and modernism show that modern PMC has progressively moved from a focus on traditional marital responsibilities towards a bigger focus on personal contentment, emotional wellness, and relational adaptableness in modern society. Respondents highlighted themes such as companionship, individual interests, honeymoon expectations, educational backgrounds, career ambitions, and social status as important drivers impacting marital success. These findings correspond with Njiru

and Muyunga's (2022) assertion that globalization, industrialization, and technological advancement have changed the meaning and expectations of marriage, making modern unions more susceptible to unpredictability when couples are incompetently ready for changing social realities. Similarly, Adzovie and Dabone (2021) and Sedek et al. (2022) found that modern PMC should focus on gender expectations, friendship support systems, leisure activities, career goals, and emotional attachment since these aspects considerably shape marital contentment and stability. The clergy members' remarks concerning the effect of educational background, cultural variety, hobbies, and economic standing further reverberate with Zhang and Liang's (2023) outcomes that cultural and social differences affect relational fit and long-term marital cohesion. These findings jointly offer that marriage in modern society is no longer seen merely as a cultural responsibility or reproductive institution, but progressively as an alliance envisioned to offer joy, friendship, emotional support, and self-actualization.

The findings further reveal that PMC providers recognise marriage preparation as a process of helping couples build robust, satisfying, and socially stable unions having capability of adjusting to modern societal pressures. Counsellors offered that PMC assists not only to personal marital contentment but also to the bolstering of families, churches, and society as a whole. These outcomes support Hesbon et al. (2021) and Marang'a (2021), who recognized that PMC enriches conversations, connectedness, commitment, and responsive coexistence, all of which reinforce marital stability and healthier family systems. The findings also coincide with Gichuri et al. (2024), who confirmed that modern marriages require skills such as emotional intelligence, self-disclosure, problem-solving, and adaptive communication for relationship satisfaction amid changing social norms. Besides, the

focus on balancing individual interests, companionship, and marital obligations depicts the growing significance of personal autonomy and psychological contentment acknowledged by Moeti et al. (2024) and Roberts (2023) The implication is that PMC curricula should move beyond purely doctrinal or informational teaching and integrate practical modules focussing on modern relational realisms, comprising managing social networks, navigating career pressures, balancing personhood with couple identity, and dealing with cultural diversity within marriage. By incorporating these modern social aspects with culturally grounded and value-based methods, PMC can remain contextually applicable and more effective in priming couples for durable and nourishing marriages in the modern society.

The findings revealed notable likenesses and variations among PMC beneficiaries, clergy, and counsellors concerning the content and priorities of PMC. Clergy mainly emphasized faith, biblical foundations, covenantal relations, and moral grooming for marriage, whereas counsellors concentrated on mental preparedness, communication, personality evaluation, conflict management, and practical issues such as finances and legal necessities. In contrast, beneficiaries mainly valued the practical and experiential products of PMC, including better communication, appreciating marital roles, affection, parenting, and emotional intelligence for marriage. Contradictions surfaced where counsellors and clergy admitted to the value of discussing sensitive matters such as sexuality, blended families, addictions, and unsettled past relationships, yet many confessed that these areas were often evaded because of uneasiness, cultural sensitivity, or lack of structured methods. Likewise, clergy powerfully endorsed post-marital support and spiritual compatibility, but the findings discovered inadequate systematic follow-up structures after marriage. These

differences specify that though all participant groups considered PMC as vital for marital stability, their viewpoints varied based on their spiritual obligations, professional orientations, and lived marital experiences, thereby revealing gaps between endorsed PMC content and its actual implementation.

The Processes, Interventions, and Delivery of Existing PMC

The second objective of the study was to discover the processes, interventions, and delivery of existing PMC in selected institutions within Kiambu and Nairobi counties. To understand how PMC is operationalized within selected institutions in Kiambu and Nairobi Counties, the study first examined the counselling processes and interventions currently in use. Specifically, this section has covered the following themes that surfaced: counselling theories applied in PMC, the PMC programs assessment tools, delivery of content, beneficiaries' satisfaction levels and suggestions for improvement, and guidelines and protocols for PMC delivery.

Counselling Theories Applied in PMC

A counsellor noted: "*cognitive behavioural theory –wrong thoughts lead to wrong emotions and eventually wrong actions. How couples behave started way back from the mind level*" (Couns01). A different counsellor underscored the significance of CBT, which prioritizes internal self-awareness and mental processing. This framework assists couples in gaining insight into themselves before confronting relational issues: "*cognitive theory – it is all about understanding self from the inside. If couples can be able to handle their cognitive then they can be able to deal with their issues*" (Couns02). Concerning emotional connection, a counsellor suggested that EFT serves as an effective instrument for enhancing relationships via positive emotional involvement and conflict resolution. The counsellor stated: "*emotional*

focused therapy – it focuses on relationship strengthening through positive interactions and conflict management" (Couns03). In order to tackle unresolved emotional baggage, a counsellor referred to Psychoanalytic Theory, which assists couples in examining how their past experiences might affect their current marital dynamics. She offered: "*psychoanalytic theory – to deal with past experiences which might be triggered by the present situations*" (Couns04). Another counsellor reaffirmed: "*psychoanalytic theory helps deal with unresolved issues in the past*" (Couns08).

Another counsellor mentioned Structural Family Theory, which aids couples in comprehending family systems and the roles they are anticipated to fulfil within them. He noted: "*structural theory – understanding structure of the family and understanding parental role*" (Couns05). To address romantic connection, a counsellor cited Triangular Theory of Love which provides a framework for understanding the components of a lasting relationship. The counsellor noted that the theory helps in enhancement of relational understanding by drawing attention to these foundational components. The counsellor noted: "*triangular theory of love – focuses on intimacy, passion and commitment and is ideal for processing relational aspects*" (Couns06).

Another counsellor offered the relevance of Bowenian Theory in PMC. She said: "*Bowenian theory aids in resolution of family of origin patterns and issues*" (Couns07). Existential Theory was identified by a counsellor as relevant to PMC, given its emphasis on personal meaning, values, and relational freedom. The counsellor explained: "*existential theory is critical since it gives people leeway to shape their own lives by making meaningful choices"* (Couns09). Attachment Theory was identified as essential for helping couples understand emotional bonding and

how early attachment styles influence marital intimacy and trust. A counsellor offered: "*attachment theory captures faulty internal working schemas/working clips and gives opportunity for their review to fit in current realities*" (Couns10). A counsellor also noted the value of Humanistic Theory, which promotes empathy, authenticity, and personal growth qualities that are foundational to healthy marital relationships: "*humanistic theory that believes in the resourcefulness of individuals in being naturally desirous of charting their direction*" (Couns11).

Solution-Focused Theory (SFT) was also cited as a relevant theory in PMC due to its potency in offering solutions rather than dwelling in the past problems. Two counsellors noted: "*solution focused theory for its emphasis on solutions and what works*" (Couns12); "*it is a postmodern theory that focuses on co-creating realities that handle current problems and issues"* (Couns13). Gottman Couple Therapy was recognized as pertinent in PMC as it directly influences the couple relationship positvely. A counsellor mentioned: *"Gottman couple therapy encourages partners to cultivate healthy relationships founded on commitment, trust, the development of love maps, mutual fondness and admiration, focusing on connection rather than disconnection, fostering positivity, effectively managing conflicts, sharing aspirations, and establishing a collective vision"* (Couns14).

Accordingly, the counsellors comprising counselling psychologists, clinical psychologists, and marriage and family therapists identified eleven theoretical orientations as being most relevant to PMC. These theories included, *"psychoanalytic theory, emotionally focused therapy (EFT), cognitive behavioural therapy (CBT), Gottman couple theory, solution-focused brief therapy (SFBT), humanistic theory, attachment theory, existential theory, Bowenian theory, triangular theory, and*

structural theory." The theoretical approaches acknowledged as being utilised within localised PMC practice are summarised in Figure 12.



Figure 12: Recommended Theories Effective in PMC

Analytical Memo. The responses demonstrate the importance of integrating different counselling theories within PMC. The counsellors were unequivocal in stating that the use of a single theory is limited and thus employing diverse forms to establish a reliable therapeutic base. Together, these frameworks empower couples to enter marriage with clarity, empathy, and resilience, grounded in both cognitive insight and cultural sensitivity. Moreover, these theories provide practitioners with a a good grasp of human behaviour, the sources of those behavioural presentations, and theoretical concepts applicable in treatment. These theoretical frameworks inform diagnosis and offer strategies and techniques for treatment, allowing practitioners to engage in referencing, reflection, analysis, insight, and consolidation. The counsellor respondents generally affirmed the importance of theory in informing practice and ensuring quality assurance in therapeutic work. A famous quote by Karl Marx from

the 19th Century encapsulates the essence of the use of theories in therapeutic practice: *"practice without theory is blind; theory without practice is sterile."*

The PMC Programs Assessment Tools

The evaluation of the state and advantages of utilizing PMC program assessment tools was conducted to comprehend their function in assessing session effectiveness and facilitating program improvement. A significant number of PMC beneficiaries reported that practitioners failed to carry out any formal assessments during the PMC sessions. Among a sample of 17 beneficiaries, 82% (N = 14) stated that no assessments were conducted, while only 18% (N = 3) affirmed that assessments were part of their counselling experience (Figure 13).

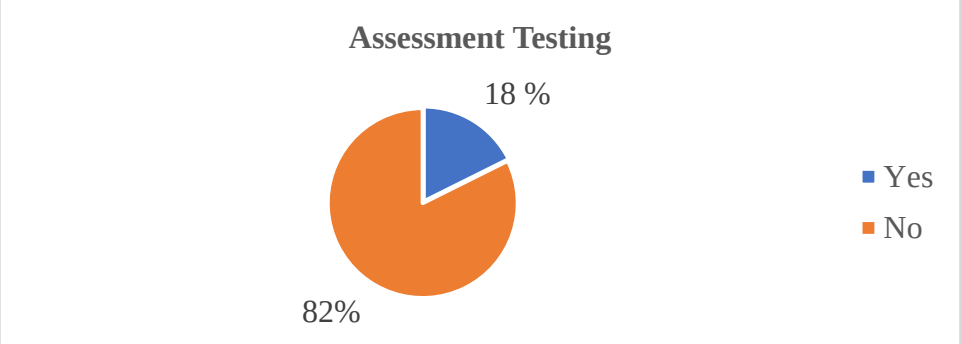


Figure 13: Beneficiary Responses on Administration of Assessment

When asked if the PMC practitioner administered assessments during the sessions, one beneficiary remarked: "*no, they would only assess feedback on homework done*" (Bencf06). The counsellor sample, comprising clinical psychologists, counselling psychologists, and MFTs, acknowledged their application of assessment tests to support their PMC practice. In relation to the titles they assign to their in-house programs, they mentioned: *"marriage mosaic"* (Couns04), *"pre-marital engagement program"* (Clergy03), and *"preparation for a fulfilling*

marriage" (Couns09). Furthermore, they outlined that they make use of standardized assessment tools within their PMC program, as shown in Figure 14.



Figure 14: PMC Programs Assessment Tools

Gottman Relationship Checklist. A number of counsellors, especially MFTs, remarked that they employ the Gottman relationship checklist to *"shape their interventions"* (Couns03; Couns04; Couns08 & Couns12). The Gottman Relationship Checklist reviews several dimensions of a relationship that concentrate on creating a robust foundation for marriage (Deylami et al., 2021; Irvine, 2022). The counsellors' sample indicated: *"the outcomes of the checklist aid PMC providers in personalizing interventions based on the distinct needs and aspirations of each couple."*

Dynamic Adjustment Scales. A small number of counsellors indicated that they have incorporated the Dynamic/Dyadic Adjustment Scales (DAS) into their PMC practices (Couns03; Couns09 & Couns11). They explained: *"it is a 32-item assessment which evaluated an individual's perceptions regarding their relationship with an intimate partner."*

Attachment Tests. Several counsellors (Couns02; Couns07 & Couns09) and one clergy member (Clergy01) indicated that they employed a range of attachment assessment tests to *"guide their interventions."* These PMC providers clarified, *"the*

importance of identifying evidence-based attachment tests to ensure reliability" (Clergy01 & Couns09).

Personality Tests. All counsellors and clergy (100%) reached a consensus on the necessity of incorporating personality tests into their PMC. Upon further inquiry regarding the personality tests they utilized, they mentioned the following: *"Big Five personality test, Myers-Briggs Type Indicator, and temperament tests with orientations of Sanguine, Choleric, Melancholic, and Phlegmatic."* Additionally, they expressed the need to identify tests that are more suitable for PMC. One counsellor remarked: *"I hope we can receive assistance in identifying the most appropriate personality tools for PMC"*(Couns10).

Anxiety Tests. A number of counsellors expressed that they have identified the importance of incorporating anxiety evaluations in their PMC (Couns01; Couns10 & Couns12). Further investigation showed that these counsellors applied such evaluations when managing the personal concerns of each spouse. One counsellor commented: *"I leverage anxiety to foster self-awareness among spouses"* (Couns01). When asked about the anxiety evaluations they utilized, a counsellor responded, *"Beck's Anxiety Inventory, BAI"*(Couns10).

Family of Origin Analysis Tools. In terms of the interventions implemented and specifically the skills/strategies that PMC beneficiaries valued in their PMC providers, one beneficiary stated: *"family of origin analysis."* Two other counsellors remarked: *"use of family maps to bring out family patterns"* (Couns05) and also, *"family of origin genograms helps to bring out the kind of family is one coming from"* (Couns07). When probed about the topics or areas addressed in their PMCs, the FGD of counsellors underscored the family of origin, especially *"the employment of Genograms to illustrate family patterns and experiences that*

necessitate further inquiry." Concerning the subjects or areas they neglect, one counsellor expressed: *"past baggage is not addressed because there is a lot that occurs in the family of origin"* (Couns06). The foregoing reveals the need for using a standardised tool for gathering FOO clinical data.

Analytical Memo: The outcomes show that PMC providers rely on structured assessment tools to inform and adapt their interventions. The Gottman Relationship Checklist stands out as a central assessment tool, broadly used to assess key interpersonal dimensions and personalize support based on couples' unique needs. While less frequently applied, the Dyadic Adjustment Scale (DAS) provides added insights by assessing individuals' perceptions of their relationships. Attachment tests are also employed to guide interventions, with emphasis placed on selecting evidence-based tools to ensure reliability. There was a common agreement among the counsellor respondents on the importance of personality assessments, particularly the Big Five, MBTI, and temperament models, although some practitioners voiced uncertainty about their appropriateness for PMC contexts.

In addition, some counsellors integrate anxiety assessments, notably the Beck Anxiety Inventory (BAI), to boost self-awareness and address specific concerns within relationships. Family of origin analysis through genograms and family mapping is acknowledged as a valuable method for revealing relational patterns and influences. However, its application is fluctuating, with some counsellors evading deeper exploration of "past baggage" due to the complexity involved. This suggests a limitation in handling systemic and intergenerational issues, likely connected to gaps in training or competence. Notably, such limitations were not observed among MFTs, highlighting the importance of specialized systemic training and the need for further professional development in systemic practice.

Benefits of PMC Assessments. Within the questionnaire tool used by the PMC beneficiaries, they were prompted with the question: *"do you view assessments as necessary during PMC?"* The results showed that 86% of the PMC beneficiaries considered clinical assessments to be important during PMC, despite their infrequent execution (Figure 15).

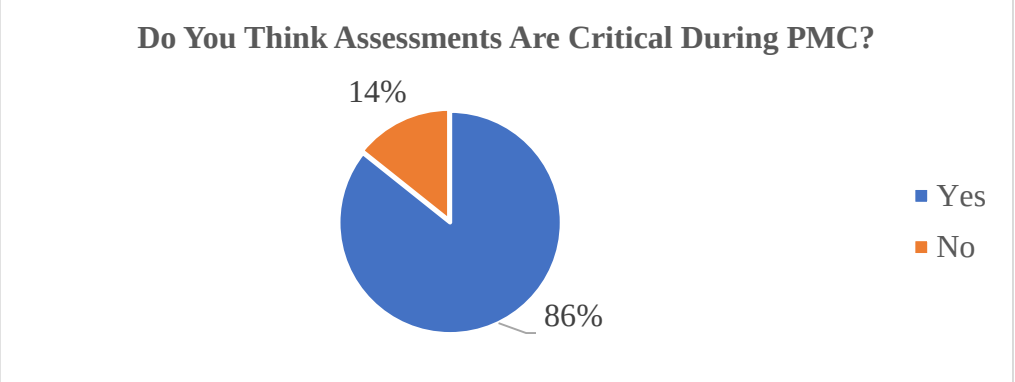


Figure 15: Beneficiaries' Perception on Centrality of PMC Assessments

Firstly, the participants commonly highlighted the role of PMC assessment tools in helping couples anticipate and manage unforeseen relational challenges. The Clergy offered: *"the assessment tools encourage transparent discussions around expectations, emotional needs, and potential areas of conflict"* (*Clergy 01; 04*). These evaluations encouraged transparent discussions about outcomes, feelings, and ideas, which may assist in tackling unexpected difficulties. One beneficiary noted: "*they encourage open dialogue; help in defining expectations, and also anticipate possible issues*." (Benef01). Survey responses further indicated that assessments enabled couples to identify personal vulnerabilities and relational blind spots. This was viewed as critical for initiating early remedial measures before conflicts escalated. The beneficiary explained: "*they help in revealing potential warning signs*" (Benef14).

Secondly, beneficiaries reported that the PMC assessment tools played a significant role in helping couples attain self and partner awareness. The heightened self-awareness was also considered fundamental for resolving conflicts and bolstering relational commitment. The tools were said to promote the identification of emotional inclinations, communication styles, and compatibility factors. Some respondents suggested the assessment tools help couples to identify prospects for growth and collaboration. This was pointed out by one respondent who expressed: "*it aids couples in understanding one another, pinpointing potential conflict areas, recognizing each other's strengths and weaknesses, and beginning to improve on these aspects; it also enhances communication and fosters transparency and openness*" (Benef02).

Respondents further emphasized that assessments promote self-awareness and mutual evaluation, which in turn support proactive conflict management and relational clarity. Some responses were highlighted as follows: "*encourage self-awareness and spousal awareness to minimize future conflicts*" (Benef17); "*Indeed, they assist in understanding oneself*" (Benef06); "*they stimulate awareness about the dos and don'ts in establishing a forward-looking marriage*" (Benef10); "*they help both parties evaluate their strengths and weaknesses and outline a path for improved collaboration*" (Benef11) and, "*they assist prospective couples in determining their compatibility and enable them to manage issues or conflicts more effectively. Consequently, they gain a clearer understanding of their commitments*" (Benef16).

In addition, beneficiaries described assessment tools as promoting deeper self-reflection rather than passively receiving information, couples were encouraged to critically examine their values, behaviours, and expectations within a therapeutic context. This reflective engagement was seen as vital for internalizing PMC content

and applying it meaningfully. A participant noted: "*it helps the client find himself or even evaluate himself*" (Benef04). Thirdly, the results of assessment tools assist PMC practitioners in creating personalized interventions for couples. One beneficiary emphasized that PMC delivery can provide counsellors with a more profound understanding of the couple's specific context, allowing them to deliver more customized support and guidance. The beneficiary stated: "*it helps PMC counsellors to understand the couple and how to support them*" (Benef09).

The beneficiaries underscored the significance of the PMC assessment tools in cultivating mutual understanding between clients and counsellors, which enhances the ability to discern specific relational needs. This rapport allows counsellors to detect underlying issues, deliver personalized support, and foster participants' confidence that their distinct concerns shall be addressed. Furthermore, others acknowledged the effectiveness of assessments in uncovering critical relationship dynamics, thus facilitating the customization of sessions to fit each couple's particular situation and aspirations. The findings are validated by the comments of four beneficiaries, who noted that: "*both clients and counsellor become acquainted with and understand one another, allowing the counsellor to pinpoint clients' challenges and accompany the client throughout their journey*" (Benef12); "*The PMC practitioner is capable of identifying underlying issues*" (Benef18); "*I am confident that my individual needs will be addressed*" (Benef17) and, "*the assessments assist in identifying critical relationship areas early and enable counsellors to customize sessions according to each couple's requirements*" (Benef13).

Analytical Memo. The responses suggest that assessment tools during PMC enhance proactive communication and deepen relational awareness. Thematic codes

such as “open communication,” “expectations,” and “red flags” reflected the perceived value of PMC assessments in bringing out sensitive or latent relational issues. The assessment tools were seen as catalysts for initiating conversations that might otherwise remain suppressed due to cultural norms, emotional discomfort, or fear of judgment. By creating structured opportunities for dialogue, assessments appeared to foster emotional transparency and mutual understanding, particularly around values, habits, and relational boundaries. This proactive engagement enabled couples to confront potential conflict triggers early, thereby enhancing their capacity for empathy, negotiation, and joint problem-solving. The findings suggest that assessment tools prompt introspection and enable couples to articulate hidden concerns such as mismatched expectations, unresolved emotional baggage, or internal anxieties that, if left unaddressed, may undermine long-term marital resilience.

The respondents use of terms such as “understanding,” “evaluate,” “awareness,” and “communication,” informed the development of the sub-theme ‘enhances self and partner-awareness.’ The results indicate that PMC helped beneficiaries experience self-perception and relational insight following assessments administered during PMC. The diagnostic tools are used in PMC to stimulate dialogue for digging deep into hidden issues, outlooks and motivations. The results show that PMC assessments improved beneficiaries’ awareness of themselves and their partners. Besides, respondents described gaining insight into emotional tendencies, strengths, weaknesses, and areas of potential conflict.

This understanding enabled couples to define their expectations and assess their compatibility. Following this, the tools promoted introspection regarding personal values and relationship patterns. Most importantly, they fostered open dialogue and mutual assessment, which established a basis for proactive conflict

resolution and relationship development. The results indicate that structured evaluations serve not only as diagnostic tools but also as formative experiences. Additionally, the assessment results assist couples in preparing for marriage with a clearer comprehension and aligned strategies. To enhance this outcome, facilitators may incorporate guided debriefing sessions following the assessments.

Delivery of PMC Content

Subsequent to the investigation of counselling theories and assessment instruments within PMC processes and interventions, the research additionally analyzed the manner in which PMC content was delivered by practitioners across various selected institutions. The following were the sub-themes from this theme: skills set essential for PMC practitioners, methods the PMC practitioners used in facilitating PMC sessions, and duration of the PMC sessions. The results provide valuable insights into the practical dynamics of PMC implementation and are outlined as follows:

Skills Set Essential for PMC Practitioners. Counsellors in FGs were asked to give their opinions and views on the "skills set" that are essential for premarital counsellors. The responses included: *"ability to listen to understand* (Couns01), *"communication skills"* (Couns01), *"observing of non-verbal skills"* (Couns02), *"empathy"* (Couns02), *"cultural sensitivity"* (Couns02), *"conflict resolution"* (Couns03), *"emotional intelligence"* (Couns03), *"multicultural competency"* (Couns04), *"assessment skills"* (Couns04), *"goal setting"* (Couns04), *"knowledge of relationship theories"* (Couns04), *"flexibility"* (Couns05), *"ability to make the couples open up"* (Couns05), *"good probing skills"* (Couns06), *"being a trust worthy counsellor"* (Couns06), *creating an environment of safety where they can*

comfortably plug in" (Couns07)*, "mediation"* (Couns07)*, "listening skills"* (Couns07)*, "Understanding dynamics that go around relationship"* (Couns08), *"Reframing & reflection"* (Couns09)*, "Immediately knowing what needs to be dealt with"* (Couns10) "*UPR"* (Couns10), *genuineness* (Couns10)*, "self-disclosure"* (Couns11)*, "confrontation skills"* (Couns11)*, "responding skills"* (Couns02), *"relationship enhancement skills"* (Couns12), and *"being ethical."* (Couns12).

Analytical Memo: The study findings conceptualise premarital counsellors competence as a socially constructed and contextually negotiated practice, consistent with Charmaz's constructivist grounded theory. Participants' accounts suggest that core skills coalesce around relational presence, including empathic listening, trustworthiness, and the creation of safe therapeutic spaces. Process-oriented skills such as assessment, probing, mediation, and goal setting appear to emerge responsively, shaped by on-going interaction with couples rather than predetermined protocols. Cultural sensitivity, multicultural competence, and ethical positioning further indicate that counsellor practice is embedded within broader sociocultural frames. Reflexive capacities, including genuineness, self-disclosure, and unconditional positive regard, highlight the counsellor's self as an active analytic and therapeutic instrument. Overall, the data point to PMC as a dynamic, co-constructed process in which meaning, intervention, and skill enactment evolve through relational engagement.

Methods the PMC Practitioners Used in Facilitating PMC Sessions. The beneficiaries of PMC were queried regarding the techniques employed by PMC practitioners to facilitate the sessions and the findings are illustrated in Figure 16.

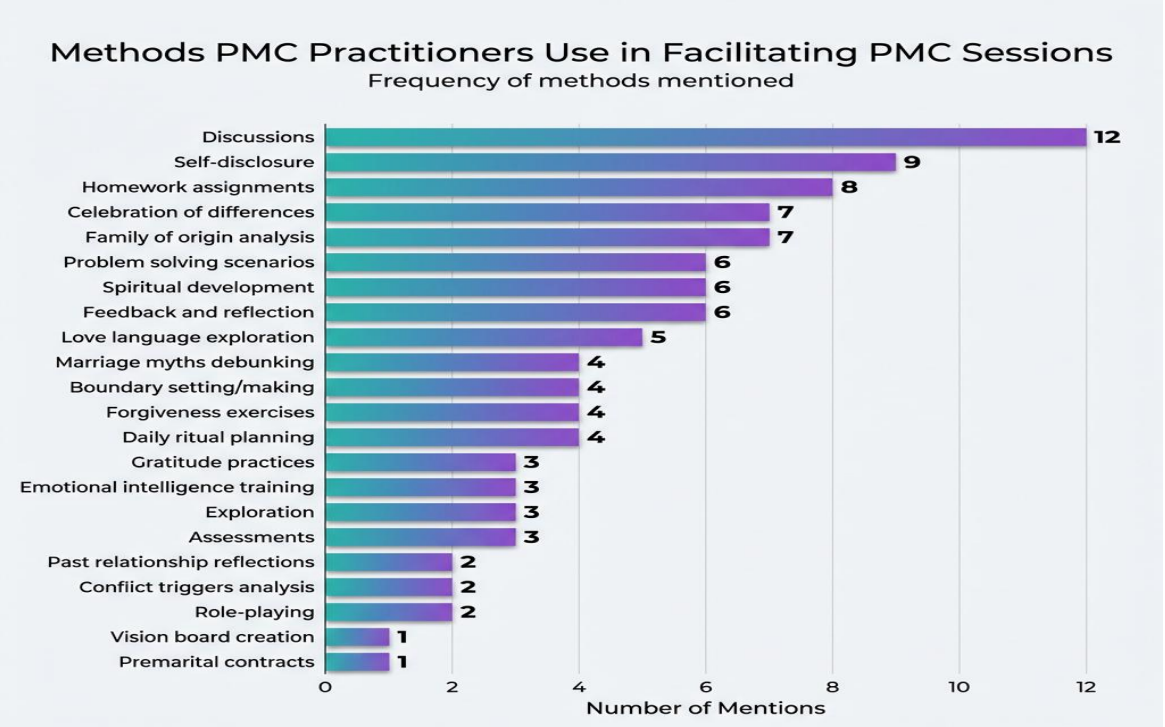


Figure 16: Methods PMC Practitioners Use in facilitating PMC Sessions

Duration of the PMC. Concerning the duration of the PMC, beneficiaries indicated that the number of sessions was not clearly defined, ranging from one (1) to twelve (12) sessions. Counsellors and clergy noted that a sufficient number of PMC sessions to ensure effective outcomes could be between six (6) and twelve (12) sessions. Additionally, beneficiaries were inquired about the number of sessions they attended and the perceived adequacy of the PMC received. The number of sessions varied from 1 to 15 (Mean = 6.4, SD = 3.733) (Table 5).

Table 7: Descriptive Statistics of Number of PMC Sessions

N	Min	Max	Mean	SD
20	1	15	6.4	3.733

Beneficiaries expressed that many of the programs were insufficient and suggested a revision of the curricula to better meet the premarital needs of partners. In a sample of 16 complete responses of beneficiaries, those who perceived the

number of PMC sessions as adequate attended an average of 10 sessions (N = 6), whereas those who perceived them as inadequate attended an average of 4.9 sessions (N = 10) (Figure 17).

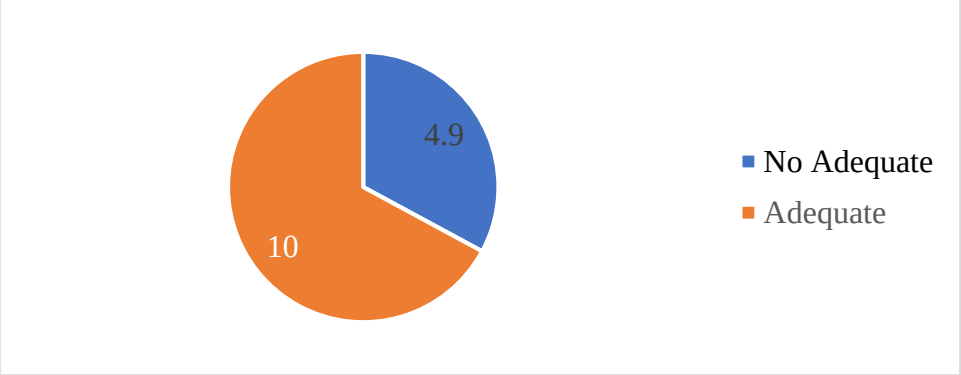


Figure 17: Average Number of PMC Sessions Attended by Beneficiaries

Based on the PMC providers and beneficiaries' feedback, at least 10 sessions seemed sufficient for PMC. Some beneficiaries offered: *"the ideal number is between 15 and 20, with one individual guiding the process while others serve as supporters"* (Benefc05). A beneficiary added: *"a total of 12 sessions over a span of 6 months, with 2 sessions each month, would be adequate"* (Benef05). Another beneficiary noted: *"we conducted approximately 9 sessions"* (Benef07). The beneficiary expressed dissatisfaction, stating that the delivery of the content was not satisfactory. He further elaborated: *"our meetings took place at the residence of the mentoring couple. We frequently found ourselves distracted by various activities occurring in the home, and the mentoring couple lacked the necessary skills to effectively facilitate the sessions, relying solely on reading from the manual"* (Benef09).

The inquiry regarding the length of the program was posed to PMC practitioners, who responded as follows: *"they should comprise roughly 10 sessions, although that may still be inadequate"* (Clergy01). A Clergy member added: *"approximately 5 sessions, depending on planning and focus"* (Clergy02).

Additionally, another Clergy (04) remarked: *"the PMC should encompass 10 sessions, although that may not be sufficient, and there ought to be regular assessments of such programs to ensure they address the true needs of premarital couples"* (Clergy04).

Analytical Memo. The duration of the PMC was essential for the program's success, with the average number of sessions indicated by the study outcomes being 10 for both PMC beneficiaries and practitioners, which allowed for comprehensive coverage of the PMC topic issues. Programs with a lower number of sessions may jeopardize their effectiveness due to insufficient coverage of significant issues, particularly in areas that require on-going reflection and dialogue, such as intimacy, parenting roles, and financial planning. Establishing explicit guidelines to institutionalize a minimum of ten sessions would enhance the consistency, quality, and effectiveness of PMC delivery. The current study identified ten thematic areas that are vital for effective PMC. The recommendation that each theme be discussed in a dedicated session supports the argument for a minimum of ten sessions. It is crucial to prioritize the regulation of PMC program length to ensure that the content scope aligns with the session structure.

Beneficiaries' Levels of Satisfaction and Suggestions for Improvement

This section presents beneficiaries' reflections on their overall experience with PMC sessions and their expectations regarding content delivery. The findings offer insight into levels of satisfaction, perceived relevance, and suggestions for improving session structure and delivery. These perspectives help inform future adaptations to ensure PMC remains responsive, engaging, and contextually appropriate.

Beneficiaries' Satisfaction Levels with PMC Sessions. Beneficiaries were surveyed regarding their satisfaction with the PMC content delivery, revealing that 55% of the respondents (N = 11) reported dissatisfaction, in contrast to 45% (N = 9) who indicated satisfaction (Figure 18). Since the beneficiaries were sourced from four selected Churches, this implies that most PMC offered in Church contexts is viewed as inadequate, and a significant number of respondents did not provide positive feedback, emphasizing the importance of reassessing the curriculum and enhancing the training and clinical practice of PMC providers.

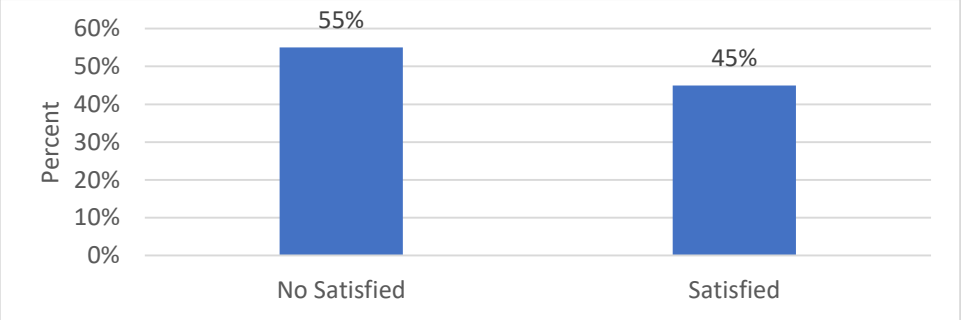


Figure 18: Beneficiaries Satisfaction with the Way Delivery of Content was Handled

The results indicate that most participants believed the delivery could be enhanced. Among the significant issues identified was insufficient coverage of topics. One beneficiary remarked: "*I anticipated PMC to address personality traits*" (Benef07). When inquired about their dissatisfaction with the content delivery at the PMC, several reasons for their discontent included unprofessional counselling skills, such as being judgmental and directive. One beneficiary noted: "*the approach was more judgmental and directive instead of more exploration*" (Benef01), while another beneficiary confirmed: "*the facilitator had limited time for us*" (Benef09).

Analytical Memo. Findings from the current study indicate that a majority of PMC beneficiaries (55%) reported dissatisfaction with the delivery of PMC content,

citing an urgent need for improved and expanded service delivery. These findings suggest that PMC services provided within church settings are largely inadequate. The study therefore reveals a critical need to reassess the PMC curriculum and to strengthen the competencies and clinical practice skills of PMC providers in order to enhance the effectiveness and quality of PMC implementation. Furthermore, beneficiaries often encounter unfair evaluations that can negatively impact their experience. Additionally, there is a significant lack of adequate time allocated to thoroughly address the content, which further contributes to their overall dissatisfaction. Therefore, the PMC should be administered by qualified practitioners who are attentive to the needs of the beneficiaries.

Supportive Environment. The participants indicated that a supportive environment was crucial for ensuring safety and engagement during PMC sessions. When asked about their satisfaction with the content delivery in the PMC, one participant commented: "*the facilitation was well executed, and the sessions were meticulously planned and informative. There was active participation because the facilitator created a safe space for open sharing and contributions. The sessions tackled real-life issues, which I appreciated*" (Benef02). Another participant mentioned: "*Self-disclosure was beneficial"* (Benef05). In the survey of selected evangelical Churches, the clergy reported that they adopted a group method for PMC, whereas the remaining two traditional Churches preferred personalized couple PMC sessions. The findings imply that integrating both group sessions with several couples and tailored couple sessions would provide added value. One beneficiary remarked: "*we were several premarital couples, plus around five facilitating couples and the discussions were rich and engaging*" (Benef06). Additionally, some couples expressed a preference for personalized couple counselling over group counselling.

Another beneficiary stated: "*it was a group PMC and had no place for depth counselling. I expected personalised couple sessions*" (Benef14).

The PMC practitioners, comprising clergy and counsellors, underscored the significance of fostering an environment that promotes meaningful engagement during PMC sessions. This entails conducting sessions in a manner that is free from distractions and within a safe and supportive atmosphere. When inquired about the essential "skill set" for PMC, one counsellor remarked: *"creating an environment of safety where they can now plug in"* (Couns017). Upon further questioning regarding the guidelines or principles that contribute to high-quality and successful PMC, several counsellors noted: *"ground rules- respect, honesty, punctuality and no distractions"* (Couns01); *"establishing a safe environment"* (Couns04); and *"respect space for active engagement"* (Couns14). Therefore, a PMC setting that allows couples to express themselves openly and assures them of the confidentiality of the information shared cultivates honesty, trust, and productive discussions.

Analytical Memo. The sub-theme of a supportive environment was influenced by repeated mentions of open sharing, emotional safety, and the quality of facilitation. Expressions such as *"safe space," "self-disclosure,"* and *"rich and engaging discussions"* indicated that participants assessed PMC not solely based on content but also on the atmosphere that was cultivated. Codes such as *"safe space for sharing, preference for group or personalized formats, and engaging facilitation"* underscore the significance that participants attributed to the environment. These responses suggest that the format of the session and the style of facilitation had a direct impact on participants' willingness to engage and share. The notion that emotional safety enhances the depth of participation was articulated not only

explicitly but also inferred from the differences between group sessions that felt overly general and private sessions that permitted personal depth.

Consequently, the facilitation structure must promote both interpersonal and personal relevance. The findings show that a supportive environment is essential for effective PMC delivery. Participants valued emotional safety, structured facilitation, and opportunities for open sharing. These elements increased engagement and allowed for deeper reflection. When the environment felt rushed or impersonal, couples reported limited participation and reduced satisfaction. This underscores the need for PMC practitioners to intentionally cultivate safe, inclusive spaces that encourage self-disclosure and mutual respect.

Adequate Coverage of PMC Topics. The study participants conveyed their opinions on the necessity of extensive and adequate coverage of PMC topics. The primary objective underscored various subjects, including the institution of marriage from both Biblical and legal angles, self-awareness, family roles, communication skills, conflict resolution and management, personality types, and sexual education. Upon being asked about their satisfaction with the content presentation at the PMC, one participant replied agreeably: *"the manner in which the counsellor conveyed the concepts, how he depicted the beauty of marriage when it is grounded in God, and how he assisted us in understanding that the responsibility for enhancing our marriage rests entirely with us, and that it is our duty to navigate through it"* (Benef07). Another beneficiary noted that they gained valuable conflict resolution skills through psycho-education and management. The beneficiary stated: *"I gained valuable conflict resolution skills, which included psycho-education and management*" (Benef08). Yet another participant emphasized the importance of discussing relevant PMC issues. The beneficiary retorted: *"the whole experience was*

cultural; I expected advice on maintaining a marriage through the exploration of relevant topics and post-marital support and education" (Benef012).

A comprehensive examination of all topics, including sex and sexuality, was acknowledged as a vital component of PMC sessions; however, additional feedback suggested that the clergy paid insufficient attention to sex and sexuality. Furthermore, a response from beneficiaries indicated that restricted time allocation may result in the exclusion of important topics like sex and sexuality, which are crucial to the fundamental aspects of marital life. The beneficiary commented: "*the duration was short and there was no conversation about sex within marriage*" (Benef13). Participants also cautioned against the risks of overemphasizing specific subjects at the expense of a wider viewpoint, particularly when the concentration became excessively intense. One participant recounted an incident in which the facilitator ignored questions and became preoccupied solely with sexual topics, choosing to use humour rather than fostering meaningful discussion. The beneficiary stated: "*he avoided questions and laughed throughout the session, but mainly concentrated on sex*" (Benef15).

Such experiences underscore the importance of improved professionalism and well-rounded topics during PMC sessions to ensure that participants are adequately prepared for marriage. In terms of subjects that are frequently overlooked, one clergy respondent remarked on *"homosexuality"* (Clergy03), while another pointed out: *"sexual purity in courtship, sexual and reproductive health, and sexual intimacy"* (Clergy04). When queried about how training in PMC for practitioners could enhance their service delivery, a clergy suggested: "*equipped with even greater knowledge, especially analysing significant topics such as sex in marriage*" (Benef08). In response to questions on topics worth inclusion in a PMC curriculum, a clergy

offered: *"human sexuality"* (Clergy02). Conversely, when the counsellors were asked about the topics to be included during their FGD, they mentioned, *"sex and sexuality."*

Analytical Memo. The theme of sufficient coverage of PMC topics was reinforced by numerous references to essential content that should be included in PMC sessions, as identified in the first objective. Codes such as "comprehensive coverage", "neglected topics", and "topical balance", underscore the necessity for curriculum review to include well-structured sessions. Participants emphasized critical areas such as *"self-awareness, conflict management, family roles, and communication as fundamental."* Nevertheless, the inconsistent or inadequate handling of sensitive yet vital topics like sex, sexuality, and post-marital support raised concerns regarding clergy preparedness, content standardization, and the completeness of the curriculum. Respondents also highlighted the danger of content imbalance, where certain topics were either overemphasized or addressed inappropriately. Therefore, there is a pressing need for structured guidelines and professional training to improve content delivery and ensure its relevance.

Utilization of Examples. The beneficiaries of the PMC anticipated that the practitioners would include real-life examples from their own marital experiences, given that many of them do not have prior experience with marriage. When asked about the skills or strategies of the counsellor that they valued during their PMC, one participant remarked: *"the ability to provide realistic examples or scenarios"* (Benef03). Another beneficiary indicated: "*give examples from their marriages*" (Benef05). A beneficiary recounted a session conducted by a counsellor who was thoroughly prepared, provided comprehensive coverage of the subjects, and enhanced the presentation with practical examples derived from personal experience. The

beneficiary shared: "*the counsellor was well prepared, and the content was presented comprehensively and included numerous examples drawn from their personal experiences*" (Benef09).

Analytical Memo. The sub-theme concerning the application of examples emerged from participant feedback that mentioned the use of *"realistic examples"*, *"scenarios"*, and *"personal experiences."* These remarks suggest that illustrative content enhances couples' comprehension of the topics addressed in PMC. Beneficiaries, especially those without prior marital experience, discovered that relatable and real-life scenarios were advantageous in contextualizing abstract concepts. Terms such as *"personal illustrations"*, "marriage-based scenarios", and *"experience-based guidance"* indicated that effective facilitators not only conveyed content but also grounded it in lived experiences, thus improving understanding and perceived authenticity. The results indicate that beneficiaries appreciate the incorporation of real-life examples during PMC sessions, particularly when they are derived from the counsellor's own marital experiences.

Guidelines and Protocols for Ingraining PMC Efficacy

The PMC practitioners were asked, "What guidelines or protocols ensure that PMC is of high quality and successful?" Based on feedback from PMC practitioners (clergy and counsellors), four themes emerged comprising (1) professionalism and ethical conduct, (2) PMC program planning and delivery, (3) appropriate infrastructure and resources, and (4) pre- and post-evaluation.

Theme 1: Professionalism and Ethical Conduct. The results showed that counsellors' professionalism and ethical conduct are crucial for delivering high-quality and successful PMC sessions. A counsellor noted: *"it is crucial to avoid*

imposing values on couples" (Couns05). Both the clergy and counsellors observed that professionalism obliges them to refrain from imposing their values, attitudes, beliefs, and behaviours on couples during PMC sessions. When asked about the guidelines or protocols that practitioners ought to follow to ensure that PMC is of high quality and effective, a clergy member replied: "*cultural competence, knowledge of different topics, counselling skills, and mastery of covering different topics*" (Clergy02). The PMC beneficiaries indicated that they felt *"fear of the unknown"* (Benef02, 05, & 09). Given their inexperience with serious relationships or the lack of any prior relationships or family, premarital clients typically expect counsellors to be knowledgeable and experienced in marriage to provide effective guidance.

A clergy noted: *"individuals come seeking information/they want reassurance/they are apprehensive"* (Clergy04). Counsellors are encouraged to establish mutual goals with clients to facilitate the sessions. A counsellor remarked: *"client expectations from the counsellor to set goals for the session based on what they are expecting from the sessions*" (Couns12). Another counsellor emphasized the importance of aligning sessions with client goals. The counsellor stated: "*consistency with therapy sessions they have contracted so as to achieve their goals*" (Couns11). Other counsellors also emphasized the importance of ethical practice, as depicted by the following responses: "*being ethical*" (Couns06), "*consent*" (Couns11) and "*confidentiality*" (Couns12).

When asked about their expectations from the providers, the beneficiaries indicated the following: *"first establish rapport, allocate more time for sessions, possess knowledge of the PMC topical areas, be sufficiently prepared, foster conducive environment, provide a combination of group and personalized couple sessions, and ensure comprehensive coverage on all topics."* In response to inquiries

regarding their satisfaction with the delivery of content at the PMC, one beneficiary remarked: "*the counsellor was knowledgeable and provided relevant disclosures. He took his time and was not hurried*" (Benef10). Another beneficiary expressed: "*she did not understand what she was getting into*" (Benef03). Yet another beneficiary commented: "*this wasn't a counsellor in the first place. I expected them to be more knowledgeable about the subject*" (Benef09).

The beneficiaries also expressed feelings of being hurried, which resulted in insufficient coverage of the topics, as highlighted by three beneficiaries who observed: "*we were rushed and so did not have time to understand what marriage entails*" (Benef05); "*the provider was not sufficiently prepared due to his heavy workload. He kept postponing, which disrupted the flow of the sessions. I anticipated that the counsellor would allocate more time for us and cover all topics in a coherent order*" (Benef06) and, "*the sessions were hurried and not structured to provide interactive feedback, and I expected a more engaging process*" (Benef12). Another beneficiary noted: "*he was unprepared; he appeared busy and lacked the necessary skills*" (Benef10).

These responses reflect a shared understanding that ethical conduct is central to building trust, safeguarding client autonomy, and ensuring respectful engagement throughout PMC sessions. A counsellor also emphasized the importance of maintaining neutrality and respecting client autonomy during PMC. The counsellor said: "*not to impose values on couples; it is all about guiding them and not taking sides*" (Couns15). In addressing the guidelines or protocols that practitioners ought to follow to ensure that premarital counselling is of high quality and successful, a clergy respondent stated: *"a road map…which entails PMC process and motivation on the*

part of the practitioner to offer quality services and the PMC practitioner should use the bible as a key resource" (Clergy 01).

Analytical Memo. The study findings indicate that respondents expect PMC services to be delivered by competent and well-trained resource persons capable of providing high-quality support. Beneficiaries emphasized the need for PMC providers to foster trust through professionalism, ethical conduct, and cultural competence, which are essential for building reliable and meaningful therapeutic relationships. The findings further highlight that practitioners' expertise in PMC clinical practice, adherence to ethical standards, and engagement in on-going research enhance their credibility. Additionally, respondents expected providers to integrate Biblical resources into PMC practice to strengthen the legitimacy and relevance of services within church contexts. The study also reveals that effective facilitation strategies are necessary to promote participant understanding and engagement during PMC sessions. Overall, the results confirm that professionalism and ethical behaviour are critical determinants of effective PMC delivery.

Theme 2: The PMC Session Program Planning and Delivery. All three sample populations expressed the necessity for thorough PMC session planning and execution to achieve reliability and significance of the service. A clergy remarked: "*responsible PMC practice requires intentionality in bookings or scheduling, maintaining reminders for the sessions, taking notes, ensuring comprehensive session coverage, making referrals when necessary, and researching the extensive range of services available*" (Clergy03). The derived aspects include: "staying committed to the course; timeliness; seriousness; preparing and planning for PMC sessions" (Couns06). Other aspects mentioned included *"dedication to responsibilities;*

completing tasks; consistency in therapy sessions; and investigating key areas"(Clergy04)

The PMC practitioners asserted that counsellors should have clear PMC session plans that meet client expectations and goals. A clergy noted: *"there should be clear schedules, availability of resource persons with masterly of tackling different topical issues; mainstreamed quality controls, and well thought out sessions' delivery strategies."* Another clergy respondent emphasized the necessity for thorough preparation in PMC through research (Clergy03). The respondents also highlighted that PMC practitioners should create structured session plans with defined objectives and content, customizing them to meet the couple's needs. Another clergy remarked: *"well-managed sessions foster discipline and readiness for marriage"* (Clergy01).

Counsellors' feedback further emphasized the significance of preparation and structured delivery in enhancing the effectiveness of PMC. Their observations indicated the necessity for planning, clarity on topics, and goal-oriented sessions. When asked about guidelines or principles which can facilitate high-quality and successful premarital counselling the counsellors responded: *"explore the key areas"* (Couns05) and, *"prepare and plan for PMC sessions"* (Couns13). These responses illustrate that PMC practitioners are anticipated to thoroughly investigate and explore relevant areas and design sessions that cater to the couple's needs. This entails identifying crucial topics, establishing clear objectives, and ensuring that each session contributes to meaningful relational outcomes.

Several beneficiaries of the PMC expressed that their counsellors lacked sufficient expertise, resulting in their frustration. This indicates that the program did not provide adequate coverage to ensure its effectiveness. A beneficiary commented: *"the sessions were not sufficient, and I was dissatisfied with the way the content was*

presented" (Benef14). Another beneficiary from PMC mentioned, *"I expected PMC to address personality traits"* (Benef09). One PMC beneficiary pointed out: *"the counsellor had time constraints and was not adequately prepared due to his heavy workload. He kept delaying the sessions, which affected their continuity, leaving many topics unaddressed"* (Benef11). Another beneficiary stated: *"I left the sessions feeling more confused and anxious as the facilitator emphasized husband care while neglecting wife care"* (Benef06). The findings of the study indicate a need for careful planning of the sessions, which should be facilitated by qualified and ethical professionals.

In the present study, several beneficiaries expressed their dissatisfaction regarding the extent of content coverage and the absence of thorough assessments by the PMC practitioners. When inquired about the benefits derived from the PMC services, some beneficiaries replied: *"I did not gain much from my premarital counselling because it lasted only 30 minutes"* (Benef10). Another beneficiary stated: *"It took 15 minutes, and they were instructed to attend the crusade, which made it rushed and lacking in depth"* (Benef06). Besides, another beneficiary remarked: *"there was not much to gain, and it was predominantly preaching"* (Benef13).

Conversely, the results of the study revealed that beneficiaries must also adhere to PMC requirements in order to achieve the contracted goals. When asked about the guidelines and principles necessary for PMC to guarantee high quality and success, the counsellors replied: *"to be serious"* (Couns02); *"remaining committed to the program"* (Couns03); *"commitment to the payment and completing assigned tasks"* (Couns09). A follow-up inquiry with the counsellors revealed: *"the minimum duration for couple sessions should be 90 minutes, whereas sessions involving multiple couples ought to last 120 minutes"* (Clergy01; Clergy 03; Couns01;

Couns07; Couns09; Couns12), and *"consistency with therapy sessions they have contracted to achieve their goals"* (Couns011). The data indicates that couples preparing for marriage must fully engage in the PMC programs in all aspects. This dedication also demonstrates the counsellors' respect for the clients' time and resources. Concerning the vital skill set for premarital counsellors, a clergy suggested: *"the inclusion of homework"* (Clergy03). Assignments can serve as instruments for self-reflection, helping couples maintain their commitment and focus in future sessions. In conclusion, dedication to both providing and receiving premarital services, which includes the documentation and assessment of cases, is essential for ensuring the effectiveness of premarital services.

Analytical Memo. The data indicates that successful PMC delivery relies on careful session planning and organized execution. Among all respondent groups, there was a shared agreement that intentionality in scheduling, content preparation, and follow-up is vital for ensuring seriousness and dependability in PMC practice. The respondents highlighted the necessity of crafting session plans with defined objectives, topical outlines, and delivery strategies customized to the couple's context. The involvement of resource persons with expertise in specific areas was regarded as essential for improving PMC quality, and well-managed sessions were found to enhance beneficiaries' readiness for marriage. In contrast, sessions that were poorly planned, marked by distractions, insufficient topical depth, or dependence on manuals without interpretation, resulted in dissatisfaction and disengagement among the beneficiaries . Therefore, planning should involve optimal scheduling to encompass all topic contents, facilitated by well-prepared facilitators, and should integrate quality control measures such as pre- and post-evaluations. The

recommendation for 90-minute sessions for couples and 120-minute sessions for groups indicates an attempt to standardize the delivery of services.

Theme 3: Appropriate Infrastructure, and Resources. One of the essential thematic areas pinpointed for improving the efficiency of PMC is the creation of adequate infrastructure and resources. This theme includes two sub-themes: The accessibility of structured tools, and a transparent policy framework.

Firstly, availability of structured tools, such as a PMC manual, a designated PMC ministry or department, therapy venues and qualified resource persons, was emphasized as crucial. The acknowledgment of appropriate infrastructure and resources has been recognized as a significant thematic area within the guidelines and protocols that practitioners must adhere to for ensuring that PMC is both high quality and effective. One clergy respondent stated: *"Churches should implement manualized PMC programs to ensure consistent practice"* (Clergy01). In addition to the PMC offering a comprehensive curriculum supported by manuals (Clergy01 & 04), the participants highlighted the necessity for assessment tests, with a clergy member stating: *"such materials would facilitate healthier and deeper self-exploration for the PMC beneficiaries"* (Clergy03). Two clergy respondents from evangelical Churches noted that their Churches (CITAM and Word of Faith) utilized approved PMC manuals (Clergy01 & 04), while the mainstream Churches (PCEA and ACK) executed individualized programs that lacked supportive manuals. Some clergy noted the importance of having expert resource persons in group formats to address specific topics (Clergy 01 & 04).

Secondly, the recognition of a well-defined policy framework was considered essential for sustaining quality and consistency in the delivery of PMC. These components work together to facilitate the institutionalization and professionalization

of PMC within faith-based and counselling environments. A clergy respondent suggested: *"the PMC programs should be included in a policy framework"* (clergy04). The beneficiaries pointed out deficiencies that limited the effectiveness of the PMC programs due to the lack of defined programming and the absence of expert PMC practitioners. One beneficiary stated: *"the PMC approach was overly judgmental and directive instead of being exploratory"* (Benef02). The findings also indicate that PMC practitioners need CPDs to be adequately prepared for effective PMC content delivery. Another beneficiary remarked: *"my PMC experience was lacking in depth and a personalized approach"* (Benef20).

Analytical Memo: The efficacy of PMC is deeply influenced by the infrastructure and resources available to support its delivery. The physical and relational setting of PMC sessions must therefore be intentionally designed to promote active engagement and emotional security. Respondents highlighted the importance of structured tools such as standardized PMC manuals, designated departments, therapy venues and qualified resource persons to ensure consistency and professionalism. These instruments provide clarity for both facilitators and participants, enabling comprehensive topical coverage, reducing inconsistency in delivery and supporting consistent practice. Structured tools also foster accountability and continuity, aligning PMC with best practices and ethical standards.

The notion of a transparent policy framework arose as an essential requirement for the sustainable and consistent provision of PMC services. Both clergy and beneficiaries highlighted the critical need for developing institutional policies which would guide PMC practices, including content, delivery, and practitioner conduct. The findings illustrate the necessity of formally embedding PMC programs within structured guidelines. Such frameworks should support the

formalization of roles, standardization of content, and evaluation of counselling outcomes. Likewise, the frameworks would opportunities for monitoring and evaluating the PMC.

Furthermore, these findings emphasize the importance of CPD and standardized guidelines to ensure quality assurance. The policies assist in the professionalization of PMC by aligning practices with ethical standards in counselling and organizational mandates. Policy frameworks clarify roles and expectations, enable program evaluation, ensure ethical compliance, and foster cultural sensitivity. In their absence, PMC delivery becomes inconsistent and misaligned with client realities. Together, these three aspects: environment, tools, and policy, create the essential infrastructure for effective PMC.

Theme 4: Post Marital Counselling. The clergy emphasized the significance of follow-up counselling to reinforce the teachings provided in PMC. One member of the clergy stated: *"PMC is theoretical as it prepares couples for marriage, but the practical component brings them back"* (Clergy01). Another clergy member remarked: *"indeed, there should be post-marital counselling to fortify the marriage and apply the theoretical knowledge gained during PMC"* (Clergy03).

Analytical Memo. These observations indicate a common understanding that post-marital counselling acts as a link between theoretical knowledge and real-life experience, providing couples with an opportunity to reflect, adjust, and enhance their relational skills. Incorporating post-marital counselling facilitates on-going enrichment of the marriage. However, despite this acknowledgment, the research uncovered a lack of systematic practices for post marital counselling. This discrepancy points to disconnection between the recognized significance of continuous support and its practical application. Thus, there is a need for structured

and sustainable post-marital counselling inftrastructure to strengthen marital adjustment, growth, and long-term relationship stability.

Summary. The counsellor respondents provided the following regarding guidelines and protocols for ingraining PMC delivery: "commitment (for both PMC practitioners and premarital couples), a secure environment, a well-structured program, adherence to ethical standards, thorough assessment, ethical conduct, cultural competence, and meticulous planning and execution of sessions." Conversely, some clergy suggested: "expertise in counselling skills, efficient booking and scheduling, reminders for sessions, conducting research, and implementing quality control measures" (Clergy 01, 03 & 04). Figure 19 presents guidelines nad protocols for ingraining efficacy whereas Table 8 displays thematic areas for guidelines and protocols for ingraining PMC efficacy.



Figure 19: Guidelines and Protocols for Ingraining Efficacy

Table 8: Guidelines and Protocols for Ingraining Efficacy

Theme	Words and Phrases
Professionalism and Ethical Conduct	Respect; honesty; safe environment, being ethical; avoiding imposing values; confidentiality; consent; respecting space; referrals; quality services; cultural competency, knowledge of different topics, counselling skills; research to feed the offer of services; appropriate language in therapy, and bible as theory of practice
The PMC Program Planning and Delivery	PMC curriculum, remaining committed to the course; assessments; punctuality; seriousness; preparing and planning for PMC sessions; evidence-based strategies, practitioner and premarital couple commitment; sessions consistency; program topical areas; road map; bookings/scheduling; session reminders, documentation, sessions coverage and referrals
Appropriate Infrastructure and Resources	No distractions; establishing a safe environment; PMC manual; having a setting for PMC; having a PMC ministry/department; availability of resource persons, capacity building persons and policy framework
Post Marital Counselling	Providing follow ups to enhance the lessons learn during PMC

Discussion of Processes, Interventions and Delivery of Existing PMC

The topics to be discussed in Objective Two will cover the following aspects: The PMC applicable theories, PMC programs assessment tools, content of PMC delivery, beneficiaries' satisfaction levels with PMC delivery and suggestions for improvement, and guidelines and protocols intended to enhance PMC efficiency.

The PMC Applicable Theories

The study outcomes indicated that counsellors used multiple theoretical orientations in PMC to deal with the emotional, cognitive, relational, and systemic needs of couples prepping for marriage. Counsellors identified Cognitive Behavioural Therapy (CBT), Emotionally Focused Therapy (EFT), Psychoanalytic Theory, Attachment Theory, and Gottman Couple Therapy as particularly useful in helping couples comprehend unhealthy thought patterns, emotional attachment, unresolved past

goings-on, and communication problems within spousal relations. These findings agree with Kabasinguzi (2022), who observed that emotionally focused therapy, cognitive behavioural, and Gottman approaches considerably influenced marital stability among couples in Uganda, though EFT proved greater success in supporting emotional attachment and relational security. Equally, Durães et al. (2020) and Ghahari et al. (2021) recognized that CBT and EFT increase emotional intelligence, communication, and conflict resolution among couples. The outcomes also mirrored Martins et al. (2023), who claimed that attachment styles powerfully impact affection, trust, and marital fulfilment, thereby endorsing the counsellors' focus on Attachment Theory in PMC practice. Nevertheless, unlike clergy respondents who mainly relied on biblical teachings and pastoral guidance, counsellors encouraged integrative and evidence-based therapeutic models, thereby illuminating a contrast amid spiritually oriented PMC and clinically grounded counselling methods.

Further, the findings showed that counsellors preferred integrative and flexible theoretical practice that dealt with both individual growth and family system dynamics within marriage prepping. Humanistic and Existential theories were prized for encouraging self-awareness, genuineness, personal meaning, and deliberate decision-making; while Bowenian and Structural Family theories were regarded as crucial in aiding couples comprehend FOO influences, boundaries, and parental roles. These outcomes support Amini et al. (2021), who found that Bowenian Family Therapy enriched empathy and contentment among couples, and Namani and Dehmardeh (2020), who recounted that Structural Family Therapy improved family collaboration and responsiveness. Equally, the use of the Triangular Theory of Love echoed the significance counsellors placed on affection, passion, and dedication as core components of marital satisfaction, backing Soyer and Sünbül's (2023) findings

concerning relational outlooks and commitment formation. Conversely, the study found that counselling theories were seldom utilized within many church-based PMC curricula despite clergy admitting their importance, thus revealing a practice gap amid theoretical knowledge and practical execution. This inconsistency echoed Hesbon et al. (2020) and Moeti et al. (2024), who indicated that many clergy administering PMC often lack satisfactory professional training and renown counselling approaches essential for managing contemporary marital problems efficiently.

The PMC Programs Assessment Tools

The outcomes of the current study recognized that PMC practitioners progressively appreciate the value of standardised assessment instruments towards improving the efficacy of PMC interventions. The most commonly mentioned assessment tools by the respondents included the Gottman Relationship Checklist, Dyadic Adjustment Scales (DAS), attachment assessments, personality tests, anxiety inventories, and Family of Origin (FOO) analysis tools. The extensive deployment of the Gottman assessment tool among counsellors mainly supports earlier findings by Deylami et al. (2021) and Irvine (2022), who evidenced that Gottman-based assessments reinforce communication, conflict resolution, emotional attachment, and companionship systems within relationships. Equally, the current findings concur with Hashemi et al. (2024), who observed that the Dyadic Adjustment Scale efficiently assesses relational fulfilment, harmony, compromise, and emotional expression among couples. Still, unlike previous studies that fundamentally underscored these tools within marriage therapy settings, the current study established that practitioners utilised them proactively within PMC as preventive strategies aimed at finding relational susceptibilities before marriage. The findings

also identified growing use of attachment and personality tests in enabling self-awareness, emotional intelligence, and understanding of partner differences. This aligns with Asadpour et al. (2025), who contended that attachment-informed strategies improve emotional attachment and relational safety among couples, as well as Husain et al. (2023), who highlighted the practicality of personality tools in promoting empathy and relational compatibility. However, some counsellors in the current study expressed doubt regarding the relevance of certain personality tools for PMC, proposing an on-going need for context-sensitive modification and professional training in assessment administration, scoring and interpretation.

This study similarly confirmed that FOO tests and anxiety assessments were vital but sporadically utilised resources within PMC practice. The use of genograms, family mapping, and FOO analysis was verified as useful in unearthing cross-generational relational patterns, unsolved emotional baggage, and behavioural influences likely to impact future marriages. These findings corroborate with Joseph et al. (2023), who declared that genograms and family systems assessments deliver valuable insight into genetic, cognitive, and relational dynamics affecting couple performance. Nonetheless, unlike literature advocating comprehensive systemic assessment, some practitioners in the current study evaded deeper interaction with unresolved personal experiences because of the intricacy involved, specifying gaps in systemic competency among certain PMC providers. This contrasts with MFTs who appeared more relaxed using systemic and family-based interventions. Furthermore, the embedding of anxiety tools such as the Beck Anxiety Inventory (BAI) and State-Trait Anxiety Inventory (STAI) supports outcomes by Gidron (2020) and Doğan et al. (2023), who reported that anxiety screening assists couples in cultivating healthier coping methods and emotional regulation skills. As expressed, the current study

builds on existing literature by showing that assessment tools within PMC are not just diagnostic tools but also function as therapeutic and educational resources that guide individualised interventions, inspire self-reflection, and fortify preventive marital readiness within the African localities.

Benefits of PMC Assessment. The current study findings validate that PMC tests play a major preventive and growth-oriented role in prepping couples for marriage by boosting communication, self-awareness, and early identification of relational challenges. Respondents explained that assessment instruments improved open dialogue regarding expectations, affect needs, and possible conflict issues, thus helping couples forestall future problems before they intensified into adverse marital problems. These findings corroborate with the relationship education literature, which affirms that standardised diagnostic tests facilitate emotional openness, relational insights, and proactive conflict resolution (Deylami et al., 2021; Fávero et al., 2021; Hashemi et al., 2024). Likewise, Gordon et al. (2022) and Young et al. (2020) contend that assessment procedures inspire reflection and equip couples with coping methods for future stressors. These study findings also match with Gichuri et al. (2024), who found that premarital strategies focusing on communication and self-disclosure advance bonding and relationship contentment. Conversely, unlike some previous studies that mostly viewed tests as diagnostic procedures, the current study established that respondents saw these tests as life changing experiences that fostered emotional clarity, shared understanding, and mutual problem-solving.

The outcomes also showed that PMC assessments improved self and partner knowledge while permitting PMC practitioners to develop personalized strategies tailored to each couple’s relationship needs. Respondents considered that standardised assessments assisted them identify strengths, weaknesses, behavioural

tendencies, alignment concerns, and lingering emotional challenges, thus boosting relationship clarity and dedication. These outcomes support studies by Hajiabasi and Taher (2022) and Irvine (2022), which advanced that personality and attachment tests, assist couples to find emotional issues and relational susceptibilities that impact marital health. Equally, Fávero et al. (2021) witnessed that standardised assessments support personalised counselling by illuminating covered relationship dynamics. The present findings also uphold Moeti et al. (2024), who stressed that outcome oriented PMC needs culturally receptive and individualised methods rather than general teaching methodologies. However, the current study differs from findings by Hesbon et al. (2020) and Moeti et al. (2024) which recounted restricted efficiency of PMC due to insufficient practitioner training and lack of structured tools. Though respondents in this study affirmed that assessments were not frequently used because some counsellors lacked relevant training, PMC beneficiaries still powerfully appreciated their usefulness when appropriately applied. This divergence submits that the problem may not lie in the practicality of assessment tools by themselves, but rather in unpredictable execution and inadequate practitioner expertise in employing them appropriately within PMC practice.

Delivery of Content

This section shall cover three themes including skills set essential for PMC practitioners; methods the PMC practitioners used in facilitating PMC sessions and duration of PMC.

Skills Set Essential for PMC Practitioners. The outcomes of the current study found that effective PMC execution is dependent on the practitioner's relational, social, and multicultural capabilities. Respondents established core skills

such as empathic attending, interaction skills, emotional regulation, cultural sensitivity, assessment aptitude, mediation, ethical demeanour, and the capability to establish a safe and trustworthy counselling atmosphere as necessary for PMC practitioners. These findings uphold Hesbon et al. (2020) and Moeti et al. (2024) who posited that practitioner proficiency and formal training are essential for successful PMC outcomes. Correspondingly, Fisher (2019) purported those counsellors who establish cultural humility and interpersonal sensitivity are better placed to co-construct meaning with couples and deal with diverse marital realities. The findings also concur with Zhang and Liang (2023), who showed the importance of cultural competemility in addressing culturally entrenched marital dynamics. Nevertheless, the current study broadens prior research findings by confirming that PMC competency is not simply technical or theory-based, but also shaped through genuine therapeutic interventions, unconditional positive regard, dependability, and reflexive involvement with couples. Unlike earlier studies that mainly focused on practitioner credentials, the present findings draw attention to the counsellor's personal presence as a therapeutic tool that enables openness, emotional security, and cooperative interaction during PMC sessions.

Methods the PMC Practitioners Used in Facilitating PMC Sessions. The study advanced that PMC practitioners used a spectrum of participatory and reflective methods to expedite sessions, with discussion-based interaction, self-disclosure, homework activities, FOO analysis, feedback and retrospection, role-playing, spiritual strategies, and problem-solving activities emergent as the most outstanding approaches. These findings align with Noshabadi and Mohammadi (2025), who contended that well-laid-out dialogue, reflective activities, and communication skills training improve relational mindfulness and interactions among premarital couples.

Similarly, Gichuri et al. (2024) and Thomas-Masso (2022) confirmed that self-disclosure supports emotional attachment, confidence, and marital contentment. The integration of spiritual and cognitive-behaviour methodologies in the current study also validates Nganyu's (2025) outcomes that merging theological and psychological methods improves relational robustness and emotional growth among couples. Besides, Bowenian methods advanced by Amini et al. (2021) validate the use of FOO analysis in aiding couples understand genetic relational patterns. However, the current findings disagree with purely didactic PMC methods critiqued by Moeti et al. (2024), where sessions were mainly knowledge based and lacked active involvement. In the present study, PMC beneficiaries conveyed frustration with practitioners who depend on reading manuals without involving couples in the discussions. This advocates that experience based and participatory skills building methods are more effective than passive didactic procedures in upholding meaningful learning and long-term marital readiness.

Duration of PMC Assessment. The findings moreover suggested that PMC session's duration considerably impacted participants' views of curriculum adequacy and efficiency. Beneficiaries and practitioners largely agreed that roughly six to twelve sessions, with an average endorsement of ten sessions, were essential to broadly address important premarital themes such as communication, affection, conflict management, parenting, faith issues, and financial stewardship. Respondents who underwent ten sessions recounted greater fulfilment with PMC delivery, whereas those who underwent fewer sessions evaluated the programs as insufficient and superficial. These findings are confirm Adzovie and Dabone (2021) and Soleimani et al. (2022) who found that organized and sufficiently lengthy PMC programs are more effective in advancing relationship readiness and marital outcomes. Similarly, Sim

and Wang (2022) proffered that shortened PMC programs often limit contemplative dialogue and reduce the counselling interventions therapeutic potential. Nevertheless, unlike some earlier studies that concentrated on PMC participation rather than duration, the current findings specially emphasize the prominence of adequate session length in enabling wide-ranging consideration of spousal issues and sustained engagement. The study outcomes thus suggest that standardized PMC guidelines stipulating minimum session conditions may enhance steadiness, depth, and efficiency in PMC delivery.

Beneficiaries' Satisfaction Levels and Recommendations

This theme has four themes that emerged from the study findings including: Beneficiaries' satisfaction levels with PMC beneficiaries; supportive environment; adequate coverage of PMC topics and utilization of examples. These sub themes are discussed as follows:

Beneficiaries' Satisfaction Levels with PMC Sessions. The current study findings found varied levels of satisfaction among beneficiaries concerning PMC content dissemination, with a majority respondents confirming (55%) dissatisfaction due to insufficient topic coverage, inadequate session involvement, judgmental facilitation methods, and substandard professional practice. Beneficiaries mainly expressed unease over the exclusion of essential themes like personality traits, which they thought were necessary for cultivating self-awareness and relational alertness. These findings concur with Gichuri et al. (2024), Moeti et al. (2024) and ShokrZadeh et al. (2024) who established that PMC curricula lacking inclusive, individualised, and interactive methods often fail to meet couples' relational and growth needs. Similarly, Hollifield (2021) and Saulter-Carney (2024) opined that directive and rigid

counselling methods reduce meaningful reflexivity and shared learning among couples. Moreover, the current study findings agree with Kgatle and Spaumer (2023), who indicated that insufficient practitioner training compromises the quality and efficacy of PMC application. Conversely, unlike earlier studies that targeted mainly curriculum limitations, the present outcomes establish that beneficiaries' fulfilment was also influenced by facilitation style, emotional attachment and ample time allocation during sessions.

Supportive Environment. Likewise, the study confirmed that a supportive setting purposely impacted beneficiaries' contentment, involvement, and readiness to participate openly during PMC sessions. Respondents valued surroundings marked by confidentiality, emotional security, active involvement, and chances for self-disclosure, predominantly where facilitators formed safe spaces for open discussions and reflection. These outcomes correspond with Kirkbride et al. (2024) claim that nurturing counselling settings foster trust, genuineness, and relational readiness among premarital couples. Also, Alizadeh et al. (2021) and Elrayes et al. (2023) ascertained that interactive methods such as group dialogues, guided feedback, brainstorming sessions, and experiential assignments advance involvement and positive learning outcomes during PMC. The current findings equally concur with Alizadeh et al. (2021), who opined that both personalised and group counselling methodologies deliver unique benefits, with individual sessions increasing depth while group sessions uphold mutual learning and interpersonal support. Yet, the present findings disagree with general PMC models that prioritise didactic delivery over emotional attachment and participant involvement. Some beneficiaries in the current study expressed dissatisfaction with purely group-based sessions that lacked individualized consideration and deeper relational exploration. This suggests that

incorporating individualised counselling with cooperative group learning may boost emotional security, openness, and overall beneficiary contention within PMC curricula.

Adequate and Balanced Coverage of PMC Topics. Besides, the findings confirmed that the beneficiaries highly appreciated satisfactory and well-adjusted delivery of PMC topics, particularly sessions dealing with communication, conflict management, marital roles, faith and religiosity, self-awareness, sexuality, and practical marriage obligation. Respondents prized curricula that combined both theological and practical components of marriage while preparing couples with psycho-educational and conflict resolution strategies. These findings corroborate Moeti et al. (2024), who declared that inclusive premarital education buttresses relationship readiness and long-term marital steadiness. Equally, Harley et al. (2021), Pollock (2025) and Salley (2022) found that scanty attention to sexual health, affection and reproductive education makes couples inadequate in navigating vital marital issues. The present outcomes also support Elrayes et al. (2023) and Ranjbar et al. (2023), who backed structured sexual and reproductive health education within PMC curricula. Nonetheless, the current outcomes deviate from studies proposing that faith-based PMC satisfactorily covers moral and relational issues, as respondents in this study stated that sexuality-related topics were dodged, hurried, or overstated thus providing scanty depth. This contrast underpins the need for structured programs and professionally trained facilitators skilful in covering sensitive themes broadly, ethically, and contextually.

Utilization of Examples. Notably, this study also presented that beneficiaries highly cherished the deployment of real-life cases, individualised testimonies, and practical situations during PMC sessions, as these amplified comprehension,

relatability, and involvement with the counselling content. Respondents mainly valued facilitators who incorporated cases from their own marriages and lived experiences to demonstrate abstract marital concepts and relational issues. These findings concur with Okwabeng (2022) outcomes which found that biblical narratives and real-life marital stories helped couples connect theoretical concepts with practical marital realities. Similarly, Flournoy (2024) noted that experience-based learning supports cultural applicability, participant involvement, and understanding during PMC sessions. Specifically, the current findings validate experiential learning positions that advocate for localized and dependable learning approaches in relationship education. Conversely, unlike some traditional PMC approaches that rely profoundly on lectures and abstract instruction, the current findings show that beneficiaries favoured practical, experience-based facilitation methods that relate with everyday marital experiences. This suggests that the fusion of realistic cases and experiential illustrations further understanding, retention of PMC content, and couples' readiness for future marital challenges.

Guidelines and Protocols for Ingraining PMC Delivery

This section discussed four sub-themes that emerged from the study data: professionalism and ethical conduct, PMC session planning and delivery, appropriate infrastructure and resources, and post-marital counselling.

Professionalism and Ethical Conduct. The research findings indicated that professionalism and ethical practice are essential to effective PMC administration, mostly in facilitating trust, genuineness and client involvement. Respondents pinpointed the significance of privacy, informed consent, cultural sensitivity, honesty, and non-judgmental attitude when handling sensitive issues such as sexuality,

finances, and past relationships. These outcomes coincide with Randall (2023) and Zeglin (2020) who offer that counsellors should avoid imposing individual values but advance clients' self-discovery and autonomy. Additionally, Moore (2021) warned that counsellors' unresolved marital experiences may negatively impact counselling practice if professional boundaries are blurred. The current findings also match Moeti et al. (2024), who established that ethical practice and practitioner proficiency amplify the credibility and efficacy of PMC. Alternatively, unlike studies that largely concentrate on ethical principles in general counselling, the current study illustrates the additional importance of cultural competemility and contextual receptiveness within African PMC environments. Respondents expected counsellors not only to exhibit professional proficiency but also to incorporate biblical values and culturally relevant methods, mostly within church contexts. These outcomes thus extend existing literature by showing that expertise in PMC within Kenya must merge ethical practice, contextual sensitivity, and spiritual assimilation to improve marital readiness.

The PMC Session Planning and Delivery. The research findings reported that effective PMC needs careful scheduling, organized session delivery, and consistent involvement by both counsellors and couples. Respondents noted the significance of clear agendas, topical plans, session goals, and follow-up plans to facilitate significant learning and continuity. This finding matches Saulter-Carney (2024), who contended that PMC curricula should comprise ordered themes and assessable goals to boost readiness and marital transition. Similarly, Moeti et al. (2024) reported that poorly organised PMC sessions resulted in unreliable outcomes and fail to adequately deal with couples' relationship needs. Respondents in the current study voiced discontent with rushed and poorly planned sessions, some taking

only 15 to 30 minutes, which restricted beneficial discussions on personality, communication, sexuality, and conflict management. The findings contradict recommendations by Kirkbride et al. (2024), who supported systematic programing systems, reminders, and satisfactory session duration to expand sustainability and participation. Another variance come from Western PMC theories relying greatly on manuals and structured teaching whereas the current study confirmed need for adaptability and contextual adaptation towards addressing couples' diverse desirability and cultural realities. The recommendation for around 90-minute couple sessions and 120-minute group sessions proves the need for both standardization and contextual adaptability in PMC implementation.

Appropriate Infrastructure and Resources. The study findings established that satisfactory infrastructure and resources (capital and material) are vital for growing the quality and steadiness of PMC curricula. Respondents noted the need for structured PMC manuals, institutionalised PMC departments, suitable therapy settings, assessment tests, and competent personnel to support efficient service provision. These findings concur with van Dooren et al. (2020), who stated that standardised protocols and supportive assets advance sustainability, treatment compliance, and counselling efficacy. Equally, Moeti et al. (2024) determined the necessity of institutionalizing PMC through harmonised frameworks and professional governance systems. This study also found that the lack of clear operational structures and sufficient infrastructure led to disjointed, overly rigid, and inadequately individualised counselling experiences. This finding differs with some well-known PMC curricula such as PREP and SYMBIS, which function with well-developed manuals and harmonised procedures (Neswiswa & Jacobs, 2020). Respondents also stressed the significance of assessment instruments and expert resource persons

capable of dealing with delicate issues like sexuality, reproductive health, and conflict resolution. These outcomes hence advise that PMC efficacy is not solely reliant on counsellor competency, but on access to structured institutional support systems that enable consistency, professionalism, and contextual applicability in counselling practice.

Post Marital Counselling. As well, the findings indicated that post marital counselling is a vital addition of PMC since marital problems often appear after couples begin life together. Respondents suggested that PMC alone may not appropriately address continuing marital realities unless accompanied by sustained support and follow-up interventions. These findings agree with Adzovie and Dabone (2021) and Moeti et al. (2024), who observed that dissolution and separation rates persist despite involvement in premarital service, thus requiring on-going marital upgrading and support programs. Equally, Lebow (2022) contended that continued strategies reinforce couples' coping skills, communication patterns, and emotional regulation in handling marital stressors. The current study also showed that couples anticipated nonstop guidance beyond the wedding period, mainly in areas like conflict resolution, role adjustment, sexuality, parenting, transitions and financial obligation. This finding differs with traditional PMC programs that often terminate counselling after the wedding. The present study supports a more integrative and developmental approach where PMC is taken as part of a larger continuum of marital care. The findings therefore extend existing literature by recommending that post marital counselling within African contexts should integrate marriage continued support comprising emotional support, and culturally responsive strategies to sustain marital stability and long-term satisfaction.

Conclusion

These findings illustrated noteworthy variations among clergy, counsellors, and PMC beneficiaries concerning the processes, interventions, and delivery of PMC. Counsellors stressed the use of evidence-based approaches and assessment instruments like CBT, EFT, attachment theory, genograms, and personality tests to individualise strategies, while clergy mostly identified spiritual guidance, biblical incorporation, structure, and discipline within marriage prepping. Contrastingly, many beneficiaries recounted discontent with rushed, overly preachy, loosely structured and inefficiently individualised sessions, with some signifying that assessments and deeper relational issues were not suitably tackled. These paradoxes indicate disconnect among practitioners' views of effective PMC delivery and beneficiaries' lived experiences. Whereas counsellors and clergy termed their strategies as framework-based and beneficial, beneficiaries often experienced unpredictability, shallow content coverage, and inadequate preparation. These findings match Moeti et al. (2024), who noted discrepancies in PMC quality due to deficient practitioner training, but contrast with Roberts (2023), whose respondents largely recounted positive PMC experiences marked by involvement and relational growth. The outcomes thus suggest that although practitioners' value framework-based and theory-driven interventions, gaps remain in interpreting these methods into meaningful, client-centred, and contextually couple centred experiences.

Contextually Relevant Cultural Factors Worth Inclusion in Existing PMC Programs

The third objective of the study was to find contextually relevant cultural factors worth inclusion in existing PMC programs in selected institutions within Kiambu and Nairobi counties. The sub themes that emerged include: Contextually relevant cultural factors; challenges of dealing with cultural differences, inclusivity

and non-discrimination, the PMC cultural practitioner cultural sensitivity, creating a collaborative environment and strategies for addressing cultural challenges.

Contextually Relevant Cultural Factors

This study explored the strategies used by PMC counsellors in Kenya when working with premarital couples, highlighting the importance of cultural sensitivity. The PMC counsellors were questioned regarding their methods for engaging premarital couples in a culturally sensitive manner. When posed with the question, *"how do you approach premarital couples with cultural sensitivity?"* A counsellor replied: *"being aware of different cultures represented"* (Couns01). Another counsellor remarked: *"counsellor to be informed about different cultures"* (Couns04). This comprehension enhances engagement, fosters acceptance, and increases the long-term efficacy of the premarital counselling experience. Such awareness must be paired with respect for the couple's beliefs, faith, culture, and individuality, which entails recognizing their distinct values and relational expectations. A counsellor observed: *"respecting people's beliefs"* (Couns02).

Practicing cultural humility was also highlighted as essential. This entails recognizing that the counsellor is not the authority on the couple's lived experiences, but rather a facilitator who must remain open, curious, and willing to learn. A counsellor respondent noted: "*practicing cultural humility*" (Couns03). In addition to humility, counsellors stressed the importance of inclusivity, neutrality, and non-judgemental engagement. When asked, "*How do you approach premarital couples with cultural sensitivity*? One counsellor stated: "*inclusivity - do not discriminate against people because of their gender orientation*" (Couns05). When asked how they typically handled difficulties when interacting with individuals of different ages,

races, social classes, economic standings, educational backgrounds, or sexual orientations, a counsellor emphasized the importance of neutrality, stating: "*remind the client that you as a counsellor are neutral*" (Couns02) while another counsellor stated: "*being empathic*" (Couns02). These culturally sensitive principles ensure that couples are not discriminated against on the basis of gender orientation, ethnicity, or other personal attributes, and they create a safe space where couples feel affirmed and respected.

Analytical Memo. The current study results indicate that cultural sensitivity serves as a fundamental component in providing effective, inclusive, and ethically responsible PMC. In environments such as Kenya, where couples often embody a blend of tribal, religious, educational, and socioeconomic backgrounds, the capacity for counsellors to acknowledge and address cultural diversity significantly impacts the depth and quality of their interactions. Recognizing various cultures, along with honouring each couple's beliefs, values, and individuality, emerged as the most frequently highlighted aspect. This understanding enables practitioners to avoid making assumptions, foster relational trust, and customize sessions to align with the lived experiences of the couples they assist. Cultural humility transforms the counsellor's position from that of an expert to a facilitator who listens, learns, and adjusts to the needs and context of the beneficiaries. This transformation fosters a supportive environment for discussing sensitive issues such as gender roles, family expectations, and spiritual beliefs with beneficiaries in a manner that promotes openness and freedom.

Furthermore, inclusivity, neutrality, and non-judgmental engagement ensure that no couple feels marginalized or belittled due to their personal characteristics or orientations. Relational tools, including affirmation and empathy, have been

identified as essential mechanisms for enabling couples to feel emotionally secure and valued. PMC practitioners ought to recognize the experiences and aspirations of the couple. Furthermore, PMC practitioners should demonstrate empathy towards the emotional, cultural, and relational contexts that couples bring into the counselling environment. This entails acknowledging the anxieties, expectations, and vulnerabilities that frequently accompany marriage preparation, and responding with authentic care, attentiveness, and emotional presence.

Empathy facilitates the establishment of trust, diminishes defensiveness, and fosters a secure atmosphere where couples feel acknowledged, respected, and supported. The application of feedback was also recognized as a strategic approach for enhancing PMC delivery, enabling counsellors to remain attuned to cultural subtleties and the specific needs of couples. Ultimately, PMC must consider overarching ethical concerns such as maintaining confidentiality, employing culturally sensitive language, and upholding the dignity of each individual. Such ethical principles bolster trust in PMC services, as couples are assured that their narratives are significant and that their identities will be safeguarded throughout the counselling process.

Challenges of Dealing with Cultural Differences

The guiding question to address the challenges of dealing with cultural differences among PMC practitioners was: “what difficulties arise when interacting with individuals who are different from you in terms of age, race, social class, economic standing, education, or sexual orientation?” One counsellor remarked: "how to harmonize couples- each of them comes with their set of ideas and wants to hold onto them" (Couns04). Another counsellor noted: "having different

perspectives" (Couns04). Additional challenges mentioned by the respondents' encompassed, "values and beliefs, religious factors, family roles, expectations, and traditions" (Couns04, 07, 08; Clergy01, 04). One of the counsellors participating in the current study stated: "differing communication styles can create challenges when engaging with individuals from various backgrounds, including differences in age, race, social class, economic status, education, and sexual orientation" (Couns07). A counsellor further added: "disrespecting people's beliefs" (Couns11).

Analytical Memo. The study findings indicate that intercultural difficulties frequently emerge when engaging individuals across different ages, races, social class, economic status, educational background, and sexual orientation. Further, spouses enter marriage with distinct expectations and perspectives that require deliberate harmonisation within the PMC framework. Respondents also highlighted values, beliefs, religious considerations, family roles, expectations, and traditions as significant sources of tension. Divergent communication styles across sociocultural backgrounds were identified as compounding these challenges. Critically, failure to respect PMC beneficiaries' beliefs was noted to foster acrimony and undermine trust in PMC services.

Inclusivity and Non-Discrimination

Moreover, the emphasis on inclusivity, particularly regarding non-discrimination based on gender orientation, was evident. The counsellors involved in the FGD unanimously concurred that they ought to uphold a neutral stance and refer clients if they detect any bias from the counsellor. One counsellor highlighted: *"practicing cultural humility is of utmost importance"* (Couns06). Another counsellor remarked: *"clients may possess a higher level of education"* (Couns02). Additionally,

regarding the topics or content covered in PMC, a beneficiary noted: *"it shed some light into what to expect in marriage but it was done by lay people, not thorough or professional"* (Benef13). Furthermore, another counsellor elaborated: *"Gender factor- as a counsellor, a lady might come and has issues with her partner. As you chip in, she might accuse you of being biased"* (Couns03).

To manage such situations, some counsellors suggested that it is advantageous to exhibit empathy and remind clients that you, as a counsellor, are neutral or refer them if the client insists that you are biased. Regarding how they approched premarital couples with cultural sensitivity, a counsellor further stated: *"inclusivity, do not discriminate against individuals based on their gender orientation"* (Couns08).

Analytical Memo. The study supported a strong commitment to inclusivity, as the study respondents' emphasized non-discrimination, particularly regarding gender orientation, as integral to ethical PMC practice. Moreover, counsellors collectively articulated cultural humility as a guiding stance, thereby underscoring neutrality and reflexive awareness of potential bias. Consequently, referral was positioned as an ethical safeguard when counsellors perceive personal bias or when neutrality is questioned by clients. At the same time, PMC beneficiaries' expectations that PMC clarify marital realities signal a growing demand for demonstrable professional competence among providers. In addition, empathy emerged as a practical strategy for managing perceived bias while maintaining the therapeutic alliance. Overall, the findings highlight neutrality, inclusivity, and competence as intersecting pillars of culturally responsive PMC.

The PMC Practitioner Cultural Sensitivity

When inquired if the counsellor showed them respect regarding their age, race, social class, financial status, educational background, and sexual orientation, 89% (N = 17) affirmed that they were treated respectfully, while only 11% (N = 2) disagreed (Figure 20).



Figure 20: Beneficiaries Perceptions of Cultural Sensitivity of their Counsellors

Concerning the views of beneficiaries on cultural sensitivity, one beneficiary reported: *"he valued our commitment and faith in establishing a Godly foundation, and he also shared examples from his marriage"* (Benef14). When inquired about how counsellors communicated with respect, some PMC beneficiaries observed: *"permitting couples to share their experiences, fostering a positive atmosphere for respectful dialogue"* (Benef02); *"paying attention to clients' contributions"* (Benef03); "*addressing all clients' inquiries, facilitating full participation, maintaining the dignity of couples"* (Benef02); *"listening carefully without interruptions, adopting a non-judgmental stance, employing respectful language, exhibiting a welcoming demeanour; through respectful gestures and tone of communication, being adaptable regarding meeting times"* (Benef04); Other submissions from PMC beneficiaries included: *"treating couples as equals alongside*

their partners, promoting mutual respect among couples (Benef11), *honouring couples' personal values without imposing his own beliefs, encouraging open and honest communication* (Benef14), *ensuring confidentiality and trust* (Benef15), *utilizing positive and supportive reinforcement, and valuing diversity"* (Benef18).

Analytical Memo. The beneficiaries of the PMC expressed gratitude for the respectful treatment they received from service providers, thereby affirming the ethical quality of service delivery. Moreover, they indicated that this sense of respect was reinforced through multiple approaches, including the creation of a supportive atmosphere for health-related discussions and interactions. Additionally, participants highlighted the importance of confidentiality and noted that providers refrained from imposing personal values on couples preparing for marriage. Furthermore, beneficiaries suggested that opportunities for couples to share experiences fostered a positive and dialogical environment. In this regard, they emphasized that PMC providers should listen without interruption while using respectful language, maintaining a welcoming demeanour, and demonstrating adaptability. Overall, the study observed that respectfully addressing all client inquiries promotes inclusive participation and preserves the dignity of premarital couples.

Cultural Competence. Beneficiaries also expressed the need for PMC practitioners to exhibit cultural competence. Additional significant issues pertain to cultural insensitivity, as previously mentioned, since counsellors must be culturally aware to recognize and value the distinct needs of clients, including their educational background, beliefs, age, and financial status. Some beneficiaries expressed: "*my sessions entailed a cultural way of taking care of a spouse, and I got out of the counselling sessions more fearful*" (Benef04) and, *"cultural mismatch, beliefs and*

practices, fear from traditional framing, and lack of cultural sensitivity" (Benef03; Benef07 & Benef17).

Analytical Memo. The sub-theme of cultural competence was influenced by participant remarks such as *"a cultural way of taking care of a spouse"* and *"feelings of fear"* that arose after sessions, highlighting a discrepancy between the counselling provided and the cultural expectations of clients. During the coding process, terms like *"cultural mismatch, beliefs and practices, fear from traditional framing, and lack of cultural sensitivity"* were frequently noted. These narratives indicate that counsellors may unintentionally perpetuate cultural norms without thoroughly engaging with the diversity present among clients. Statements expressing disappointment or discomfort were tied not only to the content but also to the way traditions were presented, often in a prescriptive manner rather than a reflective one. In this context, cultural competence requires not only awareness but also the proactive integration of clients' diverse backgrounds into the session framework. Therefore, training for PMC facilitators should focus on critical reflection regarding culture, awareness of generational shifts, and flexibility across socio-economic differences.

Creating an Open and Collaborative Environment

A beneficiary offered: *"the counsellor would always confirm if we would want the session to be conducted in English or Swahili. Due to financial constraints, we would only contribute affordable tea and snacks, but the sessions were free of charge"* (Benef5). Counsellors should foster an open and collaborative environment that allows premarital couples to learn effectively. The PMC practitioner provided reassurance to the premarital couples, by stating: *"by telling us we were free to open*

up and he would treat the matter with utmost confidentiality, we felt secure" (Benef11). Active listening demonstrated genuine interest and respect for the couple's viewpoints. A beneficiary observed: *"at least he tried as much as he could to come to our level where he even valued our responses, seeking to understand us deeper, and as well very willing to offer us wise counsel which is still memorable in our marriage up to date"* (Benef07).

The beneficiaries were asked, 'If the counsellor did not demonstrate respect, what actions or omissions caused you to feel disrespected in your individuality?' One beneficiary stated: "from my viewpoint, my PMC counsellor appeared to lack understanding of the nature of PMC services (Benef07). Another beneficiary expressed: "the authority of the mentor couple, stemming from their perceived marital experience, made it difficult for us to pose questions, as it felt as though we were there to be instructed on marriage, which contradicts a professional dialogue" (Benef09).

Analytical Memo. The study findings suggest that the effectiveness of premarital counselling is closely linked to the quality of the relational space established by the counsellor. Specifically, an open and collaborative environment enables couples to engage more meaningfully with PMC content, particularly when reassurance and clearly articulated confidentiality protocols reduce fear of judgment and promote self-disclosure. Moreover, the findings indicate that counsellor flexibility – such as the use of Kiswahili and vernacular languages familiar to premarital couples, as well as accommodation of contextual practices within church-based group settings – enhances participation and the perceived relevance of the counselling process. In addition, beneficiaries' appreciation of active listening highlights the critical role of counsellor attunement, respect, and genuine curiosity in

fostering trust and mutual understanding. Conversely, prescriptive counselling approaches were perceived as restrictive and misaligned with professional, dialogical engagement, thereby limiting couples' willingness to participate openly. Collectively, these insights underscore that PMC is most effective when practitioners adopt a relationally responsive, context-sensitive, and dialogical stance rather than an authoritative or directive posture.

Strategies for Addressing Cultural Challenges

When questioned about their methods for tackling challenges that stem from interactions with clients of diverse cultural backgrounds, a clergy member remarked: *"they may withhold information and become reticent due to their apprehension of being identified, particularly concerning their ages"* (Clergy04). Another clergy member noted: *"alongside their particular expertise, it is crucial to understand the demographics of the group and to grasp the Church policies"* (Clergy04). When asked about their strategies for addressing challenges faced while interacting with clients from various cultural backgrounds, a clergy member stated: *"clients share their experiences regarding how they navigate their differences, and before any premarital PMC, clients submit their bio-data"* (Clergy04).

In addition, when questioned about the techniques used to promote cultural sensitivity, a clergy member replied: *"feedback from each session informs subsequent sessions. This feedback is communicated to facilitators for enhancement"* (Clergy04). Another clergy member indicated: *"engage with premarital couples with cultural awareness and impartiality, maintaining a non-judgmental stance, offering affirmation, actively listening, demonstrating empathy, and understanding, and utilizing feedback"* (Clergy03). Figure 21 illustrates the cultural obstacles

encountered by PMC counsellors and the approaches required for premarital counsellors to deliver PMC in a culturally aware way.

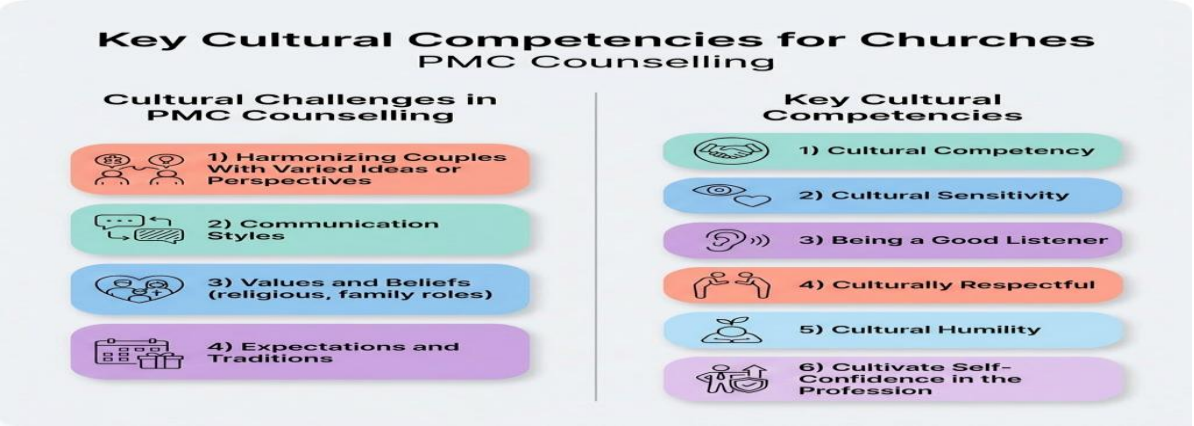


Figure 21: Cultural Issues Faced by PMC Counsellors and Relevant Strategies

Analytical Memo. With regard to strategies for cultural engagement, the clergy respondents emphasized the importance of understanding both the demographics of the group and the guiding Church policies. Likewise, they indicated that reviewing clients' biographical information enables practitioners to align culturally by applying sensitivity in their interventions. In addition, the clergy respondents elucidated that systematic feedback from each session informed subsequent sessions and was communicated to facilitators to enhance programme delivery. Taken together, these practices reflect an iterative and reflexive approach to culturally responsive PMC. Accordingly, the study advanced that practitioners should engage premarital couples with cultural awareness and impartiality. This engagement entails maintaining a non-judgmental stance while offering affirmation, active listening, empathy, understanding, and the purposeful use of feedback.

Strategies for Cultural Sensitivity. Beneficiaries were also enquired regarding the appropriate actions that PMC counsellors should take to respect those utilizing PMC services. They offered the following insights: "*remain non-*

judgmental" (Benef01); *"engage in active listening, while employing clear and simple language"* (Benef03); *"upholding confidentiality and privacy"* (Benef04, 12); *"providing tailored programs"* (Benef05); *"exhibiting kindness and understanding"* (Benef06); *"performing pre-assessments"* (Benef07); *"fostering openness through self-disclosures"* (Benef08); *"being pragmatic"* (Benef09); *"exemplifying marital life"* (Benef10); *"allocating adequate time for sessions"* (Benef11); *"concentrate on session planning"* (Benef12); *"conveying empathy"* (Benef13); *"acknowledging cultural and religious diversity"* (Benef14); *"act as professional counsellors"* (Benef15); *"advocating for a biblical foundation of marriage"* (Benef17); *"honour the couple's faith"* (Benef18), and *"employing suitable communication skills."* Benef12 additionally opined: *"cultivating mutual respect within the relationship, offering a personalized approach, encouraging informed decision-making, maintaining professional competence and ethical standards; addressing both partners equally; being trauma-informed and promoting growth without inducing shame."*

Analytical Memo. The participants lived experiences revealed that culturally sensitive premarital counselling is grounded in non-judgmental, empathetic, and kind engagement, which fosters emotional safety and encourages openness without inducing shame. Moreover, beneficiaries emphasized active listening and the use of clear, simple, and appropriate language, suggesting that effective communication enhances inclusion and mutual understanding across diverse cultural and educational backgrounds. In addition, the consistent emphasis on confidentiality, professionalism, and ethical conduct indicates that trust in PMC is strengthened when counsellors demonstrate competence, fairness, and respect for privacy. Participants further highlighted the importance of tailored programmes, pre-assessments, careful session

planning, and adequate time allocation, as these practices increase relevance and responsiveness to couples' unique needs. Furthermore, respect for cultural and religious diversity, including honouring couples' faith commitments and, for some, a biblical foundation of marriage, was viewed as essential to meaningful engagement. Collectively, these insights suggest that culturally sensitive PMC is most effective when practitioners integrate empathy, professional integrity, contextual flexibility, and respectful dialogue within the counselling process. Generally, cultural sensitivity in PMC is based on a framework of relational and ethical practices that encourage inclusivity, respect, and dignity across a range of backgrounds. Figure 22 illustrates a summary of the cultural factors that should be included in PMC programs.

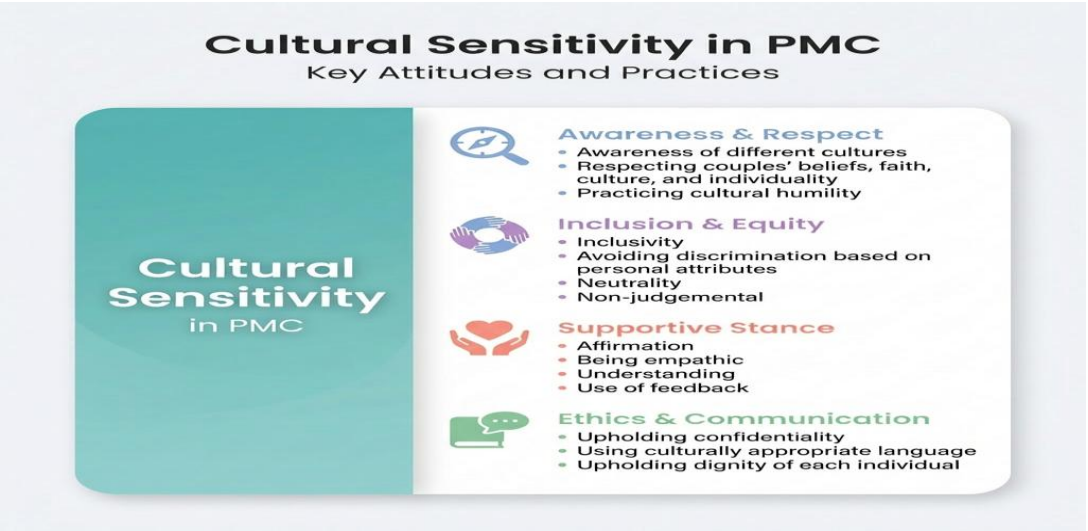


Figure 22: Cultural Factors worth Inclusion in PMC Programs

Handling Cultural Differences. In the face of differing cultural viewpoints between counsellors and premarital couples, it is crucial to listen and adopt an open-minded approach for improved understanding. Regarding the management of cultural diversity, a clergy remarked: "explore cultural situations that enhance or affect marriage" (Clergy01). Being cognizant of various cultures enables counsellors to communicate effectively with couples by being sensitive and respectful towards

personal matters such as family of origin, family background, and belief systems. In response to how they navigate challenges related to engaging with culturally diverse clients, another clergy observed: "I handle such situations through active listening" (Clergy02). Thus, PMC practitioners should respect the cultural diversity of the clients.

In another perspective, the clergy were asked about the approaches they use to ensure that the cultural differences of premarital couples are acknowledged in PMC. The realm of cultural competence, especially regarding cultural diversity from a biblical viewpoint, was clearly showcased. The clergy's feedback included: *"they are integrated in the biblical culture"* (Clergy01); *"understand their culture and how they can harmonize"* (Clergy02); *"exploration on their faith, challenge them to weigh cultural issues and determine its role and consequences"* (Clergy03); *"make it clear from the onset that cultural diversity is Godly"* (Clergy04). Moreover, the clergy were requested to express their perceived knowledge crucial for premarital counsellors to provide PMC in a culturally sensitive way. Two clergy members emphasized the necessity of being non-judgmental and receptive to the experiences of others. A clergy member stated: *"understand their culture and how it affects marriage and how it compares with the biblical culture, and also understand the governing of that culture"* (Clergy04).

Analytical Memo. The findings indicate that respondents perceive deliberate exploration of cultural dynamics affecting marriage as a strategic approach to managing cultural diversity. Counsellor participants emphasized active listening as a core professional skill for navigating challenges when engaging culturally diverse clients. From a Biblical perspective, clergy respondents framed cultural diversity management as integration into Biblical culture through understanding and

harmonization. This integration requires critical exploration of faith, encouraging individuals to weigh cultural issues, roles, and potential consequences. Clergy further underscored the importance of affirming from the outset that cultural diversity aligns with Godly principles. Collectively, respondents stressed that PMC providers must remain nonjudgmental and receptive to the lived experiences of PMC couples.

Discussion of Contextually Relevant Cultural Factors in PMC Programs

The discussion on the third objective of the study centres on the main themes and sub-themes that arose concerning contextually relevant cultural factors in PMC programs. More specifically, the discussion explores cultural awareness and sensitivity, challenges linked with cultural differences, inclusivity and non-discrimination, practitioner cultural humility, collaborative counselling environments, and methods utilised for handling cultural concerns in PMC. The discussion further relates the findings to existing literature on multicultural competence, cultural humility, and intersectionality in order to show how culturally sensitive practices contribute to effective and contextually relevant PMC.

Contexually Relevant Cultural Factors

The current study findings show that cultural sensitivity is a core component in the effective offer of PMC, mainly within culturally varied contexts such as Kenya. Counsellors highlighted the centrality of being aware of different cultures, honouring clients' beliefs, and being appreciative of how cultural diversity forms marital desirability and relational dynamics. These outcomes confirm existing scholarship which contends that culturally responsive counselling enriches trust, conversations, and counselling relevance among couples from dissimilar backgrounds. Finkelstein (2025) similarly showed that counsellors who integrate clients' cultural values and practices into therapy are more helpful in enhancing involvement and long-term

counselling benefits. Likewise, Williams (2025) noted that multicultural competence obliges counsellors to have awareness and gratitude of both their own culture and the cultures of their clientele. The current findings also agree with studies displaying that culture, family systems, and social norms strongly impact marriage behavioural and communication patterns (Sigamoney, 2023). For instance, Arahman et al. (2024) established that couples from high-context cultures mostly rely on implicit communication and non-verbals, while those from low-context cultures use direct communication, these contrasts that may produce misinterpretation if not properly handled during counselling. Different from Western-oriented PMC approaches that often underscore individualism, the present outcomes found that Kenyan couples continue being influenced by communal cultural systems where extended family involvement, spirituality, and traditional gender outlooks considerably shape marital relationships. Thus, the present study underpins the supposition that PMC curricula must be culturally contextualized in order to address the contextual realities of Kenyan couples.

Further, the study confirmed that cultural humility, inclusivity, empathy, neutrality, and non-judgmental engagement are necessary interpersonal competencies for culturally sensitive PMC. Counsellors noted the significance of being open-minded, neutral, affirming, and respectful toward couples notwithstanding ethnicity, gender positioning, social class, or educational background. These findings match with Haas et al. (2024), who understand cultural humility as comprising self-reflection, forbearance for diversity, and the willingness to challenge individual biases while adjusting communication to clients' cultural realities. Likewise, Zhu et al. (2023) distinguish cultural humility from cultural competence by stating that humility necessitates counsellors to position themselves as learners who acknowledge

clients as experts of their own lived experiences. The present study confirms this position by establishing that counsellors practice humility and empathy, create safe settings where couples feel accepted and treasured. These findings resonate with Molefe (2023), who found that intercultural couples who practice cultural humility report better interaction quality and relational fulfilment. Nevertheless, while previous studies largely focused on interracial or intercultural relationships, the current study goes beyond this conceptualization by proving that even couples within the same national settings require culturally sensitive counselling due to dissimilarities in tribe, religion, socioeconomic status, and family norms. Additionally, the findings validate Haryono (2023), Khan (2023) and Santoso and Stimpson (2022) who reveal that neutrality and non-judgmental outlooks are essential for preventing counsellors from enforcing personal values or cultural expectations on couples. As opposed to directive counselling approaches that may involuntarily import gender stereotypes or social norms, the outcomes of this study recommend that neutrality permits couples to easily discuss sensitive issues such as sexuality, financial duties, reproductive decisions, and family stresses without fear of reproach or discrimination.

Finally, the findings illustrated that empathy, validation; feedback, privacy, and honour for human dignity are key ethical and relational practices that reinforce the effectiveness of PMC. Counsellors discerned the need to recognize couples' emotional responses, exhibit genuine support, and constantly seek feedback in order to advance counselling offer and cultural receptiveness. These findings agree with Amanfi (2022), Ashford and Miotto (2025), and Marinov (2023), who contend that validation and empathy foster trust, emotional security, and openness in counselling relations. Similarly, Mohammadian et al. (2021) and Ryland (2021), state that

empathic attending helps counsellors relate with clients emotionally through attentive attending, verbal validation, and supportive non-verbal conversations. The present outcomes extend this literature by highlighting that empathy within PMC operates not only as a counselling skill but also as a culturally receptive practice that permits counsellors to identify the anxieties, desirability, and susceptibilities linked with marriage prepping. Furthermore, the findings concerning the use of feedback mechanisms correspond with Ford et al. (2020), Rad and Rad (2024) and Rajendrakumar et al. (2024), who point out that constant feedback increases counselling efficacy by assisting counsellors to adjust strategies to clients' unique cultural and interpersonal needs. However, the current study uniquely establishes that feedback also functions as a method for upholding cultural significance and contextual receptiveness within PMC sessions. In addition, the spotlight on privacy and respect for self-worth supports ethical counselling literature which upholds that clients are more likely to contribute genuinely when they feel secure and assured that their individualities and personal narratives will be secure. Together, the findings advocate that culturally receptive PMC needs an incorporation of cultural awareness, humility, empathy, inclusivity, ethical sensitivity, and contextual adjustment in order to fortify marital readiness and stimulate healthy, robust relationships within the African context.

Challenges of Dealing with Cultural Differences

The results of the current research observed that PMC practitioners normally run into problems when dealing with couples from varied cultural, social, educational, religious, and socioeconomic backgrounds. Participants recognized opposing perspectives, values, beliefs, family roles, customs, and communication methods as major barriers that muddle counselling relations and marital

harmonisation. These findings agree with prior studies showing that cultural milieu often forms how couples understand relational needs, conflict, intimacy, and communication styles. For example, Arahman et al. (2024) claimed that couples from high-context cultures tend to rely on indirect and non-verbal messaging, whereas those from low-context cultures choose direct and explicit communication methods, often resulting in misinterpretations and emotional tension when such variances are not handled suitably. Similarly, Zhang and Liang (2023) established that cultural and gender expectations pointedly impact marital stability, mainly where traditional family duties conflict with modern egalitarian standards. The current findings also conform with Ameyaw et al. (2023), who recognized changes in values, family meddling, and misinterpretations as key contributors to marital instability among African couples. But, unlike some earlier studies that centred on communication or gender role conflicts, the current study widens the discourse by indicating that disregard toward beneficiaries' beliefs and identities can weaken trust, create hostility, and weaken the efficacy of PMC curricula. This advocates that PMC problems are not only behavioural but also interpersonal and ethical in nature.

In addition, the research revealed that spouses often enter marriage with deeply rooted cultural desirability and personal viewpoints that necessitate deliberate synchronization during PMC sessions. This finding aligns with Finkelstein's (2025) declaration that culturally receptive counselling necessitates practitioners to comprehend, respect, and incorporate clients' cultural realisms into therapeutic procedures. Too, Molefe (2023) observed that intercultural couples who practice cultural humility and mutual honour establish better communication and relational fulfilment, backing up the current study's focus on courteous engagement. The outcomes also resemble those of Zhu et al. (2023), who highlighted that cultural

humility comprises recognizing clients as experts of their own lived experiences while staying open to incessant learning. Nonetheless, the present study varies slightly from prior literature by highlighting the practical complications counsellors face in balancing competing anticipations within PMC settings, particularly when couples insist on conserving their personal cultural standpoints. In the Kenyan context, where marriages often unite persons from different tribes, social classes, educational backgrounds, and religious orientations, these strains become more noticeable and may exaggerate through family and community influence. Thus, the study stresses the significance of training PMC practitioners with advanced cultural competemility, conflict mediation strategies, and versatile communication strategies to foster mutual understanding, emotional security, and trust among culturally diverse couples.

Inclusivity and Non-Discrimination

The present study findings provided a strong highlight on inclusivity and non-discrimination as vital mechanisms of culturally receptive PMC practice. Participants stressed that counsellors should evade bias based on gender positioning, educational background, or other sociocultural identities, while keeping objectivity all through the counselling process. These outcomes are aligned to Finkelstein (2025), who posited that inclusivity and cultural sensitivity fortify ethical relating, trust, and confidence in family counselling, mostly among culturally diverse couples. Correspondingly, Arahman et al. (2024) advocated for counselling methods that deliberately assimilate cross-cultural outlooks and inclusive practices in consideration of the realities of modern relationships. The present findings further agree with Haas et al. (2024), who hypothesize cultural humility as encompassing acceptance, tolerance for diversity, self-reflection, and adaptation of behaviour in order to engage courteously with

clients from mixed backgrounds. Nevertheless, while prior studies primarily focus on inclusivity as a theoretic principle, the present study advances the literature by showing how counsellors operationalize inclusivity through objectivity, referral practices, empathy, and reflexive mindfulness of individual bias within PMC sessions.

Also, the study indicated that impartiality and non-discrimination are closely interrelated ethical principles that protect the therapeutic relationship in PMC. Counsellors recognized that gender-related issues can undoubtedly create views of bias, mostly when one partner understands counsellor comment as backing the other partner. Therefore, respondents reinforced the significance of empathy, objectivity, and referral when neutrality is threatened. These outcomes verify Stimpson's (2022) claim that impartiality and non-judgment are foundational counselling aptitudes that foster security and openness among couples. Equally, Santoso and Haryono (2023) observed that counsellors communicate neutrality and active listening to guarantee useful marital counselling outcomes, while Nelson (2024) pushes for "strategic neutrality" to sidestep rising relational tensions. The current findings also parallel with Akanle et al. (2025), who warn that counsellors should evade supporting gendered power inequities ingrained in traditional cultural norms. But, unlike some earlier studies that chiefly address neutrality within conflict management, the present study reveals that perceived bias may also occur from educational differences, gender desirability, or counsellor-client power interplay. This suggests that PMC providers need not only theoretical cultural capability but also forward-thinking relational sensitivity and reflexive practice to manage indictments of bias without injuring relational trust.

Also, the findings exposed growing yearnings among PMC beneficiaries for counselling services that are skilfully provided, culturally sensitive, and adequately thorough to handle marital realities. One beneficiary's remark that PMC was "done by lay people" reveals broader worries documented in literature about the capability and readiness of some PMC providers. These findings match with Hesbon et al. (2020) and Moeti et al. (2024) who observed that a lot of faith-based PMC practitioners lack formal counselling training, thereby restricting their capability to deliver clinically effective and contextually functional interventions. The present study hence supports the claim that inclusivity and non-labelling cannot be disjointed from professional proficiency, since incapably trained counsellors may inadvertently spread stereotypes, force personal beliefs, or fail to manage culturally sensitive forces effectively. Concurrently, the findings differ from earlier traditional PMC models that depended on moral instruction and didactic teaching, by emphasizing beneficiaries' demand for more skilled, empathic, and culturally competent services. As stated, the study underlines that objectivity; inclusivity, empathy, and competence jointly form the ethical and relational foundation required for effective PMC administration within culturally varied contexts such as Kenya.

The PMC Practitioner Cultural Sensitivity

The current study findings revealed that most PMC beneficiaries at (89%) gauged their counsellors as culturally sensitive, respectful, and helpful regardless of variances in age, race, social class, educational background, financial status, or sexual orientation. The PMC beneficiaries' mainly treasured counsellors who created safe environments for discourse, stimulated involvement, listened responsively, and maintained secrecy. These outcomes corroborate with Finkelstein's (2025) contention that culturally receptive counselling reinforces security, emotional well-being, and

client participation within family therapy settings. Equally, Williams (2025) conceives multicultural competence as a counsellor's ability to respect cultural diversity while adjusting counselling methods to clients' individualities and lived experiences. The current findings similarly match up with Haas et al. (2024), who suggested that cultural humility comprises recognition, respect for diversity, self-awareness, and inclusive communication practices. Still, unlike earlier studies that primarily emphasize counsellor education and awareness, the present study extends the literature by establishing that beneficiaries assess cultural sensitivity not only through counsellors' knowledge but also by interpersonal behaviours such as active listening, respectful language, adaptableness, warmth, and receptiveness to clients' experiences. This suggests that cultural sensitivity in PMC is both an ethical and relational capability that directly forms couples' views quality of care and dependability.

The research further determined that honourable communication and non-impositional counselling methods considerably affect positive PMC experiences. Beneficiaries valued counsellors who allowed couples to express themselves openly, treated partners alike, supported mutual respect, and desisted from forcing personal dogmas or judgments. These findings coincide with Stimpson's (2022) observation that impartiality, affirmation, and non-judgmental engagement are core principles in effective marital counselling. Notably, Santoso and Haryono (2023) underscore that counsellor impartiality and active attending reinforce therapeutic involvement and facilitate useful relational deliberations among couples. The findings also reverberate with Amanfi (2022) and Marinov (2023), who assert that validation and empathy foster cognitive safety and boost openness in counselling relations. However, the present study varies somewhat from prior literature by exemplifying that beneficiaries

attach substantial significance to counsellors' relational demeanour, as well as respectful tone, welcoming outlooks, flexibility concerning meeting times, and receptiveness to client inquiries. In the Kenyan setting, where couples may come from diverse ethnic, religious, and socioeconomic backgrounds, such interpersonal kindliness becomes principally important in conserving dignity, reducing guardedness, and inspiring inclusive involvement during PMC sessions. Therefore, the findings emphasize that culturally receptive PMC goes beyond technical competency to include empathic, affirming, and dialogical involvement with couples.

Furthermore, the findings proved that secrecy, trust, adaptableness, and valuing variety are central dimensions of culturally sensitive PMC practice. Beneficiaries respected counsellors who protected privacy, stimulated honesty, and recognized couples' personal values without forcing exterior standards. These outcomes agree with Ryland's (2021) argument that empathic attending and respectful conversations improve emotional attachment and inspire couples to reveal sensitive relational issues. Likewise, Athira (2025) recognised that couples who exposed to empathy, validation, and supportive conversations in counselling report better interpersonal outcomes, including enriched communication and conflict management. The current outcomes also resemble Moeti et al. (2024) observations, who advocate for culturally receptive and professionally grounded PMC methods capable of handling diverse marital realisms within African environments. Nonetheless, the study has dissimilarities with earlier traditional PMC methodologies that depended on didactic and moral instruction by emphasising beneficiaries' inclination for cooperative, participatory, and relationally flexible counselling methods. This trend underscores changing desirability among modern couples, who all the time seeks PMC services that are respectful, inclusive, emotionally supportive,

and professionally skilled. So, the study put emphasis that practitioner cultural sensitivity is core to fostering security, inclusive involvement, emotional security, and the general efficacy of PMC programs across diverse cultural contexts.

Cultural Competence. The current study findings recognized that beneficiaries passionately desired PMC practitioners who exhibit cultural competence through thoughtful valuing of clients' beliefs, educational backgrounds, age differences, financial realisms, and relational anticipations. Respondents conveyed uneasiness with counselling methodologies that relied heavily on traditional cultural dictates especially when these strategies generated fear or failed to reflect the lived realities of modern-day couples. These findings support Finkelstein's (2025) understanding of cultural competence as the capability of counsellors to successfully engage with clients from diverse cultural backgrounds by respecting cultural values, beliefs, and practices during the counselling process. Similarly, Williams (2025) suggest that multicultural proficiency necessitates counsellors to recognise cultural diversity and adapt strategies to clients' individualities and contextual realisms. Similarly, Arahman et al. (2024) observed that culturally dissimilar couples often experience misconception and relational pressure when counsellors fail to be aware of variances in communication dynamics, culture, and expectations. The outcomes align with Zhang and Liang (2023), who outlined that cultural norms and gender anticipations considerably affect marital satisfaction and relational cohesion. However, while Zhang and Liang (2023) mostly underscored the influence of cultural and gender desires on marital consequences, the current study extends this discourse by showing that the manner in which counsellors' converse cultural desirability may itself become a source of fear, uneasiness, or relational nervousness among couples.

This shows that cultural capability necessitates not only mindfulness of culture but also sensitivity in how such customs are framed and discoursed during PMC sessions.

Yet again, the study findings discovered that cultural incompatibility, judgemental traditional framing, and lack of sensitivity may undercut the efficacy of PMC by decreasing emotional security and trust among beneficiaries. These findings confirm Moeti et al. (2024) and Rollet et al. (2021), who advocate for cultural competemility, which merges cultural competence with humility, openness, and reflexive mindfulness of personal prejudices. Similarly, Zhu et al. (2023) witnessed that culturally humble practitioners recognise clients as experts of their own lived experiences and escape forcing rigid suppositions during counselling. The findings also reverberate with Molefe (2023), who established that intercultural couples practicing cultural humility and mutual respect exhibit healthier conversations and greater relational satisfaction. In contrast, some traditional PMC frameworks suggested by Hesbon et al. (2020) and Kabasinguzi (2022) depended on didactic teaching grounded in religious or cultural education, with less stress on cooperative interchange or reflexivity. While such methods may support moral and spiritual values, the current study submits that excessively prescriptive counselling may inadvertently push away couples whose realities differ from traditional norms. Moreover, unlike earlier studies that mostly focused on interethnic or intercultural marriages, the current outcomes divulge that cultural incongruity may also rise from generational transitions, socioeconomic inequalities, educational dissimilarities, and changing societal norms impacted by urbanization and social media. For that reason, this study broadens existing literature by highlighting that culturally capable PMC should be adaptive, contemplative, and context-sensitive to commendably support couples within increasingly varied and developing African societies such as Kenya.

Creating a Collaborative Environment

The findings of the current research showed that generating an open and collaborative counselling setting considerably boosts the efficiency of PMC by stimulating trust, involvement, and emotional security among couples. Beneficiaries cherished counsellors who established flexibility in interactions, accommodated couples' financial realisms, guaranteed them about secrecy, and created safe spaces for open dialogue. These findings conform to Marinov's (2023) affirmation that collaborative and emotionally secure counselling settings reassure couples to participate more openly and genuinely during therapeutic engagements. As well, Ryland (2021) put emphasis on empathic attending, unconditional positive regard, and respectful interactions that nurture emotional attachment and reinforce therapeutic collaboration within counselling relations. The findings also corroborate Amanfi (2022), who contend that validation enhances cognitive safety and lessen fear of condemnation among clients. Still, while prior studies mainly concentrated on empathy and emotional attunement as interpersonal skills, the present study extends the literature by proving the significance of contextual awareness in PMC, mainly through language flexibility, financial accommodation, and culturally conversant interactive practices. In the Kenyan context, where couples may differ in linguistic orientation, educational exposure, and economic status, counsellor flexibility appears vital in guaranteeing that PMC remains available, inclusive, and culturally relevant. So, the findings propose that cooperative counselling settings are fortified when practitioners deliberately adjust sessions to couples' contextual realisms rather than relying merely on formalised delivery approaches.

The study also recognized that active attending, validation of couples' responses, and genuine curiosity advances relational security and meaningful

conversations during PMC sessions. Beneficiaries valued counsellors who “came to their level,” listened attentively, respected their viewpoints, and pursued deeper conceptualization rather than merely drilling them. These results agree Mohammadian et al. (2021) and Tomozawa et al. (2022), who perceive empathy as the ability to grasp and communicate another person’s emotional encounters through attentive verbal and non-verbal discourse. Likewise, Athira (2025) found that empathic dialoguing and active attending improve candidness, conflict management, and relational fulfilment among couples partaking PMC. The study findings agree with Emotionally Focused Therapy literature, which underscores emotional attunement, safe relational bonding, and empathic receptiveness as central mechanisms for strengthening relationships (Kabasinguzi, 2022). On the other hand, the current study varies from some traditional PMC frameworks categorized by imposing instruction and didactic teaching by highlighting collaborative discourse and relational engagement. Beneficiaries perceived instruction counselling styles and extreme reliance on counsellors’ marital expert as limiting chances for questions, involvement, and professional engagement. This contrast recommends that modern couples progressively value hands-on counselling relations where practitioners function as facilitators of conversation rather than undisputed authorities. Thus, the findings highlight the significance of taking on relationally receptive and dialogical counselling methods that endow couples to actively partake in building meaning within PMC sessions.

Furthermore, the findings proved that counsellor honesty, secrecy, and non-authoritarian discourse are important to nurturing cooperative PMC settings. Beneficiaries recounted feeling safe and more willing to divulge personal issues when counsellors guaranteed them about privacy and stimulated free expression without

condemnation. These findings correspond with Ford et al. (2020) and Rad and Rad (2024), who underscores that mentally safe counselling settings advance client interaction, fulfilment, and receptiveness to counselling strategies. In the same way, Stimpson (2022) claims that accepting and non-imposing counselling services uphold security and openness, mostly when couples feel treasured and emotionally affirmed. Nevertheless, the present outcomes differ with earlier faith and culturally authoritarian PMC models that situated counsellors mainly as teachers or moral authorities rather than cooperative enablers. While traditional methods may support cultural and spiritual ideals, the current study advocates that overly hierarchical counselling dynamic forces can inadvertently subdue couples' expressions and hinder meaningful discourse. Additionally, the findings extend current studies by showing that cooperative settings are not only formed by counsellor capability but also by interpersonal posture, humbleness, and readiness to share power within the counselling process. In traditionally diverse African civilizations such as Kenya, where generational outlooks, educational variances, and budding marital standards progressively influence relations, relationally cooperative PMC methods may be more effective in stimulating security, involvement, and long-term marital readiness.

Strategies for Addressing Cultural Challenges

The findings of the current research verified that PMC practitioners exploit many culturally responsive methods to address problems arising from exchanges with couples from different sociocultural settings. Clergy participants highlighted the significance of appreciating clients' demography, reviewing biographical data, and aligning counselling practices with both cultural realisms and Church guidelines. These findings concur with Williams' (2025) understanding of multicultural competence, which accentuates counsellors' mindfulness of clients' cultural

individualities and contextual truths as groundwork for effective counselling arrangement. Likewise, Finkelstein (2025) offers that culturally receptive counselling necessitates practitioners to deliberately incorporate clients' values, beliefs, and lived experiences into therapeutic exchanges to fortify trust and involvement. The outcomes also match with Arahman et al. (2024), who indicated that culturally varied couples often experience interpersonal mix-ups when counsellors fail to comprehend communication styles, traditions, and sociocultural desirability. Nonetheless, unlike prior studies that mostly focuses on theoretical cultural mindfulness, the current study progresses the literature by elucidating practical methods engaged within PMC, including gathering of bio-data, iterative feedback structures, and contextual modification of sessions to suit couples' cultural backgrounds. This proves that culturally receptive PMC is not a fixed proficiency but an on-going, reflexive, and adjustable process formed by incessant engagement with couples' evolving realisms.

The study additionally observed that non-judgmental relating, neutrality, empathy, validation, and active attending are vital methods for handling cultural pressures in PMC. Clergy participants presented the significance of creating secure settings where couples can openly share experiences without fear of judgement or segregation. These findings concur with Stimpson's (2022) claim that impartiality, fairness, and non-judgmental interactions are precious relational competencies in counselling varied couples. Equally, Santoso and Haryono (2023) discovered that active attending and impartiality improve security and advance relational interchange during PMC counselling. The current findings correspond with Mohammadian et al. (2021) and Ryland (2021), who highlight empathic attending as crucial for nurturing emotional safety, openness, and therapeutic attachment. Nonetheless, the present study contrasts from some traditional PMC methods that depend teaching and moral

instruction by highlighting collaborative dialogue, validation, and emotional receptiveness. As a result, the outcomes show that modern couples more and more prefer counselling settings characterized by empathy, affirmation, and mutual interchange rather than hierarchical or authoritarian communication methods. As stated, culturally receptive PMC necessitates practitioners to balance spiritual direction and cultural values with empathic, client-centred interchange that takes care of couples' worth and autonomy.

Furthermore, the findings showed that feedback structures and reflexive adjustment are key methods for improving cultural receptiveness and programme efficiency within PMC. Clergy participants elucidated that feedback from every session informed successive counselling sessions and assisted continuous upgrading among facilitators. These outcomes match Ford et al. (2020), who promote continuous feedback gathering during counselling practices to reinforce receptiveness and client fulfilment. By the same token, Rad and Rad (2024) established that real-time feedback systems enrich therapeutic efficiency by assisting counsellors to amend strategies based on clients' evolving needs and experiences. The present findings also echo Moeti et al. (2024) and Rollet et al. (2021), who champion cultural competemility, a blending of cultural ability and cultural humility comprising self-reflection, sincerity, and incessant learning. Nevertheless, while prior studies primarily understood feedback as a tool for programme appraisal, the current study prolongs this understanding by establishing its role in firming cultural receptivity, contextual adjustment, and reflexive counselling practice. In the Kenyan context, where sociocultural realisms are quickly changing due to urbanization, globalization, education, and technological influence, the ability to adjust counselling methods through on-going feedback becomes on the whole indispensable. Thus, the findings

give emphasis that culturally receptive PMC should remain iterative, experiential, and flexible in order to efficiently handle the complexities of modern relations within culturally dissimilar societies.

Strategies for Cultural Sensivity. The findings of the current study exposed that culturally receptive PMC is grounded in accepting, compassionate, and respectful interchange that fosters emotional security and boosts sincerity among premarital couples. Beneficiaries highlighted the significance of active attending, compassion, secrecy, empathy, and the use of concise and comprehensible communication as vital methods for culturally enabling counselling. These findings corroborate with Stimpson's (2022) understanding of objectivity and open-minded interaction as critical elements of effective PMC. Equally, Mohammadian et al. (2021) and Ryland (2021) put emphasis on empathic attending and affect attuned dialogue to stimulate security, candidness, and therapeutic relationship between counsellors and clients. The findings also are consistent with Amanfi (2022), who opined that support and validation ingrain cognitive safety and inspire couples to unveil vulnerable relational concerns. Nonetheless, unlike some prior studies that centred largely on counsellor proficiency and theoretical knowledge, the present study goes beyond the existing relevant literature by indicating beneficiaries' option for relationally receptive counselling marked by warmth, consideration, elasticity, and hands-on strategies. In the Kenyan setting, where couples may vary in educational levels, cultural backgrounds, and communication methods, the use of clear language and empathetic dialoguing appears mainly vital for guaranteeing inclusion and significant involvement. In sum, the findings highlight that culturally receptive PMC is not solely reliant on technical ability but also on the counsellor's interpersonal attitude, emotional receptiveness, and ethical behaviour.

Further, the study observed that culturally receptive PMC involves contextual suppleness, expertise, secrecy, and respect for cultural and religious variety. Beneficiaries treasured tailored programmes, pre-assessments, deliberate session planning, sufficient time apportionment, and counsellors who treasured couples' faith obligations and diverse cultural backgrounds. These findings match Finkelstein's (2025) claim that cultural receptiveness, inclusivity, and ethical interaction are vital for effective PMC, particularly within culturally varied settings. Likewise, Haas et al. (2024) observed that cultural humility encompasses sincerity, respect for variety, consciousness of personal prejudices, and the use of inclusive interaction practices. The outcomes also echo Arahman et al. (2024), who promote culturally adjustable counselling methods that recognize variances in culture, family desirability, interaction styles, and socioeconomic realisms among couples. Nonetheless, the present study contrasts from some traditional PMC methods that banked on formalised teaching and rigid moral instruction by putting emphasis on individualised, trauma-informed, and contextually receptive counselling practices. Beneficiaries favoured counsellors who operated skilfully, handled both partners in the same way, encouraged informed decision-making, and fortified growth without ingraining shame. This outcome suggests increasing anticipation for PMC services that are cooperative, malleable, and receptive to couples' lived realities rather than merely prescriptive methodologies. In nutshell, the outcomes advance existing researches by proving that culturally receptive PMC is most efficacious when practitioners incorporate empathy, competence, contextual adaptableness, ethical reliability, and respectful interchange into the counselling process within culturally dissimilar societies such as Kenya.

Handling Cultural Differences. The findings of the current study established that handling cultural variations in PMC requires considered examination of cultural dynamics, active attending, openness, and respect for couples' lived experiences. Clergy participants reported the significance of comprehending how cultural dogmas, family backgrounds, and faith traditions shape marital needs and relational functioning. These results coincide with Williams' (2025) understanding of multicultural proficiency, which presents counsellors' mindfulness and comprehension of clients' cultural distinctiveness as necessary for effective counselling interchange. In the same way, Finkelstein (2025) contends that culturally receptive counselling necessitates practitioners to honour and incorporate clients' cultural ideals, belief systems, and relational practices into therapeutic procedures. The findings also agree with Arahman et al. (2024), who observed that culturally unlike couples often experience relational strain and wrong impressions due to variances in communication styles, customs, and desires. Nevertheless, unlike prior studies that mostly dealt with cultural awareness as a cognitive proficiency, the present study extends the literature by laying emphasis on cultural harmonization and reflectivity as practical methods for handling diversity in PMC. Clergy respondents encouraged couples to deeply examine cultural issues, faith obligations, and the potential aftermath of cultural norms within marriage rather than blindly agreeing to cultural norms. This reveals that effective PMC should move beyond just recognizing cultural variety toward igniting contemplative discourse that aids couples bargain and settle opposing cultural outlooks in ways that fortify relational comprehension and marital cohesion.

The research also confirmed that welcoming dialogues, active attending, and receptivity to couples' lived experiences are vital to efficiently handle cultural

variances in PMC. These findings support Stimpson (2022), who recognizes objectivity, acceptance, and non-judgmental interaction as indispensable capabilities in relations counselling, mainly when working with couples from varied cultural and relational settings. Likewise, Mohammadian et al. (2021) and Ryland (2021) offer that empathic attending is a critical relational skill that upholds emotional security, sincerity, and trust within counselling relations. The research also align with Haas et al. (2024), who opine that cultural humility includes honesty, forbearance for diversity, mindfulness of personal prejudices, and readiness to learn from clients' experiences. Nonetheless, the current study varies from some traditional PMC approaches that stressed imposing instruction and rigid cultural or religious recommendations by backing cooperative dialogue and reflexive conversations with cultural realisms. Chiefly momentous was the clergy's naming of cultural differences as "Godly," which contrasts with methodologies that interpret cultural dissimilarities as questionable or mismatched with faith-based counselling. In the Kenyan context, where marriages more and more comprise transcultural, multicultural, and socioeconomically varied relationships fashioned by urbanization and internationalization, these outcomes highlight the significance of culturally modest PMC methods that balance biblical principles with sincerity, inclusivity, and contextual receptiveness. Accordingly, effective management of cultural diversity in PMC obliges counsellors to remain contemplative, empathetic, welcoming, and willing to facilitate productive discourse across diverse cultural viewpoints.

Conclusion

The findings discovered remarkable differences and inconsistencies among clergy, counsellors, and PMC recipients concerning culturally receptive PMC. Clergy mainly underscored spiritual tenets, Biblical guidance, and protection of cultural

family roles, while counsellors gave attention to cultural competence, objectivity, inclusivity, and professional ethics in handling diverse relational realisms (Finkelstein, 2025; Haas et al., 2024). Contrastingly, PMC beneficiaries placed emphasis on emotional security, empathy, validation, and practical appreciation of intercultural and interethnic problems affecting their relationships (Amanfi, 2022; Ashford & Miotto, 2025). Whereas clergy inclined towards conservative cultural desirability, counsellors often supported for open-mindedness and compromise of varying gender roles fashioned by urbanization and globalization (Adaki & Wajim, 2024; Arahman et al., 2024). These dissimilarities show that while all groups valued cultural sensitivity, they varied considerably in how they understood and applied it within PMC programs. This contradiction submits the need for an integrative PMC model that harmonises spiritual guidance, professional counselling ethics, and the lived experiences of couples to increase marital readiness and relational cohesion.

Fundamental Professional Competences and Qualifications for Premarital Counsellors

The fourth objective of this research explored the fundamental professional competences and qualifications required for effective PMC practitioners within selected institutions in Kiambu and Nairobi counties. The findings showed that professional capability in PMC extend beyond academic qualifications to comprise expert training, ethical conduct, communication skills, cultural competence, and practical counselling expertise. Respondents comprising counsellors, clergy, and PMC providers revealed the significance of formalised training, CPDs, and evidence-based counselling methods in reinforcing PMC efficacy and reliability. Four major sub-themes appeared from this objective, namely: professional skills and qualifications for premarital practitioners, ways professional training enhances

counsellor competency, professional competence and confidence in PMC delivery, and the PMC training role in enhancing service delivery. Together, these themes pin point the growing need for harmonised, contextually receptive, and professionally grounded PMC practice within faith-based and secular counselling institutions.

Professional Skills and Qualifications for Premarital Practitioners

The sample population of counsellors reached a consensus that premarital practitioners should possess at least a Diploma with specializations in marriage and family therapy, as well as PMC, to function effectively as PMC practitioners. One counsellor stated: *"the minimum qualification should be a Diploma in Counselling and then add another Diploma in Marriage and Family Therapy"* (Couns03). All four clergy respondents concurred that premarital practitioners must complete a certain level of training to be effective as PMC practitioners. The beneficiaries of the PMC were also asked to indicate their preferred level of training for PMC practitioners. A significant 55% expressed a desire for at least a Diploma, while others proposed alternatives such as a Certificate, Bachelor's degree, or higher qualifications.

Specific feedback included: *"to have a certificate or diploma and above"* (Benef01). Another respondent noted: *"PMC practitioners should undergo specialized training in PMC, and there should be Continuing Professional Development (CPDs) to address emerging issues and sustainability"* (Benef2). Yet another PMC beneficiary suggested: *"I recommend a minimum of a Diploma in counselling with specialized training in Premarital and Marriage Counselling (PMC), along with on-going professional development through workshops and faith-based seminars" (*Benef08). A clergy proposed that Continuous Professional Development (CPD) and clinical supervision should be implemented (Clegy03).

Analytical Memo. The participants' lived experiences revealed a strong consensus that effective premarital counselling requires practitioners to possess formal and specialised training in counselling and marriage and family therapy. Counsellors and clergy consistently indicated that a minimum qualification of a Diploma, supplemented with specialised training in PMC, is essential for competent practice. Similarly, a majority of beneficiaries expressed a preference for practitioners with at least a Diploma-level qualification, while acknowledging that higher academic credentials could further enhance service quality. Participants also emphasised the importance of continuous professional development to address emerging relational, cultural, and societal challenges affecting premarital couples. In addition, clergy and beneficiaries highlighted the need for structured clinical supervision to support ethical practice and professional accountability. Collectively, these findings underscore that professional competence in PMC is understood by participants as a dynamic process grounded in foundational training, specialised expertise, and ongoing professional development.

Ways Professional Training Enhances Counsellor Competency

The counsellor respondents were requested to share their perspectives on how training in PMC prepares practitioners for effective delivery. The feedback from the counsellors regarding the significance of PMC included: "*it would improve effectiveness and confidence*" (Couns01), "*it would bridge knowledge and skills gap*" (Couns02), "*exposure to emerging issues e.g the modern wife*" (Couns03), "*Continuing Professional Development (CPD) knowledge in PMC"* (Couns04), "*equip with relevant techniques*" (Couns05), "*able to deliver effectively*" (Couns05), "*to separate Christian counselling and embrace professional counselling*"

(Couns06), "*being able to know how to do things- ethics*" (Couns07). When clergy were also asked how PMC training would equip PMC practitioners for effective delivery, their responses were as follows: *"they will be empowered to deliver the PMC effectively, and they will view the program in the context of their knowledge"* (Clergy 01); *"the Church will stand, and there shall be a healthy environment for children's growth"* (Clergy02); *"they become better tools for providing PMC services, their self-esteem is enhanced, and they communicate professionally; they understand the couple, know when to act, handle confidentiality more effectively, and are prepared to offer effective PMC with eliminated inadequacies"* (Clergy03).

Other responses from the Clergy included: *"provides ample opportunity for self-reflection, as well as for improving one's marriage while preparing and delivering the lesson"* (Clergy04). Another clergy offered: *"counsellors must consistently develop their skills to be more effectively prepared, and they should adequately prepare for each PMC session"* (Clergy03). Additionally, the clergy emphasized the importance of reviewing the PMC curriculum to meet new demands. He remarked: *"there is a necessity for continuous evaluation of such programs to address emerging issues such as spousal relationships and the impact of social media"* (Clergy03).

Analytical Memo. The study findings indicates that both counsellors and clergy perceive PMC training as foundational to effective practice, professional confidence, and skill adequacy. Counsellors emphasized that training closes knowledge gaps, equips them with relevant techniques, strengthens ethical awareness, and supports on-going professional development, including the capacity to train others. Clergy perspectives further highlighted empowerment, professional communication, improved self-esteem, and enhanced ability to manage

confidentiality and discern appropriate interventions. Importantly, clergy linked effective PMC delivery to broader outcomes such as marital stability, healthy child development, and strengthened church communities. Both groups underscored the value of integrating biblical knowledge with professional counselling skills to enhance relevance and credibility. Collectively, the data suggest that continuous skill development and curriculum review are critical for addressing emerging relational issues and sustaining effective PMC delivery.

Professional Competence and Confidence in PMC Delivery

Two sub-themes emerged from the theme of professional competence and confidence in PMC delivery including confidence in PMC and indicators of counsellors' competence. The data from the respondents is presented in this section.

Confidence in PMC. In the current study, beneficiaries expressed varying levels of confidence in PMC. Some participants reported reduced confidence in the professionalism of certain counsellors, citing concerns about the relevance and delivery of the sessions, while others displayed full confidence in PMC, affirming its value in preparing couples for marital life. A PMC beneficiary commented: *"indeed, they should receive capacity building in PMC. The individuals providing examples ought to be couples as they can serve as effective role models for premarital couples"* (Benef06). Thus, PMC providers must have the requisite training, credentials, and experience to provide credible PMC services. Another beneficiary remarked: *"he demonstrated effective communication by using clear and simple language, along with relatable examples that were easily understood. His deep comprehension of the practice was apparent through his incorporation of both biblical and practical*

principles. Additionally, he displayed his professional abilities by maintaining a patient and respectful attitude throughout the sessions" (Benef02).

The current study revealed that professionalism within the PMC clinical practice was reflected through content mastery, the methodologies employed, and the personal conduct exhibited towards PMC beneficiaries. This study identified several professional competencies, including: *"ability to maintain confidentiality, thorough coverage of topics, and involvement of instructors who were also counsellors"* (Benef05). Another participant noted: *"years of experience in conducting PMC exercises were evident, particularly in their thorough delivery of information. The provider was engaged with numerous premarital and marriage-related books and e-books, from which he derived substantial knowledge"* (Benef06). Yet another beneficiary offered: *"he exhibited boldness and confidence, utilizing current data on contemporary marriages. He encouraged us to ask questions, and his notes and topics were well-prepared and provided in advance. He mentioned that he had completed a course on PMC"* (Benef10). Furthermore, another beneficiary pointed out: *"they provided personality assessments and elaborated on relational dynamics, including how to accommodate differing personalities"* (Benef03).

***Analytical Memo*.** Beneficiaries highlighted the need for PMC counsellors to receive capacity building and to serve as role models. This ensures professionalism in PMC delivery, where counsellors use relatable and valid examples drawn from their own marital experiences, demonstrate mastery of content, engage in ongoing research efforts, communicate clearly, integrate both practical and faith-based principles, employ tools such as personality assessments, and show patience and respect to clients. Importantly, these qualities bridge the gap between theoretical knowledge and lived experience, making PMC both credible and relevant to couples. Confidence in

PMC delivery is further reinforced when counsellors gain experience, prepare thoroughly for sessions, and remain aware of new and emerging trends or contemporary issues. Taken together, these insights suggest that ethical behaviour, extensive experience, specialized knowledge, and effective interpersonal skills are indispensable qualities that inspire confidence in PMC and strengthen its credibility.

Indicators of Counsellor Competence. In the current study, participants were requested to identify indicators that demonstrated the counsellors' competence in providing PMC. The responses highlighted various attributes, including: *"effective communication skills, an understanding of biblical and practical principles, professional traits such as patience and respect, confidentiality* (Couns01), *systematic coverage of topics, teaching experience* (Couns04), *utilization of premarital and marriage literature in both print and digital formats, reliance on training notes* (Couns06), *appropriate language and tone, punctuality, the ability to ask relevant questions* (Couns07), *sharing personal life experiences* (Couns07), *content mastery, assertiveness, confidence, the encouragement of questions, administering personality assessments* (Couns18), *and fostering mutual understanding and accommodation between individuals* (Couns11)*."*

Counsellors were also asked, "*apart from training, what other competences do premarital counsellors require?*" The responses included: "*ability to handle different types of people (people skills)"* (Couns01), "*ability to control own emotions e.g. when not appreciated, do not get angry, explain yourself*" (Couns02), "*focused – not to get distracted by people who come with many ideas about themselves and even you as a counsellor.* Other responses included: *"general counselling skills*" (Couns03), and "*academic competence especially in MFT*" (Couns04). As highlighted in objective two, suitable infrastructure, particularly a room or space where couples

feel comfortable and assured of confidentiality, is essential for fostering honesty, trust, and productive discussions. A beneficiary commented: *“the counselling room was not set up professionally and the counsellor was advice-oriented”* (Benef01). Additionally, PMC beneficiaries observed that practitioners relied too heavily on personal experience instead of professional expertise. A beneficiary stated: *“he focused on his on-the-job experience but was not a skilled counsellor”* (Benef03).

The current study's PMC beneficiaries provided further illustrations of the practitioner's deficiencies. One beneficiary remarked: *"the approach was insufficient, and there was a lack of clarity concerning the concept of marriage, while the preparation was chaotic and poorly executed"* (Benef05). Another beneficiary noted: *"he demonstrated competence by employing suitable counselling skills, showcasing a deep understanding of marriage dynamics, and merging faith-based principles with professional knowledge"* (Benef11). The significance of employing assessments was acknowledged as an essential professional skill among counsellors. One beneficiary highlighted that assessments were not performed during their PMC sessions, which could impede the ability of PMC practitioners to adequately address the unique needs of clients.

A beneficiary stated: *"he did not conduct any assessments"* (Benef12). Furthermore, another beneficiary conveyed: *"they made us feel ashamed of our lack of knowledge and did not foster mutual respect"* (Benef14). Professional inadequacy is evident in the failure to comply with fundamental professional codes of conduct and ethics, such as empathy, respect, and a non-judgmental stance. A beneficiary disclosed: *"she was unable to provide guidance on functioning within a blended family as I was a single mother"* (Benef16). This feedback highlights a notable shortcoming in the counsellor's training, preparedness, or ability to manage various

family dynamics, especially those involving blended families.

As previously mentioned, counsellors can seek assistance from health professionals to address topics they may feel unprepared to discuss. A lack of preparation and knowledge may restrict the understanding of certain subject areas. One beneficiary stated: *"always in hurry and hence important topical areas were left out"* (Benef17). The PMC sessions ought to be conducted interactively, incorporating questions and feedback from the clients, along with dialogue and reflection. One beneficiary shared: *"it was like training, not counselling, hence he talked most of the time"* (Benef18).

Analytical Memo. The current study revealed that counsellors must demonstrate understanding of critical theoretical knowledge and relational skills, and emotional regulation to deliver effective PMC. Beneficiaries emphasized that professionalism is undermined when counsellors rely too heavily on personal experience rather than structured expertise, and when counselling spaces lack privacy and confidentiality. Reports of chaotic preparation, advice-oriented delivery, and failure to conduct assessments highlight gaps in counsellors' preparedness and ability to meet diverse client needs. Conversly, beneficiaries valued counsellors who communicated clearly, integrated faith-based and practical principles, and displayed patience, respect, and competence in managing relational dynamics. Professional inadequacy was most evident in neglecting ethical codes such as empathy, respect, and non-judgmental particularly when addressing sensitive contexts like blended families. The results demonstrate that an effective PMC requires counsellors to balance personal experience with theoretical knowledge, specialized skills, and ethical conduct. Competent PMC professionals are built through continuous learning,

thorough preparation, and the ability to foster interactive, respectful, and client-centered sessions that inspire confidence and credibility.

The PMC Training Role in Enhancing Service Delivery

Beneficiaries were invited to evaluate how training in PMC for practitioners could improve their service delivery. The benefits included fostering inclusivity, enhancing effective communication skills, and increasing confidence. One respondent noted that it contributes to creating an inclusive environment. She mentioned: *"they would assist the couple in exploring ways to live together harmoniously rather than simply instructing them on what to do"* (Benef01). Beneficiaries acknowledged that training practitioners in PMC would help them deepen their understanding of PMC, identify qualified individuals, boost the confidence of counsellors, and enable them to engage couples more effectively and authoritatively.

Furthermore, formal training enhanced various communication skills, including respectful, open, and active listening, which are essential for the effective presentation of PMC content. Five beneficiaries observed: *"it will assist them in building their confidence and keeping them informed about best practices to stay relevant. Additionally, it will enhance their knowledge and improve their communication skills"* (Benef02). Another beneficiary offered: *"they will acquire knowledge and skills that will enable them to provide effective counselling and support couples during challenging times in their marriage"* (Benef05). Yet another beneficiary commented: *"provide the facilitators with the necessary information"* (Benef08). Moreover, another beneficiary observed: *"they will gain knowledge to comprehend the institution of marriage and how to guide those entering into*

marriage” (Benef09). Another benefit noted was: *“it will help them reduce burn-out”* (Benef03).

When asked about their experiences with PMC, some beneficiaries remarked: *"I didn’t gain much since the session was more directive and advice-giving"* (Benef05). Another beneficiary mentioned, *"it provided some insight into what to expect in marriage, but it was led by lay individuals, lacking depth and professionalism"* (Benef05). The respondents expressed concerns regarding the competence of certain PMC practitioners, as well as an incomplete curriculum. Several crucial topics were excluded from the PMC, which are essential for improving marital effectiveness among couples. Some counsellors mentioned the following topics which could be included in the PMC curricula: *“marriage enrichment, mentorship in marriage, cultural dynamics such as intercultural marriages, and significant issues like female genital mutilation, past romantic relationships, substance abuse, blended families, and personality disorders”* (Couns01, 03, 05, 07, 09& 11).

When asked about the common concerns that premarital couples raise during their PMC, one participant stated: *"this was not a counsellor initially, and I expected them to possess greater expertise on the topic"* (Benef11). In a similar vein, another participant shared: *"the sessions lacked a structure that would allow for interactive feedback, and I had hoped for a more engaging experience"* (Benef14). The participants also expressed a desire for a structured course outline. One participant noted: *"the manner in which they handle their clients requires a structured course outline or specific topics to cover in PMC. Clients should commence their sessions early to avoid hurrying through"* (Benef04). Clearly articulated topics can enhance time management, as each session would have a specified duration.

Analytical Memo. The study findings reveal that formal training in PMC equips counsellors with essential competencies such as inclusivity, effective communication, confidence, and the ability to guide couples with authority. Beneficiaries consistently emphasized that training bridges the gap between lay facilitation and professional counselling, ensuring that sessions are not merely directive but interactive and supportive. The absence of structured curricula and exclusion of critical topics, such as cultural dynamics, blended families, and sensitive issues like substance abuse, underscores the risk of leaving couples underprepared for marital realities. Training therefore has implications for curriculum development. Counsellors should integrate theoretical knowledge and practical tools to address diverse relational challenges. Moreover, structured training enhances time management and session organization, reducing hurried presentations and fostering meaningful dialogue. By strengthening counsellors' confidence and reducing burnout, training also contributes to sustainability in service delivery. A systematic and robust training program is crucial for improving PMC credibility, comprehensiveness, and effectiveness in fostering marital stability.

The PMC Delivery Techniques. Premarital counselling necessitates the application of techniques to effectively deliver the curriculum. One participant suggested utilizing projectors, which can serve as valuable tools for creating a more engaging session through visual aids. In fact, the incorporation of visual tools can significantly improve couples' understanding and retention of information. A participant stated: *"PMC providers should evolve to incorporate projectors and initiate post-marital counselling sessions for newlyweds as a post-assessment practice, enriched with more profound insights particularly focusing on key subjects such as sexual relations in marriage, temperaments, and their impact on sexual*

dynamics, role-playing scenarios regarding financial management, and conflict resolution strategies. This initiative would further reinforce the foundational aspects of the marriage, akin to solidifying wet cement" (Benef07). Another beneficiary remarked:*"address family of origin issues and lifestyle backgrounds more effectively"* (Benef07). The introduction of post-marital counselling sessions for newlyweds was suggested as a beneficial follow-up and evaluation practice.

Another beneficiary noted: *"training in PMC provides practitioners with practical skills, ethical awareness, and cultural sensitivity, resulting in more effective, respectful, and faith-aligned support for couples"* (Benef11). Another beneficiary emphasized: *"they should be proficient PMCs and possess cultural competence"* (Benef19). Furthermore, another beneficiary mentioned: *"they consistently maintain the privacy and confidentiality of sessions; they remain patient and continue to offer unconditional acceptance"* (Benef12). These qualities represent the core principles for effective counselling and should be highlighted in training and ongoing professional development for PMC practitioners.

***Analytical Memo*.** The study findings demonstrate that effective delivery of PMC requires counsellors to employ diverse techniques that enhance engagement, comprehension, and retention. Beneficiaries emphasized the value of visual aids such as projectors, structured role-playing, and post-marital follow-up sessions. Such approaches reinforce foundational knowledge and provide couples with practical tools for navigating real-life challenges. Addressing family of origin issues, lifestyle backgrounds, and sensitive topics such as sexual relations and financial management was seen as critical for ensuring relevance and depth in counselling. Importantly, integrating counselling theories like attachment and cognitive behavioural strategies gives counsellors structured tools to understand couple dynamics and anticipate

relational challenges. Attachment theory helps them understand how bonding patterns shape trust and intimacy in marriage. The CBT equips them to reframe negative thoughts, improve communication, and strengthen conflict-resolution skills. Generally, integrating theory and practice in PMC delivery enhances professionalism, trust and credibility of PMC, and the effectiveness of PMC in mitigating potential challenges that may affect couples' marital life in the future. Thus, PMC practitioners require continuous training in requisite skills and competencies, evidence-based methods and transformative interventions that promote marital stability and long-term relational growth.

The PMC Delivery Frameworks. These frameworks provide practical tools for understanding couple dynamics, communication patterns, and conflict resolution skills crucial for marriage stability and satisfaction. A beneficiary held the view, *"training would enhance professional competency and encourage evidence based and structured counselling approaches"* (Benef13). Beneficiaries also noted that training transforms: *"good intentions into skilled, ethical, and impactful service delivery by providing PMC practitioners with the knowledge and tools needed for effective practice. It enhances professional competence through exposure to structured counselling models and evidence-based interventions, assessment tools that help evaluate couples' readiness, identify potential risk areas and tailor support to specific needs of the couples"* (Benef14).

Four beneficiaries shared their insights on the significance of counselling theories and assessment tools in improving PMC results. Firstly, *"it transforms good intentions into skilled, ethical, and impactful service delivery. Furthermore, it enhances professional competence, provides counsellors with assessment tools, and increases confidence and credibility"* (Benef14). Secondly, "*it helps them to better*

respect the couple's world and to provide rich PMC services, instilling a sense of excellence and professionalism" (Benef16). Thirdly, *"sessions should be taken seriously, allowing sufficient time, avoiding the assumption that premarital couples are uninformed, structuring sessions to be procedural, and identifying suitable assessment tools for PMC"* (Benef18). Lastly, *"training would empower them to address marital issues competently and to apply counselling theories effectively"* (Benef20). The research revealed that, at present, the delivery of PMC in Kenyan Churches varies significantly, and clergy often lack the necessary counselling and PMC training and licensing.

Analytical Memo. The findings indicate that delivery frameworks are central to enhancing the quality and credibility of PMC. Beneficiaries emphasized that training transforms good intentions into skilled, ethical, and impactful service delivery by equipping practitioners with structured counselling models, evidence-based interventions, and assessment tools to evaluate couples' readiness and tailor support to their specific needs. These frameworks also instill confidence and professionalism, enabling counsellors to respect the couple's world, provide rich services, and structure sessions procedurally with sufficient time for engagement. The integration of counselling theories within these frameworks empowers practitioners to address marital issues competently and to apply interventions that are both practical and faith-aligned. The variation in PMC delivery across Kenyan Churches, coupled with the lack of formal training and licensing among clergy, underscores the need for standardized frameworks that ensure consistency and quality. Therefore, there is a call for a more skill-oriented approach in PMC, guided by structured course outlines and standardized, theory-informed frameworks to fulfil expectations and enhance outcomes.

The Appropriate Training Modules. The study enquired from the respondents the 'training modules' which would be included in the 'PMC Training Curricula' for PMC. The respondents identified a wide range of training modules they considered essential for growing PMC practitioner competency. The following question was posed to the counsellors: '*What would be the most appropriate training units/modules for ingraining efficiency in premarital counsellors?'* They responded as follows: *"Cultural sensitivity"* (Couns06, 08, 09 & 11); *"home of origin or family of origin"* (Couns01, 02, 03, 04, 08, 09 &12); *"parenthood and parenting"* (Couns04, 05, 07, 08, 09 &12), *"issues of sexuality and psycho-education"* (Couns01,02,09,11 & 12), "theories" (Couns01, 02, 03, 04……12), "individual and systemic theories" *(*Couns03, 04, 07, 09, 11, & 12), *"spirituality in marriage"* (Couns08, 09, & 12), *"ethical considerations" (*Couns03, 04, 06, 07, 09, 10, 11, & 12), *"PMC framework and strategies"* (Couns 05, 07, 09), *"emerging needs in PMC"* (Couns 03, 05, 08, 09, 11 & 12),*"applied theory"* (Couns06, 07, 09, 11, & 12), assessment in PMC (Couns 01, 03, 05, 06, 08, 11 & 12) and *"management of PMC programming"* (Couns07, 09,11 & 12).

Equally, the clergy offered the following: *"counselling skills in MFT, Christian ethics like integrity,"* (Clergy 01), *"human sexuality, sexuality, human psychology, financial management, cultural competence"* (Clergy 02), *"counselling skills, the art of communication, mark boundaries of meeting the clients' needs, avoid too much information"* (Clergy 03) and *"public speaking, and presentation skills"* (Clergy 04). From the listing, the clergy provided content areas in counselling skills, communication, human psychology and also biblical resources in counselling.

In response to the question, *"what other additions would make PMCs more adequate and effective?'* The counselors added the following areas: *"homosexuality*

issues" (Couns 05, 08 & 11); "*generational gap"* (Couns 01, 06 & 09), *"conflict management"* (Couns09) and *"technology"* (Coun06). Both counsellors and clergy found need for inclusive training that handles psychological, spiritual, ethical, cultural, and practical aspects of marriage counselling.

Analytical Memo. The findings show that respondents saw PMC training as needing a broad and comprehensive syllabus that incorporates theoretical, applied, spiritual, and psychosocial capabilities. Counsellors powerfully underscored core areas such as counselling theories, ethical considerations, family-of-origin issues, parenting, sexuality, assessment of PMC and cultural sensitivity, signifying appreciation of the multifaceted factors impacting marital relationships. The addition of applied theory, PMC frameworks and approaches, and emerging needs in PMC further shows the respondents' inclination for practice-oriented and context-responsive training methods. In the same way, clergy participants outline counselling skills, communication skills, Christian ethics, human psychology, financial management, and public speaking, reflecting the importance of both pastoral and relational effectiveness in PMC. Additional endorsements on homosexuality issues, generational gaps, conflict management, and technology reveal awareness among counsellors that modern marital challenges are rapidly developing and need adaptive practitioner reediness. Undoubtedly, the data shows agreement among both counsellors and clergy that effective PMC training curricula should assume a holistic and interdisciplinary direction capable of preparing practitioners to address diverse interpersonal, cultural, ethical, and emerging societal concerns.

Discussion of Professional Competences and Qualifications for Premarital Counsellors

This section on Fundamental Professional Competences and Qualifications for Premarital Counsellors discusses outcomes related to the proficiencies, training, and professional guidelines identified as indispensable for quality PMC practice within selected institutions in Kiambu and Nairobi counties. The discussion is drawn from the viewpoints and lived experiences of counsellors, clergy, and PMC beneficiaries concerning the techniques, credentials, confidence, and professional readiness essential for dependable PMC service provision (Charmaz, 2020; Creswell & Guetterman, 2019). The outcomes also scrutinize how specialized training enhances counsellor competency, enriches buoyancy in PMC provision, and fortifies the superiority of counselling approaches delivered to couples (Villagran, 2022; Rollet et al., 2021). Four major themes emerged from Objective Four, namely: professional skills and qualifications for PMC practitioners, ways professional training enhances counsellor competences, professional competence and confidence in PMC delivery, and the PMC training role in enhancing service delivery. Overall, these themes underscore the significance of formalised training, ethical practice, cultural receptiveness, and evidence-based counselling methods in firming the efficiency and trustworthiness of PMC services (Rollet et al., 2021; Villagran, 2022).

Professional Skills and Qualifications for Premarital Practitioners

The outcomes of the present study revealed that respondents highly linked effective PMC with formal professional training and specialized expertise in counselling and Marriage and Family Therapy (MFT). Counsellors, clergy, and beneficiaries underscored the need of having at least a Diploma qualification

supplemented with specialized PMC training and Continuous Professional Development (CPD). These outcomes align with Moeti et al. (2024), who suggested that many clergy offering PMC lacked adequate professional grooming, thus limiting the efficacy of PMC strategies. Likewise, Hesbon et al. (2020) offered that dependence merely on biblical teachings without formalised counsellor training is insufficient in prepping couples for the complexities of marriage. Compared to the traditional beliefs that saw spiritual guidance alone as adequate, the current study shows a growing acknowledgement that formalised counselling knowledge, ethical competency, and clinical skills are valuable for functional PMC practice. This outcome further concur with the Counsellors and Psychologists Act (2014, 2022), which necessitates counselling experts in Kenya to have formal credentials and licensing before providing professional counselling services.

The study as well confirmed that respondents saw practitioner proficiency as continuous and vibrant process that goes yonder the initial academic qualification. Beneficiaries and clergy put emphasis on the supremacy of CPDs, boot camps, seminars, and counsellor supervision to reinforce counsellors' proficiencies and receptiveness to evolving marital challenges. These outcomes match with Stubbe (2020), who claim that professional proficiency in counselling is continued through lifetime learning, reflective practice, and supervision. Also, Chen et al. (2025) purported that counsellor helpfulness is reliant not only on visible abilities such as knowledge and skills, but also on fundamental traits comprising attitudes, values, self-awareness, and ethical practice. The current research also agree with Kirkbride et al. (2024), who championed for counselling practices grounded in expert knowledge and evidence-based practice. Conversely, unlike some previous research that centred mainly on academic certificates as pointers of proficiency, the present findings extend

the comprehension of competency to comprise adaptableness, contextual mindfulness, and receptiveness to modern relational experiences affecting couples.

Besides, the findings emphasized the necessity for formalised supervision, harmonization of PMC training syllabus, and cooperative professional procedure to improve the standard and credibility of PMC services. Respondents conveyed unease that insufficient training and unpredictable delivery strategies could demoralize beneficiaries' confidence in PMC curricula and decrease their long-term efficiency. These outcomes echo Lohani and Sharma (2023), who advised that unskilled delivery of PMC may lead to marital dissatisfaction and lowered program success. Equally, Bahkali et al. (2022) and Kabasinguzi (2022) averred that effective PMC needs formalised curricula, programmed frameworks, and professionally trained counsellors skilful in handling both cognitive and socio-cultural marital issues. On the other hand, the present study goes beyond existing literature by highlighting the significance of incorporating culturally receptive training, faith-sensitive approaches, and contextualised PMC models custom-made to African realisms. As a consequence, the outcomes attested that professional proficiency in PMC should not only be interpreted in terms of academic achievement but also by cultural competemility, ethical accountability, supervised practice, and the capability to incorporate both clinical and spiritual aspects in counselling.

Ways Professional Training Enhances Counsellor Competency

The theme 'ways professional training enhances counsellor competency' appeared powerfully from the outcomes, with both counsellors and clergy claiming that professional training prepares PMC practitioners with the knowledge, skills, and sureness essential for effective service provision. Counsellors stated that training

links existing knowledge and skills deficiencies, strengthens ethical mindfulness, and furnishes practitioners with relevant counselling practices required in modern PMC practice. Equally, clergy declared that trained practitioners' converse more skilfully, handle privacy suitably, and are better primed to determine fitting methodologies for couples. These findings agree with the assertions by Moeti et al. (2024), who recognized that clergy involved in PMC normally lack formalised training and hence experience shortfalls in providing inclusive counselling services. Also, Kirkbride et al. (2024) noted that counselling efficiency depends on expert knowledge and professional grounding. The current findings extend existing literature by indicating that professional training does not only improve technical counselling proficiency but also progresses counsellors' self-esteem, sureness, and expert identity in PMC delivery.

The findings further showed that CPD and curriculum review are necessary for preserving counsellor proficiency in handling emerging relational and societal issues. Counsellors presented the significance of exposure to modern marital challenges, comprising shifting gender dynamics and the impact of social media on spousal relations, while clergy stressed the need for continuous evaluation and updating of PMC curricula. These findings correspond with Chen et al. (2025), who suggested that counsellor proficiency comprises continuing self-improvement, professional knowledge progression, and ethical practice. Likewise, the Counsellors and Psychologists Act (2014, 2022) underscores the need of CPD to uphold proficiency among counselling practitioners. Conversely, while prior research mainly focused on technical proficiencies and professional criteria, the current study as well lays emphasis on the need for PMC training to remain contextually receptive to modern African marital realisms. This outcome hence widens existing literature by

highlighting curricula malleability as an important element of counsellor proficiency boost.

Notably, the research determined that professional training adds to the broader relational and community results beyond individual counsellor efficiency. Clergy respondents linked competent PMC provision with stronger marriages, healthier settings for children, and fortified church communities. The outcomes additionally showed that trained counsellors are better placed to incorporate biblical ideologies with professional counselling frameworks, thereby increasing the trustworthiness and suitability of PMC services among faith-based communities. These outcomes support Hesbon et al. (2020) and Moeti et al. (2024), who asserted that dependence only on biblical teachings without professional counselling training limits the efficiency of PMC programming. Nonetheless, unlike previous studies that mostly presented pastoral counselling and professional counselling as separate domains, the current outcomes propose that incorporating spiritual guidance with professional counselling capabilities yields more holistic and locally relevant PMC services. Thus, the study establishes that professional training improves counsellor proficiency not only through skill acquirement but also through firming counsellors' capability to provide culturally sensitive, ethically grounded, and professionally trustworthy PMC services.

Professional Competence and Confidence in PMC Delivery

The current study observed that professional competency and trustworthiness is core to effective PMC delivery. The study participants noted that counsellors' knowledge, ethical conduct, communication skills, readiness, and professional demeanor impacted beneficiaries' confidence in PMC services. These outcomes are aligned with Villagran (2022), who observed that counsellor competence comprises

the capacity to communicate efficiently and engage clients meaningfully across varied settings. Similarly, Rollet et al. (2021) argued that professional efficiency is reinforced when providers show cultural competence, humility, and reflexivity in their engagements with clients. The findings also indicated that counsellor expertise is reflected not only through counselling content and techniques but also through the ability to build warm, confidential, participatory clinical engagements. This finding aligns with Charmaz and Thornberg (2020), who highlighted the significance of building trusting and collaborative engagements that facilitate authentic participant engagements. Both beneficiaries and counsellors submitted several pointers of professional competency, including effective conversations, appropriate use of assessments, integration of practical and faith-based ideas, emotional intelligence, and sensitivity to diverse relational settings. These outcomes further align with studies that highlight the value of culturally responsive and contextually relevant counselling methods in improving client confidence and service effectiveness (Adzovie & Dabone, 2021; Bahkali et al., 2022). This section discusses beneficiaries' confidence in PMC along with the key pointers that reveal counsellor competency and expertise in PMC practice.

Confidence in PMC. The results of the current research revealed that beneficiaries' confidence in PMC was strongly related with the observed professionalism, competence, and personal demeanour of counsellors. Respondents valued practitioners who proved mastery of content, conversed with clarity, integrated practical and biblical tenets, and showed patience, respect, and confidentiality in their exchanges. These outcomes corroborate with Chen et al. (2025), who opined that counsellor competence covers professional knowledge, ethical demeanour, personality traits, and interpersonal abilities that considerably

influence counselling efficacy. In the same way, Moeti et al. (2024) saw that clergy and counsellors who possess expert training and experience are more likely to provide credible and impactful PMC services. The present findings further support Kirkbride et al. (2024), who emphasized that counselling grounded in specialized knowledge enhances the quality of therapeutic practices. Beneficiaries in the present study mostly prized counsellors who used applicable illustrations drawn from lived marital experiences, which improved the relevance and legitimacy of PMC sessions. This compares with research by Hesbon et al. (2020) and Moeti et al. (2024), which established that some clergy banked on religious teachings without integrating practical relationship skills, thereby decreasing beneficiaries' confidence in PMC outcomes. Thus, the current study extends existing literature by establishing that couples are more likely to trust PMC practitioners who blend professional proficiency with experiential and contextually relevant knowledge.

The present findings moreover confirmed that expertise in PMC was mirrored not only in counsellors' credentials but also in their readiness, usage of assessment instruments, and ability to handle modern marital realities. Beneficiaries linked professionalism with counsellors who were organized, roused participation, integrated personality tests, and continued being well-versed about emergent marital trends. These outcomes are matched with Lohani and Sharma (2023), who stated that competent PMC specialists must utilize formalised models and assessment tools to guarantee inclusive marital prepping. Equally, Chen et al. (2025) offered that counsellor competence comprises both visible competencies, such as communication skills and knowledge, and hidden proficiencies, including attitudes, values, and self-awareness. The current research also validates Gichuri et al. (2024), who underscored that effective counselling entails empathy, self-disclosure facilitation, and interactive

interchange to support relational aftermaths. Still, unlike some prior studies that largely underscored academic training and certification as pointers of competence, the current findings submit that beneficiaries likewise value counsellors' truthfulness, modesty, and role-modelling capacity. Respondents conveyed greater confidence in counsellors who personified healthy marital values and demonstrated congruence between theory and practice. So, the study advances existing literature by emphasizing that confidence in PMC is multidimensional, necessitating not only formal credentials and technical capability but also ethical conduct, relational maturity, cultural sensitivity, and the ability to link theoretical knowledge with practical marital realisms.

Indicators of Counsellor Competence. The outcomes of the present research showed that counsellor proficiency in PMC is proven through a blend of professional knowledge, interpersonal skills, ethical demeanour, and effective communication. Respondents outlined pointers such as mastery of content, orderly coverage of topics, secrecy, patience, respect, and the ability to incorporate both biblical and practical principles into counselling sessions as indicators of counsellor competence. These outcomes coincide with Chen et al. (2025), who characterised counsellor competency into components like knowledge, personality, skills, attitudes, and practitioner ethics. Correspondingly, Lohani and Sharma (2023) avow that insufficient proficiency in PMC provision adversely affects counselling outcomes and may possibly contribute to marital discontent and instability. The present research also align with Moeti et al. (2024), who revealed that trained and competent counsellors are better situated to provide formal and meaningful premarital strategies. Nevertheless, unlike some previous research that primarily stressed technical counselling skills, the current outcomes as well pinpoint the significance of relational qualities such as empathy,

patience, and respectful communication in enhancing beneficiaries' security and interaction during PMC sessions.

The research also revealed that professional competence moves beyond formal training to include emotional intelligence, people skills, readiness, and the ability to manage varied relational settings effectively. Respondents valued counsellors who urged asking of questions, used suitable language and tone, conducted personality testing, and promoted mutual harmony among couples. These outcomes resonate with Chen et al. (2025), who upheld the notion that counsellor proficiency includes both visible capabilities such as knowledge and skills, and hidden abilities such as self-control, attitudes, and emotional maturity. Similarly, Henrich et al. (2023) contended that practical counselling capability is reinforced through interactive and client-centred methods that inspire involvement and reflection. On the other hand, the current outcomes differ with practices observed in some PMC situations where counsellors depended on personal experiences rather than formal professional skills. Beneficiaries censured advice-oriented methods, rushed sessions, and insufficient planning; proposing that experiential knowledge alone is not enough without professional grounding and theoretical prowess. The outcomes therefore underpin the need for counsellors to balance lived experience with evidence-based counselling proficiencies to achieve effective PMC delivery.

Moreover, the research validated that ethical practice, sufficient infrastructure, and cultural receptiveness are important pointers of counsellor capability in PMC. Beneficiaries conveyed displeasure when counselling settings needed confidentiality or when counsellors embraced disapproving attitudes toward delicate issues such as blended families. These outcomes concur with Counsellors and Psychologists Act (2014, 2022), which underscores ethical conduct, competence, and the safeguard of

clients' welfare within counselling settings. In the same way, Moeti et al. (2024) and Rollet et al. (2021) advanced the importance of cultural competemility and humility in assisting counsellors to engage humbly with clients from varied relational and cultural settings. Nevertheless, while previous literature mostly focused on general counselling proficiency, the current study specially shows that PMC practitioners require specific abilities in managing modern marital realisms, including blended families, gender norms, and relational diversity. So, the findings advocate that competent PMC practice should not only highlight theoretical expertise and counselling methods but also give emphasis to ethical sensitivity, cultural receptiveness, and the creation of safe and respectful therapeutic settings that enhance couples' sureness in PMC services.

The PMC Training Role in Enhancing Service Delivery

This study findings validate that formalised training in PMC productively improves the quality and efficiency of service provision by preparing practitioners with vital know-hows such as communication skills, sureness, inclusivity, and professional expertise. Beneficiaries in the current study highlighted that trained PMC practitioners were more capable of expediting interactive and supportive sessions rather than depending on prescriptive or advice-giving methods. These outcomes are well matched with the work of Moeti et al. (2024), who found out that untrained clergy often were short of the necessary counselling skills to effectively handle the complex realisms of marriage readiness. Equally, Chen et al. (2025) clarified that counsellor proficiency, including knowledge, personality, communication skills, and ethical professionalism, strongly impacts counselling efficiency. The present outcomes therefore support the claim that PMC providers

require formal training to expertly guide couples through interpersonal, emotional, and cultural problems. Nevertheless, while previous studies mostly focused on counselling capability generally, the current study goes beyond the discussion by establishing how beneficiaries directly link provider training with relational inclusivity, confidence-building, and practical marriage guidance.

The research again stipulated that insufficient training and the absence of formalised curricula compromise the reliability and inclusiveness of PMC programs. Beneficiaries expressed discontent with sessions enabled by lay persons who lacked depth, good planning, and proficiency, while counsellors specified the exclusion of important issues such as intercultural marriages, substance abuse, blended families, personality disorders, and female genital mutilation. These outcomes corroborate with Kirkbride et al. (2024), who stated that effective counselling must be based on expert knowledge and evidence-based practice. Equally, Lohani and Sharma (2023) cautioned that inadequate capability in PMC can reduce program efficiency and lead to marital displeasure and instability. The outcomes also align with Moeti et al. (2024), who emphasized that many churches were in short of formalised PMC syllabuses and depended on unclear pastoral instruction. However, the present study donates new insight by establishing that beneficiaries not only desire professional proficiency but also anticipate formalised course outlines, systematized timelines, and cooperative learning processes. This submits that effective PMC goes beyond subject expertise to include curriculum design, session planning, and learner conversations.

Moreover, the outcomes point out that formalised PMC training advances counsellor sustainability and enriched long-term service provision through boosted confidence and reduced burnout. Beneficiaries suggested that trained providers seemed more authoritative, informed, and emotionally ready to support couples

facing marital issues. These claims resound with the Counsellors and Psychologists Act (2014, 2022), which endorses for CPDs to maintain counselling proficiency and ethical principles. The outcomes also supplement Chen et al. (2025), who underscored that competency comprises both visible skills and fundamental personal attributes such as self-awareness, outlooks, and emotional regulation. While previous literature largely laid emphasis on technical capabilities, the current study uniquely outlines self-care and burnout decrease as essential products of PMC training. This vetoes that CPDs not only progresses counsellor efficacy but also fortifies the sustainability and believability of PMC programs. As such, the research stresses the need of developing formalised and contextually receptive PMC training curricula that incorporate professional skills, cultural aptitude, formalised syllabuses, and counsellor wellbeing to improve marital readiness and stability.

The PMC Delivery Techniques. The findings of the current study establish that effective PMC provision methods need collaborating, practical, and well-structured methodologies that dynamically engage couples in the learning process. Beneficiaries considered the value of visual aids such as projectors, role-playing simulations, and post-marital follow-up sessions in extending understanding, absorption, and practical adoption of marital skills. These outcomes are aligned with Henrich et al. (2023), who noted that educational skills such as role-plays, case studies, and audio-visual tools fortify practical counselling capabilities and pragmatic learning. Correspondingly, Chen et al. (2025) suggested that engaging training methodologies progress couples' communication, conflict-resolution capabilities, and comprehension of relationship dynamics. The present outcomes also match with Gichuri et al. (2024), who recognized that communication-focused and self-disclosure strategies stimulate intimacy and relationship contentment among couples.

However, unlike some earlier studies that focussed on communication and relationship education, the current study extends the discussion by underlining the significance of incorporating post-marital counselling as an extension of PMC. Beneficiaries saw follow-up sessions as vital for consolidation of imparted marital abilities and assisting just marrieds circumnavigate emergent issues after marriage.

The study also revealed that functional PMC provision goes beyond teaching strategies to include ethical expertise, cultural competency, secrecy, patience, and unfettered acceptance. Beneficiaries pointed out that counsellors should have both practical counselling knowledge and cultural mindfulness to handle FOO issues, lifestyle setbacks, and sensitive marital topics such as sexuality and financial prudence. These outcomes correspond with Moeti et al. (2024), who advocated for culturally sensitive and contextually applicable PMC methods that reflect the lived realities of couples. Also, Zhang and Liang (2023) maintained that cultural competency is vital in handling relational intricacies formed by gender roles, family systems, and cultural norms. The outcomes are also aligned with Attachment Theory and Cognitive Behavioural Therapy outlooks, which underscore emotional attachment, communication reconfiguration, and adaptive conflict resolution in spousal relations. Still, this study exceptionally proves how beneficiaries unswervingly relate expertise and ethical conduct, such as maintaining privacy and showing unconditional acceptance, with trust and reliability in PMC provision. This puts forward that efficacious PMC is not only dependent on theoretical understanding but also on the counsellor’s interactive qualities and ability to create a safe, courteous, and culturally receptive therapeutic setting. Accordingly, CPD and evidence-based practice remain indispensable for firming PMC efficacy and stimulating long-term marital steadiness.

The PMC Delivery Frameworks. The findings of the current study establish that formalised PMC delivery blueprints are indispensable in increasing the efficiency, consistency, and efficacy of PMC services. Beneficiaries highlighted that training equips providers with evidence-based counselling theories, assessment instruments, and formalised approaches that expand service provision and permit counsellors to adapt provision to couples' unique relationship goals. These outcomes are confirmed by Chen et al. (2025), who found that counsellor ability, including knowledge, attitude, personality, skills, and ability, considerably impacts counselling usefulness and professional output. In the same way, Kirkbride et al. (2024) contended that counselling programs are more successful when based on expert knowledge and evidence-based systems. The current findings are consistent with Lohani and Sharma (2023), who cautioned that insufficient competency in PMC, may shrink program usefulness and lead to marital discontent and instability. Nonetheless, while prior research largely centred on counsellor capability generally, the present study prolongs the discourse by indicating that beneficiaries specially link formalised PMC systems with competence, ethical service provision, systematic organization, and amplified counsellor trustworthiness. This submits that delivery systems not only improve counselling success but also reinforce clients' security and confidence in PMC services.

The study similarly showed that incorporating counselling models, assessment instruments, and culturally receptive methodologies within PMC models increases counsellors' capability to handle marital issues broadly and contextually. Beneficiaries put emphasis on the significance of formalised sessions, ample engagement time, and methods that honour couples' lived realisms and cultural backgrounds. The findings confirm Moeti et al. (2024), who promoted culturally

sensitive and contextually based PMC methods that integrate social, economic, and relational experiences distressing couples. Too, Chen et al. (2025) exemplified that contextualised and interactive counselling approaches advance communication, conflict management, and relationship comprehension among couples. The outcomes also reverberate with Biblical and therapeutic ideologies highlighting listening, empathy, and respectful conversations, such as Proverbs 18:13 and James 1:19, which inspire focussed listening and emotional control during relational engagements. However, the current study uniquely divulges that the lack of formalised frameworks and licensing among some clergy lead to discrepancies in PMC provision across Kenyan Churches. Therefore, the outcomes highlight the crucial need for formal, theory-informed, and culturally receptive PMC approaches that incorporate professional aptitudes, formalised curricula, assessment instruments, and ethical practices to boost marital readiness and long-term relationship durability.

Appropriate Training Modules. The current research outcomes establish that participants understood PMC training units as needing an inclusive and multidisciplinary positioning that prepares providers with theoretical knowledge, practical counselling abilities, ethical awareness, and cultural receptiveness. Counsellors specified main modules like counselling approaches, FOO issues, sexuality, parenting, spirituality, assessment in PMC, cultural sensitivity, ethical considerations, and applied theory as vital in equipping capable PMC clinicians. These outcomes are aligned with Moeti et al. (2024), who offered that PMC providers need formalised and contextually relevant training to handle the multifaceted realities of marriage prepping. Equally, Kirkbride et al. (2024) reasoned that counselling strategies are most operative when based on expert knowledge and evidence-based preparation. The outcomes also agree with Chen et al. (2025), who presented

counsellor proficiencies as knowledge, attitude, personality, skills, and capabilities, all of which lead to effective counselling practice. Nevertheless, while prior studies centred mainly on general counselling proficiencies, the present research extends the dialogue by emphasizing the significance of incorporating spirituality, family systems, and culturally responsive content into PMC syllabus. This advises that effective PMC training should not only aim at therapeutic techniques but also build capacity in providers to address interpersonal, spiritual, and contextual realisms upsetting modern marriages.

The study also found that clergy respondents discerned modules associated to counselling skills, communication skills, Christian ethics, public speaking, human psychology, financial management, and professional borders as essential for operational PMC provision. These outcomes back up Hesbon et al. (2020) and Moeti et al. (2024), who claimed that many clergy delivering PMC are deficient of formal counselling training, thus restricting their ability to sufficiently handle the intricacies of marital relations. Also, Madigele et al. (2020b) suggested that clergy should undergo professional counselling preparation to progress their capability and helpfulness in PMC service provision. The present findings thus strengthen the need for pastors to receive both theological and psychological training in order to deliver well-adjusted and holistic PMCs. Nonetheless, unlike some previous research that largely condemned the insufficiency of pastoral counselling, the current study validates that clergy themselves identify the need for professional enlargement in communication, counselling psychology, and ethical practice. This agreement between clergy and counsellors reflects growing appreciation that PMC needs an incorporation of pastoral care, relational competence, and professional counselling proficiency.

In addition, the findings presented robust backing for the embedding of emergent and sensitive issues such as homosexuality, generational gaps, conflict resolution, technology, and evolving societal issues within PMC training curricula. These outcomes show that participants acknowledged the rapidly changing social and relational landscape affecting marriages today. The outcomes match with Zhang and Liang (2023), who underscored that cultural, gender, and societal dynamics considerably ingrain marital fulfilment and stability, thereby needing culturally capable and adaptive counselling methods. Equally, Moeti et al. (2024) promoted PMC models that are contextually receptive to modern-day social and economic realisms. The current outcomes also supplement Chen et al. (2025), who suggested that counsellors should constantly upraise their skills through practical learning and professional development. Nonetheless, the present study acknowledges consensus among both clergy and counsellors concerning the significance of handling emergent marital issues within PMC training. Overall, the study highlights the need for robust, formalised, and contextually grounded PMC frameworks capable of prepping providers to successfully respond to the growing relational, cultural, ethical, and technological issues shaping marital relationships.

Drawing from the guiding questions across objectives one to four, combined with findings collected from counsellors, clergy, and PMC beneficiaries, the present research recognized key areas essential for reinforcing PMC provider proficiency and service delivery. The suggested training modules were advanced from respondents' lived experiences, perceptions, and endorsements regarding effective PMC content, approaches, cultural receptiveness, and professional competencies. As abridged in Table 9, the suggested modules reflect all inclusive, culturally receptive, and

evidence-based method for preparing PMC providers with the theoretical knowledge, practical skills, ethical grounding, and contextual awareness required for effective PMC within the Kenyan and broader African context.

Table 9: Appropriate PMC Training Units/Modules

UUnit	Topic	Sub-topics	Suggested Duration
11	Counselling Skills	Public speaking, presentation skills; counselling skills, the art of communication; boundaries in counselling relationships; meeting clients' needs appropriately; avoiding information overload; counselling skills in MFT; cultural competence.	8 sessions (16 hrs)
22	Spirituality in Marriage and Family	Personal spiritual beliefs and practices; faith traditions and differences in beliefs; biblical understanding of marriage; spiritual leadership and roles; raising children with spiritual values; religious community involvement; spiritual coping during crises.	6 sessions (12 hrs)
33	Ethical Considerations	Respect; non-discrimination; honesty and transparency; fidelity and commitment; conflict management; financial ethics; confidentiality and loyalty; Christian ethics and integrity.	5 sessions (10 hrs)
44	Family of Origin	Genograms; communication patterns; cultural and religious backgrounds; family roles and responsibilities; conflict-resolution patterns learned from family; parenting styles; emotional environment and attachment.	6 sessions (12 hrs)
55	Parenthood and Parenting	Readiness for children; parenting philosophies and styles; role division; spiritual upbringing; financial management in parenting.	6 sessions (12 hrs)
66	Individual and Systemic Applied Theories	Cognitive Behavioural Therapy (CBT); Emotionally Focused Therapy (EFT); Psychoanalytic Theory; Structural Family Therapy (SFT); Gottman Couple Therapy (GCT); Sternberg's Triangular Theory of Love; Bowenian Theory; Existential Theory; Adult Attachment	12 sessions (24 hrs)

UUnit	Topic	Sub-topics	Suggested Duration
		Style Theory; Humanistic Theory; Solution Focused Theory (SFT).	
77	PMC Frameworks and Strategies	Structured counselling models; theoretical frameworks; psychoeducation strategies; communication skills; cultural and religious sensitivity; use of hand-outs, videos, reflective exercises; post-marital support strategies; biblical foundations of marriage; PMC manuals and tools.	6 sessions (12 hrs)
88	Assessment in PMC	Premarital assessment tools and inventories; administration and interpretation of assessments; PREPARE/ENRICH; SYMBIS; Gottman Relationship Check-up; FOCCUS inventory; personality and attachment assessments; relationship readiness assessment; communication and conflict assessment; mental health screening tools such as Beck Anxiety Inventory (BAI); ethical use of assessment results; integrating assessment findings into counselling interventions.	8 sessions (16 hrs)
99	Dating and Courtship	Relationship history; intentions for marriage; physical, emotional, and spiritual boundaries; conflict management during courtship; work-life balance; influence of family and peers; expectations for engagement and marriage.	6 sessions (12 hrs)
110	Sex, Sexuality and Psycho-education	Sexual health and hygiene; emotional and physical well-being; family planning and contraception; roles of sex in marriage; morality and sexual ethics; abstinence and purity culture; homosexuality issues; generational differences; human sexuality and psychology.	6 sessions (12 hrs)
111	Emerging Needs in PMC	Blended families; social media and relationships; behavioural and chemical addictions; career and family balance; politics and family life; intercultural and interfaith marriages; marriage enrichment; sexual orientation; adoption;	5 sessions (10 hrs)

UUnit	Topic	Sub-topics	Suggested Duration
		childlessness; modern parenting challenges.	
112	Management of PMC Programming	Documentation; code of ethics; policy frameworks and protocols; PMC resources; clinician self-care; budgeting; clinical supervision; CPDs; referrals; multidisciplinary collaboration; development and review of PMC manuals; program evaluation.	16 sessions (32 hrs)

The recommended PMC programme comprises of 12 modules provided over around 96 sessions totalling about 190 training hours, with each session lasting two hours. The programme incorporates participatory learning methods such as discussions, role-plays, assessments, reflective exercises, and case studies to reinforce practical skills and learner involvement. Prepared into five comprehensive units, the programme balances theoretical knowledge, practical counselling skills, spirituality, cultural competence, assessment techniques, and professional development for effective PMC service provision. Notably, the formalised and evidence-based curriculum aims to reinforce Diploma, Degree, and postgraduate training packages in Counselling Psychology, Marriage and Family Therapy, and Pastoral Care within tertiary institutions and universities.

Decisively, the outcomes of objective four showed both convergences and divergences among counsellors, clergy, and PMC recipients concerning the professional competencies and credentials essential for effective PMC delivery. Counsellors powerfully underscored formal educational credentials, expert PMC training, counselling theories, assessment skills, and CPDs, reflecting a professional and evidence-based perspective toward PMC practice. Contrastingly, clergy respondents positioned greater importance on spirituality, Christian ethics, moral

guidance, self-reflection, and the broader social impact of PMC on families and church communities, although they also admitted the significance of counselling skills and professional training. The PMC beneficiaries, nonetheless, gauged counsellor competency largely from their direct experiences during PMC sessions, centring on communication skills, privacy, empathy, and organization of sessions, practical relevance, and counsellors' ability to handle real marital issues.

Inconsistencies came up where some PMC recipients expressed dissatisfaction with PMC providers for being too advice-oriented, poorly equipped, and unreasonably reliant on personal experiences rather than professional capability, while counsellors and clergy usually viewed PMC practitioners as competent but requiring additional professional boost through training and supervision. These differences show that though counsellors and clergy highlight formal training structures and professional identity, PMC recipients are more interested in practical efficiency, relational interactions, and experiential quality of PMC services, thus underlining the need for an incorporated PMC method that harmonises academic capability, spiritual sensitivity, and client-centred counselling practices.

Conclusion

Overall, this study shows that effective PMC must be holistic, integrative, and contextually grounded. By drawing together spiritual, relational, cultural, and practical dimensions, the Ubuntu Integrative PMC Model responds directly to the lived experiences of couples, clergy, and counsellors. Central to this contribution is Kathy Charmaz's constructivist grounded model, which anchors the framework in participants' lived realisms through co-construction of meanings. As such, PMC is repositioned as a transformative and collaborative process rather than a prescriptive intervention. In this way, the model affirms the value of indigenous knowledge while

remaining aligned with empirical evidence. Thus, it strengthens the relevance and credibility of PMC within African contexts.

Furthermore, the findings highlight that professional competence, structured protocols, and adequate duration are indispensable for important PMC outcomes. While diverse theoretical orientations enrich practice, their deliberate integration augments flexibility and receptiveness to multifaceted relational dynamic forces. In addition, the use of structured assessments, experiential learning, and culturally sensitive delivery reinforces self-awareness, communication, and relational sustainability among couples. Therefore, quality PMC depends not only on content but also on ethical practice, provider preparedness, and systematic programme design. Equally important, on-going supervision and professional development reinforce accountability and reflective practice. As a result, PMC delivery becomes both consistent and adaptable across diverse settings.

Moreover, the study underscores the policy and practice implications of adopting a grounded, context sensitive PMC framework. By providing clear domains, goals, and provider competencies, the Ubuntu Integrative PMC Model offers a practical reference for churches, counselling institutions, and training bodies seeking to standardise and improve PMC. In addition, its emphasis on evaluation, feedback, and continuous refinement promotes accountability and programme sustainability. Hence, the model not only addresses current gaps in PMC delivery but also creates a foundation for future research and contextual adaptation across varied African settings. Furthermore, the model emboldens partnership between academic researchers and faith-based practitioners, fostering evidence-informed methods within pastoral care. Its culturally attuned design also ensures that counselling interventions resonate with the unique values, beliefs, and relational dynamics of African couples.

In conclusion, the outcomes of this research validate that effective PMC necessitates the blending of inclusive content, suitable intervention processes, cultural receptiveness, and skilfully competent PMC providers. The study findings showed the centrality of addressing relational, spiritual, practical, and contextual issues while employing structured, participatory, and evidence-informed methodologies to service provision. Similarly, the outcomes highlighted the need for culturally sensitive practices and effectively trained counsellors who can skillfully respond to the diverse couples' needs. Taken together, these insights give a strong empirical foundation for the creation of a contextualised PMC approach aligned African realities. The resulting Ubuntu Integrative PMC Model, which emerged from these findings through a constructivist grounded theory process, is comprehensively in discussed Chapter Five.

CHAPTER FIVE

SUMMARY OF FINDINGS, IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS, AND AREAS FOR FURTHER RESEARCH

Summary of Findings and Implications

Marriage acts as the essential cornerstone of society, and determining its future, effectiveness, sustainability, and resilience begins with establishing a robust foundation. The PMC program aims to equip couples for marriage, improve marital contentment and stability, reduce divorce rates, and foster the overall well-being of marriages. However, empirical studies specifies that such methods lack long-term sustainability. Reviewed studies had revealed that divorce rates are comparable between individuals who have undergone PMC and those who have not. These shortcomings may be linked to insufficient or nonexistent training for PMC providers, inadequate resources such as instructional materials and interventions, an unsupportive settings for effective provision, and a lack of professionalism and competence during the challenges faced in PMC sessions. Literature review determined a notable absence of contextually relevant PMC curricula that cater to clients in both secular and religious contexts.

The primary objective of this study was to evaluate PMC programs in selected churches in Kiambu and Nairobi counties with the aim of developing a contexualised PMC model. Four churches were purposively selected for the study: Word of Faith Church and PCEA Kirigiti in Kiambu County, and CITAM Thika Road and ACK St. Paul's South C Parish in Nairobi County. Data collection methods included in-depth interviews with clergy from each church, FGDs with twelve counsellors, and questionnaires administered to twenty beneficiaries of PMC programs. The counsellors comprised five counselling psychologists, three clinical psychologists,

and four marriage and family therapists, while five beneficiaries were drawn from each church. The data were synthesized and analyzed using qualitative data analysis techniques.

The research was directed by five primary objectives. The first objective of the study was to explore perceptions and experiences regarding content for existing PMC programs in selected institutions within Kiambu and Nairobi counties. The participants were asked to identify topical issues covered during PMC. The findings uncovered ten essential themes addressed during PMC sessions. Frequency analysis revealed that the most frequently mentioned terms from the compiled responses included marriage, communication, role, conflict, responsibility, intimacy, sex, parenting, resolution, finance, sexuality, family, personality, and relationship, with several of these terms appearing more than ten times. Ultimately, the themes were condensed into the following categories: 1) marriage institution and legislation, 2) creating self and spousal awareness, 3) marriage and family roles and responsibilities, 4) communication skills and conflict resolution, 5) personality and character, 6) religion, Christianity and spirituality, 7) financial management, 8) sex, sexuality and family planning, 9) tradition and cultural dynamics, and 10) social life and modernism.

The ten identified themes were comprehensive and addressed essential components of contextualised PMC within the Kenyan context. These themes encompassed the legal, emotional, financial, spiritual, cultural, political, social, and sexual dimensions of marriage. Modernism emerged as a particularly significant theme due to the shifting dynamics of relationships in today's diverse and rapidly evolving society. The study revealed that issues related to personal interests, social engagements, and career aspirations play a critical role in shaping marital

expectations and compatibility. Consequently, addressing modern lifestyles and evolving social dynamics within PMC programmes was considered vital for fostering adaptable and resilient relationships. Furthermore, the findings underscored the importance of adequately training PMC practitioners in these thematic areas and guaranteeing their systematic integration into PMC sessions to enhance the scope, relevance, and overall impact of counselling programmes.

The first objective also sought information about the guidelines and protocols necessary for embedding PMC efficacy, resulting in four key themes: professionalism and ethical conduct, PMC program planning and delivery, suitable infrastructure and resources, and pre- and post-evaluation. Both the clergy and the counsellors concurred on the significance of upholding professionalism and ethical standards. PMC counsellors should set aside their personal biases concerning specific issues and focus on making informed decisions based on empirical research. The study highlighted the essential requirement for PMC program planning and delivery. This involves having a PMC curriculum, maintaining commitment to the course; conducting assessments; ensuring punctuality; demonstrating intentionality; preparing and planning for PMC sessions; employing evidence-based strategies; fostering commitment from practitioners and premarital couples; ensuring consistency in sessions; defining program topical areas; creating a roadmap; managing bookings and scheduling; sending session reminders; maintaining documentation; covering sessions; and facilitating referrals.

Similarly, the study also indicated that suitable infrastructure and resources, which encompass a monitoring and evaluation mechanism, are essential for the effectiveness of the program. Adequate infrastructure (staff, materials, facilities, systems) allows activities to be delivered reliably and consistently. These

requirements included the establishment of a PMC policy framework, creating a secure environment for PMC implementation, providing a PMC guide, utilizing clinical assessment tools, forming a PMC ministry or department, ensuring the availability of resource persons, engaging in capacity building, developing a policy framework, and integrating quality controls. From the reviewed literature, appropriate infrastructure, having standardized premarital education manuals were noted to be a challenge for local PMCs. The importance of having suitable frameworks and resources was highly recommended by the current study.

The second objective of the study was to examine the processes, interventions, and delivery of existing PMC programmes in selected institutions within Kiambu and Nairobi counties. The findings revealed a wide range of crucial skill sets required of effective premarital counsellors, including listening and understanding, effective communication, observation, empathy, conflict resolution, emotional intelligence, multicultural competence, assessment and goal-setting skills, flexibility, and a sound knowledge of relationship theories. Additional competencies identified included the ability to facilitate openness among couples through good probing skills, trustworthiness, ethical practice, and the creation of a safe counselling environment. Counsellors were also expected to demonstrate mediation skills, systemic thinking, coaching and mentorship abilities, and the use of therapeutic techniques such as reframing, reflection, immediacy, unconditional positive regard (UPR), genuineness, appropriate self-disclosure, confrontation, and responsive engagement. Overall, these findings indicate that effective PMC delivery depends heavily on counsellors possessing a comprehensive and integrative set of interpersonal, theoretical, and ethical competencies.

The skills identified in this study align with the fundamental competence categories which encompass attitudes, personality traits, knowledge, skills, and abilities. Core counselling skills such as active listening, paraphrasing, summarising, and the use of open-ended questioning were found to be particularly important in enabling counsellors to understand couples' concerns clearly and facilitate effective communication. These skills support couples in articulating expectations, identifying potential areas of conflict, and developing shared goals for their relationships. Furthermore, counsellor attributes such as empathy, warmth, and non-judgemental attitudes were essential in creating a safe and supportive environment. Such an environment enabled couples to comfortably engage with sensitive topics including finances, family roles, intimacy, and cultural values, thereby enhancing the overall effectiveness of PMC.

The key interventions identified in the study included the use of PMC theories and PMC programme assessment tools. With regard to theoretical approaches, focus group discussions (FGDs) involving counsellors identified eleven theories as most relevant to PMC practice. These included psychoanalytic theory (PT), emotionally focused theory (EFT), cognitive behavioural theory (CBT), gottman couple theory (GCT), solution-focused theory (SFT), humanistic theory (HT), attachment theory (AT), existential theory (ET), Bowenian theory (BT), triangular theory (TT), and structural theory (ST). This integration of individual-focused and systemic theoretical approaches was considered highly applicable to the diverse needs addressed within PMC. Reviewed literature suggest that these theories provide a strong foundation for guiding PMC interventions and contribute positively to marital outcomes such as conflict resolution, marital stability, satisfaction, intimacy, emotional regulation, and empathy. For example, Cognitive Behavioural Theory (CBT) emphasises the

identification and modification of maladaptive cognitions and behaviours arising from negative emotions and dysfunctional thought patterns, such as feelings of resentment or dislike that may escalate into marital conflict and eventual separation. Similarly, EFT promotes forgiveness, secure attachment, and marital intimacy by fostering emotional awareness, mutual support, acceptance, and effective emotional regulation within the couple relationship.

Solution focused therapy provides counsellors with effective tools to transform negative thought patterns and promote solution-focused discussions. The application of family structure theories, including BT and SFT, aids in comprehending intergenerational dynamics and family frameworks, which in turn nurtures healthy family functioning, adaptability, harmony, closeness, and a sense of belonging among family members. The integration of these theories enhances a counsellor's capacity to deliver customized, evidence-based assistance, ultimately equipping couples for enduring relational resilience. However, ACT and MHL, which were initially introduced in the theoretical framework of the study, were not referenced. These theories should also be included, as they can positively impact marital outcomes through mental health preparedness and psychological flexibility. The ACT combines humanistic and eclectic approaches to assist individuals in processing and overcoming challenging experiences, while MHL promotes proactive help-seeking behaviours, such as engaging in PMC to foster healthy relationships.

Six standardised assessment tools were identified for adaptation by PMC counsellors, namely the Gottman Relationship Checklist, Dyadic Adjustment Scales, Attachment Assessments, Personality Tests, Anxiety Assessments, and Family-of-Origin Analysis Tools. These assessment tools were found to enhance proactive communication and deepen relational awareness by bringing out sensitive issues such

as expectations, relational red flags, and latent concerns that might otherwise remain unaddressed due to cultural norms or emotional discomfort. By initiating structured dialogue, the tools foster emotional transparency, mutual understanding, and the identification of potential conflict triggers. Respondents further highlighted increased self-awareness and partner-awareness, noting improved insight into emotional tendencies, personal strengths and weaknesses, and overall compatibility. In addition, the tools supported counsellors in facilitating client introspection regarding values, habits, and relational boundaries. Overall, the use of PMC assessment tools was found to establish a strong foundation for informed decision-making, proactive conflict resolution, mutual growth, and long-term marital resilience.

A wide range of facilitation techniques were employed by practitioners in the delivery of PMC sessions. These included structured discussions, guided self-disclosure, homework assignments, celebration of individual differences, family-of-origin analysis, problem-solving exercises, spiritual development activities, feedback and reflective practices, love language exploration, myth-debunking related to marriage, boundary-setting exercises, forgiveness interventions, daily ritual planning, gratitude practices, emotional intelligence training, exploratory exercises, formal assessments, reflection on past relationships, conflict trigger analysis, role-playing, vision board creation, and the formulation of premarital contracts. Counsellors and clergy consistently emphasised that effective PMC outcomes were contingent upon an adequate number of sessions, typically ranging between six and twelve, with most participants identifying approximately ten sessions as optimal. The duration and continuity of PMC were regarded as critical to programme effectiveness, as they enabled comprehensive engagement with core relational themes and sufficient time for reflection and skill development. Collectively, these findings underscore the

importance of structured, multi-session, and methodologically diverse PMC programmes and directly informed the development of a grounded theoretical model that authentically captures participants' lived experiences and defines essential parameters for an effective PMC framework.

The third objective of the study was to identify culturally relevant factors that should be included in PMC programs at selected institutions in Kiambu and Nairobi counties. Human relations connect individuals from various cultures and races within social and economic contexts. Cultural diversity becomes particularly significant in the context of marriage, as it represents a union that spans multiple generations. The current findings indicate that the cultural factors that should be incorporated into PMC programs encompass awareness of diverse cultures, humility, respect for individuals' beliefs, faith, culture, and uniqueness, the practice of cultural humility, inclusivity, the avoidance of discrimination based on personal characteristics, neutrality, non-judgmental attitudes, affirmation, active listening, empathy, understanding, the utilization of feedback, the maintenance of privacy regarding personal information, and the preservation of each individual's dignity. Practitioners of PMC who are culturally sensitive enhance client satisfaction and foster a positive outlook towards PMC.

A combination of competence and humility, commonly known as cultural competence, is crucial for incorporating cultural humility into cultural knowledge. The study revealed a significant perception (89%) among PMC practitioners that they treated beneficiaries with respect, regardless of their age, race, social class, financial status, educational level, and sexual orientation. Nevertheless, critical issues persist, as some beneficiaries reported feeling judged by PMC practitioners based on their past relationships and a perceived lack of respect. One beneficiary stated, *"they made*

us feel ashamed of things we did not know and did not foster mutual respect" (Benef14). This study affirmed that achieving a balance among the diverse perspectives of biblical, traditional, and modern culture poses a considerable challenge for PMC in providing effective and impartial counsel. The research identified several cultural factors that should be included, such as awareness of different cultures, respect for couples' beliefs, faith, culture, and individuality, practicing cultural humility, promoting inclusivity, avoiding discrimination based on personal characteristics, maintaining neutrality, adopting a non-judgmental approach, offering affirmation, demonstrating empathy, understanding, utilizing feedback, ensuring privacy, employing appropriate communication skills, and preserving the dignity of each individual. The findings underscored the necessity for counsellors to receive professional training to enhance their effectiveness through cultural humility.

The fourth objective of the study was to examine the fundamental professional competencies and qualifications required of premarital counsellors in selected institutions within Kiambu and Nairobi counties. Professional competencies were identified as essential in establishing clear standards for what counsellors should know and be able to do, thereby promoting the delivery of high-quality PMC services. Participants reached a consensus that effective PMC practitioners should possess at least a Diploma qualification with a specialisation in MFT and PMC. However, PMC beneficiaries reported notable gaps in practitioner competence, including inadequate coverage of essential content, insufficient knowledge and preparedness, ineffective counselling approaches, inappropriate body language, lack of content mastery, limited use of assessment tools, lack of clarity, disorganisation in both process and presentation, the use of judgemental language, and avoidance of client questions. Notably, only 53% of PMC beneficiaries perceived their counsellors

as adequately trained, highlighting significant variability in service quality and underscoring the urgent need to strengthen and standardise training, certification, and professional development in PMC practice.

From previous studies, majority of Churches and clergy do not possess organized curricula to assist them in providing PMC. The investigation uncovered lack of a Government curriculum in Kenya that specifically focuses on PMC. Within Kenya, engaging in counselling without proper registration and licensing is considered unethical and hence Churches should boost their practices to align with the Counsellors and Psychologists' Act [C&P Board] (Kenya Government, 2014, 2020). The C&P Board may work in partnership with training establishments, professional associations and other relevant bodies on the training and professional development of counsellors and psychologists. Professional organizations, including the Kenya Counselling and Psychological Association (KCPA) and the Kenya Association of Marriage Therapists (KAMFT), should lead the effort to establish a postgraduate program in Marriage and Family Therapy (MFT), as well as a certification in PMC for practitioners in this domain.

A clergy member remarked: *"proper programming and quality assurance demand continuous research on PMC"* (Clergy03). This claim underscores the necessity for contextually relevant PMC content, well-coordinated sessions, and the incorporation of emerging realities. Indeed, research is instrumental in determining which strategies, techniques, and program structures truly enhance relationships. This evidence empowers counsellors and organizations to design interventions that more effectively cultivate communication skills, boost attachment, manage conflicts, and prepare couples for marriage. Consequently, the creation of government recognized curricula for PMCs, the appropriate training and licensing of PMC practitioners, the

provision of ongoing professional development for PMCs, the integration of clinical supervision for PMCs, and the organization of conferences dedicated to PMCs marks the beginning of a new era for effective PMC.

The moderate level of satisfaction expressed by PMC beneficiaries regarding the content of counselling highlighted the critical role of structured training in enhancing the quality and effectiveness of PMC services. Participants identified a series of training units or modules considered essential for developing competence in PMC practitioners, which included: (1) counselling skills, (2) family-of-origin dynamics, (3) dating and courtship, (4) parenthood and parenting, (5) individual and systemic/applied theories, (6) spirituality in marriage and family, (7) ethical considerations, (8) sex, sexuality, and psycho-education, (9) PMC frameworks and strategies, (10) technological issues, 11) assessments in PMC and (12) the overall significance of training in PMC. These modules equip practitioners with the foundational counselling skills necessary for effective service delivery and facilitate the development of professional competencies such as the capacity to engage with diverse clients, emotional self-regulation, perseverance, and academic proficiency, particularly in MFT. Consequently, structured and comprehensive training is integral to fostering competent, confident, and ethically grounded PMC practitioners capable of addressing the complex relational needs of couples.

The fifth objective of the study was to develop a grounded theoretical model that devotedly epitomises respondents' lived experiences, perspectives, and perceptions of an effective PMC framework. The principal outcome was the development of an empirically grounded, home-grown PMC theory informed by Kathy Charmaz's constructivist grounded theory approach, referred to as the 'Ubuntu Integrative PMC Model.' The Ubuntu Integrative Model comprises eight interrelated

thematic components: (1) appropriate content for PMC curricula, (2) a theoretical framework for PMC, (3) interventions in PMC, (4) protocols and guidelines, (5) methods of delivery, (6) cultural competence, (7) practitioner competence, and (8) post-marital care as a continuum of marriage care. Grounded in the lived experiences of study respondents, the model is contextually relevant and responsive to local realities. It is intended to strengthen and transform PMC practice by clearly delineating essential parameters for PMC curricula and service delivery. The designation '*Ubuntu Integrative PMC model'* symbolises a transformative phase in PMC clinical practice, aimed at enhancing professionalism, consistency, and effectiveness in the provision of PMC services.

The study concluded that professionally trained PMC practitioners are more likely to demonstrate professionalism, specialized clinical expertise, cultural competence, and ethical awareness while facilitating sessions that are respectful, contextually relevant, and aligned with participants' faith. Reviewed literature underscored the importance of counselling grounded in specialized knowledge to ensure effective practice. The findings further indicated that comprehensive training enhances communication skills, reduces the risk of professional burnout, and equips counsellors with evidence-based frameworks and assessment tools. This combination ensures that PMC sessions are not only informative but also engaging and tailored to the unique needs of each couple. Conversely, participants expressed concerns when sessions resembled lectures rather than interactive counselling, lacked organization, or failed to accommodate the diversity of participants, including those from blended families or with prior relationship experiences. Collectively, these findings highlight that structured and contextually responsive training is essential for fostering

competent, ethical, and adaptable PMC practitioners capable of delivering meaningful and transformative counselling experiences.

Overall, beneficiaries conveyed appreciation for counsellors who maintained privacy, demonstrated patience, and provided unconditional acceptance. The essential competencies of psychological counsellors encompass attitude, personality, knowledge, skills, and abilities. Thus, PMC providers in Kenya particularly clergy who have from time immemorial supported couples should pursue formal training, certification, and licensing as professional counsellors, including post-qualification specialisation as Marriage and Family Therapists (MFTs), given that PMC involves a systemic approach to relational dynamics. Couples are more likely to engage openly and adhere to guidance when they perceive that practitioners are appropriately trained and competent. Therefore, developing and sustaining professional competence in PMC is critical for ensuring effective service delivery and fostering meaningful, transformative counselling experiences for couples.

Conclusion

The contemporary institution of marriage exists within a framework where love, intimacy, and affection are essential components of a satisfying union. Nevertheless, couples often face challenges such as infidelity, conflicts, divorce, loss of trust, depression, and anxiety. The underlying causes of these difficulties may include different personality types, as well as economic and social conditions that evolve over the course of the marriage. The study determined that PMC serves as a valuable clinical practice that prepares young couples to maintain an open-minded approach to the marriage institution and adapting to a dynamic relationship with spouses amidst a shifting socio-political and economic landscape. Tackling enduring marital issues act as a beneficial safeguard for fostering capable families that can

navigate societal changes, ultimately contributing to lower divorce rates within the community. This study showed that prayer enhances couples' spiritual bonds, humility, self-reflection, mental clarity, and inner tranquility, all of which are vital for marital longevity and satisfaction.

The practitioners of PMC play an essential role in influencing the values and attitudes of couples regarding marriage. The findings of the study indicated that counsellors must operate with the highest level of professionalism, adhering to a code of ethical conduct that includes respecting personal space, ensuring confidentiality, and refraining from imposing their personal beliefs or experiences on the subjects at hand. Rather, they should focus on fostering factual awareness of various personalities, values, and attitudes, thereby facilitating personal self-discovery and judgment among couples. The study acknowledged the preference of PMC beneficiaries for sessions that are interactive, tailored to premarital couples, and considerate of cultural differences. Besides, the study underscored the need for a inclusive framework within clinical settings such as counselling facilities, faith-based organizations, private therapeutic settings, hospitals, and community-based family support programs to guarantee that premarital couples obtain well-thought-out, culturally receptive, evidence-based, and professionally directed preparation for healthy and durable marriages.

The study's findings classified appropriate content for Africentric PMC programs into ten primary thematic areas. These areas include: the institution of marriage and its legislation, the development of self and spousal awareness, the roles and responsibilities associated with marriage and family, the skills necessary for communication and conflict resolution, the understanding of personality and character, the role of religion, Christianity, and spirituality, the principles of financial

management, the topics of sex, sexuality, and family planning, the exploration of tradition and cultural dynamics, and the aspects of social life and modernism. These themes reflect the essential areas of concern and interest for stakeholders, including institutions, PMC facilitators/providers, and couples. They offer crucial content for the effective development of PMC curricula to be utilized across various contexts, comprising churches, educational organizations, and clinical settings in both rural and urban areas. The themes integrate psychological, social, spiritual, legal, contextual, sexual, familial and cultural political dimensions of marriage.

The research findings revealed a detailed array of fundamental competencies necessary for effective PMC, which encompasses communication, empathy, conflict resolution, emotional intelligence, assessment, multicultural sensitivity, and systemic knowledge. The study identified ten theories that can enhance these skills, which include: 1) psychoanalytic, 2) emotionally focused, 3) cognitive behavior, 4) Gottman, 5) solution focused, 6) humanistic, 7) acceptance and commitment, 8) emotionally focused couple, 9) Bowenian, 10) triangular, and 11) structural. Participants in the study emphasized the importance of integrating various theories into their clinical practice to ensure positive outcomes. Moreover, the researcher incorporated acceptance and commitment theory to promote psychological flexibility in accepting transitions amidst internal resistances and mental health literacy to encourage help-seeking behavior within marriage without neglect. These theories were acknowledged as vital tools to assist couples in developing the psychological and emotional skills necessary for navigating the complexities of couple dynamics and improving various marital outcomes, including conflict resolution, stability, satisfaction, intimacy, emotional regulation, collaboration, and empathy.

Cultural sensitivity in PMC has been identified as vital for couple satisfaction within diverse and evolving social contexts shaped by education and westernization. The findings of the current study highlighted the importance for PMC practitioners to exhibit cultural humility, inclusivity, empathy, and non-judgmental attitudes. Although the majority of beneficiaries reported being treated with respect, a small number encountered judgment, avoidance, and disrespect. Moreover, the study confirmed that culturally sensitive PMC providers were better situated to handle issues allied to gender roles, familial expectations, faith, and intercultural relations in ways that upheld respect and relational cohesion among couples. Moreover, respondents stressed the need for PMC programs to incorporate culturally rooted methodologies that endorse African norms, customs, and communal engagement systems while being receptive to contemporary relational realisms.

The research also revealed a shared agreement that practitioners should hold at least a Diploma, with a focus on MFT and PMC. This may necessitate a reassessment of current programmes to integrate essential competencies for effective PMC practice. Despite the Counsellors and Psychologists' Board advocacy for professional standards, numerous beneficiaries expressed dissatisfaction with the performance of counsellors, pointing to problems such as unethical behaviour, insufficient preparedness, unmotivated PMC providers, ineffective communication, limited resources for PMC practice, judgmental attitudes, cultural insensitivity, and a lack of mastery over content. Only 53% of beneficiaries believed their PMC practitioners were sufficiently trained, indicating a notable deficiency in professional readiness and the quality of training. The key training modules identified as crucial for developing competent PMC practitioners encompassed areas such as counselling skills, family of origin, courtship, parenting, theoretical foundations, ethics,

spirituality, sexuality, and emerging technological issues. These elements were assessed as essential for equipping practitioners with the necessary technical knowledge and interpersonal skills to effectively support diverse couples.

Overall, the results highlight the significance of investing in detailed PMC training programs. The research concluded that practitioners who receive proper training are more capable of providing effective and inclusive counselling that aids couples both prior to and following marriage. By integrating theoretical knowledge, practical abilities, and values driven guidance, PMC can serve as a transformative resource for equipping couples for enduring and satisfying marriages. The study emphasized a strong call for Kenyan clergy to move beyond complacency as the primary guardians of marriage initiation. It advocated for the establishment of policies that inform practice, supported by the training of PMC providers, appropriate certifications and licensing, as well as the creation of PMC programs that should undergo regular reviews.

A Grounded Theoretical Model on Experiences, Perspectives, and Perceptions of the Study Participants Regarding an Effective PMC Framework

The grounded theoretical approach presented in this study was established from the empirical findings generated through data collected using Objectives One to Four and is based on Objective Five, which aimed at creating a grounded theoretical approach based on experiences, viewpoints, and insights of research respondents relating to an effective PMC curricula (Charmaz, 2020; Creswell & Guetterman, 2019). The model arose inductively from perspectives and experiential accounts of counsellors, clergy, and PMC beneficiaries about PMC content, intervention processes, PMC provision dynamics, cultural responsiveness, and professional capabilities necessary for effective PMC practice (Charmaz & Thornberg, 2020;

Friese et al., 2020). Using Kathy Charmaz's constructivist grounded theory, the study meticulously incorporated respondents' stories, thematic trends, and contextual realisms to build a model that reflects the local African context (Charmaz, 2020; Tie et al., 2020). The creation of the model was also informed by existing psychotherapy models, evidence based literature, and evidence-based relational models that reinforced the understanding and merger of the outcomes (Bahkali et al., 2022). Thus, the Ubuntu Integrative PMC Model signifies a culturally grounded, theoretically informed, and evidence-based blueprint aimed to fortify PMC provision, advance practitioner efficacy, and enrich marital contentment, stability, and relational health among couples (Adzovie & Dabone, 2021; Bahkali et al., 2022).

Guided by Kathy Charmaz's constructivist grounded model, the Ubuntu Integrative PMC Model was established from the co-constructed interpretations, lived experiences, and contextual realisms pooled from counsellors, clergy, and PMC beneficiaries within the research setting (Charmaz, 2020). The approach is hence modifiable and appropriate across varied PMC settings, including churches, counselling centres, community-based facilities, academic institutions, and clinical practice settings. Its malleable and context-sensitive positioning permits PMC providers to tailor programs to couples' interpersonal, cultural, spiritual, and psychosocial needs while upholding professional and ethical principles, a method supported by Adzovie and Dabone (2021) and Moeti et al. (2024) who highlighted the need for culturally receptive and contextually grounded PMC programs. Also, the incorporation of shared involvement, reflective practice, and evidence-based strategies match with the endorsements of Kabasinguzi (2022) and Roberts (2023), who maintained that efficacious PMC necessitates adjustable and interdisciplinary approaches proficient in handling modern marital issues. Accordingly, the theory

affords a research informed practical framework with the intent of reinforcing marital readiness, relational resilience, and long-term marital health across varied sociocultural and institutional settings.

The Ubuntu Integrative PMC Model

This section positions the emergent model, dubbed the "Ubuntu Integrative PMC Model." The term *Ubuntu* was chosen to embody the African philosophy of relational connectedness, universal human dignity, empathy, and shared responsibility, values regarded as fundamental to marital wellbeing and healthy relational functioning within African contexts (Mbeteh & Perregrini, 2022). Though grounded in African thought, Ubuntu has garnered international credit within psychology field, leadership, peacebuilding, and relational studies because of its Global emphasis on human worth, reciprocal support and social cohesion (Rollet et al., 2021). The term *Integrative* was chosen because the model blends multiple theoretical orientations and evidence-based modalities, comprising (Emotionally Focussed Couple Therapy (EFCT), Acceptance and Commitment Therapy (ACT), mental health literacy (MHL), Gottman Theory, Cognitive Behaviour Theory (CBT), Humanistic Theory, and Psychoanalytic Theory, into a cohesive and methodical PMC approach (Kabasinguzi, 2022; Moeti et al., 2024). Thus, the title "Ubuntu Integrative PMC Model" represents an approach that is both culturally grounded within African realisms and consistent with internationally accepted counselling and relational standards.

Background of the Ubuntu Integrative PMC Model

A review of PMC models used in Africa shows limited cultural sensitivity, as many are adapted from other regions and therefore give insufficient attention to local

contexts (Adzovie & Dabone, 2021; Bahkali et al., 2022; Clyde et al., 2020; Moeti et al., 2024; Roberts, 2023; Watenga, 2023). Similarly, Sedek et al. (2022) emphasize that PMC programming and content must be relatable and contextually meaningful to premarital couples in order to enhance effectiveness. Moreover, Moeti et al. (2024) recommend collaborative reviews and multidimensional approaches that promote gender inclusivity and cultural sensitivity and that account for couples' backgrounds. Accordingly, this study integrated cultural diversity and spirituality so that the intervention was aligned with participants lived experiences. Consequently, the primary outcome was a grounded PMC model that integrates beneficiaries' needs and relevant theory and cultural considerations and systematic needs assessment and provider competencies, thereby addressing gaps in existing models.

The Study's Major Findings and Insights Applicable to Ubuntu Integrative PMC Model

This section addresses the first four objectives of the current study: exploring perceptions and experiences related to the content of existing PMC programs; examining the processes, interventions, and delivery mechanisms of current PMC practices; identifying contextually relevant cultural factors suitable for inclusion in PMC programs; and analysing the fundamental professional competencies and qualifications required of premarital practitioners. Furthermore, the discussion compares the findings of the present study with those reported in relevant empirical literature.

Perceptions and Experiences Regarding PMC Content for PMC Programs. First, the findings revealed notable differences in emphasis across PMC stakeholders, although these perspectives remain complementary rather than

contradictory. Beneficiaries predominantly highlighted roles and responsibilities, sex and sexuality, parenting, and spiritual matters, suggesting a strong focus on everyday marital functioning and personal wellbeing. In contrast, clergy emphasized the establishment of a Christian family, covenantal relationships grounded in God, and the recognition of cultural and demographic differences, thereby underscoring the moral, spiritual, and contextual foundations of marriage. Counsellors, however, focused more on practical and psychosocial concerns such as financial investment, wedding planning, family unity, education, personality challenges, conflict resolution, and compliance with legal marriage requirements. Although the emphases varied, these themes collectively reflect core PMC domains identified in earlier studies, including communication, conflict resolution, financial management, role functions, sexual compatibility, and family planning (Lomotey, 2025; Watenga, 2023). Consequently, the alignment between this study and prior research suggests that effective PMC programmes integrate spiritual, relational, practical, and contextual elements to comprehensively prepare couples for marriage.

The study identified three interrelated subthemes regarding marriage in PMC programmes, reflecting cultural, spiritual, and legal dimensions. First, marriage was portrayed as a transitory stage of life and a key rite of passage, shaping personal identities and social relationships. Second, clergy emphasized its sacred nature, grounded in biblical doctrine, which underscores the moral and spiritual responsibilities of couples. Third, adherence to government regulations was highlighted, guaranteeing that couples meet legal requirements for marriage. These perspectives collectively demonstrate that PMC prepares couples holistically by integrating relational, spiritual, and legal expectations, and they align with recent studies emphasizing the interplay of culture, religion, and law in marital preparation

(Kamau, 2025; Moeti et al., 2024; South African Government, 2023). Consequently, effective PMC programmes bridge personal, religious, and institutional frameworks to equip couples for the multifaceted realities of married life.

Second, the findings revealed that PMC fosters both marriage dynamics awareness and awareness of past relationships, promoting self-reflection and spousal understanding prior to marriage. This aligns with studies indicating that self- and spousal awareness enhance marital satisfaction by clarifying expectations and reducing conflict (Lomotey, 2025; Watenga, 2023). The focus on past relationships also supports research showing that unsettled relational pasts can affect trust and intimacy in future marriages (Tetteh, 2023). However, overemphasis on past experiences may generate defensiveness if not carefully managed, highlighting the need for balanced, forward-looking counselling (Carlos, 2022; Hudgins, 2025). Overall, these findings suggest that comprehensive PMC addressing both personal insight and relational histories equips couples for more resilient and mutually engaging couples.

Third, the study found that family roles and responsibilities fostered adaptability and deliberate preparation for both familiar and new roles. Such preparation not only helps couples understand their expected duties but also fosters accountability and resilience, which in turn can reduce conflict and enhance long-term marital satisfaction. Moreover, the literature suggests that clearly defined and mutually negotiated roles improve relational clarity and reduce role ambiguity, thereby supporting more stable and satisfying marriages (Lomotey, 2025; Watenga, 2023). However, while role preparation is essential, scholars caution that rigid role expectations can create tension if they fail to accommodate individual differences or evolving family dynamics, highlighting the need for flexible and context-sensitive

PMC strategies (Kamau, 2025). Overall, these findings demonstrate that integrating role awareness into PMC equips couples to navigate familial responsibilities more effectively, balancing personal, relational, and cultural expectations.

Fourth, the current study PMC providers identified communication misunderstandings, differing financial management styles, and unrealistic expectations as common triggers of marital conflict, and they emphasized that addressing these issues is essential for relational stability. The respondents also noted that conflicts often stem from unmet desires, divergent spending habits, and differences in backgrounds and desirabilities**,** yet these challenges can be reduced when couples engage in guided preparation. Recent research suggests that PMC fosters relational maturity because it helps couples navigate differences with understanding and effective problem-solving (Lomotey, 2025; Kamau, 2025). By upholding realistic expectations and constructive communication, PMC equips couples to manage inevitable tensions while improving marital fulfilment (Jordan, 2022; Tetteh, 2023). Therefore, early intervention in these areas supports long-term relational resilience, **so** couples are better prepared to face future challenges together.

Fifth, this study underscores the importance of putting emphasis on personality and character, especially self-awareness and interpersonal insight within PMC. Empirical findings show that PMC plays a key role in guiding couples to understand personality traits and temperamental differences to foster compatibility and sustainable relational adaptableness. Accordingly, PMC programs should incorporate well-thought-out modules that help couples identify personality profiles, reflect on compatibility, and develop strategies for handling differences. Prior research specifies that tolerance, expressed through forgiveness and emotional regulation, is significantly related with marital happiness (Koch, 2023). Similarly,

Agrawal (2024) conceptualizes tolerance as forgiveness, reduced fixation on partner faults, and the absence of hostility or defensive justification. Consistent with these findings, premarital programs grounded in interpersonal awareness frameworks enhance emotional expressiveness and marital stability, reinforcing the value of structured self- and mutual-understanding strategies before marriage (Sobhaninia et al., 2025).

Sixth, the findings identified religion, Christianity, and spirituality as core focus areas of PMC. Premarital counselling functions not only as a relational and practical guide but also as a space for intentional spiritual formation. These findings suggest that PMC programmes should purposefully integrate modules on spiritual alignment and interfaith dynamics. Evidence from Shirzadi et al. (2021) reinforces this need, showing that increased spiritual regulation is associated with reduced emotional divorce among women attending couple therapy centres in Tehran. However, Shirzadi et al. (2021) cautions that couples who do not share doctrinal beliefs may experience pressure to conform or feel overlooked in tailored guidance. PMC programmes must therefore balance faith-based formation with sensitivity to doctrinal differences and this balance is critical to ensure inclusivity while maintaining theological integrity.

Seventh, the findings frame financial management in PMC as both a practical and relational concern. Similarly, Adzovie and Dabone (2021) and Babalola (2024) show that financial behaviours significantly affect trust and cooperation in marriage. While PMC participants highlighted routine financial discussions, these studies also show how hidden obligations and unequal contributions actively undermine relational stability. Moreover, the findings extend existing literature by showing that financial decision-making is shaped by power relations, gender roles, and extended family

expectations. Although Muflikhati and Yulianah (2023) emphasise economic literacy as essential for marital stability, this study argues that such literacy must be relationally grounded. Therefore, PMC programmes should integrate financial skills with transparency, shared accountability, and emotional awareness.

Eighth, another critical component identified in PMC is tradition and cultural dynamics. Three key subthemes emerged: family-of-origin genograms, African marriage practices, and established traditional regulations. Genogram analysis enables counsellors to help couples trace relational patterns, inherited values, and intergenerational influences that may shape marital functioning**.** Likewise, traditional practices such as dowry negotiations are widely observed in African cultures and often imply respect for family and ancestral heritage (Nyamahunge & Pio, 2024). However, when these practices become transactional or reinforce patriarchal power structures, they can undermine trust and marital cohesion (Uhega et al., 2023). Therefore, PMC must critically engage culture, preserve its symbolic value, and address elements that may hinder equitable and healthy marital relationships.

Ninth, sex, sexuality, and family planning were highlighted as central to marital stability and emotional intimacy in PMC. Equally**,** Rakhshaee et al. (2022) affirm that sexual health literacy improves understanding and application of sexual knowledge, benefiting relationships beyond physical health. However**,** lack of sexual fulfilment can lead to infidelity, conflict, and divorce (Bokaie et al., 2021). In contrast**,** Adjei et al. (2022) found that premarital counselling addressing sexual and reproductive issues enhances marital satisfaction, conflict management, and sexual wellbeing. Therefore**,** PMC should integrate comprehensive sexual and reproductive education. This ensures couples are prepared both practically and relationally to sustain intimacy and prevent discord.

Tenth, social life and modernism were identified as critical in PMC for clarifying life issues. Counsellors noted that discussions about friendships, personal interests, and honeymoon plans are central to PMC, while clergy emphasised the impact of cultural differences, social status, and personal growth on marital harmony. Also, Singh and Pandey (2024) observed that modernity had increased autonomy, personal freedom, lifestyle changes, and cultural shifts. The respondents also highlighted that social networks significantly influence family dynamics, whereas Arya (2024) argued that social media accelerates cultural transformation, promoting individualism over collectivist values and reshaping family relationships. Thus, the current findings align with these studies by showing that PMC must navigate both modern social influences and traditional expectations.

Processes, Interventions, and Delivery Mechanisms of Current PMC Practices. This objective brought out the following respondents' experiences and views: theoretical approaches, use of assessment tools, delivery of content, duration of PMC, satisfaction and suggestions for improvement, and protocols and guidelines for PMC provision.

Counsellor respondents reported drawing on multiple theoretical orientations, including structural, psychoanalytic, emotionally focused, cognitive behavioural, Gottman couples' therapy, solution-focused, humanistic, attachment, existential, Bowenian family systems, and the triangular theory of love. However, they consistently emphasised that reliance on a single theoretical framework is inherently limiting, particularly given the complexity and diversity of couples' relational, emotional, and cultural contexts. Consequently, an integrative approach was viewed as essential for establishing a flexible and reliable therapeutic foundation capable of addressing both systemic patterns and individual emotional needs (Nichols & Davis,

2021). Moreover, combining insight-oriented theories with skills-based and emotionally attuned models enables counsellors to respond more effectively to shifting relational dynamics across the lifespan of marriage (Yalom & Leszcz, 2020). In this regard, theoretical pluralism was understood not as a lack of coherence but as a marker of clinical reflexivity and professional competence. Ultimately, the integration of diverse frameworks empowers couples to approach marriage with greater clarity, empathy, and resilience, grounded in psychological insight and cultural sensitivity.

The current study findings support existing literature by affirming that the absence of structured assessments significantly limits counsellors' ability to identify critical relationship dynamics, individual challenges, and cohesion issues essential for effective premarital preparation. This aligns with Deylami et al. (2021) and Irvine (2022), who emphasize that assessments provide a systematic framework for revealing latent issues that may otherwise remain unresolved. However, the findings contrast with viewpoints that argue experienced counsellors can rely mostly on clinical judgment and open dialogue without formal assessment instruments (Irvine, 2022). Such contrasting views show that contextual factors, including counsellor expertise and session duration, may moderate the perceived necessity of assessments. In conclusion, while professional intuition has value, the study findings underscore that formalised assessments remain vital for comprehensive and reliable PMC.

In regard to content delivery, the study provided a variety of facilitation techniques used by PMC practitioners to support couples. These techniques include: self-disclosure, celebrating differences, problem-solving scenarios, feedback and reflection, debunking marriage myths, forgiveness exercises, gratitude practices, exploration, reflections on past relationships, role-playing, and premarital contracts.

Moreover, the study findings revealed that the techniques that are most normally utilized focus on open communication and self-awareness. A recent study by Johnson and Lebow (2023) supports these findings by establishing that PMC methods emphasizing structured communication exercises, emotional awareness, and guided reflection considerably increase couples' relational adjustment, although they also note that behavioural techniques such as contracts and role-playing are less effective when not incorporated with emotional-focused processes. Thomas-Masso (2022) offer that couples could be tasked with activities related to communication exercises and conflict-resolution strategies based on particular scenarios or scheduling quality time together. Overall, the evidence highlights the central role of communication and emotional awareness in effective PMC.

The duration of PMC is a key determinant of programme effectiveness, as it allows sufficient time to engage with complex relational issues. The study found that both practitioners and beneficiaries acknowledged an average of ten sessions as optimal for meaningful coverage of PMC content. This aligns with the identification of ten core thematic areas, each of which benefits from focused discussion in a dedicated session. Research indicates that well-structured programmes of adequate length enhance couples' relational outcomes and readiness for long-term commitment (Soleimani et al., 2022). Similarly, Adzovie and Dabone (2021) note that multi-session PMC programmes support inclusive interchange with necessary themes and deeper skill development. Overall, a minimum of ten sessions appears necessary to ensure depth, reflection, and sustainable relational growth.

As regards satisfaction and suggestions for improvement, the current findings indicate that PMC services delivered within church settings are largely inadequate, underscoring the need to reassess the PMC programs and strengthen the proficiencies

and clinical practice skills of PMC providers to increase efficiency and quality of execution. Study beneficiaries reported unfair evaluations that may negatively affect their engagement, as well as insufficient time allocated for comprehensive content coverage. Similar challenges have been documented in other faith-based program implementations, where leaders reported distress with handling health-related topics and emphasized the importance of equipping church leaders with appropriate training to enhance program delivery and acceptability (Sobers et al., 2025). Training gaps and inconsistencies in curriculum design have been shown to affect quality and outcomes in other health-related educational contexts; highlighting that insufficient preparation can compromise service provision and client experience (Shikuku et al., 2022). Together, these studies support the critical need for systematic curriculum review, strengthened training, and implementation support to enhance PMC delivery in church settings.

On protocols and guidelines for PMC delivery**,** participant feedback strongly emphasized professionalism as a critical determinant of effective PMC content delivery. The PMC beneficiaries highlighted the importance of counsellors' adequate preparation, sufficient time allocation, subject mastery, and the creation of respectful and engaging learning settings. They also stressed the need for cultural competence, supportive settings, and the use of relevant illustrations to guarantee meaningful coverage of PMC topics. These concerns align with the findings of Kirkbride et al. (2024) and Moeti et al. (2024), who report that insufficient training and limited time weaken the quality and efficiency of PMC execution in church settings. In conclusion, strengthening counsellor proficiencies, refining curriculum design, and ensuring sufficient session time are vital for improving the quality and impact of PMC services within faith-based contexts.

Contextually Relevant Cultural Factors Suitable for Inclusion in PMC Programs. The third objective of the study brought out the following sub themes: contextually relevant cultural factors; challenges of dealing with cultural differences, handling cultural differences, inclusivity and non-discrimination, strategies for addressing cultural challenges, the PMC cultural sensitivity, creating an open and collaborative setting and methods for cultural sensitivity.

The study's outcomes are powerfully supported by existing studies, which consistently positions culture as a central determinant of clients' worldviews and relational meanings. Sigamoney (2023) reinforces this position by demonstrating that individuals' perspectives are deeply shaped by culturally transferred family traditions, oral histories, and social practices, thus validating the study's emphasis on cultural sensitivity in PMC. Furthermore, the reframing of cultural humility as a facilitative rather than imposing stance adheres with contemporary counselling models that privilege client expertise and shared meaning-making. This is further supported by Finkelstein's (2025) conceptualization of cultural competence, which emphasizes understanding, respect, and the integration of clients' cultural values into therapeutic practice. The study's focus on inclusivity and a non-judgemental stance also logically extends these frameworks by operationalizing cultural sensitivity into ethical counselling behaviours. Collectively, these alignment suggest that culturally sensitive, humble, and inclusive models are not ancillary but integral to effective and ethically sound PMC practice.

This study also indicates that intercultural communication issues arise from differences in cultural values, beliefs, and social norms that shape interactions across age, race, class, and educational backgrounds. Intercultural communication competence is therefore essential, as disparities in language, customs, and norms can

lead to misunderstanding and conflict if not appropriately managed (Dinu et al., 2025). Empirical evidence further demonstrates that cultural awareness and communication skills significantly influence intercultural interaction outcomes, while stereotypes and unexamined assumptions worsen communication problems (Zair, 2025). These findings mirror the current study's results, showing that divergent communication styles and sociocultural expectations intensify tensions in different contexts. Accordingly, developing intercultural sensitivity and adaptive communication strategies is critical for fostering mutual understanding in culturally heterogeneous settings.

The current study's finding that deliberate exploration of cultural dynamics in marriage serves as a key strategy for managing cultural diversity aligns with existing literature emphasizing culturally responsive counselling practices. Similar to Santoso and Haryono (2023), the study highlights methods that endorse understanding, fairness, and emotional safety, particularly through intentional engagement with clients' cultural contexts. However, while Santoso and Haryono (2023) recommend professional impartiality and active listening, the present study extends this by integrating faith-based reflection as a central mechanism for navigating cultural issues. The emphasis on critical exploration of faith and weighing cultural roles and consequences introduces a theological dimension that is largely absent in secular counselling literature. Clergy respondents' assertion that cultural diversity should be explicitly affirmed as Godly both complements and challenges Khan's (2023) call for neutrality, suggesting a value-based rather than value-neutral stance. This contrast underscores a key divergence between faith-informed pastoral marriage counselling and conventional cross-cultural counselling frameworks.

The counsellors' emphasis on cultural humility, neutrality, and reflexive awareness of bias aligns closely with Finkelstein's (2025) assertion that cultural responsiveness and inclusivity are foundational to ethical and competent family counselling in culturally diverse contexts. In this regard, the positioning of referral as an ethical safeguard reflects a practical enactment of cultural humility, ensuring that counsellor bias does not hurt client wellbeing or the counselling process. Similarly, the use of empathy to manage perceived bias supports Finkelstein's view that ethical engagement is reinforced when counsellors intentionally foster trust and emotional safety. Nelson's (2024) concept of 'strategic neutrality' further complements these findings, as techniques such as formalised turn-taking and avoidance of personal attacks operationalize neutrality within the counselling interaction. Together, these strategies illustrate how neutrality is not passive but actively maintained through deliberate counselling practices. Thus, the present outcomes both affirm and extend the literature by demonstrating how cultural humility, empathy, and strategic neutrality function synergistically in PMC to sustain ethical and effective therapeutic alliances.

On methods for handling cultural issues, the clergy particiapnts highlighted the significance of appreciating group demographics and Church procedures, reflecting a contextualized method to cultural discourse that encourages informed, culturally sensitive, and receptive counselling practice. Similarly, the use of clients' biographical information to guide strategies aligns with culturally attuned counselling that respects individual and collective experiences. These practices resonate with Adzovie and Dabone's (2021) assertion that balanced, contextually appropriate illustrations and dialogical spaces enable couples to explain shared experiences meaningfully. Moreover, maintaining a non-judgmental stance through validation,

active listening, empathy, and feedback reinforces an setting conducive to mutual understanding and trust. Sue's (2019) advocacy for non-prescriptive counselling further supports this method, underscoring open dialogue rather than imposed solutions. Collectively, the findings and literature propose that culturally responsive PMC is fortified through contextual awareness, dialogical engagement, and ethical restraint.

As regards PMC practitioner cultural sensitivity, the beneficiaries' highlighted on privacy and avoidance of value imposition reflects core principles of a client-centred counselling method, as highlighted by Lasi et al. (2023), who stress cultural awareness and sensitivity in diverse counselling settings. Moreover, the encouragement of shared experiences among couples aligns with dialogical practices that enhance engagement while respecting clients' cultural and personal narratives. The call for uninterrupted listening, respectful language, and a welcoming demeanour further reinforces relational competencies central to effective client-centred practice. At the same time, these findings resonate with Adzovie and Dabone's (2021) caution that counsellors must carefully balance the use of personal marital experiences with adherence to professional ethical standards. This balance guarantees that experiential insights do not overshadow clients' autonomy or cultural perspectives. Collectively, the findings and literature underscore that ethical, culturally responsive PMC depend on privacy, dialogical involvement, and disciplined professional self-restraint.

The study's finding that an open and collaborative counselling setting boosts engagement is supported by Johnson and Lebow (2023), who demonstrate that premarital strategies grounded in emotional safety, mutual dialogue, and confidentiality significantly increase self-disclosure and relational learning. Similarly, Kirkbride et al. (2024) argue that counsellor cultural and linguistic flexibility

strengthens therapeutic alliance, particularly in faith-based and community settings where language and context shape meaning-making. The use of Kiswahili and vernacular languages, as well as accommodation of church-based group practices aligns with modern evidence emphasizing culturally receptive and client-centred counselling methods. However, these findings contrast with more directive or prescriptive models of PMC, which some scholars argue can provide clarity and structure for couples with limited relational insight (Moeti et al., 2024). Additionally, Moeti et al. (2024) caution that overly authoritative methods may suppress interchange and reduce client agency, especially in culturally diverse settings. Taken together, the literature supports this study's conclusion that while structure is important, PMC is most effective when provided through cooperative, flexible, and dialogical practices that highlight relational safety and cultural receptiveness.

As regards strategies for cultural sensitivity, the outcomes align with recent evidence specifying that culturally sensitive PMC is most effective when grounded in a non-judgmental and ethically sound therapeutic stance that prioritises empathy and professionalism, as these conditions foster emotional safety and promote authentic self-disclosure (Kirkbride et al., 2024). Such relational safety is particularly important in faith-based and culturally diverse settings, where fear of moral judgment can otherwise inhibit engagement. Moreover, the emphasis on tailored programmes, pre-assessments, thoughtful session planning, and adequate time allocation reflects contemporary evidence that structured yet flexible programme design enhances relevance and responsiveness to couples' unique relational and cultural contexts (Moeti et al., 2024). These practices allow counsellors to move beyond generic content and address latent concerns that may influence marital outcomes. Furthermore, participants' call for respect for cultural and religious diversity,

including honouring faith commitments and, for some, a biblical foundation of marriage, echoes findings that culturally congruent and spiritually attuned approaches reinforce therapeutic alliance and client fulfilment. Collectively, existing literature supports the study's conclusion that PMC effectiveness is maximised when professional rigour is integrated with cultural humility, contextual adaptation, and respect for couples' belief systems.

Fundamental Professional Competences and Qualifications for Premarital Counsellors. Several aspects highlight the key findings for study objective four, namely: professional skills and qualifications for PMC practitioners, appropriate PMC training modules, the importance of PMC training, training to offer PMC services, indicators of counsellor competence, the role of PMC training in service delivery, PMC delivery techniques, and PMC delivery frameworks. This research found that effective PMC needs formally trained and skilfully grounded practitioners, a finding reinforced by research specifying that therapeutic competency and quality care are closely linked to organized education and ongoing skill development, which enable counsellors to apply evidence-based practices reliably in varied relational settings (Basa, 2023; Gichuri et al., 2024). Within the Kenyan context, the Counsellors and Psychologists Act mandates that individuals must hold at least a diploma in counselling or psychology from a recognised institution to register and be licensed, and that compliance with CPD and supervised practice is a legal requirement for sustaining professional licensure (Counsellors & Psychologists Act, Cap. 253C).

Continuous professional development is similarly emphasised in global counselling standards, where staying current with emerging knowledge, ethical guidelines, and culturally responsive practices is considered essential for expert

practitioners and improved client outcomes. The participants' call for clinical supervision and professional development resonates with broader evidence that lifelong learning and reflective practice contribute significantly to counsellors' effectiveness and adaptability in practice, particularly in nuanced areas such as premarital and family therapy (Basa, 2023; Moeti et al., 2024). By positioning formal qualifications and on-going professional growth at the centre of PMC practice, the study aligns with both statutory regulation and contemporary professional consensus that competence in counselling is dynamic, cumulative, and ethically mandated.

Recent studies support this study's conclusion that PMC training should move beyond basic communication and conflict skills and adopt a comprehensive, theory-driven, and contextually responsive curriculum (Asadpour et al., 2025; Currier et al., 2023). Moreover, Currier et al. (2023) show that relational, spiritual, and ethical competencies remain under-emphasized in counsellor training, yet evidence indicates that integrating these domains strengthens practitioners' ability to engage clients' values, cultural identities, and meaning-making processes. Similarly, Asadpour et al. (2025) argue that developmentally sequenced sexuality education, which incorporates relational norms, socio-emotional learning, and ethical decision-making, is essential for healthy intimate functioning but is frequently absent from premarital programmes. These gaps reflect the present study's findings of insufficient preparation for parenthood and limited attention to spirituality, ethics, and sexuality within PMC programmes. Overall, the evidence proposes that PMC is most effective when grounded in attachment-informed, differentiation-based, and developmental frameworks that address early relational influences as well as evolving cultural expectations (Asadpour et al., 2025; Currier et al., 2023). Consequently, the literature supports expanding PMC training to enhance clinical competence while also fostering

ethical sensitivity, spiritual awareness, and cultural receptiveness to meet the complex demands of contemporary marriage.

The study findings demonstrated that both counsellors and clergy view PMC training as essential for effective practice and professional confidence, particularly when it integrates biblical knowledge with professional counselling skills. This integration enhances the relevance and credibility of PMC, especially within faith-based contexts, aligning with Kirkbride et al. (2024), who emphasize that effective counselling must be grounded in specialized and context-appropriate knowledge. The emphasis on continuous skill development and curriculum review also supports professional competence, as counsellors are ethically required to maintain and advance their skills through on-going professional development and research engagement (Counsellors & Psychologists' Act, 2014, 2022). Similarly, Stubbe (2020) underscores that sustained learning is critical for responsive and effective counselling practice. Imperatively, PMC training must be dynamic, evidence-informed, and ethically grounded to address emerging relational challenges. Overall, the findings support the need for formalised, continually updated PMC training to sustain effective and credible service delivery.

This study revealed varying confidence levels in PMC, as some respondents praised the programme while others expressed disappointment. The outcomes highlight the critical role of counsellor competency in determining service delivery. Some beneficiaries criticized the way PMC was offered, citing a lack of adequate knowledge, absence of valid examples, and a rushed delivery. In contrast, others expressed trust and gratitude for the professionalism of PMC practitioners, demonstrated through maintaining privacy, ensuring inclusive topical coverage, using marriage books, and exhibiting confidence, adequate knowledge, and adequate

preparation. The outcomes of this study coorborate with Chen et al. (2025), who assert that a counsellor's competency significantly impacts professional effectiveness and the quality of counselling. Moreover, Chen et al. (2025) emphasize multiple dimensions of competency, including professional personality traits, personal development, a solid knowledge base, commitment to self-improvement, adherence to ethical standards, and social skills, all of which resonate with the current study's identification of key PMC competencies such as content mastery, methodological rigor, and respectful interactions. Thus, effective PMC delivery depends on the technical knowledge, professional development, ethical standards, and interpersonal capacities of the practitioners. Enhancing PMC providers' competencies through targeted training and continuous development is essential to increase confidence, credibility, and client satisfaction.

On indicators of counsellor competence, the current study demonstrated that counsellor competence in PMC is multifaceted, merging professional skills, ethical conduct, content mastery, and the integration of biblical and practical principles. Competence was further evidenced through clear communication, interactive engagement, and the creation of safe, confidential spaces that foster trust. Conversely, deficiencies such as overreliance on personal experience, inadequate preparation, neglect of assessments, and insensitivity to diverse family or cultural dynamics highlight significant relational and professional gaps. These findings align with Lohani and Sharma (2023), who argue that inadequate counsellor competence can compromise PMC effectiveness and contribute to marital discontent or marriage dissolution. Furthermore, Moet et al. (2024) note that poorly delivered PMC may leave participants feeling undervalued and short-changed, particularly regarding the time invested and fees paid. The evidence underscores the necessity for formalised,

skill-based, and ethically informed PMC training to enhance professional credibility, client satisfaction, and positive relational outcomes.

Pertaining to the PMC training's role in enhancing service delivery, the study highlights that PMC training is essential for enhancing practitioner competence, fostering inclusivity, and strengthening communication skills and confidence. The findings align with Chen et al. (2025), who assert that competency rather than intelligence alone enables effective task execution. Respondents emphasized that well-trained providers engage couples interactively and provide relevant guidance on contemporary marital challenges. Yet gaps in professionalism, incomplete curricula, and omitted topics compromise effectiveness and client trust. These outcomes are consistent with Moeti et al. (2024), who reported notable deficiencies in skills and knowledge among pastors providing PMC in Pentecostal churches. Essentially, a structured, competency-based training is critical for improving practitioner performance, ensuring ethical and professional delivery, and enhancing client outcomes. Accordingly, handling curriculum gaps and providing CPDs are pivotal for credible and effective PMC services.

Concerning the PMC delivery techniques**,** this study highlights that effective PMC delivery requires more than knowledge transfer, emphasizing practical skills, ethical awareness, and cultural sensitivity. The outcomes match with Chen et al. (2025), who define competency as the essential traits and skills for proficient performance. Respondents' endorsement of visual tools such as projectors, PowerPoint slides, and post-marital follow-ups supports Henrich et al. (2023), who assert that instructional aids such as role-plays, videos, and case studies enhance practical skills and comprehension. These findings collectively indicate that skill-based PMC training strengthens practitioner effectiveness and client engagement.

Moreover, integrating interactive methods in PMC ensures that counselling is participatory, fostering active engagement, improving recall and comprehension, encouraging dialogue, and promoting the practical application of counselling content to couples' real-life situations (Chen et al., 2025; Muda & Nasri, 2024; Sahputra et al., 2025). Conversely, neglecting such competencies may compromise the quality of PMC guidance and its ffectiveness in improving relational outcomes. Collectively, the study underscore that competency-driven, experiential training is critical for delivering credible and impactful PMC services.

In reference to the PMC delivery frameworks, the study demonstrates that structured, theory-informed frameworks equip PMC providers with practical tools to traverse couple dynamics, communication patterns, and conflict resolution. The results support Chen et al. (2025) who categorize professional competencies into attitude, knowledge, personality, skill, and ability. Respondents emphasized that training transforms good intentions into ethical, skilled, and impactful practice, increasing competence, confidence, and credibility through evidence-based methods and assessment instruments such as the Gottman checklist and attachment scales. Similarly, Moeti et al. (2024) suggest that interactive and experiential training methods strengthen couples' communication, conflict resolution, and relational understanding, reinforcing the value of skill-oriented and structured PMC programs. However, gaps in practitioner preparation and inconsistent application of theory-informed frameworks suggest that not all PMC delivery meets these principles. The study demonstrates that competency-driven, theory-informed, and interactive training is pivotal for enhancing practitioner effectiveness, ethical practice, and positive marital outcomes. So, integrating formalised curricula, experiential learning, and competency-based assessment is vital for effective counselling.

Study Findings on Spousal Relationship Wellbeing

Marital satisfaction and marital stability surfaced as primary relational outcomes linked with the efficacy of PMC programs within the current study. Respondents' lived experiences confirmed that well-functioning marriages are affected by manifold interrelated factors including relational attachment, communication styles, adaptableness, faith, commitment, and culturally amenable relational practices. The outcomes also discovered that effective PMC promotes couples' preparedness for traversing marital obligations, interpersonal challenges, and contextual stresses within marriage. Participants commonly highlighted the significance of programmed, culturally grounded, and skills-based strategies in bolstering both marital satisfaction and long-term relational durability. These findings agree with prevailing literature which recognizes PMC as a major preventive and enrichment treatment for stimulating marital health, fulfilment, and stability among the marrieds (Gichuri et al., 2024; Hesbon et al., 2021; Moeti et al., 2024).

Marital Satisfaction. Marital satisfaction evolved from the outcomes as a multi-faceted concept shaped by emotional connection, communication styles, shared values, faith, and the ability for couples to navigate interpersonal challenges successfully. Respondents continually linked marital satisfaction with companionship, mutual understanding, emotional connectedness, and collaborative problem-solving within marriage. The PMC beneficiaries who had undergone PMC termed satisfaction in marriage as the capability to uphold peaceful co-existence, honour, trust, and commitment notwithstanding the inescapable presence of differences and stressors. These findings echo with literature specifying that marital fulfilment is grounded in shared norms, emotional closeness, communication, trust, and relational connectedness (Gichuri et al., 2024; Moeti et al., 2024). The findings

also support Taghani et al. (2019), who theorised marital satisfaction as the sincere sense of joy and fulfilment experienced when marital expectations line up with relationship realities.

Besides, the outcomes established that effective communication pointedly impacted marital satisfaction among participants. Couples who testified to having functional communication patterns indicated that PMC equipped them with skills connected to listening, conflict management, emotional expression, and mutual decision-making. Respondents noted communication competence, diminished unhealthy arguments, reinforced closeness, and improved emotional safety within marriage. They also explained that unresolved communication challenges often worsened conflicts and hurt relational harmony. These findings concur with Gichuri et al. (2024), who witnessed that communication and emotional support are core forecasters of positive marital outcomes, as well as Fincham et al. (2020), who noted that empathy, thankfulness, and forgiveness are important providers of marital wellbeing.

Likewise, the study observed that spirituality and shared faith menu aided contributed to marital satisfaction and stability among couples. Many participants recognized prayer, mutual religious values, and spiritual oneness as protective factors that fortified affective attachment and hardiness during marital difficulties. Clergy and counsellors likewise concurred on that spiritually grounded couples exhibited sustained commitment, forgiveness, patience, and relational tenacity. Participants regarded spirituality not only as a religious undertaking but as a relational resource which facilitated hopefulness, ceasefire, and shared obligation within marriage. These outcomes align with Sitek (2023) and Zhang and Liang (2023), who identified that

spiritual cohesion and shared prayer life positively impact marital unity, commitment, and durability.

Another critical finding was that culturally responsive PMC advanced marital satisfaction by aiding couples deal with contextual realities such as gender role norms, kinship systems, family responsibilities, and communal duties. Participants noted that marriages were more stable when couples appreciated cultural expectations and established adaptive strategies for handling family and social stresses. Counsellors further emphasized the importance of cultural competemility in clinically navigating diverse relational experiences and cultural values. Respondents noted that some western centric approaches incompetently addressed African relational realities, thus limiting their practicality within the local contexts. These findings back Adzovie and Dabone (2021), Moeti et al. (2024) and Watenga (2023), who argued that culturally grounded strategies advance the health and success of PMC programs within African contexts.

These findings likewise showed that programmed and interactive PMC methodologies positively impacted marital satisfaction by improving couples' preparedness for marriage. Beneficiaries prized strategies that supported participation, dialogue, practical exercises, self-disclosure, and participatory learning rather than purely didactic teaching methods. Participants termed these methods as valuable in aiding them appreciate personality differences, affect needs, expectations, and conflict management styles before marriage. Counsellors also indicated that skills-based strategies improved couples' capability for emotional management, problem-solving, and relational adjustment. These findings validate Alizadeh et al. (2021), Benoit (2019) and Udofia et al. (2021), who found that structured PMC

practices improve bonding, communication, relationship quality, and overall marriage satisfaction.

Marital Stability. The study findings showed that marriage stability was mostly related with couples' aptitude to sustain stamina, versatility, and longevity amidst relational and nature based stressors. The respondents described stable marriages as relationships with abilities to manage financial difficulties, relational differences, family stresses, and changing life conditions without ending in separation or emotional detachment. Many PMC beneficiaries specified that the clinical service prepared them mentally about practicalities of marriage by assisting them to be realistic about marriage responsibilities and expectations. Respondents also offered that couples entering marriage with idealistic expectations were more susceptible to disillusionment, frustration, and uncertainties. These findings support those of Hesbon et al. (2021) and Karney et al. (2019), who avowed that marital stability is informed by adaptive dynamics, stress management abilities, and couples' plasticity to acclimatise productively to marital challenges.

Additionally, the study observed that commitment and resolve were major indicators of marital stability among the respondents. Participants repeatedly offered that stable marriages require devoted dedication, tolerance, sacrifice, and willingness to work through problems over time. The beneficiaries narrated that PMC encouraged couples to view marriage as a lifelong covenant demanding varied emotional inputs (gratitude, compassion, peacefulness, affection and hope) and relational responsibility rather than a transitory arrangement reliant solely on emotions. On the other hand, clergy respondents established that couples who had stronger devotion orientation expressed greater strength during moments of tension and stressful transitions. These findings support those of Marang'a (2021) and Mutunga (2020), who found that

dedication, harmony, and relational accord considerably facilitate marital durability and stability.

Additional key outcome was that PMC supported marital stability by up scaling couples' coping abilities and emotional readiness before marriage. Participants valued sessions that strengthened emotional management, financial prudence, intimacy, parenting capacity, and role negotiations since they brought down anxiety related with marital transitions. Respondents observed that marital crises arise frequently when couples lack hands-on coping methods for dealing with stress, frustrations, and changing responsibilities within marriage. Counsellors equally underscored that emotionally prepared couples were more likely to handle marital difficulties jointly rather than assigning blame. These findings align with those of Engl et al. (2022) and Lebow (2022), who offer that adaptive coping skills, collective problem-solving and dyadic robustness are major protective factors against marital unsteadiness and mental distress.

Moreover, the findings indicated that social and cultural systems considerably impacted marital stability within the African context. Participants recognised familial obligations, communal involvements, intergenerational effect, and cultural norms as factors that could either upscale or harm marriages depending on how couples dealt with them. Beneficiaries from cross-cultural marriages mainly emphasized the centrality of cultural understanding and negotiation in sustaining unity and relational continuity. Counsellors added that culturally unresponsive PMC methods regularly failed to build capacity in couples to adequately handle realities of African family and communal life. These findings align with those provided by Ameyaw et al. (2023), Watenga (2023) and Zhang and Liang (2023), who observed that socio-cultural

norms including kinship network participation, and cultural role engagements noticeably affect marital adaptation and stability.

Lastly, the study found that PMC practitioner expertness and the structure of PMC delivery had effect on marital stability outcomes among couples. Participants conveyed greater faith in PMC curricula that were programmatic, participatory, and expedited by trained practitioners who possessed professional competency and cultural competemility. Respondents valued being engaged in the program activities like discussions, reflection exercises, pragmatic learning, and guided discussions since they boosted understanding and readiness for marriage. Counsellors specified that poorly managed PMC sessions or incompetent facilitators had negligible contribution to marital readiness and impaired the preventive role of PMC. These findings echo with Bahkali et al. (2022), Hesbon et al. (2020) and Moeti et al. (2024), who highlighted that well planned programming, professional proficiency, and culturally responsive delivery are critical for up-scaling marital outcomes and long-term marital stability.

Ubuntu Integrative PMC Model Underlying Assumptions

The fourteen underlying assumptions of the Ubuntu Integrative Model provide a robust, evidence-informed framework for PMC. Grounded in Charmaz's constructivist grounded theory, the model is conceptually anchored in a rigorous procedural foundation. The model enables practitioners to enhance reflexivity and ensures that programmes remain contextually relevant. The models' assumptions support ethical, culturally responsive, and professionally competent practice. The Model holistically integrates a diverse scope of relational, spiritual, and delivery strategies and tools to enable counsellors to adequately prepare couples for stable

marital life. Overall, it positions PMC as a contemporary method that integrates research insights with faith-based perspectives.

Assumption 1: Holistic Integration Enhances PMC Effectiveness. The Ubuntu Integrative Model assumes that effective PMC programmes integrate spiritual, relational, practical, and contextual dimensions rather than prioritizing a single perspective. Differences in emphasis among beneficiaries, clergy, and counsellors are seen as complementary contributions that enhance marital readiness. Grounded in constructivist principles, the model treats PMC content as co-constructed knowledge. This knowledge reflects both lived experiences and shared meanings. Consequently, PMC becomes a collaborative, contextually grounded process that respects diverse insights crucial for a stable marital life (Lomotey, 2025; Watenga, 2023).

Assumption 2: Marriage Preparation is Multidimensional and Contextually Situated. The Ubuntu Integrative Model assumes that marriage, as addressed in PMC, is simultaneously a personal transition, a sacred covenant, and a legal institution. Effective PMC content must bridge cultural rites of passage, Christian theological commitments, and statutory marriage requirements (Kamau, 2025; Moeti et al., 2024). By integrating these diverse domains, the model ensures counselling is contextually relevant and meaningful. This approach equips couples to navigate the practical, spiritual, and relational dimensions of married life. Consequently, PMC content delivery should comprehensively address all relevant domains to prepare couples for the complexities of marriage.

Assumption 3: Reflexive Awareness Builds Marital Resilience. The Ubuntu Integrative Model assumes that fostering self-awareness, spousal understanding, and reflection on past relationships strengthens marital resilience.

Constructivist grounded insights highlight that couples actively interpret their histories and expectations, influencing future marital dynamics (Lomotey, 2025; Tetteh, 2023). Through guided reflexivity, couples gain clarity about patterns that may affect their relationship. This process helps reduce conflict and promotes healthier relational interactions. Consequently, PMC becomes a proactive space for developing enduring relational skills.

Assumption 4: Flexible Role Negotiation Supports Long-Term Stability. The Ubuntu Integrative Model assumes that preparing couples for family roles and responsibilities enhances accountability and adaptability, especially when roles are seen as negotiable rather than fixed. The PMC content, therefore, encourages open dialogue and flexibility around cultural expectations, norms and changing family dynamics (Kamau, 2025; Watenga, 2023). Couples can collaboratively navigate challenges and adjust responsibilities over time. This approach fosters mutual understanding, cooperation, and shared responsibility within the marital relationship. Thus, the model emphasizes that marital stability and satisfaction arise from on-going negotiation and collaboration rather than rigid role prescriptions.

Assumption 5: Theoretical Integration is Essential for Responsive PMC Practice. The Ubuntu Integrative Model assumes that no single counselling theory can fully address the relational, emotional, and cultural complexities of couples in PMC. An integrative, theoretically plural approach allows practitioners to respond flexibly to diverse couple needs (Nichols & Davis, 2021; Yalom & Leszcz, 2020). Grounded in constructivist principles, this integration is viewed as a reflection of practitioner reflexivity and competence. It supports tailored interventions that honor each couple's unique context. Consequently, theoretical diversity enhances the relevance and effectiveness of PMC

Assumption 6: Structured Assessment Enhances Depth and Accuracy of PMC Interventions. The Ubuntu Integrative Model assumes that standardised assessment tools are essential for uncovering relational dynamics, individual vulnerabilities, and compatibility issues in PMC. These tools provide counsellors with priori diagnostic insights based on couples' personalities, FOO histories, and past relational experiences (Alexander et al., 2022; Deylami et al., 2021; Irvine, 2022; Kabasinguzi, 2022). Such insights guide tailored interventions by identifying compatibility patterns, highlighting individual vulnerabilities, and suggesting appropriate theories and content areas to emphasize in order to address the couples' specific needs. This approach ensures that counselling is informed, targeted, and contextually relevant.

Assumption 7: Experiential and Communication-Focused Interventions Drive Effective Learning. The Ubuntu Integrative Model assumes that PMC is most effective when delivered through participatory, experiential methods that actively engage couples through discussuions, exercises, and simulated role-plays. Techniques such as guided reflection, feedback, and problem-solving help couples explore their interactions and develop emotional awareness. The use of visual aids, case examples, and structured interactive methods strengthens comprehension and retention of communication and relational skills essential for marital harmony (Chen et al., 2025; Muda & Nasri, 2024; Sahputra et al., 2025). These methods encourage couples to co-construct relational insights rather than passively receive information. This approach aligns with the understanding that relational competencies are best cultivated through emotionally attuned, interactive, and reflective processes (Johnson & Lebow, 2023; Thomas-Masso, 2022). By fostering active engagement, couples can practice communication skills and navigate potential conflicts in real time.

Assumption 8: Professional Structure and Adequate Duration are Critical for Quality PMC Delivery. The Ubuntu Integrative Model assumes that effective PMC depends on clear protocols, trained practitioners, and adequate session duration to ensure depth and ethical practice. A structured, multi-session format facilitates reflection, skill integration, and meaningful engagement, especially in faith-based contexts (Moeti et al., 2024; Soleimani et al., 2022). These conditions help couples internalize learning and apply relational skills effectively. Without them, PMC risks superficial coverage and limited impact on marital preparedness. Therefore, program structure and practitioner competence are critical for achieving lasting outcomes

Assumption 9: Cultural Meaning-Making is Central to PMC Effectiveness. The Ubuntu Integrative Model assumes that effective PMC relies on clear protocols, trained practitioners, and sufficient session duration to ensure ethical and in-depth practice. A structured, multi-session approach supports reflection, skill integration, and meaningful engagement, particularly in faith-based contexts (Moeti et al., 2024; Soleimani et al., 2022). These conditions enable couples to internalize learning and apply relational skills effectively. Without them, PMC may become superficial and less impactful on marital preparedness. Thus, both program structure and practitioner competence are essential for achieving sustainable outcomes.

Assumption 10: Intercultural Communication Competence Sustains Relational Safety. The Ubuntu Integrative Model assumes that unmanaged cultural differences and communication styles can heighten misunderstanding and conflict in PMC. Cultural diversity is driven by multiple factors, including ethnicity, language, religion, educational background, employment status, socioeconomic class, and regional traditions. Developing intercultural sensitivity, adaptive communication

strategies, and reflexive awareness of bias is therefore essential, as disparities in language, customs, and norms can lead to misunderstanding or misinterpretation and conflict if not appropriately managed (Dinu et al., 2025; Zair, 2025). Cultural communication competence skills help couples and practitioners navigate diverse couples' perspectives effectively and foster mutual understanding. Consequently, culturally responsive PMC enhances relational harmony and prepares couples for diverse marital contexts.

Assumption 11: Collaborative and Inclusive Practice Enhances Cultural Responsiveness. The Ubuntu Integrative Model assumes that culturally responsive PMC thrives in open, collaborative, and non-judgmental counselling environments. PMC practitioners should recognize that couples may come from diverse cultural backgrounds across various regions and communities. Consequently, culturally sensitive topics such as traditional values, roles, and responsibilities may come into conflict with diverse identities and modern perspectives. Educational attainment and employment outcomes have also shifted gender expectations and perceptions of marriage (Asim et al., 2024; Lasi et al., 2023). Sensitivity requires counsellors to acknowledge these dynamics and adapt their approaches accordingly. Inclusive strategies such as privacy, non-judgmental counselling, and neutrality foster emotional safety and client agency, making clients feel respected and understood while reducing the risk of cultural misinterpretation. Consequently, collaborative and inclusive practice enhances cultural responsiveness, sustains relational safety, and prepares couples to navigate cross-cultural marital life with confidence.

Assumption 12: Professional Competence is Foundational to Ethical and Effective PMC. The Ubuntu Integrative Model assumes that effective PMC relies on formally trained, licensed, and continually developing practitioners. Competence is

viewed as dynamic, integrating formal qualifications, ethical conduct, supervision, and reflective practice. Practitioners are expected to engage in on-going learning to remain responsive to diverse couple needs. Professional credibility is established through accountable, evidence-informed practice rather than personal experience alone (Basa, 2023; Moeti et al., 2024). This ensures that PMC is both ethically sound and practically effective.

Assumption 13: Comprehensive and Contextually Responsive Training Enhances PMC Quality. The Ubuntu Integrative Model assumes that PMC training should be theory-driven, developmentally sequenced, and responsive to spiritual, ethical, cultural, and relational realities. Integrating topics such as financial management (Adzovie & Dabone, 2021; Babalola, 2024), emerging issues such as social life and modernism characterized by increasing autonomy, lifestyle changes, and shifting gender roles shaped by social media and educational outcomes (Arya, 2024; Singh & Pandey, 2024), sexual health education, spirituality, and parenthood (Asadpour et al., 2025; Currier et al., 2023; Rakhshaee et al., 2022) ensures that counsellors are equipped with holistic content that reflects contemporary marital realities. This integration enhances the relevance, credibility, and transformative impact of PMC programmes, preparing couples to navigate both traditional expectations and modern challenges with confidence and resilience. A comprehensive training enhances depth and relevance of counselling interventions. It ensures that practitioners can address the complex dimensions of marital preparation competently.

Assumption 14: Competency-Based Frameworks Translate Knowledge into Impactful Practice. The Ubuntu Integrative Model assumes that structured, theory-informed, and skill-based frameworks are essential for translating training into effective PMC practice. Practitioner competence is demonstrated through clear

communication, ethical sensitivity in handling couples from diverse cultures, interactive engagement that fosters couple participation, and use of pre- and post-assessment tools. These frameworks establish consistency in programme delivery, strengthen accountability, and foster client trust. They also enhance relational learning by equipping couples with conflict-resolution strategies, communication skills, and adaptive relational tools that directly support positive marital outcomes (Chen et al., 2025; Henrich et al., 2023). Overall, competency-based and structured approaches ensure that PMC delivery effectively disseminates relevant knowledge, practical skills, and ethical standards to couples, thereby strengthening marital preparedness, relational resilience, and long-term harmony.

The Ubuntu Integrative PMC Model Goals

The Ubuntu Integrative PMC Model provide a structured pathway for practitioners to guide couples through self-awareness, relational skills, and marital role negotiation while respecting diverse cultural and faith contexts. By emphasizing assessment, experiential learning, and theoretical integration, the goals ensure interventions are tailored, reflective, and effective. They also reinforce practitioner competence, ethical practice, and on-going professional development. Collectively, these goals position PMC as a holistic, adaptive, and outcome-focused process that strengthens marital preparedness and resilience. Table 10 summarizes the Ubuntu Integrative PMC Model goals.

Table 10: The Ubuntu Integrative PMC Model Goals

Goal	Practitioner Guidance / Description
Holistic Preparation	Guide couples through spiritual, relational, practical, and cultural dimensions
Cultural Humility	Foster awareness of one's own cultural assumptions, biases, and limitations, while showing respect for couples' cultural values and perspectives.

Goal	Practitioner Guidance / Description
PMC Assessment	Employ structured assessment tools to identify relational dynamics, individual vulnerabilities, and compatibility factors, guiding tailored interventions.
Reflexive Awareness	Support self-awareness, spousal understanding, and reflection on relational patterns to reduce conflict and strengthen resilience.
Flexible Role Negotiation	Facilitate open dialogue on family and marital roles, fostering adaptability, collaboration, and long-term stability.
Communication Competence	Develop skills for managing cultural differences, biases, and communication styles to promote relational safety and harmony.
Structured Experiential Practice	Use multi-session, skill-based, participatory methods and assessments to foster learning, reflection, and relational skill application.
Theoretical Integration	Apply multiple counselling theories to address emotional, relational, and cultural complexity in a context-sensitive manner.
Competent Practitioners	Provide theory-driven, developmentally sequenced, and competency-based training to ensure ethical, culturally responsive, and effective PMC delivery.

Scope of the Ubuntu Integrative PMC Model

The intended scope of the Ubuntu Integrative PMC Model is to address localized Africentric needs while aligning with global best practices in PMC. It emphasizes culturally congruent elements such as communal relational norms, indigenous marital expectations, and the use of local languages, reflecting evidence that contextually grounded PMC improves engagement and effectiveness among African couples (Kamau, 2025; Watenga, 2023). Simultaneously, it incorporates internationally supported practices, including relational skills development, experiential learning, and structured assessments, ensuring alignment with evidence-informed global standards (Johnson & Lebow, 2023; Soleimani et al., 2022). By integrating local cultural realities with universal relational competencies, the model promotes holistic, adaptive, and culturally responsive counselling. This balance

enables Ubuntu Integrative PMC Model to be meaningful and effective across diverse couple contexts.

The model also includes practitioners across secular, community, and faith ecosystems, providing a framework that supports diverse professional orientations. It emphasizes theory-driven, skill-based training covering attachment, communication, spirituality, and ethical practice, which research shows enhances practitioner competence and relational outcomes (Asadpour et al., 2025; Currier et al., 2023). Structured yet flexible delivery frameworks allow counsellors to navigate both local cultural nuances and global relational dynamics (Moeti et al., 2024; Nichols & Davis, 2021). The model fosters practitioner reflexivity, ethical accountability, and culturally responsive engagement. Overall, it positions the Ubuntu Integrative PMC Model as a scalable, contextually anchored, and universally relevant approach for preparing couples for marriage.

Ubuntu Integrative PMC Model Across Urban and Rural Settings. The model adapts to both urban and rural contexts since it was formulated from the lived experiences of couples, clergy, and counsellors within the Kenyan setting and deliberately incorporates psychological, cultural, spiritual, and interactive matrics of marriage. In urban contexts, the model is applicable to issues associated with modernization, global integration, technological innovation, occupational pressures, interethnic relationships, and financial stresses that progressively impact marital satisfaction and stability (Njiru & Muyunga, 2022). Studies by Lebaron-Black et al. (2022) and Zhang and Liang (2023) found that communication forms, finances, and roles and responsibilities considerably impact marital accord among modern couples. Likewise, Gichuri et al. (2024) indicated that premarital strategies oriented towards communication, emotional care, and self-disclosure boosted affection and marital

satisfaction. Accordingly, the Ubuntu Integrative PMC Model combines structured measures such as communication coaching, conflict management, affect management, and financial prudence to handle the psychosocial and relational hassles common in urban environments.

The model is similarly applicable in rural contexts since it combines African communal values, spirituality, and context specific mentorship structures that continue to effect marriage preparation in rural communities. Adzovie and Dabone (2021) noted that PMC in Africa traditionally stemmed from churches and cultural mentorship systems that equipped people for marital role before professional counselling became mainstreamed. Also, Kabasinguzi (2022) and Nyamahunge and Pio (2024) identified that traditional African societies depended on initiation systems, elders, and faith communities to fortify marital stability and family wellbeing. In various rural environments, prolonged family impact, shared community life, spirituality, and culturally designated gender roles remain central facilitators of marital health (Zhang & Liang, 2023). Hence, the Ubuntu Integrative PMC Model permits clergy, counsellors, and community mentors to deliver PMC using culturally responsive methods that reserve native tenets while concurrently mitigating unfolding marital challenges.

The elasticity and contextual adaptableness of the model make it appropriate for application across both urban and rural settings. Research by Moeti et al. (2024) stressed that culturally unresponsive PMC programs regularly are unsuccessful since they do not resonate with couples' realisms and socio-cultural realities. In like manner, Neswiswa and Jacobs (2020) and Watenga (2023) maintained that many western centric PMC approaches ineffectually handle African cultural circumstances, thus dipping their efficiency within indigenous communities. To bridge this gap, the

this study incorporated cultural competemility, which blends cultural competence and cultural humility to permit PMC practitioners to continue being sensitive and responsive to diverse client settings (Moeti et al., 2024; Rollet et al., 2021). Consequently, the Ubuntu Integrative PMC Model is suited for churches, counselling facilities, workshops, digital systems, and community outreach programs, making it hands-on, easily obtainable, and situationally apt for both urban and rural populaces.

The Ubuntu Integrative PMC Model Domains

By leveraging the experiences of PMC practitioners (counsellors and clergy) and the recipients of PMC services, the Ubuntu Integrative Model includes eight domains: 1) appropriate content for PMC curriculum, 2) the PMC theoretical framework, 3) the PMC interventions, 4) the PMC protocols and guidelines, 5) the PMC delivery method, 6) cultural competence, 7) the PMC practitioner competence, and 8) post marital care (continuum of marriage care). These positions of the "Ubuntu Integrative Model" are elaborated upon exhaustively in this section. Figure 23 illustrates the contextually developed Ubuntu Integrative PMC Model.

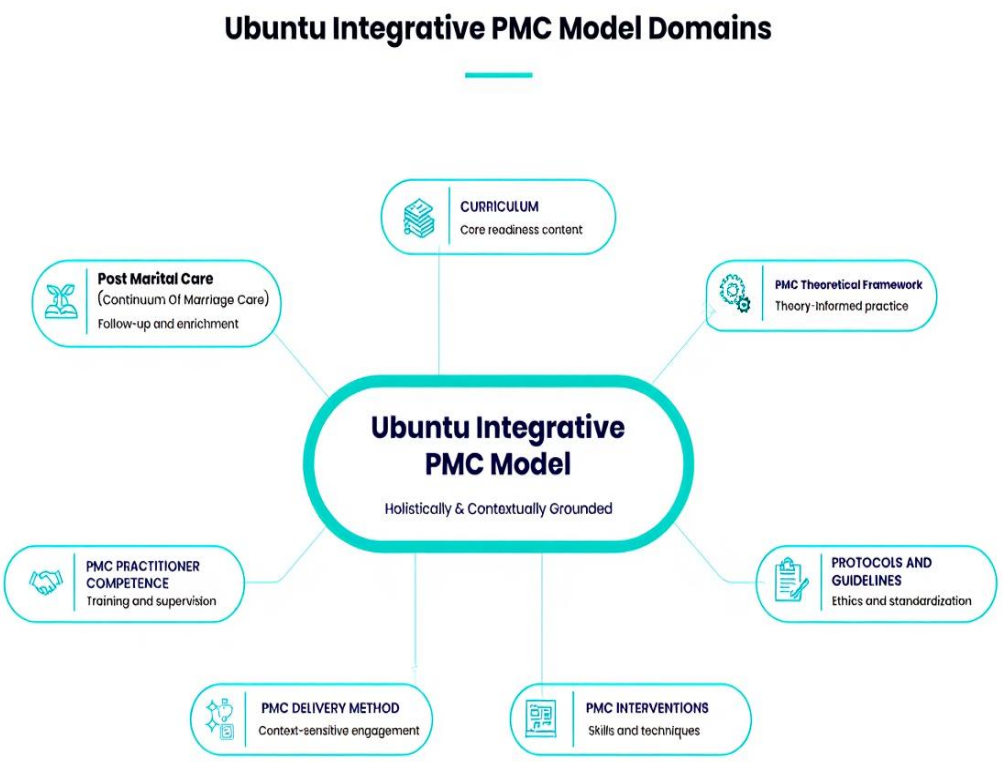


Figure 23: The Ubuntu Integrative PMC Model Curriculum

The Ubuntu Integrative PMC Model Curriculum. This section presents the Ubuntu Integrative PMC Model curriculum, which conceptualises premarital counselling as an integrated, developmental programme organised around ten thematic areas: (1) marriage institution and legislation, (2) self- and spousal awareness, (3) marriage and family roles and responsibilities, (4) communication skills and conflict resolution, (5) personality and character, (6) religion, Christianity, and spirituality, (7) financial management, (8) sex, sexuality, and family planning, (9) tradition and cultural dynamics, and (10) social life and modernism. The curriculum begins with marriage as a legal and social institution to create shared appreciation of commitments and responsibilities (Busby, 2024), followed by themes that foster value alignment, emotional regulation, and role clarity (Petch et al., 2023). Core

relational competencies such as communication, monies and assets, sexuality, and spirituality are then developed to support long-term marital stability, while engagement with culture, tradition, and modernism improves marital readiness and adjustment (Petch et al., 2023; Rauer & Busby, 2024).

Additionally, Ubuntu Integrative PMC sessions should be deliberately skills-oriented and value-informed, so that communication, conflict management, financial prudence, sexuality, spirituality, and social life are handled not only conceptually but also practically. Contemporary marriage education research consistently highlights communication and conflict management training as core components for preventing early marital distress and strengthening relational tenacity (Hawkins et al., 2023). Moreover, addressing finances, sexuality, and family planning during premarital stages has been shown to reduce future conflict by promoting openness, mutual understanding, and joint decision-making (Archuleta & Burr, 2024). In addition, within faith-based PMC settings, integrating religion, Christianity, and spirituality enhances shared meaning, moral commitment, and coping capability in marriage (Mahoney & Cano, 2023). Therefore, PMC providers should employ participatory approaches such as role plays, couple exercises and homework, and guided reflections, so that knowledge is transformed into lived skills and PMC remains holistic and responsive to modern marital dynamics.

General Objective. To equip couples with holistic, contextually grounded, and value-informed relational abilities by incorporating spiritual, cultural, relational, and practical dimensions through interactive and experiential PMC.

Specific Objectives. The following specific objectives are formulated to guide PMC providers in delivering effective, evidence-informed, and contextually grounded PMC across the ten thematic areas derived from the study findings:

1) To equip couples with knowledge of marriage as a relational, legal, and cultural institution, fostering informed, values-based commitments.
2) To enhance couples' self- and spousal awareness, comprising personality, character, and relational patterns, to strengthen mutual appreciation of each other.
3) To prepare couples for collaborative management of marital, family, financial, and social responsibilities within modern and cultural contexts.
4) To develop couples' communication, conflict management, sexual, and family planning skills through experiential and reflective methods.
5) To support couples in integrating religion, Christianity, spirituality, and cultural traditions to cultivate shared values and relational strength and buoyancy.

Ubuntu Integrative PMC Model Technical Resources: Technical, spiritual and counselling resources suitable for the Ubuntu Integrative PMC model include: Standardized assessment tools **(**validated premarital inventories, relationship assessments, personality measures, and values clarification tools to support formalised, evidence-informed interventions); curriculum and practitioner manuals (PMC curriculum guide, session outlines, facilitator manuals, and participant workbooks to ensure consistency, fidelity, and quality delivery); training and supervision resources (training modules, supervision guidelines, reflective practice tools, and professional development materials for practitioner competence and ethical practice); audiovisual and presentation equipment (projectors, laptops, screens, flip charts, whiteboards, and sound systems to support instructional input, group

facilitation, and visual learning); digital and online platforms (secure platforms for virtual or hybrid sessions, online assessments, digital resources, follow-up communication, and confidential data storage); session materials and learning aids (printed handouts, worksheets, role-play scripts, case vignettes, reflection journals, and stationery to support experiential learning activities); confidential data management systems (secure filing systems, password protected databases, and consent documentation to ensure privacy, ethical adherence, and record-keeping); physical counselling spaces (private rooms for couple sessions and adequately sized, comfortable spaces for group sessions that promote safety, privacy, and interaction); culturally and spiritually relevant materials (faith-based texts, contextual case studies, cultural narratives, and locally relevant examples to support meaning-making and inclusivity) and monitoring and evaluation tools (feedback forms, session evaluation instruments, outcome tracking instruments, and reporting templates to assess programme effectiveness and guide improvement) (Asadpour et al., 2025; Johnson & Lebow, 2023; Tatary et al., 2025). Table 11 summarizes the developed Ubuntu Integrative PMC Model Curriculum.

Table 11: The Ubuntu Integrative PMC Model Curriculum

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
1. Marriage Institution and Legislation	• Understand the legal framework of marriage. • Recognize rights and obligations under civil and customary law. • Appreciate the societal importance of marriage.	Present legal and institutional requirements; explain laws and customary regulations; facilitate discussion on rights and obligations.	Engage with legal information, ask clarifying questions, and discuss personal implications.	• Case studies of legal scenarios • Group discussion on marriage rights • Quiz on marriage legislation- Guest speaker from legal authority

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
2. Self- and Spousal Awareness	• Identify personal values, beliefs, and emotional patterns. • Understand partner's personality, strengths, and areas for growth.	Facilitate self-assessment exercises; provide feedback; guide partner comparison and reflection exercises.	Complete self-assessments; share insights; actively listen to partner perspectives.	• Personality and values inventories (e.g., Big Five, premarital questionnaires) • Reflection journals • Partner discussion exercises • Role-play scenarios

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
3. Marriage and Family Roles and Responsibilities	• Clarify expected roles in marriage and family life. • Develop understanding of shared responsibilities and duties.	Provide guidance on role negotiation; facilitate discussions on household, parenting, and extended family responsibilities.	Explore personal expectations; negotiate roles with partner; commit to shared responsibilities.	• Role mapping exercises- Household task planning • Parenting scenario simulations • Group discussion of family case studies

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
4. Communication Skills and Conflict Resolution	• Develop effective communication techniques. • Learn to identify conflict triggers and apply resolution strategies. • Foster active listening and assertive expression.	Model communication strategies; facilitate practice exercises; guide conflict resolution simulations.	Practice expressing feelings and needs; participate in conflict resolution exercises; provide feedback to partner.	• Role-play conflict scenarios • Communication skill games • Listening and paraphrasing exercises • Joint problem-solving activities

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
5. Personality and Character	• Understand individual personality traits and character strengths. • Identify potential areas for growth and compatibility.	Administer personality assessments; guide reflection on character and relational impact; facilitate discussion of complementary traits.	Complete personality assessments; reflect on personal character traits; discuss insights with partner.	• Character strengths inventories (e.g., via Survey) • Self-reflection exercise • Paired discussions • Sumulated case analysis

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
6. Religion, Christianity, and Spirituality	• Explore the role of faith in marriage. • Understand spiritual values and ethical principles. • Integrate spiritual practices into marital life.	Facilitate discussion of faith-based values; provide faith-specific guidance; suggest spiritual exercises.	Reflect on personal faith and values; share spiritual beliefs with partner; participate in spiritual exercises.	• Guided prayer/meditation sessions • Discussion of faith-based scenarios • Journaling on spiritual priorities • Case studies of spiritually aligned marriages

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
7. Financial Management	• Develop budgeting and financial planning skills. • Learn principles of joint financial decision-making. • Understand financial responsibilities in marriage.	Teach budgeting techniques; guide financial planning exercises; facilitate discussion of financial scenarios.	Share personal financial history and goals; practice joint financial planning; engage in budgeting exercises.	• Budgeting worksheets • Financial role-play scenarios • Expense tracking exercises • Goal-setting for financial priorities

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
8. Sex, Sexuality, and Family Planning	• Develop healthy attitudes toward sexuality. • Understand reproductive health, consent, and family planning. • Promote sexual compatibility and mutual respect.	Provide accurate sexual health information; facilitate open, respectful discussion; guide family planning education.	Participate in discussions; clarify expectations; practice mutual understanding and consent principles.	• Values and expectations worksheets • Guided conversations on intimacy • Reproductive health education sessions • Case vignettes and scenario analysis

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
9. Tradition and Cultural Dynamics	• Understand the influence of culture and traditions on marriage. • Navigate cultural expectations and integrate modern practices.	Present cultural norms and traditions; facilitate reflection on cultural influences; support negotiation of cultural differences.	Share cultural backgrounds; discuss expectations; reflect on how culture affects relationship decisions.	• Storytelling exercises • Cultural mapping of expectations • Case studies of inter-cultural marriages • Group discussions on tradition vs modernity

Thematic Area / Session	Objectives	Practitioner Roles	Beneficiary Roles	Suggested Activities
10. Social Life and Modernism	• Explore the impact of social life, technology, and modern values on marriage. • Develop strategies to balance personal, social, and marital life.	Facilitate discussions on social media, peer influence, and modern lifestyle choices; provide guidance on setting boundaries.	Reflect on personal social habits; discuss partner's social influences; practice balancing individual and relational priorities.	• Social scenario role-plays • Technology and relationship boundary exercises • Journaling on lifestyle priorities • Group discussion on peer and societal pressures

PMC Theoretical Framework. The current research established that both individual and systemic theories operated as important capitals in the facilitation of the PMC. Practitioners facilitating PMC should intentionally adopt an integrative and theory informed method that draws on both individual and systemic counselling models to handle the complex intrapsychic and relational dynamics of premarital couples. Individual oriented theories such as psychoanalytic theory, cognitive behavioural theory, humanistic, existential, attachment, and acceptance and commitment therapy (ACT) can be used to support self-awareness, emotional management, values clarification, and psychological flexibility (Johnson, 2020; Spengler et al., 2020). Practitioners should help couples explore personal histories, attachment styles, belief systems, and internal resistances that may influence marital expectations and behaviour (Karney & Bradbury, 2020; Moeti et al., 2024). For example, psychoanalytic and attachment based strategies can unravel unsolved FOO issues, while CBT and ACT techniques can assist couples in reframing maladaptive thoughts, accepting internal experiences, and committing to values driven marital goals (Sobhani et al., 2021).

At the relational and systemic level, practitioners should utilise couple and family dedicated theories such as Emotionally Focused Therapy, Gottman Couple Theory, Solution-Focused Theory, Bowenian Theory, Structural Theory, and the Triangular Theory of Love to handle collaborative patterns and relational dynamics within the couple system. These theories assist counsellors in firming emotional connections, enhancing communication and conflict resolution skills, clarifying roles and boundaries, and addressing intergenerational and contextual influences on the relationship. The EFT and attachment informed approaches help couples develop secure emotional bonds, while Gottman oriented measures uphold friendship,

constructive conflict resolution, and commitment (Kabasinguzi, 2022; Nyamahunge & Pio, 2024; Spengler et al., 2022). Solution focused and systemic theories permit couples to build on strengths and manage differentiation and triangulation efficiently.

Furthermore, incorporating Mental Health Literacy (MHL) within PMC equips couples with the knowledge and skills to recognise mental distress, reduce stigma, and engage in timely help-seeking within marriage (Sampaio et al., 2022) whereas application of Acceptance and Commitment Theory (ACT) aims to ingrain psychological flexibility the ability to stay present, openly experience thoughts and emotions, and commit to behaviours aligned with personal values (Carlson et al., 2020; Engl et al., 2022). Overall, the strategic integration of these theories supports a holistic, developmentally appropriate, and sustainable method to PMC that encourages long term marital success.

Applied to the Ubuntu Integrative PMC Model, Table 12 presents key theoretical frameworks that inform PMC and exemplifies how each framework is applied within the model. It demonstrates how these theories guide PMC providers in unpacking, processing and grounding relational dynamics, communication styles, and individual development among couples engaged in the Ubuntu Integrative process. The table further shows how theory driven positions shape assessment, goal setting, and intervention strategies specific to the Ubuntu Integrative PMC Model. By clearly linking theory to counselling practice, it clarifies how PMC providers are supported to intervene effectively and procedurely. Overall, theory informed practice in nurtures marital readiness and promotes healthy, sustainable marital relations within the Ubuntu Integrative PMC Model.

Table 12: Theoretical Frameworks and their Application in PMC

Theory	Application in PMC	Relevant Techniques / Strategies
Psychoanalytic Theory	Helps couples explore unconscious influences, early family experiences, and unresolved conflicts that may shape marital expectations and relational patterns.	Exploration of FOO dynamics, interpretation of relational patterns, insight-oriented dialogue, identification of defence mechanisms.
Emotionally Focused Therapy (EFT)	Strengthens emotional bonds and attachment security between partners by addressing negative interaction cycles and unmet emotional needs.	Emotion identification, reframing conflict as attachment distress, enactments, restructuring interactional patterns.
Cognitive Behavioural Theory (CBT)	Assists couples in identifying and modifying maladaptive thoughts, beliefs, and behaviours that may negatively affect marital interaction.	Cognitive restructuring, behavioural rehearsal, communication skills training, problem-solving exercises.
Gottman Couple Theory	Promotes marital stability by enhancing friendship, managing conflict constructively, and strengthening commitment.	Love maps, building fondness and admiration, conflict management strategies, repair attempts, rituals of connection.
Solution-Focused Theory	Encourages couples to build on existing strengths and resources rather than focusing on deficits or problems.	Miracle questions, exception-finding, scaling questions, goal-setting and future-focused conversations.
Humanistic Theories	Fosters personal growth, self-awareness, and authenticity within the premarital relationship.	Empathic listening, unconditional positive regard, congruence, reflective dialogue.
Attachment Theory	Helps couples understand attachment styles and how these influence emotional closeness, trust, and conflict in marriage.	Attachment style assessment, promoting secure attachment behaviours, emotion regulation strategies.
Existential Theory	Assists couples in exploring meaning, freedom, responsibility, and commitment within marriage.	Values clarification, meaning-making exercises, discussion of life goals, exploration of choice and responsibility.
Bowenian Family Systems Theory	Enhances differentiation of self while addressing intergenerational patterns that	Genograms, differentiation coaching, emotional cutoff exploration, managing triangulation.

	may influence marital functioning.	
Triangular Theory (Sternberg)	Supports couples in balancing intimacy, passion, and commitment to enhance marital satisfaction.	Relationship assessments, discussions of love components, strengthening weak dimensions of intimacy, passion, or commitment.
Structural Family Therapy	Helps couples understand and restructure relationship boundaries and roles in preparation for marriage.	Boundary clarification, role negotiation, restructuring interaction patterns, enactments.
Acceptance and Commitment Therapy (ACT)	Enhances psychological flexibility, enabling couples to manage internal conflicts, stress, and life transitions in marriage.	Values-based goal setting, acceptance strategies, mindfulness exercises, cognitive diffusion techniques.
Mental Health Literacy (MHL)	Promotes awareness of mental health, early identification of distress, and appropriate help-seeking within marriage.	Psycho-education, stigma reduction, recognition of mental health warning signs, help-seeking planning and referral pathways.

The PMC Interventions. Findings from the current study indicate that effective PMC strategies are grounded in a set of reliable counselling skills that foster good marital outcomes. These include the ability to listen to comprehend, strong communication and observation skills, empathy, emotional regulation, and conflict management strategies (Gichuri et al., 2024; Walker, 2022). The study further highlights the importance of dependability, ethical practice, and creating a safe counselling setting that enables couples to willing share (Amini & Shariati, 2021; Udoh, 2025). Multicultural competence, flexibility, and sound assessment and goal-setting skills were also identified as essential (Amini et al., 2021). Collectively, these empirically derived interventions provide a practical foundation for practitioners implementing the Ubuntu Integrative PMC Model.

In addition, the present study emphasizes the value of theory informed and relationally focused strategies in driving the PMC process within the Ubuntu Integrative model. Interventions such as mediation, coaching, mentorship, reframing, reflection, immediacy, and relationship enhancement skills were found to facilitate deeper insight and behavioural change among couples (Amini & Shariati, 2021). Counsellor qualities including genuineness, unconditional positive regard, appropriate self-disclosure, and effective confrontation were seen as critical in sustaining therapeutic alliance (Sampaio et al., 2022). A systemic knowledge base and familiarity with relationship theories also reinforce intervention usefulness (Lawrence et al., 2023). These findings are consistent with established counselling literature and offer practitioners clear guidance for effective PMC practice using the Ubuntu Integrative model.

Assessment Tests. The Ubuntu Integrative PMC Model places assessment tests at the core of its intervention process, a position strongly informed by the current study's outcomes. Notably, 86% of PMC beneficiaries endorsed the use of clinical assessments, even when they reported limited direct personal benefit from the tools themselves. Respondents put emphasis on that assessments encourage constructive dialogue, reflexivity, and deeper self- and partner-awareness. Instruments such as personality tests, attachment tests, anxiety inventories, FOO mapping, dynamic adjustment scales, and the Gottman relationship checklist were identified as particularly valuable. These assessments support counsellors in identifying couples' relational strengths and vulnerabilities, tailoring strategies to specific needs, and ensuring that counselling content is both contextually relevant and outcome-oriented (Deylami et al., 2021; Irvine, 2022).

Within the Ubuntu Integrative PMC Model, validated assessment tools are thus central in shaping tailored approaches and guiding practitioner couple discourse. The present research establishes that assessments generate critical insights that extend beyond measurement, leading to relational dynamics appreciation and problem solving. While some scholars warn against overreliance on assessments without sufficient clinical integration, research proposes that when used reflexively, they enhance counselling effectiveness (Gordon et al., 2022). The study's outcomes confirm that assessment informed practice contributes to credibility and appeal of PMC. Thus, the Ubuntu Integrative PMC Model incorporates assessments as a basic therapeutic resource for increasing marital readiness and clinical efficacy. Table 13 shows the PMC assessment tests, administration and value in PMC.

Table 13: Assessment Tests, Administration and Value in PMC

Assessment Test	How to Administer	Value in PMC
Personality Evaluations	Self-report questionnaires completed individually by each partner; can be scored manually or digitally	Helps identify personality traits, preferences, and potential areas of compatibility or conflict; fosters self-awareness and understanding of partner differences
Attachment Assessments	Structured self-report or interview-based measures assessing attachment styles	Reveals emotional needs, bonding patterns, and relational tendencies; informs interventions to strengthen intimacy and security
Anxiety Inventories	Standardized questionnaires administered individually	Identifies individual stress and anxiety levels; supports discussions on coping strategies and emotional regulation within the relationship
Dynamic Adjustment Scales	Self-report or guided interview evaluating relationship satisfaction, adjustment, and coping	Measures relationship functioning and adjustment to challenges; provides a basis for targeted counselling strategies
Family of Origin Mapping	Guided interview or visual mapping exercise detailing family history, dynamics, and patterns	Highlights intergenerational influences, unresolved issues, and behavioural patterns affecting the couple; enhances insight and reflection

Assessment Test	How to Administer	Value in PMC
Gottman Relationship Checklist	Structured questionnaire covering communication, conflict management, intimacy, and friendship	Identifies strengths and areas for improvement in relationship functioning; guides skill-building and intervention planning

PMC Protocols and Guidelines. The Ubuntu Integrative PMC Model underscore formal standards and procedures as core to dependable, ethical, and effective PMC provision. Recent research on psychotherapy manuals highlights that clearly outlined session procedures and formal curricula boost fidelity, regulate provision, and support regulated assessment of mitigation outcomes, which is important for evidence-informed practice. The manualised curricula guide PMC providers on necessary content coverage, activity sequencing, assessment tool application, and ethical involvement with couples, thus bosltering clinical planning and execution (van Dooren et al., 2020). Scheduling and provision of premarital content within a manualised framework also help maintain couples' focus, engagement, and progression through the curriculum (Wislocki et al., 2023). Practitioners are therefore encouraged to integrate established protocols into the Ubuntu Integrative model to ensure quality, consistency, and measurable outcomes in PMC delivery.

Moreover, the present research found that adherence to formalised procedures enriches application through expertise, systematic session planning, and monitoring/evaluation**,** essential for achieving envisioned relational outcomes. Protocols assist PMC providers in mapping key activities while ingraining validated assessment tools to inform tailored strategies(Wislocki et al., 2023). The study identified eight main elements for guaranteeing effective program provision: (1) commitment to the program, (2) adherence to timelines, (3) Intentional engagement,

(4) preparation and planning for PMC sessions, (5) commitment to responsibilities, (6) task completion, (7) consistency in therapy sessions, and (8) exploration of key relational areas. Research evidence from structured premarital interventions shows that fidelity to these components increases communication, conflict resolution, and relational awareness (van Dooren et al., 2020). For this reason, practitioners of the Ubuntu Integrative PMC Model should adopt and consistently review guidebooks and procedures to maintain ethical standards, incorporate emerging issues, and uphold consistency in delivering high-quality PMC.

***Duration of PMC*.** The present research specifies that an average of 10 sessions is adequate for effective provision of the Ubuntu Integrative PMC curriculum, with individual sessions lasting approximately 90 minutes and group sessions extending up to two hours. The PMC recipients noted that reducing the number of sessions may jeopardise coverage of main relational areas, while sessions exceeding 90 minutes may lead to emotional fatigue and decreased engagement. On the other hand, sessions shorter than 60 minutes risk leaving beneficiaries with an incomplete understanding of key topics. So, strict adherence to session length and scheduling is necessary to maintain both engagement and program fidelity. This corroborates with established premarital programs such as PREPARE/ENRICH, the Gottman Method, and SYMBIS, which advocate 75 – 90-minute sessions to adequately cover assessments and skill-building activities (Khojastehmehr et al., 2021; Wislocki et al., 2023).

Furthermore, the Ubuntu Integrative PMC Model encourages practitioners to procedurally plan session content to ensure all curriculum components including assessments, reflective exercises, and skills practice are addressed within the recommended timeframes. Compliance with scheduled duration allows for consistent

delivery of material, supports pacing for emotional processing, and fosters engagement among couples. The current study suggests that structured session durations advance learning retention, skill application, and overall participant satisfaction in premarital programs (Wislocki et al., 2023). Practitioners are therefore advised to monitor session timing carefully, balance individual and group activities, and adjust pacing only when necessary to uphold the efficacy of the PMC intervention.

PMC Delivery Method. The Ubuntu Integrative PMC Model advocates for a blended provision method, combining individualised couple sessions with group sessions to improve learning and skill development. Outcomes from the present research show that group sessions benefit from the inclusion of mentor couples, who add a practical and experiential facet to the programme. Integrating both group and individual sessions guarantees that theoretical content, assessments, and clinical resources are tailored to the unique needs of each couple. This method agree with evidence showing that mixed delivery formats enhance involvement, reflective dialogue, and relational skill acquisition (Gichuri et al., 2024). With the foregoing, practitioners are encouraged to adopt flexible yet structured delivery methods to maximise PMC outcomes within the Ubuntu Integrative model.

Remarkably, individual sessions are important within the blended model to address sensitive or couple-specific issues, such as FOO dynamics and unresolved past experiences. Practitioners are encouraged to schedule these sessions deliberately to complement group learning while safeguarding privacy and fostering trust. Research submits that integrating group and individual PMC sessions increases programme efficiency by supporting both knowledge acquisition and personalised intervention (Moeti et al., 2024). This blended method allows for deeper clinical

exploration without disrupting group cohesion (Gichuri et al., 2024). As such, the Ubuntu Integrative PMC Model positions integrated delivery methods as necessary for responsive and effective PMC (Table 14).

Table 14: Ubuntu Integrative PMC Practitioner Delivery Methods

Delivery Method	Description of Use in PMC Sessions	Purpose and Contribution to PMC Effectiveness
Guided Discussions	Facilitated dialogue led by practitioners to explore marital themes and couple experiences	Promotes shared understanding, reflexivity, and co-construction of meaning
Couple-Focused Activities	Structured tasks completed by couples during or between sessions	Enhances relational insight, collaboration, and practical skill application
Role Plays	Simulated marital scenarios such as conflict, communication, or decision-making	Develops communication and conflict-resolution skills through experiential learning
Question-and-Answer Sessions	Open forums allowing couples to seek clarification and explore concerns	Encourages active participation, openness, and contextual relevance
Reflective Exercises	Guided self- and spousal reflection on values, expectations, and experiences	Builds self-awareness, emotional insight, and relational resilience
Brief Instructional Input	Short teaching segments introducing key concepts and frameworks	Provides theoretical grounding while avoiding overreliance on didactic methods
Group Interaction	Facilitated peer engagement in group PMC sessions	Normalizes experiences, supports social learning, and enhances engagement

Cultural Competence. The current study underscores that cultural competence or sensitivity is crucial to the effective execution of the Ubuntu Integrative PMC Model, in all stages of PMC. Outcomes specify that PMC providers should recognize couples' beliefs, faith traditions, cultural backgrounds, and individuality while practising cultural humility, inclusivity, and non-judgment. Maintaining neutrality, privacy, and dignity, alongside empathy, affirmation, and constructive feedback, was found essential for fostering trust and openness. These practices enable practitioners to minimise ethnocentric bias and better comprehend

the cultural and contextual effects shaping couples' relational experiences (Stubbe, 2020). Accordingly, Ubuntu Integrative PMC providers are encouraged to approach each couple with openness and curiosity, adapting mitigation to honour diverse cultural identities and relationship practices (Ogunyemi et al., 2024; Stubbe, 2020).

In addition, the research confirms clinical supervision as a significant component for etching cultural competence within the Ubuntu Integrative PMC Model. Supervision supports practitioners in reflecting on cultural norms, managing countertransference, where practitioners' own feelings, marital experiences, or cultural biases may unconsciously shape how they respond to or interact with couples, and polishing culturally responsive strategies. Consistent with recent studies, clinical supervision was recognized as indispensable for upholding high-quality counselling practice and ethical decision-making (Lohani & Sharma, 2023). Clinical supervision affords a structured space for accountability, peer learning, and the continuous polishing of practitioner skills. Thus, PMC providers should have credentiled certification in counselling or psychology, be licensed or certified by relevant regulatory bodies, engage in CPDs, and participate regularly in supervision. Integrating supervision into PMC delivery improves practitioner competence, cultural responsiveness, and the overall efficacy of the Ubuntu Integrative PMC programme.

The PMC Practitioner Competence. Practitioner competence is also an important determinant of effectiveness within the Ubuntu Integrative PMC Model. The findings demonstrate that competence includes both visible components, such as knowledge, counselling skills, confidence in PMC delivery, observable professional behaviours, and hidden components including attitudes, values, motives, and self-image that shape PMC practice and decision-making (Chen et al., 2025). The competencies are supported by empirical studies (Adzovie & Dabone, 2020; Gichuri

et al., 2024) and ensure that counselling practice is not only technically proficient but also responsive to couples' diverse needs. When these competencies are insufficient especially among clergy lacking formal counselling training PMC delivery is adversely affected through poorly developed programme framework, unpredictable curricula, insufficient resources, and limited cultural responsiveness. Consequently, beneficiaries experienced frustration, confusion, and missed opportunities for relational development. As a result, these outcomes support the need for Ubuntu Integrative providers to incorporate technical proficiency with reflective self-awareness in order to deliver ethically grounded and effective PMC.

Guided by these observations, the Ubuntu Integrative PMC Model underscores formal training and professional certification as foundational to proficient and accountable practice, a position strongly sustained in recent PMC studies (Gichuri et al., 2024; Moeti et al., 2024). Building on this evidence, the model highlights the importance of founding clear certification requirements for PMC to guarantee practitioner readiness and professional fidelity. The study proposes that PMC practitioners hold at least a Diploma in Counselling with core training in MFT and premarital counselling, or a relevant postgraduate qualification. Such preparation fortifies theoretical understanding, assessment mastery, ethical judgement, and culturally responsive intervention skills, while also increasing provider confidence and programme management capacity. Besides, professionally trained providers are better positioned to implement structured curricula and sustain programme quality over time. By prioritising practitioner competency, the Ubuntu Integrative PMC Model advances high-quality, ethical, and impactful PMC that effectively supports couples' readiness for marriage.

Recent literature from other regions consistently underscores the important role of specialised training, formalised competency development, and professional identity formation in effective PMC practice (Asadpour et al., 2025; Elegbede, 2026; Noshabadi et al., 2025). Elegbede (2026) demonstrated that evidence-based, structured interventions considerably advance couples' communication skills, relationship contentment, and conflict management capacities, in that way noting the importance of rigorous practitioner preparation. Similarly, research undertaken in Iran discovered that PMC grounded in attachment and differentiation theories leads to measurable improvements in communication patterns and conflict management, thus underscoring the value of training practitioners in theory driven and programmed approaches (Asadpour et al., 2025). Besides, studies on counsellor professional identity show that practitioners who are supported through formal education, supervised practice, and mentorship are better positioned to define their scope of practice and uphold ethical standards, which in turn boosts service quality and professional legitimacy (Elegbede, 2026). In addition, culturally grounded process models for PMC emphasise the necessity of contextualised training frameworks that account for sociocultural dynamics influencing couple relationships (Noshabadi et al., 2025). Taken together, these outcomes underpin the argument that formal qualifications, on-going CPD, structured competency development, and professional identity cultivation are essential for effective PMC practice and strongly align with the findings of the current study.

The recommended PMC curriculum has 12 modules is structured to provide 190 classroom hours of comprehensive and competency-based training that equips practitioners with the skills, knowledge, and professional identity required for effective PMC practice (see Table 9). The curriculum integrates core counselling

skills, assessments for example personality tests and FOO evaluation, dating and courtship dynamics, parenthood preparation, and sexuality education to address the developmental and relational needs of couples preparing for marriage. It is also anchored in individual and systemic applied theories, enabling trainees to ground practice in evidence-based and theory driven methods. Spirituality, ethics, and culturally responsive practice are ingrained across modules to ensure sensitivity to religious, moral, and sociocultural contexts (Noshabadi et al., 2025). In addition, structured PMC frameworks, programme management, and documentation strengthen practitioners' capacity to deliver, evaluate, and sustain quality PMC services (Elegbede, 2026). Finally, attention to emerging needs such as blended families, social media influences, addictions, and intercultural marriages ensures the curriculum remains responsive to contemporary marital challenges.

Post Marital Care. The present research highlights the significance of integrating post-marital counselling into the Ubuntu Integrative PMC Model to ensure continuity of care and sustained relational outcomes. Traditionally, PMC has focused primarily on marital preparedness prior to the wedding, with far less emphasis on structured post-marital support. Findings suggest that post-marital sessions should be planned during the PMC phase to prepare couples for on-going support beyond the wedding. Research indicates that structured follow-up and marriage enrichment programmes provide couples with guidance as they traverse early marital challenges and transitions (Moeti et al., 2024). Moreover, planned post-marital engagement reinforces accountability and promotes the application of skills acquired during PMC (Gichuri et al., 2024). Practitioners using the Ubuntu Integrative model are therefore encouraged to design PMC with a clear pathway into post-marital support.

Informed by the present research, post-marital counselling is recommended to commence approximately six months after the wedding, providing couples with structured support for skill reinforcement and adjustment to married life. These sessions offer an opportunity for couples to reflect on their marital experiences, address emerging concerns, and strengthen relational competencies developed during PMC (Kissi-Abrokwah & Aboyom, 2021). Such reflective practice enables couples to consolidate learning, deepen mutual understanding, and proactively address relational vulnerabilities before they escalate. For couples who participated in group-based PMC, transitioning into marriage accountability or enrichment groups was identified as particularly beneficial. Importantly, initial post-marital sessions should incorporate an evaluation of the PMC experience to obtain feedback that can inform programme refinement and improvement (Moeti et al., 2024). Integrating this evaluative and developmental approach enhances both the effectiveness and long-term sustainability of the Ubuntu Integrative PMC Model.

Recent studies have conceptualized marital counselling as a continuum of care rather than a once-off premarital intervention. While PMC prepares couples with basic communication, emotional management, and conflict management skills before marriage, scholars argue that interpersonal challenges evolve across different stages of married life and hence need on-going helpful interventions (Lebow, 2022; Moeti et al., 2024). Research on marital enrichment and follow-up counselling establish that couples who receive periodic post-marital care are more likely to sustain healthy interactional patterns, emotional attachment, and adaptive coping strategies during stressful transitions such as parenthood, financial pressure, career re-alignment, and family role changes (Benoit, 2019; ShokrZadeh et al., 2024). Moreover, preventive relationship strategies provided after marriage have been related with enhanced

marital health, reduced conflict escalation, and enriched long-term marital contentment (Engl et al., 2022; Gichuri et al., 2024). Accordingly, post-marital counselling can be viewed as an important maintenance and reinforcement resource that reinforces the enduring effects of PMC.

As well, contemporary family therapy literature proposes that booster sessions and structured marital follow-up programs help prevent relational deterioration by inspiring couples to seek assistance before conflicts become chronic or destructive in line with mental health literacy that prioritises pre-emptive care (Karney & Bradbury, 2020; Lebow, 2022). Related to after-care models used in mental health and behavioural interventions, post-marital counselling affords couples with opportunities for continued reflection, reassessment of relational goals, and firming of communication and intimacy skills developed during PMC (Udofia et al., 2021). In addition, researchers also note that marital satisfaction is dynamic and influenced by changing developmental, psychological, social, and cultural realisms over time (Piechota et al., 2022; Zhang & Liang, 2023). As such, incorporating post-marital counselling into PMC frameworks endorses a more holistic and sustainable method to marital health. This viewpoint strengthens the significance of viewing marriage preparation and marital enrichment as interconnected procedures aimed at ingraining stability, cohesion, and long-term relational health (Adzovie & Dabone, 2021; Moeti et al., 2024).

The Ubuntu Integrative PMC Model Domains Implementation

The Ubuntu Integrative PMC Model Table 15 formulates an integrated view of competency improvement, positioning functionality, management, and culture as conjointly interweaving rather than chronological elements. The model interprets

grounded theoretical insights into practical application domains that guide PMC delivery within varied relational and cultural environments. Each domain provides specific focus areas and provider obligations essential for effective, ethical, and contextually receptive PMC practice. The framework also establishes how curriculum, strategies, provider competence, delivery techniques, and continuity of care interact to reinforce marital readiness and relational evolution. Accordingly, the model offers implementers a well-thought-out roadmap for harmonizing inclusive PMC services aimed at encouraging sustainable marital Health.

Table 15: Ubuntu Integrative PMC Model Domains Implementation

Key Components	**Focus Areas**	**Practitioner Activities / Actions**
PMC Curriculum	• Core marriage readiness skills • Relationship education (communication, conflict, intimacy, finances) • Values, expectations, and roles • Spiritual, emotional, and relational foundations	• Deliver structured learning modules • Facilitate couple discussions and reflective exercises • Assign readings, assessments, and take-home activities • Adapt curriculum to couple's stage, beliefs, and context
PMC Theoretical Framework	• Attachment theory • Systems and family-of-origin theory • Cognitive-behavioural and emotionally focused approaches • Faith-based or values-based perspectives (where applicable)	• Assess relational patterns and attachment styles • Help couples connect theory to lived experiences • Reframe unhealthy beliefs and relational narratives • Integrate theory into case conceptualization
PMC Interventions	• Relationship enrichment • Communication enhancement • Conflict resolution and repair • Emotional regulation and empathy	• Conduct role-plays and skills practice • Coach couples through real-time conflicts • Use evidence-based tools (e.g., speaker–listener technique)

Key Components	Focus Areas	Practitioner Activities / Actions
PMC Protocols and Guidelines	• Decision-making and problem-solving • Ethical standards and boundaries • Assessment and screening (risk factors, readiness) Confidentiality and informed consent • Referral pathways for specialized needs	• Provide feedback and reinforcement • Follow standardized intake and assessment procedures • Maintain ethical documentation and records • Screen for trauma, abuse, or mental health concerns • Refer couples to additional services when needed
PMC Delivery Methods	• Individual couple sessions • Group-based premarital programs • Hybrid or online delivery Experiential and interactive learning	• Choose delivery format appropriate to context • Facilitate sessions in-person or virtually • Use multimedia, worksheets, and discussions • Monitor engagement and adapt pacing
Cultural Competence	• Cultural, religious, and social diversity • Gender roles and expectations Family and community influences • Power dynamics and social context	• Conduct culturally sensitive assessments • Respect and integrate cultural values into counselling • Avoid assumptions or bias • Adapt language, examples, and interventions
Practitioner Competence	• Professional training and certification • Self-awareness and reflective practice • Ethical and clinical judgment • On-going professional development	• Engage in supervision and consultation • Maintain continuing education • Practice self-reflection and bias awareness Adhere to professional and ethical standards
Post-Marital Care / Continuum of Marriage Care	• Early marriage adjustment • On-going relationship enrichment • Crisis prevention and early intervention • Long-term marital resilience	• Provide follow-up sessions post-marriage • Offer workshops or booster sessions • Check in at key marital transitions • Connect couples to long-term support resources

The Ubuntu Integrative PMC Model domains illustrate how curriculum, theory, interventions, protocols, delivery methods, cultural competence, practitioner competence, and post-marital care operate as interconnected pillars of effective counselling. Each domain has distinct contribution including structured learning, theoretical grounding, skill application, ethical safeguards, flexible delivery, cultural sensitivity, professional guidelines, and continuity of care. These domains are empirically drawn from the present research and supported by several empirical studies reviewed in the study (Adzovie & Dabone, 2020; Chen et al., 2025; Gichuri et al., 2024; Kissi-Abrokwah & Aboyom, 2021; Moeti et al., 2024). As a result, inclusion of these aspects ensures coherence and accountability in PMC practice. This integrated design positions PMC not as isolated activities but as a system of mutually reinforcing elements that strengthen relational outcomes and practitioner effectiveness.

The model further demonstrates that sustainable PMC practice requires adaptive learning loops, evidence-based decision-making, and stakeholder integration to maintain resilience in complex settings. Continuous feedback, innovation, and cultural readiness are embedded to ensure that programme maturity evolves dynamically rather than remaining static. PMC practitioners are therefore expected to demonstrate technical proficiency in program provision, theoretical application, intervention skills, cultivate reflective self-awareness, ethical judgment, and cultural responsiveness. Supervision, continuing education, and structured feedback loops reinforce these competencies, ensuring that practice evolves dynamically rather than remaining static. Collectively, the Ubuntu Integrative PMC Model provides a subject-specific roadmap for delivering ethical, high-quality, and transformative PMC that prepares couples for resilient marital journeys.

Recommendations and Areas for Further Research

This section presents recommendations and proposed areas for further research resulting from the study outcomes and conclusions. These endorsements aim to fortify PMC policy, practice, training, and future scholarly research towards refining marital health and the efficacy of PMC interventions.

Policy Recommendations

1) The Counsellors and Psychologists Board (C&P Board), in partnership with academic institutions and relevant regulatory bodies, should create minimum training and credentialing criteria for PMC practitioners, including a Diploma in MFT or a related discipline along with formal PMC training using approved curricula. Current Diploma and Degree programs should also be revised to incorporate systemic counselling methodologies and the recognized PMC core competencies.
2) Educational establishments, professional bodies, and regulatory bodies should create and operationalize a standardized PMC training curriculum for tertiary institutions and universities. The curriculum should integrate the recognized thematic areas, core counselling theories such as EFT, CBT, and GCT, ethical standards, cultural competence, and practical counselling skills to guarantee culturally receptive and evidence based PMC delivery.
3) Churches and other faith based establishments should institute structured Marriage and Family Ministries or Departments reinforced by clear policy frameworks, monitoring and evaluation structures, sufficient infrastructure, and trained personnel to reinforce the quality and sustainability of PMC services.

Clinical and Practice Recommendations

1) Counselling organizations, professional societies, and mental health experts should implement CPD programs and capacity building workshops aimed at preparing PMC providers, including clergy and counsellors, with harmonised counselling resources, cultural competemility, ethical practice skills, and practical mitigation strategies.
2) Institutions providing PMC services, including churches, educational establishments, and public and private mental health facilities, should create formalised PMC course outlines containing topic specific and interactive sessions that uphold effective learning, relational skill improvement, and proficient programme provision.
3) Institutions offering PMC services should incorporate post-marital follow-up and marital enrichment sessions into their counselling structures to support newly married couples in attaining long term marital contentment, stability, and relational sustainability.

Recommendations for Further Research

1) Future research should empirically test the Ubuntu Integrative PMC Model using mixed methods research design to assess its efficiency in increasing marital satisfaction, stability, communication, and management across diverse populations.
2) Further research should survey the applicability and cultural adaptableness of the Ubuntu Integrative PMC Model across varied African sociocultural settings in order to refine and reinforce its regional significance.

3) Comparative studies should be carried out between the Ubuntu Integrative PMC Model and existing PMC models to assess dissimilarities in execution processes, practitioner efficacy, and marital outcomes.

Overall, these areas of study would add to strengthening the evidence base, refining the model, and extending the practice of PMC within Kenya and beyond.

REFERENCES

Abbasi, G. (2020). The effectiveness of premarital counselling based on a relationship education: Program on the idealistic expectations of single young adults. *Iranian Journal of Psychiatry and Clinical Psychology.* Doi 10.32598/ijpcp.25.4.3

Abdekhodaie, Z. (2021). Cognitive-behavioural and existential therapies for marital satisfaction in women: A comparative investigation of the efficacy, stability and mechanisms of changes. *Journal of Contemporary Psychotherapy, 51*(2), 173-179. https://doi.org/10.1007/s10879-020-09488-y

Abdollahi, N., Jazini, S., Aslani, K., & Amanelahi, A. (2020). The mediating role of automatic thoughts in relationship between attachment style with sexual dysfunction and marital commitment: A path analysis. *Journal of Research and Health, 10*(2), 91-102. http://dx.doi.org/10.32598/JRH.10.2.5

Adaki, A. Y., & Wajim, J. (2024). Cultural Adaptation and Marriage Dissolution. *Vejoh-Veritas Journal of Humanities*, *5*(1). https://acjol.org/index.php/veritas/article/view/4337

Adjei, A., Kagbetor, E. K., & Latey, M. L. (2022). *Perception of Christian couples on premarital counselling among selected Churches in Weija*. https://anujat.anuc.edu.gh/universityjournal/anujat/Vol9/No1/7.pdf

Adu, N. (2023). Factors Contributing to Breakdown of Christian Marriages in the Accra Metropolis (Doctoral dissertation, University of Cape Coast).

Adzovie, R.H., & Dabone, K.T. (2020). Relationship between premarital counselling and marital success: Perceptions of married Christians in Ghana. *International Journal of Psychology and Counselling.* Vol. *13*(1), pp. 10-16, Doi: 10.5897/IJPC2020.0625

Afrin, S. (2023). *Adaptation of child focused cognitive behaviour therapy as an intervention program.* Doctoral dissertation, © University of Dhaka). http://repository.library.du.ac.bd:8080/xmlui/xmlui/handle/123456789/2284

Agner, J. (2020). Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift. *American Journal of Occupational Therapy.* Doi: 10.5014/ajot.2020.038067

Agrawal, M. (2024). *Effect of personality on marital dissatisfaction.* https://www.researchgate.net/profile/Mahek-Agrawal-2/publication/387873933_Effect_of_Personality_on_Marital_Dissatisfaction/links/67809b687934b95644aeb7d6/Effect-of-Personality-on-Marital-Dissatisfaction.pdf

Agu, S. A., & Nwankwo, B. E. (2019). Influence of religious commitment, intentionality in marriage and forgiveness on marital satisfaction among married couples. *IFE Psychologia: An International Journal*, *27*(2), 121-133. https://hdl.handle.net/10520/EJC-19190fbde4

Ahmad, N., Alias, F.A., & Razak, N.A.A. (2023). *Understanding population and sample in research: Key concepts for valid conclusions.* https://appspenang.uitm.edu.my/sigcs/

Ahmad, N., Yusuf, M., & Rahman, A. (2023). Cultural influences in premarital counselling and marital outcomes. *Journal of Family Issues, 44*(7), 1821–1840.

Akanle, O., Adeyemi, T., & Bello, S. (2025). African family systems and premarital counselling practices. *African Sociological Review, 29*(1), 50–69.

Alexander, J. H., Callaghan, J. E., & Fellin, L. C. (2022). Genograms in research: participants' reflections of the genogram process. *Qualitative Research in Psychology*. https://doi.org/10.1080/14780887.2018.1545066

Alhammouri, R. A., & Shawashra, O. M. (2021). The Effectiveness of a counselling program based on existential theory to improve the attitudes towards marriage in a sample of

blind people in Irbid City. *Jordanian Educational Journal*, 6(Special Issue), 111-138. https://www.jaesjo.com/index.php/jaes/article/view/1222

Ali, A. (2023). Cultural Significance Unveiled: Exploring the Dynamics and Influences of Traditional Dowry Practices in Pakistan. *Human Nature Journal of Social Sciences*, *4*(4), 150-159. https://doi.org/10.71016/hnjss/dkbmdj57

Ali, A., & Pandya, S. (2021). A four stage framework for the development of a research problem statement in doctoral dissertations. *International Journal of Doctoral Studies, 16*, 469-485. https://doi.org/10.28945/4839

Ali, P. A., McGarry, J., & Maqsood, A. (2022). Spousal role expectations and marital conflict: perspectives of men and women. *Journal of Interpersonal Violence*, *37*(9-10), NP7082-NP7108. Doi: 10.1177/0886260520966667

Ali, T.S., Ali, S.S., Nadeem, S., Memon, Z., Soofi, S., Madhani, F., Karim, Y., Mohammad, S., & Bhutta, Z.A. (2022). Perpetuation of gender discrimination in Pakistani society: Results from a scoping review and qualitative study conducted in three provinces of Pakistan. *BMC women's health*, *22*(1), 540. https://doi.org/10.1186/s12905-022-02011-6

Aliakbarova, A., Madiyeva, G., & Xiao, C. (2020). Evolution of anthroponyms: Transformation in the naming of newborn babies and its role for society in the period of linguistic transition. *Humanities & Social Sciences Reviews*, 8(4), 1522-1534. https://doi.org/10.18510/hssr.2020.84140

Alizadeh, D., Shekhangafshe, F.B., Pirabbasi, G., & Sheikhli, N. (2021). The effectiveness of premarital counselling on couples' intimacy and marital satisfaction: A systematic review study. *Research Gate.* https://www.researchgate.net/publication/358126015

Alsager, A., McCann, J. K., Bhojani, A., Joachim, D., Joseph, J., Gibbs, A., Kabati, M., & Jeong, J. (2024). “Good fathers”: Community perceptions of idealized fatherhood and

reported fathering behaviours in Mwanza, Tanzania. *PLOS Global Public Health*, *4*(7), e0002587. https://doi.org/10.1371/journal.pgph.0002587

Altarawneh, I. M. (2025). Contemporary social values and educational experiences as predictors of marriage attitudes among university students. *Journal of Youth and Adolescence*, *54*(2), 321–337. https://doi.org/10.1007/s10964-024-01758-0

Aman, J., Abbas, J., Nurunnabi, M., & Bano, S. (2019). The relationship of religiosity and marital satisfaction: The role of religious commitment and practices on marital satisfaction among Pakistani respondents. *Behavioural Science.* https://www.researchgate.net

Amanfi, K. (2022). Influence of premarital counselling on marital adjustment among married people in the Church of Pentecost, Cape Coast Area, Ghana. Doctoral dissertation, University of Cape Coast.

Amani, R., & Khosroshahi, A. S. (2020). The structural model of marital quality based on secure attachment style through the mediating role of self-compassion, resilience, and perspective-taking. *The American Journal of Family Therapy*, *49*(1), 16-36. https://doi.org/10.1080/01926187.2020.1813653

Amani, R., Majzoobi, M. R., Jalilian, K., & Hadian Hamedani, K. (2025). The relationship between attachment styles and marital satisfaction: The mediating role of positive relational behaviours. *The American Journal of Family Therapy, 53*(2), 180-197. https://doi.org/10.1080/01926187.2024.2404879

Ameyaw, J.G.I., Dankwa, S., & Eshun, I. (2023). Factors that contribute to marriage breakdown among young couples in the Ghanaian context. *Journal of Scientific Research and Reports,11*, (34-47), https://www.sdiarticle5.com/review-history/108903

Amini, O., & Naser, S. M. A. (2021). The effectiveness of Bowen's style family therapy on increasing the happiness and empathy marital of couples referring to Isfahan counselling center. *Journal of Family Relations Studies*, 1(3), 23-31. https://doi.org/10.22098/jhrs.2021.1329

Amoah-Saah, I. (2023). Impact *of premarital counselling on marital satisfaction and adjustment among SDA members.* Doctoral dissertation, University of Cape Coast. http://hdl.handle.net/123456789/10992

Anandavalli, S., Harrichand, J.J.S., & Mathew, S. (2022). Career mapping for international students: A critical-constructivist approach. *Journal of Employment Counselling.* https://doi.org/10.1002/joec.12197

Andrade, C. (2020). Sample size and its importance in research. *Indian Journal of Psychological Medicine, 42*(1). https://doi.org/10.4103/IJPSYM.IJPSYM_504_19

Anousheh, S. T., Karami, J., & Ariapooran, S. (2024). Comparison the effectiveness of mindfulness-based relationship enhancement and emotion-focused therapies on marital satisfaction and intimacy in couples with low self-disclosure. *Preventive Counselling*, 5(3), 26-42. DOI: 10.22098/jpc.2024.14240.1201

Arab, M. R., Maredpour, A., & Mahmudi, A. (2025). Comparison of effectiveness of structural family therapy and transactional analysis therapy on marital burnout in couples with marital dissatisfaction. *Journal of Modern Psychological Researches, 19*(76), 230-243. http://dx.doi.org/10.22034/JNE.13.5.38

Arahman, Z., Chai, N., & Lima, L. (2024). Cross-cultural perspectives on intimacy and communication in marriage: Adapting marriage counselling approaches for diverse cultural contexts. *International Journal of Research in Counselling*, *3*(2), 85-98. https://doi.org/10.70363/ijrc.v3i2.267

Archuleta, J. A., & Burr, A. (2024). Financial communication and decision-making in premarital education: Reducing marital conflict through openness and shared financial planning. *Journal of Couple and Family Finance, 12*(1), 45–64.

Arya, E. S. (2024). Social media's role in shifting cultures: from collective roots to individual branches. *Available at SSRN*. https://dx.doi.org/10.2139/ssrn.4785094

Asadpour, E., Sharei, A., & Salmani, A. (2025). Premarital intervention based on attachment and differentiation improves communication and conflict management in Iranian couples. *Science Reports.* Doi: 10.1038/s41598-025-15051-3

Asenahabi, B.M. (2019). Basics of research design: A Guide to selecting appropriate research design. *International Journal of Contemporary Applied Researches.* Vol. *6*, No. 5.www.ijcar.net

Asgari, F. (2021). The effectiveness of "functional family therapy" on self-differentiation and marital satisfaction of married students. *Journal of Health Promotion Management*, 10(4), 136-147. https://jhpm.ir/article-1-1262-en.pdf

Asiimwe, R., Karume, M., & Kasujja, R. (2023). Systemic family therapy in Africa: Past, present, and future trends. In *The Routledge International Handbook of Couple and Family Therapy* (pp. 155-187). Routledge. eBook ISBN9781003297871

Asim, T., Javaid, Z. K., Aqil, I., & Maryam, A. (2024). Exploring perceptions of gender roles in marital relationships: A qualitative study on single young adults on exploring perceptions of gender roles in marital relationships. *Journal of Social Sciences*, 15(1), 89-123. https://jss.gcuf.edu.pk/index.php/jss/article/view/122

Asvadi, M., Bakhshipoor, A., & Razavi Tabadeghan, B. Z. (2022). Comparing the effectiveness of emotionally focused couple therapy and cognitive-behavioural couple therapy on forgiveness and marital intimacy of women affected by infidelity in Mashhad. *Journal of Community Health Research*, *11*(4), 277-286.

Athira, K. (2025). Life skills in marriage: A sociological study on premarital counselling and marital satisfaction. *International Journal of Innovative Science and Research Technology*. Doi **:**https://doi.org/10.38124/ijisrt/25apr2353

Atkins, K., & Lorelle, S. (2022). Cultural humility: Lessons learned through a counselling cultural immersion. *Journal of Counselor Preparation and Supervision, 15*(1). Retrieved from https://research.library.kutztown.edu/jcps/vol15/iss1/9

Azimi, K. A., Zahrakar, K., & Ahmady, K. (2021). The effectiveness of premarital education based on the prevention and relationship enhancement program (PREP) on communication beliefs and attitudes toward marriage of couples on the verge of marriage. *Islamic Life Journal.* https://www.islamiilife.com/article_188632_en.html

Babchuk, E., & Boswell, E. (2022). *Philosophical and theoretical underpinnings of qualitative research.* Doi 10.1016/b978-0-12-818630-5.11001-2

Babchuk, W.A., Brand, L., & Gutterman, T.C. (2021) Improving research-based practice through qualitative inquiry: a community-based study of minority health care. *Journal of Ethnography in Qualitative Research, 15* (2): 99–116.

Bahkali, N. M., Eissa, G., Alharbi, F. M., et al. (2022). Effect of premarital education on the quality of life of female partners: A cross-sectional study. *Cureus 14*(12): e32186. Doi 10.7759/cureus.32186

Baidoo, B. F. (2021). *Effects of premarital education and counselling on the knowledge and attitudes of university of cape coast students towards marriage.* (Doctoral dissertation, University of Cape Coast). http://hdl.handle.net/123456789/10994

Baker, J. (2019). Counselling interventions and marital resilience among couples. *Journal of Couple & Relationship Therapy, 18*(3), 212–229.

Bakhtiari, E., Hosseini, S. S., Arefi, M., & Afsharinia, K. (2021). The mediating role of marital intimacy in the relationship between attachment style and couples' attitude

towards infidelity. *Journal of Counselling Research.* https://publish.kne-publishing.com/index.php/QJCR/article/view/6144

Bandyopadhyay, S., & Green, E. (2021). Explaining inter-ethnic marriage in Sub-Saharan Africa. *Journal of International Development*, *33*(4), 627-643. https://doi.org/10.1002/jid.3535

Banifatemeh, M. S., Sohrabi, F., & Hosseinsabet, F. (2025). The effectiveness of a group training program for enriching spousal relationships on marital adjustment, expectations, and goal orientation. *International Journal of Systemic Therapy*. https://doi.org/10.1080/2692398X.2025.2546603

Banoo, S., & Ahmed, T. (2024). Rules of marriage in Islam: A comprehensive analysis. *Journal of Emerging Technologies and Innovation Research (JETIR)*.

Barman, J. D. (2024). Relationship Sustainability: Exploring and Evaluating the Determinants of Happy Marriages (Doctoral dissertation).

Basa, V. (2023). The importance of professional development for the counselling profession. *Journal of Professional Development, 1***,** Article 2, 1–6. https://jpd.iafpd.info/volumes/volume-1-2023/volume-1-article-2

Basic, G. (2022). Symbolic interaction, power, and war: Narratives of unaccompanied young refugees with war experiences in institutional care in Sweden. *Societies. 12*(3):90. Doi:10.3390/soc12030090

Bassey, S. B. (2025). The impact of church government and administration on selected christian marriages in Nigeria. *DTS Journal of arts and humanities*.

Batool, S., Butt, H., Ferdoos, A., & Afzah, N. (2023). Negotiating cultural perspectives of friendship: discourses of happiness in collectivist societies. *Migration Letters*, *20*(S7), 1625-1643.

Beck, J. S. (2020). Cognitive behaviour therapy: Basics and beyond. Guilford Publications.

Bedu-Addo, P. K. A., & Asare, M. (2022). Marital satisfaction blues among Ghanaian spouses: Can premarital counselling be a panacea? Doi: 10.9734/AIR/2022/v23i6922

Behere, P.B., Behere, A.P. & Yadav, R. (2020). *Effect of marriage on pre-existing psychoses: A convenient or futile solution for severe mental disorders?* Vol. *2*, Issue 3-4. https://doi.org/10.1177/2631831820971

Behrang, K., Koraei, A., Shahbazi, M., & Abbaspour, Z. (2022). Effects of emotionally focused therapy on sexual assertiveness, marital forgiveness, and marital harmony in maladjusted couples. *Journal of Research and Health*, *12*(3), 177-184. http://jrh.gmu.ac.ir/article-1-2046-en.html

Bellalem, S. (2023). Professional ethics and competence in counselling psychology. Counselling and Psychotherapy Research, *23*(2), 201–214.

Bellé, E. (2024). *Modern love stories: A narrative inquiry of interracial couples*. Doctoral dissertation, Alliant International University.

Benoit, Eddly B. (2019). Improving marital satisfaction: An enrichment program for couples in the Huntington, New York Seventh-day Adventist Church. *Professional Dissertations.* https://dx.doi.org/10.32597/dmin/730/ https://digitalcommons.andrews.edu/dmin/730

Bhandari, P. (2022). *What is qualitative research? Methods and examples. Scribbr*. https://www.scribbr.com/methodo logy/qualitative-research/

Bharadwaj, S. V., & Daniel, L. L. (2023). Evolution of a practitioner's cultural competence and cultural humility with three culturally and linguistically diverse families: A case study. *Perspectives of the ASHA Special Interest Groups*, *8*(6), 1485-1499.

Bhardwaj, P. (2019). Types of sampling in research. *Journal of the Practice of Cardiovascular Sciences*, *5*(3), 157. https://doi.org/10.4103/jpcs.jpcs_62_19

Bingham, A. J., & Witkowsky, P. (2022). Deductive and inductive approaches to qualitative data analysis. In Vanover C., Mihas P., Saldaña J. (Eds.), *Analysing and interpreting qualitative data: After the interview.* Sage Publications

Bingham, A.J. (2023). From data management to actionable findings: A five-phase process of qualitative data analysis. *International Journal of Qualitative Methods.* https://doi.org/10.1177/1609406923118

Birinci, F. B., & Rahime, A. E. (2022). Quality of family planning counselling: An evaluation in the context of premarital counselling services carried out within a provincial health directorate in Turkey. *African Journal of Reproductive Health, 26*(10), 101-110. https://www.ajol.info/index.php/ajrh/article/view/237582

Bodenmann, G., Kessler, M., Kuhn, R., Hocker, L., & Randall. A.K. (2020). Cognitive-behavioural and emotion-focused couple therapy: Similarities and differences. *Clinical Psychology in Europe.* Doi: 10.32872/cpe. v2i3.2741

Bokaie, M., Behzadpour, F., & Farajkhoda, T. (2021). The effectiveness of sexual health group counselling based on cognitive behavioural therapy on sexual satisfaction of newly married women. *Journal of Education and Health Promotion, 10*(1). Doi: 10.4103/jehp.jehp_684_20

Bolcal, D., & Masan, S. R. (2024). Examination of the relationship between attachment styles and spouse preferences. I*nternational Scientific Journal Vision*, *9*(1). Doi: 10.55843/ivisum2492075rm

Bos, J. (2020). *Research ethics for students in the social sciences*. *Springer.* https://doi.org/10.1007/978-3- 030-48415-6.

Boss, P. (2020). The context and process of family stress. *Family Process, 59*(3), 847–860.

Boulis, C., & Torgler, B. (2023). Religion as a determinant of relationship stability. *Journal for the Scientific Study of Religion*. Doi: https://doi.org/10.1111/jssr.12896

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* Basic Books.

Bradbury, T. N., & Bodenmann, G. (2020). Interventions for couples. *Annual Review of Clinical Psychology, 16*, 99-123. https://doi.org/10.1146/annurev-clinpsy-071519.

Bradford, A. B., Drean, L., Sandberg, J. G., & Johnson, L. N. (2020). They may disapprove, but I still love you: Attachment behaviours moderate the effect of social disapproval on marital relationship quality. *Family Process,* 59(4), 1530-1551. https://doi.org/10.1111/famp.12519

Braun, V., & Clarke, V. (2024). *Thematic Analysis: A Practical Guide*. Sage Publications.

Breger, R., & Hill, R. (2021). Introducing mixed marriages. In *Cross-cultural marriage* (pp. 1-32). Routledge.

Brett, S. J., Corner, E. J., & Murray, E. J. (2019). Qualitative, grounded theory exploration of patients' experience of early mobilization, rehabilitation, and recovery after critical illness. *British Medical Journal, 9* (2): e026348.

Brown, C. (2019). *The influence of premarital counselling on marital satisfaction for African American couples*. Doctoral dissertation, Abilene Christian University.

Brynly, R. (2023). Marital satisfaction among interracial and intercultural couples. *Family Perspectives.* Vol. *5*: Issue 1, Article 3. https://scholarsarchive.byu.edu/familyperspectives/vol5/iss1/3

Busby, D. M. (2024). Marriage as institution and legislation: Implications for premarital counselling practice. *International Journal of Marital and Family Therapy, 50*(2), 123–140.

Busetto, L., Wick, W., & Gumbinger, C., (2020). How to use and assess qualitative research methods. *Neurological Research and Practice.* https://doi.org/10.1186/s42466-020-00059-z

Campbell, B. (2021). Social justice and sociological theory. *Society. 58*:355-364. Doi:10.1007/s12115-021-00625-4

Cancio-Bello, G. M. (2024). *A narrative inquiry of churchess-in-training engaging with natural family systems theory.* Doctoral dissertation. Barry University.

Carlos, J. (2022). *A phenomenological exploration: Experiences of marriage and family therapists working with high conflict couples analyzed from a Bowen family systems lens.* Doctoral dissertation, Nova Southeastern University.

Carlson, R.G., Daire, A.P., & Hipp, C.J. (2020). *Prevention of couple distress: Education, enrichment programs, and premarital counselling.* https://doi.org/10.1002/9781119790945.ch3

Carvalho, D., Sequeira, C., Querido A., Tomás C., Morgado, T., Valentim, O., Moutinho, L., Gomes J., & Laranjeira, C. (2022). Positive mental health literacy: A concept analysis. *Frontiers in Psychology. 13*:877611. Doi: 10.3389/fpsyg.2022.877611.

Casteel, A., & Bridier, N. L. (2021). Describing populations and samples in doctoral student research. *International Journal of Doctoral Studies, 16,* 339-362. https://doi.org/10.28945/4766

Center for Substance Abuse Treatment. (1999). Brief interventions and brief therapies for substance abuse. Rockville (MD): Substance abuse and mental health services administration, USA; 1999. *Treatment Improvement Protocol (TIP) Series, No. 34.) Chapter 6 --Brief Humanistic and Existential Therapies.* Available from: https://www.ncbi.nlm.nih.gov/books/NBK64939/

Chand, S. P., Kuckel, D. P., & Huecker, M. R. (2023). *Cognitive behaviour therapy.* https://www.ncbi.nlm.nih.gov/books/NBK470241/

Charmaz, C. & Thornberg, R. (2020). The pursuit of quality in grounded theory. *Qualitative Research in Psychology.* Volume *18*, Issue 3. https://doi.org/10.1080/14780887.2020.1780357

Charmaz, K. (2020). ”With constructivist grounded theory you can’t hide”: Social justice research and critical inquiry in the public sphere. *Qualitative Inquiry* 26 (*2*):165–76. doi:10.1177/1077800419879081.

Chen, C., Zhang, Y., Guo, Q., Wang, X., & Chen, S. (2025). Core competencies for psychological counsellors: A scoping review. *Behavioural Sciences*, 15(2), 147. https:// doi.org/10.3390/bs15020147

Chen, Y., & Qin, X. (2019). The effects of age gap on marital quality and stability: Based on the 2013 CHARLS data. *Studies in Labour Economics,* 7(4) (2019), pp. 53-79.

Cheng, A. W., Rizkallah, S., & Narizhnaya, M. (2020). Individualism vs. collectivism. The Wiley Encyclopedia of Personality and Individual Differences: Clinical, Applied, and Cross-Cultural Research, 287-297.

Cheshmeh Noshi, M., Arefi, M., Afshari Nia, K., & Amiri, H. (2021). Effect of Schema-Based couple therapy and Solution-Oriented couple therapy on marital conflict resolution styles in women referring to counselling centers. *Razavi International Journal of Medicine, 9*(4). https://journal.razavihospital.ir/article_118432.html

Chiboola, H. (2020). Theoretical perspective of traditional counselling. In counselling and therapy. *IntechOpen.* Doi: 10.1176/appi.focus.20190041

Chien S. C., Li W. Y. (2022). Problems of writing the doctoral dissertation discussion section: Advisors' and their doctoral students’ perspectives from natural and applied sciences and social sciences. *Journal of English for Academic Purposes, 60*(1), 101183

Choe, E. J., Jankowski, P. J., Sandage, S. J., Crabtree, S. A., & Captari, L. E. (2023). A practice-based study of cultural humility and well-being among psychotherapy clients. *Counselling and Psychotherapy Research*, *23*(1), 152-163. https://doi.org/10.1002/capr.12599

Clyde, T. L., Wikle, J. S., Hawkins, A. J., & James, S. L. (2019). The effects of premarital education promotion policies on U.S. divorce rates. *Psychology, Public Policy and Law*, *26*(1), 105–120.https://doi.org/10.1037/law0000218

Cobbinah, J. E., & Osei-Tutu, E. M. (2019). *Pre-marital counselling and sustainability of marriages in contemporary Ghanaian society*. *International Journal of Political Activism and Engagement*, *6*(1), 52–64. https://doi.org/10.4018/IJPAE.2019010104 (CoLab)

Coleman, P. (2021). Validity and reliability within qualitative research in the caring sciences. *International Journal of Caring Sciences.* Vol.*14*| Issue 3| Page 2041. www.internationaljournalofcaringsciences.org

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of personality and social psychology*, *58*(4), 644. https://psycnet.apa.org/doi/10.1037/0022-3514.58.4.644

Creswell, J., & Guetterman, T. (2019). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research.* Pearson Education

Currier, J. M., Fox, J., Vieten, C., Pearce, M., & Oxhandler, H. K. (2023). Enhancing competencies for the ethical integration of religion and spirituality in psychological services. *Psychological Services*, *20*(1), 40–50. https://doi.org/10.1037/ser0000678.

Czechowska-Bieluga, M., & Lewicka-Zelent, A. (2021). *Marital satisfaction – A literature review.* Doi: 10.34616/wwr.2021.2.155.172

Daei Jafari, M. R., Aghaei, A., & Rashidi Rad, M. (2020). Existential humanistic therapy with couples and its effect on meaning of life and love attitudes. *The American Journal of Family Therapy*, *48*(5), 530-545. https://doi.org/10.1080/01926187.2020.1770142

Dafei, M., Jahanbazi, F., Nazari, F., Dehcheshmeh, F. S., & Dehghani, A. (2021). The effect of group cognitive-behavioural counselling on optimism and self-esteem of women during the 1st month of marriage that referring to marriage counselling center. *Journal of Education and Health Promotion, 10*(1), 209. Doi: 10.4103/jehp.jehp_1075_20

Daliman, M., Stefanus, T.A., & Windarti, M.T. (2023). The love of Christ in husband - wife relationships based on Ephesians 5:22 – 33 - implications for Christian families. *Pharos Journal of Theology.* Doi:10.46222/pharosjot.1055

David, C.C. (2022). A thematic analysis of the structure of delimitations in the dissertation. *International Journal of Doctoral Studies.* Vol. *17*, pp. 141-15

de Abreu Costa, M., & Moreira-Almeida, A. (2022). Religion-adapted cognitive behavioral therapy: A review and description of techniques. *Journal of religion and health*, *61*(1), 443-466. https://doi.org/10.1007/s10943-021-01345-z

del Castillo-López, Á. G., Berenguer-Soler, M., Pineda, D., & del Castillo, J. A. G. (2024). *Emotional flooding in couple relationships: psychosocial aspects and regulatory strategies.* Doi: 10.5772/intechopen.1006183

Delve, H., & Limpaecher, A. (2021). *The practical guide to grounded theory. Practical guide to grounded theory research*. https://delvetool.com/groundedtheory

Denzin, N.K., Lincoln, Y.S. (Eds.) (2019). *The Sage Handbook of Qualitative Research.* pp. 36–65, Sage

Devi, P., & Lilee, S. (2024). Emerging approaches in premarital counselling and marital preparation. *Journal of Family Studies*, *30*(1), 66–81.

Dewi, W. E. (2024). The meaning of pre marriage counselling in marriage law in Indonesia. *Metafora: Education, Social Sciences and Humanities Journal, 8*(01), 45-52.

Deylami, N., Hassan, S. A., Alareqe, N. A., & Zainudin, Z. N. (2021). Evaluation of an online Gottman's psychoeducational intervention to improve marital communication among Iranian couples. *International Journal of Environmental Research and Public Health, 18*(17), 8945. https://doi.org/10.3390/ijerph18178945

Dhillon, J.K., &Thomas, N. (2019). Ethics of engagement and insider-outsider perspectives: Issues and dilemmas in cross-cultural interpretation. *International Journal of Research and Method In Education, 42*, 442–453. doi:10.1080/1743727X.2018.1533939.

Diamond-Smith, N., Vaishnav, Y., Choudhary, U., Sharma, P., Kachhwaha, A., Panjalingam, T., Vallin, J., Das, D., & Gopalakrishnan, L. (2024). Individual empowerment and community norm effects of engaging young husbands in reproductive health in rural India: findings from a pilot study. *Reproductive Health, 21*(1), 147. https://doi.org/10.1186/s12978-024-01878-y

Dimitrios, T., & Antigoni, F. (2019). Limitations and delimitations in the research process. *Perioperative nursing (GORNA), 7*(3), 155–162. http://doi.org/10.5281/zenodo.2552022.

Dinu, E., Cocos, A. M., Palăr, V., & Neamt, U. F. (2025). Exploring the role of intercultural communication and cultural intelligence in enhancing stakeholder engagement and esg practices in international organisations: Insights from the UN. *Sustainability, 17*, 10388.https://doi.org/10.3390/su172210388. Doi:10.47191/ijsshr/v8-i8-02

Djafri, O. (2023). The IASB's work on the review and post-review of the conceptual framework for financial reporting. *ResearchGate.* Doi: 10.1176/appi.focus.20190041

Doğanülkü, H. A., & Yavuzer, Y. (2024). Development of a systemic premarital counselling programme and evaluating its impact on young adults' couple relationships: A pilot study. *Current Psychology. 43***,** 5179–5192. 10.1007/s12144-023-04715-w.

Doreen, A., Wambui, J., & Kilonzo, P. (2020). Premarital counselling and marital wellness among Christian couples. East African Journal of Social Sciences, 6(4), 95–108.

Duncan, S., & Rogers, E. (2019). The role of premarital education in marital preparation. *Marriage & Family Review, 55*(4), 301–319.

Duraes, A., Martins, C., & Silva, P. (2020). Communication and intimacy in marital adjustment. *Family Relations Review, 12*(3), 201–219.

Durães, R. S. S., Khafif, T. C., Lotufo-Neto, F., & Serafim, A. D. P. (2020). Effectiveness of cognitive behavioural couple therapy on reducing depression and anxiety symptoms and increasing dyadic adjustment and marital social skills: An exploratory study. *The Family Journal*, *28*(4), 344-355. https://doi.org/10.1177/1066480720902410

Ebid, N., Soliman, S., Abo Shabana, K., & Metwaly, N. (2021). Effect of premarital counselling regarding consanguineous marriage on nursing student's perception and satisfaction. *Evidence-Based Nursing Research, 3*(3), 7.

Einiö, E., Metsä-Simola, N., Aaltonen, M., Hiltunen, E., & Martikainen, P. (2022). Partner violence surrounding divorce: A record-linkage study of wives and their husbands. *Journal of Marriage and Family.* Doi: 10.1111/jomf.12881

Elegbede, C. B. (2026). Exploring the efficacy of pre-marital counselling programmes in reducing divorce rates. *International Journal on Integrated Education (IJIE)* 2026, *9*(1)

Elrayes, F. Y., Mahmoud, A. S., Abdel_Aty, I. H., & Salah Salama, N. (2023). Effect of premarital counselling on marital satisfaction of newlywed couples in Port Said Governorate. *Port Said Scientific Journal of Nursing*, *10*(2), 219-250.

Engl, J., Thurmaier, F., & Hahlweg, K. (2022). Prevention of divorce: Results of a 25-year follow-up study. *Verhaltenstherapie 32* (Suppl. 1): 96–106. https://doi.org/10.1159/000502393

Enrique, A., & Marta, R. (2020). Intervention efficacy in relationship and premarital counselling programs. *Family Process, 59*(4), 1432–1448.

Ernstmeyer, K., & Christman, E. (2025). Reproductive Concepts. *Nursing Health Promotion [Internet]*. https://www.ncbi.nlm.nih.gov/books/NBK615326/

Eteng, M. E. (2024). *Religion as a social institution: Religious beliefs, practices in diverse cultures and socialization of children*. https://doi.org/10.13140/RG.2.2.12917

Faine, L. J. (2025). *Investigating Christian counsellors' emphasis on marriage vows as a sacred covenant in premarital counselling.* https://digitalcommons.liberty.edu/doctoral/6760/

Fallahchai, R., Fallahi, M., & Badiee, M. (2021). Two- year follow- up of the efficacy of the prep training on Iranian newlyweds. *Journal of Marital and Family Therapy*, *47*(1), 183-195.

Farajkhoda, T., Ashrafi, F., Bokaie, M., & Zareei Mahmoodabadi, H. (2021). Online compared to face-to-face sexual intimacy enhancement training program counselling with cognitive-behavioural approach on sexual intimacy in pregnant women. *Journal of Sex & Marital Therapy*, *47*(5), 446-459. https://doi.org/10.1080/0092623X.2021.1895388

Faure, R., McNulty, J. K., Meltzer, A. L., & Righetti, F. (2021). Implicit ambivalence: A driving force to improve relationship problems. *Social Psychological and Personality Science, 13*(2), 500–511. https://doi.org/10.1177/19485506211034277

Favero, L., Pinto, M., & Costa, A. (2021). Marital communication and emotional regulation among couples. *Journal of Couple and Relationship Therapy, 20*(3), 225–242.

Fávero, M., Lemos, L., Moreira, D., Ribeiro, F. N., & Sousa-Gomes, V. (2021). Romantic attachment and difficulties in emotion regulation on dyadic adjustment: A comprehensive literature review. *Frontiers in psychology, 12*, 723823. Doi: 10.3389/fpsyg.2021.723823

Feinerer I, Hornik K (2025). tm: *Text mining package.* R package version 0.7-*16*, https://CRAN.R-project.org/package=tm.

Fiaveh, D. Y., & Mensah, E. (2023). Gender and sexuality in African discourses. *Sociolinguistic Studies, 17*(1-3), 7-19. https://doi.org/10.1558/sols.24323

Fincham, F. D., Beach, S. R., Hurt, T. R., Stanley, S. M., & Fincham, D. L. (2020). Religious beliefs and practices and marital satisfaction: The role of forgiveness, sacrifice, and commitment. *Journal of Family Psychology, 34*(7), 876-887.

Finkelstein, B. (2025). *One big happy family: A manual for new family counsellors*. Doctoral dissertation. University of Northern British Columbia.

Finkenauer, C., Kerkhof, P., Van Der Vaart, W., & Gerlsma, C. (2021). Enhancing dyadic coping by promoting self-disclosure: A randomized controlled trial. *Behaviour Research and Therapy, 141*, 103852.

Finlay, L. (2023). Reflexivity in qualitative research practice. *Qualitative Research Journal, 23*(1), 15–29.

Fisher, E.S. (2019). *Cultural humility as a form of social justice: Promising practices for global school psychology training.* https://doi.org/10.1177/014303431989309

Fitzpatrick, K. B. (2025). *Christian Church involvement as a moderator of the relationship between age of child and parent stress.* Doctoral dissertation. California Baptist University.

Flournoy, J. M. (2024). *Understanding the experience of self-efficacy related to marriage and family therapists' ability to provide culturally responsive family therapy: A grounded theory study.* Doctoral dissertation, Adams State University.

Flournoy, T. (2024). Marriage preparation and relational competence in modern societies. *Journal of Marriage Enrichment, 9*(2), 115–129.

Folami, O., Akande, O. O., & Olatunde21, O. I. (2024). *Identity and culture of naming among the Yoruba of West-Africa*. Doi: *10*.29329/almamater.2024.1053.7

Ford, M. R., Ross, D. B., Grable, J., & DeGraff, A. (2020). Examining the role of financial therapy on relationship outcomes and help-seeking behaviour. *Contemporary Family Therapy*, *42*(1), 55-67. https://doi.org/10.1007/s10591-019-09511-y

Ford, M., Stevens, A., & Clarke, J. (2020). Conflict resolution skills and marital satisfaction among couples. *Journal of Family Therapy, 42*(4), 533–549.

Friese, S., Pires, D., & Soratto J, (2020). Thematic content analysis using ATLAS software: Potentialities for researches in health. *Brazilian Journal of Nursing. 73*(3):e20190250.

Gabriel, K.A., Mutisya, S., & Egunjobi, J.P. (2024). The levels of marital stability among married couples in selected parishes in the Catholic Archdiocese of Nairobi, Kenya. *East African Scholars Journal of Psychology and Behavioural Sciences.* Doi:10.36349/easjpbs.2024.v06i02.004

Gedutis, A. Biagetti, M. and Ma, L. (2022). The challenges for research evaluation ethics in the social sciences. *Handbook on Research Assessment in the Social Studies*. Edward Elgar.

Ghahari, S., Jamil, L., Farrokhi, N., & Davoodi, R. (2021). Comparing the effects of emotion-focused couple therapy and acceptance and commitment therapy on marital conflict and emotion regulation. *Practice in Clinical Psychology*, *9*(2), 121-132. http://dx.doi.org/10.32598/jpcp.9.2.718.1

Gharadaghi, A. (2020). Effectiveness of acceptance and commitment therapy (ACT) on symptoms of emotional PTSD in women affected by infidelity. *Journal of Family Research*, *16*(2), 217-229. https://jfr.sbu.ac.ir/article_97818_a8959131e4e5e43276417a28851b169c.pdf

Ghasemi, F., Nia, K. A., & Amiri, H. (2020). Effect of emotion-oriented couple therapy and cognitive-behavioural couple therapy on marital burnout. A comparative study. Archives of Pharmacy Practice, *11*(1-2020), 104-109. https://archivepp.com/article/effect-of-emotion-oriented-couple-therapy-and-cognitive-behavioural-couple-therapy-on-marital-burnout-a-comparative-study

Gichuri, L., Magut, A. & Nguku, C. (2024). Influence of pre-marital counselling targeting self-disclosure on marital satisfaction among married couples in pentecostal Churches in Turbo Sub County, Kenya. *Journal of Research Innovation and Implications in Education*, *8*(1), 336 – 346. https://doi.org/10.59765/qyvg2937

Gidron, Y. (2020). Psychological interventions and relationship wellbeing. *Current Psychology*, *39*(6), 1890–1901.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Transaction. Doi: https://doi.org/10.1097/00006199-196807000-00014

Gogoi, M. (2025). Interfaith Marriages: Exploring the Role of Upbringing and Lived Experiences on Interfaith Couples' Unions. https://doi.org/10.30707/ETD.1763755358.976781

Gomez, R. (2024). *Humanistic sandtray therapy and couples counselling: A phenomenological inquiry.* Doctoral dissertation, Texas A&M University-Commerce).

Gordon, D., Rencic, J.J., Lang, V.J., Thomas, A., Young, M., & Durning, S.J. (2022). Advancing the assessment of clinical reasoning across the health professions: Definitional and methodologic recommendations. *Perspectives Medical Education.* Doi: 10.1007/s40037-022-00701-3

Greenberg, L. S., & Goldman, R. N. (2008). Emotion-focused couples' therapy: The dynamics of emotion, love, and power. *American Psychological Association.* https://doi.org/10.1037/11750-000

Greenman, P. S., Johnson, S. M., & Wiebe, S. (2019). Emotionally focused therapy for couples: At the heart of science and practice. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA Handbook of Contemporary Family Psychology: Family Therapy and Training* (Vol. *3*, pp. 291–305). 10.1037/0000101-018

Gregoire, S.W. (2023). *What's the difference between a "Christian marriage" and a good marriage*. https://baremarriage.com/2023/08/ difference-between-a-Christian-marriage-and-a-good-marriage/.

Haas, J., Walsh, D. D., & Marroquin, M. (2024). Enhancing cultural competence in Churches education through sociolinguistic awareness. *Teaching and Supervision in Counselling*, *6*(3), 4. https://doi.org/10.7290/tsc06vevm

Hajiabasi, A., & Taher, M. (2022). Premarital education and communication competence among couples. *Counselling and Family Therapy Journal, 11*(2), 77–91.

Hajloo, N., Rahnejat, A., Ahmadi, M., & Pourabdol, S. (2022). The effectiveness of cognitive behavioural couple therapy on love and marital burnout in couples with

marital conflict. *Journal of Research in Psychopathology, 3*(7), 25-34. https://doi.org/10.22098/jrp.2022.10284.1060

Hargono, B. (2023). Family systems and counselling interventions in marital therapy. *Journal of Systemic Counselling, 17*(2), 66–81.

Harley, L., Neal, J., & Phillips, Y. (2021). Topics in need of more attention in Premarital Counselling. https://digitalcommons.murraystate.edu/scholarsweek/Fall2021/PsychCP/6/

Haseli, A., Shariati, M. D., Nazari, A.M., Keramat, A., & Emamian, M. H. (2019). Infidelity and its associated factors: A systematic review. *The Journal of Sexual Medicine.* Doi: 10.1016/j.jsxm.2019.04.011

Hashemi, F., Azizi, S., & Rahimi, H. (2024). Culturally responsive premarital counselling frameworks. *International Journal of Psychology and Counselling, 16*(1), 14–29.

Heersmink, R. (2023). Materialised identities: Cultural identity, collective memory, and artifacts. *Review of Philosophy and Psychology*, *14*(1), 249-265. https://doi.org/10.1007/s13164-021-00570-5

Hennink, M.M., Kaiser, B.N. & Weber, M.B. (2019). What influences saturation? Estimating sample sizes in focus group research. *Quality Health Research.* Doi: 10.1177/1049732318821692

Henrich, D., Glombiewski, J. A., & Scholten, S. (2023). Systematic review of training in cognitive-behavioural therapy: Summarizing effects, costs and techniques. *Clinical Psychology Review*, 101, 102266.

Hesbon, O.O.J., Ayako, R., Ichuloi, A. (2020). Premarital counselling programs and Christian family stability in Kisumu Central Sub Region, Kenya. *International Journal of Current Research, 12*, (09), 13372-13381.

Hollifield, D. J. (2021). *Premarital counselling as foundational to discipleship.* https://digitalcommons.liberty.edu/doctoral/3324/

Holmes, A.G.D. (2020). Researcher Positionality – A consideration of its influence and place in qualitative research: A new researcher guide. *International Journal of Education.* https://orcid.org/0000-0002-5147-0761

Holy Bible: *King James Version*. (1769). Cambridge University Press. (Original work published 1611).

Hook, J.N. (2019). Cultural humility: Introduction to the special issue**.** *Journal of Psychology and Theology.* Vol. 47, Issue 2, https://doi.org/10.1177/0091647119842410.

Hoque, L., Oyes, I.B., Chowdhury, T.R., & Miah, S. (2021). Research methodology and methods: Theory and practice. *Methodical Research Journal.* Vol. *2*, Issue 5.

Hoque, M., Islam, R., & Ahmed, S. (2021). Effectiveness of counselling interventions in marital relationships. *International Journal of Social Psychiatry*, *67*(6), 711–720.

Huang, C. Y., Sirikantraporn, S., Pichayayothin, N. B., & Turner-Cobb, J. M. (2020). Parental attachment, adult-child romantic attachment, and marital satisfaction: An examination of cultural context in Taiwanese and Thai heterosexual couples. *International journal of environmental research and public health*, *17*(3), 692. https://doi.org/10.3390/ijerph17030692

Huang, D., Dai, L., Zeng, T., Huang, H., Wu, M., Yuan, M., & Zhang, K. (2019). Exploring contributing factors to psychological traumatic childbirth from the perspective of midwives: A qualitative study. *Asian Nursing Research*, *13*(4), 270-276. https://doi.org/10.1016/j.anr.2019.10.002

Hudgins, S. (2025). *A hermeneutical phenomenological study exploring divorce in blended families.* https://digitalcommons.liberty.edu/doctoral/6720

Husain, N., Ahmad, S., & Raza, T. (2023). Psychological preparedness and premarital counselling outcomes among couples. *Journal of Mental Health and Relationships, 15*(1), 67 – 82.

Hwang, W., Cakirsoy-Aslan, A. D., Brown, M. T., & Silverstein, M. (2021). Husband–wife religious denomination homogamy and marital satisfaction over time: The moderating role of religious intensity. *Family Relations*, *70*(5), 1498-1513. https://doi.org/10.1111/fare.12521

Irvine, T. J. (2022). *Validating the effectiveness of a Gottman method couples therapy intervention, the trust revival method, for affair recovery: A randomized control trial.* Doctoral dissertation, Florida Atlantic University.

Isiko, A. P., & Isabirye, J. M. (2023). Fluidity and Hybridity of Customary Marriage Traditions in Contemporary Uganda. *E-Journal of Humanities, Arts and Social Sciences*, *4*(3), 357-378.

Isingi, K. (2019). Marriage and family wellbeing in contemporary African societies. *African Journal of Social Sciences, 14*(2), 55–71.

Iyeke (2023). Perceived effect of premarital counselling in stemming the tide of spouse abuse among married persons in Delta Central Senatorial District of Delta State, Nigeria. *European Journal of Education Studies.* Doi: 10.46827/ejes. v10i4.4794

Jackson, J. B., Yousefian Tehrani, F., Busby, D. M., & Codecà, L. (2025). Adult insecure attachment styles, neuroticism, and dating relationship quality. *Contemporary Family Therapy*, 1-17. https://doi.org/10.1007/s10591-025-09746-y

Jackson, L. J., & Fife, S. T. (2018). The impact of parental divorce: The relationship between social support and confidence levels in young adults. *Journal of Divorce & Remarriage*, 59(2), 123-140. https://doi.org/10.1080/10502556.2017.1402652

Jacobson, C. (2024). Sex therapy with religious patients: working with Jewish, Christian, and Muslim communities. Taylor & Francis.

Jangi, S., Nourizadeh, R., Sattarzadeh-Jahdi, N., Farvareshi, M., & Mehrabi, E. (2023). The effect of cognitive-behavioural therapy and sexual health education on sexual assertiveness of newly married women. *BMC psychiatry*, *23*(1), 201. https://doi.org/10.1186/s12888-023-04708-w

Jilcha, S. K. (2020). *Research design and methodology. In Cyberspace.* https://doi.org/10.5772/intechopen.85731

Johnson, B. N., & Levy, K. N. (2019). Attachment and psychotherapy: Implications from empirical research. *Canadian Psychology / Psychologie canadienne*, *60*(3), 178–193. https://doi.org/10.1037/cap0000162

Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy with individuals, couples, and families*. Guilford Press. https://doi.org/10.4324/9781351168366

Johnson, S. M. (2020). *The practice of emotionally focused couple therapy: Creating connections* (3rd ed.). Taylor & Francis Group.

Johnson, S. M., & Lebow, J. (2023). Emotionally focused interventions in couple therapy: Enhancing relational engagement and communication. In *J. L. Lebow & D. K. Snyder (Eds.), Clinical Handbook of Couple Therapy* (6th ed., pp. 362–386). Guilford Press.

Jordan, M. (2022). *Equipping African American married couples to set establish balanced relationships.* Faith International University.

Jordan, P. (2022). Relationship dynamics and ma  rital resilience among emerging couples. *Journal of Family Psychology*, *36*(4), 512–526.

Joseph, B., Dickenson, S., & Roga, E. et al. (2023). Exploring the Therapeutic Effectiveness of Genograms in Family Therapy: A Literature Review. *Sage Journals.* https://doi.org/10.1177/1066480722110413

Josphat, P., Mwangi, K., & Njeri, W. (2023). Faith-based premarital counselling practices in East Africa. *International Journal of African Counselling Studies*, *5*(2), 88–103.

Júnior, J.P.B. (2022). Social desirability bias in qualitative health research. *National Centre for Biotechnology Information*. Doi: 10.11606/s1518-8787.2022056004164

Junior, P. (2022). Social desirability bias in qualitative and survey research. *International Journal of Social Research Methodology, 25*(4), 455–468.

Kabasinguzi, M.A. (2022). *Premarital counselling and marital stability in Anglican and Catholic Churches of Bukoto - Nakawa division.* https://dspace.unik.ac.ug/jspui/bitstream/123456789/100/1/Muchope%20Angel%20

Kamarusdiana, K., Yusuf, B., Hakim, M. R., & Dahri, H. (2022). Pre-Marital Education: Concepts and Regulations in Indonesia and Malaysia. *al-Ahkam*, 32(1), 41-64.

Kamau, P. M. (2025). *The marriage debate among African Christians in the 21st century: Tradition, faith, and emerging realities*. *International Journal of Research and Innovation in Social Science, 9*(4), 253–259.

Kang, E., & Hwang, H. (2021). Ethical Conducts in qualitative research methodology: Participant Observation and Interview Process. *Journal of Research and Publication Ethics.* Vol *2*, No 2, 5-10.

Kanter, J. B., Lavner, J. A., Lannin, D. G., Hilgard, J., & Monk, J. K. (2022). Does couple communication predict later relationship quality and dissolution? A meta-analysis. *Journal of Marriage and Family*, *84*(2), 533-551. https://doi.org/10.1111/jomf.12804

Karimi, R., Bakhtiyari, M., & Masjedi Arani, A. (2019). Protective factors of marital stability in long-term marriages. *Iranian Journal of Psychiatry and Behavioral Sciences, 13*(1), 1–9.

Karimi, R., Mazaheri, M., & Poorolajal, J. (2019). Effectiveness of premarital counselling on marital satisfaction: A systematic review. *Iranian Journal of Psychiatry and Behavioral Sciences, 13*(2), 1–9.

Karney B. R., & Bradbury, T. N. (2020). Research on marital satisfaction and stability in the 2010s: Challenging conventional wisdom. *Journal of Marriage and Family, 82,* 100–116. https://doi.org/10.1111/jomf.12635

Kassim, A. Y., & Ahmed, S. (2024). Assessment of Pre-Marital Counselling Needs of Tertiary Institution Students in Kaduna State, Nigeria: A Dual Approach. *African Journal of Humanities and Contemporary Education Research, 14*(1), 287-306. https://doi.org/10.62154/bgqgz691

Kazim, S. M., & Rafique, R. (2021). Predictors of marital satisfaction in individualistic and collectivist cultures: A mini review. *Journal of research in psychology, 3*(1), 55-67.

Keane, T. (2025). Emerging competencies in relationship and family counselling. *Journal of Counselling Practice, 19*(1), 33–49.

Keilholtz, B. M., & Spencer, C. M. (2022). Couples therapy and intimate partner violence: Considerations, assessment, and treatment modalities. *Practice Innovations, 7*(2), 124. https://psycnet.apa.org/doi/10.1037/pri0000176

Kenya Christian Professional Forum (KCPF) (2023). *The state of life, family and faith in Kenya.* https://www.kcpf.or.ke

Kenya National Bureau of Statistics. (2022, 2023). *2019 Kenya population and housing census: Volume IV – Distribution of population by socio-economic characteristics.* Kenya National Bureau of Statistics. https://www.knbs.or.ke/wp-

content/uploads/2023/09/2019-Kenya-population-and-Housing-Census-Volume-4-Distribution-of-Population-by-Socio-Economic-Characteristics.pdf

Kgatle, M. S., & Spaumer, A. (2023). Integrating professional counselling during marriage counselling within neo-Pentecostalism. *In die Skriflig/In Luce Verbi*, 57(1), 2920. https://hdl.handle.net/10520/ejc-skrif_v57_n1_a2920

Khan, M. (2023). *Working within diversity: A reflective guide to anti-oppressive practice in counselling and therapy.* Jessica Kingsley Publishers.

Khan, R. (2023). Professional competence in counselling psychology practice. *International Journal of Counselling and Psychotherapy, 28*(1), 55–72.

Khanday, M. A., & Khanum, F. (2023). Premarital counselling and marital adjustment among young couples. *International Journal of Indian Psychology, 11*(2), 1450–1462.

Khaneghahi, S., Poorjanebollahi, F., Koroghli, M., & Karimi, M. (2024). Effectiveness of acceptance and commitment-based couple therapy on communication patterns and marital infidelity in married individuals. *Applied Family Therapy Journal, 5*(2), 218-226. http://dx.doi.org/10.61838/kman.aftj.5.2.24

Khatib-Chahidi, J., Hill, R., & Paton, R. (2021). Chance, choice and circumstance: A study of women in cross-cultural marriages. In *Cross-cultural marriage* (pp. 49-66). Routledge.

Khojastehmehr, R., Rahimi, C., & Gholizadeh, M. (2021). Premarital counselling effectiveness on communication and marital adjustment. *Journal of Family Psychology, 35*(6), 811–820.

Kirkbride, R., Livanou, M., Longley, V. & Waring, S.M. (2024). Renegades, outsiders and lone warriors: A qualitative study exploring perceptions of professional identity among counsellors working with children and young people in the United Kingdom.

Pastoral Care in Education 42(1), 64–80. https://doi.org/10.1080/0264 3944.2023.2214918

Kirkbride, J. B., Anglin, D.M., Colman, I., Dykxhoorn, J., Jones, P.B., Patalay, P., Pitman, A., Soneson, M., Steare, T., Wright, T., & Griffiths, S.L. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry.* Doi: 10.1002/wps.21160

Kirkland, M. A. (2025). *Training the pastors of south valley community church of hollister and gilroy, california, in biblical premarital counselling.* Doctoral dissertation. The Southern Baptist Theological Seminary.

Kisembe, L., & Wasike, A. (2024). Narratives of Identity and Choice of Surname among the Luyia Community. *Language, Discourse & Society*, *12*(2 (24), 89-104.

Kissi-Abrokwah, B., & Aboyom Anontise, I. (2021). Influence of pre-marital counselling on sustainability of marriages in greater Accra region, Ghana: pre-marital counselling on sustainability of marriages. *Advances in Social Sciences Research Journal*, *8*(8), 538–549. https://doi.org/10.14738/assrj.88.10685

Knappe, S., Petzoldt, J., Garthus-Nigel., Wittich, J.,Puls, H., Huttarsch, I., & Martini, J. (2020). Associations of partnership quality and father-to-child attachment during the peripartum period. A prospective-longitudinal study in expectant fathers. *Frontiers Psychiatry*. https://doi.org/10.3389/fpsyt.2021.572755

Koch, A. (2023). *Agreeableness & the willingness to engage in consensual nonmonogamy.* Doctoral dissertation. Carlow University.

Koch, M., & Spinath, F.M. (2025) Relationship satisfaction and the big five – utilizing longitudinal data covering 9 years. *Personality and Individual Differences.* https://doi.org/10.1016/j.paid.2024.112887

Kubota, R. (2020). Confronting epistemological racism, decolonizing scholarly knowledge: Race and gender in applied linguistics. *Applied Linguist. 41*, 712–732.

Lawrence, E. R., Smith, T. L., & Kim, J. H. (2023). Integrating Acceptance and Commitment Therapy in premarital counselling: Enhancing psychological flexibility during marital transitions. *Journal of Contextual Behavioral Science, 28*, 68–80.

Lawrence, E., Cohn, A. S., & Allen, S. H. (2023). Acceptance and commitment therapy for couples. In Lebow, J. L., & Snyder, D. K. (Eds.), *Clinical handbook of couple therapy* (6th ed., pp. 104–124). The Guilford Press.

Lebaron-Black, A., Marks, L., & Dollahite, D. (2021). Financial processes, couple relationships, and marital satisfaction. Journal of Family and Economic Issues, *42*(3), 487–501.

LeBaron-Black, A.B. et al. (2022). Financial communication as a mediator between financial values and marital outcomes. *Family Relations*, 10.1111/fare.12786

Lebese, R. T., Mothiba, T. M., Mulaudzi, M. T., Mashau, N. S., & Makhado, L. (2022). Rite of passage: An African indigenous knowledge perspective. *Working with indigenous knowledge: Strategies for health professionals.* https://doi.org/10.4102/aosis.2022.BK296.04

Lee, V., & Landers, R. N. (2022). Sampling strategies for quantitative and qualitative business research. *In Oxford Research Encyclopedia of Business and Management.* https://doi.org/10.1093/acrefore/9780190224851.013.216

Lohani, G., & Sharma, P. (2023). Effect of clinical supervision on self-awareness and self-efficacy of psychotherapists and counsellors: A systematic review. *Psychological Services*, 20(2), 291–299. Exploring the experiences of counsellors working with

clients from diverse cultural backgrounds. *City University eJournal of Academic Research.* https://www.researchgate.net/publication/374441803

Lomotey, J.N. A. A. (2025) The effect of premarital counselling on marital stability**.** *International Journal of Social Science and Human Research*. Doi: 10.47191/ijsshr/v8-i8-02

Madigele, T.J., Dube, M.W., Motswapong, E., Kebaneilwe, M.D., Setume, D., Gabaitse, R. et al., (2020a). Prospects and potential in pastoral theological counselling approaches and implications on premarital counselling during Naomi/Laban bridal showers in Botswana', *Journal of African Interdisciplinary Studies, 4*(11), 109–121.

Madigele, T.J., Motswapong, E., Kebaneilwe, M.D., Dube, M.W., Setume, D., Gabaitse, R. et al., (2020b), 'Pre-marital pastoral counselling/go "Laa on issues of gender and human sexuality: Naomi//Laban Showers in Gaborone, Botswana. *The International Journal of African Catholicim 10*(1), 177–201.

Mahoney, A., & Cano, A. (2023). Religion, spirituality, and shared meaning in premarital preparation. *Journal of Spirituality in Mental Health,* 25(4), 333–350.

Mahoney, A., Chinn, J. R., & McGraw, J. S. (2023). Positive psychology and religiousness/spirituality in the context of couples and families. *Handbook of positive psychology, religion, and spirituality*, 445-459.

Makri, C., & Neely, A. (2021). Grounded theory: A guide for exploratory studies in management research. *International Journal of Qualitative Methods, 20*, 16094069211013654. https://doi.org/10.1177/16094069211013654

Malinga, J.B., & Adjiwanou, V. (2021). Fertility decline in sub-Saharan Africa: Does remarriage matter? *Population Studies*. 1-21.

Malinga, J.B., & Nitsche, N. (2022). Marital life courses in sub-Saharan Africa: All cause union dissolution, its timing, and time spent outside marriage. *Max Planck Institute for Demographic Research.*

Mansaray, M. F., & Mani, E. K. F. (2020). The importance of ethical codes in the guidance and counselling profession. *International Journal of Scientific Engineering and Science*, *4*(8), 14-18.

Marang'a, L. W. (2021). Premarital counselling interventions in sustaining marital stability among couples in Langata and Dagoretti South Constituences, of Nairobi County, Kenya. Mount Kenya University. http://erepository.mku.ac.ke/handle/123456789/5690

Marinov, P. (2023). Emotional intelligence and marital adaptation. *European Journal of Psychology and Relationships, 19*(2), 140–156.

Markman, H. J., Stanley, S. M., & Rhoades, G. K. (2022). Relationship education for couples: Theoretical foundations and emerging research. *Journal of Family Theory & Review, 14*(3), 353–370. https://doi.org/10.1111/jftr.12459

Martini, J. (2020). Associations of partnership quality and father-to-child attachment during the peripartum period. A prospective-longitudinal study in expectant fathers. *Frontiers Psychiatry*. https://doi.org/10.3389/fpsyt.2021.572755

Martins, L. B., Marengo, L. A. S., Casalecchi, J. G. S., de Almeida Figueiredo, M. J., & Silva Júnior, M. D. (2023). A systematic review of the relationship between marital

satisfaction and adult's attachment styles: An evolutionary and cross-cultural perspective. *Trends in Psychology*, 1-27. https://doi.org/10.1007/s43076-023-00325-4

Matsepe, M. P. (2024). *Towards a holistic narrative-hermeneutical premarital counselling model for couples in an African context: URCSA congregation as a case study* (PhD dissertation). University of South Africa.

Maxwell, J. A. (2021). Why qualitative methods are necessary for generalization. Qualitative Psychology, *8*(1), 111–118.

Mayseless, O., Russo-Netzer, P., & Barr, S. (2024). Spirituality for Peace. In *Peace Psychology and Character Strengths: Integrating Science and Practice* (pp. 345-365). Cham: Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-66928-6_15

Mazhar, S.A., Anjum, R., Anwar, A.I., & Khan, A.A. (2021). Methods of data collection: A fundamental tool of research. *Journal of Integrated Community Health Volume 10,* Issue 1 - 2021, Pg. No. 6-10. Doi: https://doi.org/10.24321/2319.9113.202101

McCall, C., & Edwards, C. (2021). New perspectives for implementing grounded theory. *Studies in Engineering Education*, *1*(2). Doi: https://doi.org/10.21061/see.49

McLean, A., & Fuller, L. (2025). Religion and Monogamy. In *Encyclopedia of Religious Psychology and Behavior* (pp. 1-13). Cham: Springer Nature Switzerland.

Mehr, R. K., Parsi, E., & Nia, S. K. (2021). The moderating role of positive emotion on the relationship between negative emotion and destructive marital exchanges in women. *Journal of Family Psychology, 2*(1), 49-58. https://www.ijfpjournal.ir/

Mikle, F., & Gilbert, R. (2019). Premarital counselling and marital wellbeing among newly married couples. *Marriage & Family Review, 55*(6), 521–537.

Mikle, K. S., & Gilbert, D. J. (2019). A systematic review of culturally relevant marriage and couple relationship education programs for African-American couples. *Journal of*

Ethnic & Cultural Diversity in Social Work, *28*(1), 50-75. https://doi.org/10.1080/15313204.2019.1570892

Miles M. B., Huberman M. A., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook.* Sage Publications.

Miller, A. (2023). Ethical considerations and participant engagement in qualitative counselling research. *Qualitative Research Journal*, *23*(2), 144–158.

Mina, S. (2019). Predictors of marriage in psychiatric illness: a review of literature. *Journal of Psychiatry Disord*. *3*(1):14–22.

Miotto, A. (2025). Innovations in premarital counselling delivery systems. *Journal of Contemporary Family Therapy*, *47*(1), 31–48.

Moeti, B. (2020). *Post-marital counselling in Botswana: An exploration of service providers and service consumers (married couples), PhD thesis.* University of Kwazulu-Natal.

Moeti, B., Madigele, T. J., & Moeti, L. (2024). Exploring the efficacy of premarital counselling in Church settings: A qualitative study. *African Journal of Pentecostal Studies*, *1*(1), 7. https://doi.org/10.4102/ajops.v1i1.25

Mohamadian, H., Rezaei, M., & Kordzanganeh, J. (2024). A comprehensive exploration of divorce factors: Insights from women, family Churchess, and judges. https://doi.org/10.21203/rs.3.rs-3824111/v1

Mohammad, S. & Turney, P. (2010). Emotions evoked by common words and phrases: Using mechanical turk to create an emotion lexicon. *In Proceedings of the NAACL-HLT 2010 Workshop on Computational Approaches to Analysis and Generation of Emotion in Text*, June 2010, LA, California. https://dl.acm.org/doi/10.5555/1860631.1860635

Mohammad, S. M., & Turney, P. D. (2013-a). Nrc emotion lexicon. National Research Council, Canada, *2*, 234.

Mohammad, S. M., & Turney, P. D. (2013-b). *Crowdsourcing a Word-Emotion Association Lexicon. Computational Intelligence. 29* (3); 436-46. Doi: 10.1111/j.1467-8640.2012.00460.x

Mohammadian, S., Asgari, P., Makvandi, B., & Naderi, F. (2021). Effectiveness of acceptance and commitment therapy on anxiety, cognitive avoidance, and empathy of couples visiting counselling centers in Ahvaz City, Iran. *Journal of Research and Health, 11*(6), 393-402. http://dx.doi.org/10.32598/JRH.11.6.1889.1

Mohammadian, Z. (2021). The role of counselling interventions in marital adjustment. *Iranian Journal of Family Research, 17*(3), 89–104.

Mohd Hasim, M. J., Hashim, N. H., & Mustafa, H. (2023). Married life: Measuring adult romantic attachment and satisfaction. Couple and Family Psychology: *Research and Practice, 12*(3), 119.

Mokhtari, M., Rahimi, S., & Hosseini, F. (2022). Premarital counselling and marital satisfaction: A systematic review of interventions and outcomes. *Journal of Family Psychology, 36*(7), 1012–1024.

Molefe, M. (2023). *The impact of cultural humility on the quality of communication within adult interethnic relationships.* Master's thesis, Saint Mary's College of California.

Montgomery, D.P. (2023). This study is not without its limitations: Acknowledging limitations and recommending future research in applied linguistics research articles. *Journal of English for Academic Purposes, 65,* September 2023, 101291

Montgomery, P. (2023). Time constraints and participant dynamics in qualitative research. *Qualitative Research Journal, 23*(3), 201–214.

Moore, A. C. (2021). An examination of counsellors’ and therapists' attitudes toward marriage. Doctoral dissertation, Walden University.

Muda, L. I., & Nasri, U. (2024). Pre-Marital Education in Islam: An Analysis of Its Role in Preventing Divorce. *Jurnal Ilmiah Profesi Pendidikan, 9*(3), 2407-2418.

Mudinyu, R.O., & Mrio, V., & Njoroge, R. (2024). Causes of marriage breakdowns among Catholic Couples in Bungoma Deanery, Bungoma Diocese, Kenya. *Nairobi Journal of Humanities and Social Sciences.* Doi: https://doi.org/10.58256/tthaac28

Muflikhati, I. & Yulianah (2023). The influence of financial literacy and lifestyle on debt management behaviour in young married families. *Journal of Child, Family, and Consumer Studies. 2(1) 69-78.* Doi: 10.29244/jcfcs.2.1.69-78

Muhammad, A. A. A. S., Mahran, H., & Rashed, A. Y. G. E. D. (2025). Inherited Customs and traditions associated with popular weddings in the villages of Al-Mataana in the city of Esna. *International Journal of Tourism and Hospitality Management, 8*(1), 222-246. https://doi.org/10.21608/ijthm.2025.432757

Mullen LA, Benoit K, Keyes O, Selivanov D, & Arnold J (2018). "Fast, consistent tokenization of natural language text." *Journal of Open Source Software, 3,* 655. doi:10.21105/joss.00655, https://doi.org/10.21105/joss.00655.

Muluhya Keverenge, E., Kipnusu, R. C., Tarus, P., & Karimi, J. (2020). The relationship between premarital counselling and marital harmony among families in Lugari, Kakamega County, Kenya. *Counselling and Psychotherapy Research, 20*(3), 556-561. https://doi.org/10.1002/capr.12319

Mutunga, T., (2020). Effect of premarital counselling on marital satisfaction among couples in the archdiocese of Nairobi: A case of Ruaraka Catholic Deanery. https://repository.daystar.ac.ke/handle/123456789/3364

Mwelekeo Insights Poll (2025). Marriage priorities and personal independence among young adults: National survey findings. *Family Sciences Review, 42*(1), 8–25.

NaderPilehroud, M., Moosavian, S.A., Zakizadeh, R., Esmaeili, M., & Tajabadipour, S. (2022). The effectiveness of solution-focused brief therapy couples' therapy on irrational thoughts and marital adjustment of incompatible couples. *Journal of Research in Psychopathology.* Vol. *3*, No. 9 https://dx.doi.org/10.22098/jrp.2022.10336.1065

Namale, M. K., Upoalkpajor, J. N., & Dzakey, F. C. (2021). Premarital counselling for marital stability. *Journal of Advanced Psychology*, *3*(1), 43-56.

Namani, E., & Dehmardeh, M. (2020). The effectiveness of structural family therapy on coping strategies, family cohesion and adaptability in couples with marital dissatisfaction. *Counselling Culture and Psychotherapy*, *11*(44), 187-218. https://doi.org/10.22054/qccpc.2020.51841.2381

Nameni, E., Jajarmi, M., & Soliemanian, A. (2021). Comparison of the effectiveness of existential therapy and compassion-based therapy on psychological well-being and marital disturbance of conflicting women. *Journal of Sabzevar University of Medical Sciences*, *28*(4), 608-620.

Namula, J., Kato, P., & Ssempala, R. (2024). Cultural responsiveness in premarital counselling programs in East Africa. *African Journal of Marriage and Family Therapy*, *6*(1), 23–41.

Narah, U. (2023). A Study on Traditional Wedding Rituals of the Mising Tribe: Transition and Adaptation in the Contemporary Era. *SAARC Culture Journal*, 82.

Nassaji, H. (2020). Good qualitative research. *Sage Journal Reviewer Gateway.* Vol. *24*, Issue 4. https://doi.org/10.1177/1362168820941288

National Center for Health Statistics (2024). https://www.google.com/search?q=United+States%27+National+Center+for+Health

+Statistics+references&oq=United+States%27+National+Center+for+Health+Statistics+references&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCDY4NTFqMGo0qAIAsAIB&sourceid=chrome&ie=UTF-8

Ndimbo, A., & Paul, M. (2022). Factors contributing to the breakdown of modern marriages in Tanzania. *East African Journal of Social and Applied Sciences, 4*(2), 44–58.

Nelson, E. (2024). Therapeutic work with couples: Windows into practice how practitioners are working with couples in conjoint therapy, aotearoa (Doctoral dissertation, ResearchSpace@ Auckland).

Neswiswa, K.G., & Jacobs, S. (2023): Towards the development of culturally responsive marriage interventions: Traditional and modern perceptions. *Journal of Ethnic and Cultural Diversity in Social Work*. Doi: 10.1080/15313204.2023.2213907

Neswiswa; K.G., & Jacobs, S. (2020). The development of a culturally-appropriate marriage enrichment programme for Black African married couples: overview of programmes. *Social Work,* Vol.*56.* http://dx.doi.org/10.15270/52-2-787.

Newcomb, M.E., Sarno, E.L., Bettin, E., Carey, J., Ciolino, J.D., Hill, R., Garcia, C.P., Macapagal, K., Mustanski, B., Swann, G., & Whitton, S.W. (2020). Relationship education and HIV prevention for young male couples administered online via videoconference: Protocol for a national randomized controlled trial of 2GETHER. *JMIR Research Protocols,* 9 (1), e15883.

Nganyu, G. N. (2025). *Theological and psychological integration in Christian psychotherapy: A critical review of the literature and implications for church-based practice. Greener Journal of Social Sciences, 15*(1), 75–82.

Ngunjiri, J., & Muiru, A. (2021). Effect of communication skills acquired during premarital counselling on marital stability among newly married couples in Kamukunji Sub-County, Nairobi County. http://repository.kyu.ac.ke/123456789/728

Nichols, M. P., & Davis, S. D. (2021). *Family therapy: Concepts and methods* (12th ed.). Pearson.

Nicolò, A. M. (2023). The dream and the unconscious in the couple and the family. Couple and family psychoanalysis, *13*(2), 137-151.

Njiru, P., & Muyunga, B. (2022). Marital Instability, divorce and marriage preparation in the Church. *Law, religion and family.* Doi: 10.52779/9781991201577/02

Nobre, J., Oliveira, A. P., Monteiro, F., Sequeira, C., & FerréGrau, C. (2021). Promotion of mental health literacy in adolescents: A scoping review. *International Journal of Environmental Research and Public Health.* https://mentalhealth.org.nz/conditions/condition/anxiety.

Noshabadi, B. R., & Mohammadi, H. (2025). Designing a culturally grounded process model for premarital counselling. *Journal of Adolescent and Youth Psychological Studies, 6*(8), 1–13.

Noshabadi, B. R., Mohammadi, H., & Aynechi, A. (2025). Designing a process model for premarital counselling. *Journal of Adolescent and Youth Psychological Studies, 6*(8), 1-13. http://dx.doi.org/10.61838/kman.jayps.4285

Nossack, J. (2022). Therapy scheduling and therapy planning at hospitals. *Omega.* https://doi.org/10.1016/j.omega.2022.102594

Noyes , J., Mclaughlin, L., Morgan, K., Roberts, A., Stephens, M., Bourne, J., Houlston, M., Houlston, j., Thomas, s., Rhys, G., Moss, B., Duncalf, S., Lee, D., Curtis, R., Madden, S., & Walton, P. (2019). Designing a co-productive study to overcome known methodological challenges in organ donation research with bereaved family members. *Health Expectations. 22* (4):824–35.

Nurlu, M. (2020). *Emotionally focused couples therapy and spirituality. Spiritual psychology and counselling, 5*, 237–250. https://dx.doi.org/10.37898/spc.2020.5.2.97

Nurmala, E.Y.I., Mahmudah, M., Hargono, A., Fithri, A.N., & Hanifah, D. (2024). Mental health literacy of prospective brides in marriage preparedness: Scoping review. *African Journal of Reproductive Health.* Vol 28, No 10s.

Nwanmuoh, E. E., Dibua, E. C., & Friday, E. C. (2024). Implication of extended family culture in African nations on youth development: Evidence from Nigeria. *International Journal of Public Administration and Management Research*, 10(2), 82-90. https://journals.rcmss.com/index.php/ijpamr/article/view/1006

Nweke, K. O., Dile-Aghanya, A. A., Umeaku, N. N., & Ofoma, E. B. (2021). Attachment styles and personality traits as predictors of marital satisfaction among employed married women. *Nigerian Journal of Social Psychology, 4*(1), 13-36. https://www.ajol.info/index.php/njsp/article/view/229758

Nyamahunge Kyokuhaire, G., & Kiyingi, F. P. (2024). Influence of conflict management counselling on marriage stability of couples in Pentecostal Churches in Kampala, Uganda: A cross-sectional study. *Student's Journal of Health Research Africa, 5*(9). https://doi.org/10.51168/sjhrafrica.v5i9.1312

Nyamahunge, M., & Pio, R. (2024). Premarital counselling and marital preparation within African faith communities. *African Journal of Marriage and Family Studies, 8*(1), 44–61.

Nyanyu, J. (2025). Emerging models of African-centred premarital counselling. *African Journal of Psychology and Family Studies, 10*(1), 1–18.

O'Meara, M.S., & South, S.C. (2019). Big Five personality domains and relationship satisfaction: Direct effects and correlated change over time. *Journal of Personality*. Doi: 10.1111/jopy.12468. Epub 2019 Mar 4.

Ogunyemi, D., Thind, B.S., Teixeira, A., Sams, C.M., Ojo, M., Dinkins, G.A.E., & Serseni, D. (2024). Integrating cultural humility into medical education using a structured and interactive workshop. *Advances in Medical Education and Practice*. Doi: 10.2147/AMEP.S460970

Okello, B. (2021). What's in a name? Reinventing Luo naming system in Kenya's ethnopolitical landscape. *African Identities*, *19*(1), 77-90. https://doi.org/10.1080/14725843.2020.1791687

Okoli, I. K. (2024). Transcending Without Transcendence: An Inquiry into the Solitary and Spiritual Liberation Without External Influence. *Nnadiebube Journal of Social Sciences*, *4*(1). https://www.acjol.org/index.php/NJSS/article/view/5540

Okoye, K. M., & Ugwu, N. V. (2024). Ethical Dilemmas in Contemporary Igbo Christian Marriages: Navigating Modernity and Cultural Identities. *Religions*, *15*(9), 1027.

Okwabeng, E. (2022). *Perceptions and experiences of christian premarital counselling in Ghana: A qualitative study.* Doctoral dissertation. University of Ghana.

Olson, D. H. L., Olson, A. K., & Larson, P. J. (2012). Prepare-Enrich program: Overview and new discoveries about couples. *Family and Community Ministries, 25*: 30-44

Olusola, J. A. F., & Falaye, A. O. (2024). Cognitive behaviour and solution-focused therapies on marital stability among Christian couples in Ibadan Metropolis, Nigeria. https://www.seahipublications.org/wp-content/uploads/2024/07/IJIER-S-13-2024.pdf

Omidi, M., Koraei, A., & Sodani, M. (2022). Comparison of the Effectiveness of Structural Family Therapy and Gottman Couple Therapy on Cohesion, Adaptability and Communication of Non-adjustment Couples. *Razi Journal of Medical Sciences*, *29*(10), 56-67.

Opiyo, O. I. (2022). *Contemporary African Christian marriage challenges and responses in selected new religious movements in Nairobi County.* Doctoral dissertation. University of Nairobi.

Otero, M.C., Wells, J.L., Chen, K. H., Brown, C.L., Connelly, D.E., Levenson, R.W., & Fredrickson, B.L. (2020). *Behavioural indices of positivity resonance associated with long-term marital satisfaction emotion, 20* (7), pp. 1225-1233.

Otubah, G. I. (2024). Divorce and its effects on Children: Biblical perspectives on Divorce. *Journal of Language Studies and Arts*, *2*(1).

Panzola, N.F., Mudjiran & Karneli, Y. (2024). Premarital counselling to enhance marriage preparation in early adulthood. *Journal of Psychology, Counselling and Education, 2*(3), 217–224. https://doi.org/10.58355/psy.v2i3.47

Papaleontiou-Louca, E. (2025). Spirituality and religiosity in the developing person. *Journal of Beliefs & Values*, *46*(1), 15-46. https://doi.org/10.1080/13617672.2023.2267924

Park, Y.S., Konge, L., & Artino, A.R. (2020). The Positivism Paradigm of Research. *Journal of the Association of American Medical Colleges,* 95(5), p 690-694, May 2020. Doi: 10.1097/ACM.0000000000003093

Patel, M., & Patel, N. (2019). Exploring research methodology: Review article. *International Journal of Research and Review*, *6* (3):48-55.

Patel, S. (2020). *Moderators for race-based couple discrimination and problem solving for Black-White couples: the role of ethnic identity and self-esteem',* Doctoral dissertation, Kansas State University, Manhattan, Kansas. https://doi.org/10.3390/bs15020147

Petch, J., Halford, W. K., & Creedy, D. K. (2023). Couple awareness and role expectations in premarital counselling: Aligning values and emotional management. Couple and Family Psychology: *Research and Practice*, *12*(2), 112–130.

Piechota, A., Ali, T., Tomlinson, J. M., & Monin, J. K. (2022). Social participation and marital satisfaction in mid to late life marriage. *Journal of social and personal relationships*, *39*(4), 1175-1188. Doi:10.1177/02654075211056289

Pietromonaco, P. R., Overall, N. C., & Powers, S. I. (2022). Depressive symptoms, external stress, and marital adjustment: The buffering effect of partner's responsive behaviour. *Social Psychological and Personality Science*, *13*(1), 220-232. https://doi.org/10.1177/19485506211001687

Pollock, S. L. (2025). The Stigma Surrounding Sex and Sexuality in American Culture. https://scholarcommons.sc.edu/senior_theses/797

Poshtiri, S. N., Hassanzadeh, R., & Olia Emadian, S. (2022). The effectiveness of acceptance and commitment therapy on tolerance failure and health anxiety in nursing and midwifery students with health anxiety. *Journal of Adolescent and Youth Psychological Studies (JAYPS), 3* (1), 222-231. https://doi.org/10.61838/kman.jayps.3.1.18

R Core Team (2021). R: A language and environment for statistical computing. *R Foundation for Statistical Computing*, Vienna, Austria. URL https://www.R-project.org/.

Rad, D., & Rad, G. (2024). Flexible Feedback Systems in Psychological and Social Work Counselling. *ALINA MARIA BREAZ, 81*.

Rad, H. (2024). Marriage counselling and psychosocial wellbeing. *Middle East Journal of Counselling Studies, 13*(1), 21–39.

Rad, H., & Rad, S. (2024). Cultural humility and counselling competence in marital therapy. *International Journal of Multicultural Counselling, 12*(2), 88–104.

Rahimi, A., Amiri, H., Afsharriniya, K., & Arefi, M. (2020). Comparing the effectiveness of cognitive behavioural therapy (CBT) with acceptance and commitment therapy (ACT) in the enhancement of marital satisfaction and sexual intimacy in couples referred to Counselling centres. *Avicenna journal of neuro psycho physiology*, *7*(2), 126-132. https://ajnpp.umsha.ac.ir/article-1-319-en.html

Raj, A. (2025). Personality and Relationship Satisfaction Across Cultures: A Comparative Review of Collectivist and Individualist Contexts. *Journal of Modern Psychology*. https://doi.org/10.22034/jmp.2025.517949.1138

Rajabi, G., & Abbasi, G. (2020). The effectiveness of premarital counselling based on a relationship education program on the idealistic expectations of single young adults. *Iranian Journal of Psychiatry and Clinical Psychology.* 2020; *25(*4):384-395. http://dx.doi.org/10.32598/ijpcp.25.4.3

Rajendrakumar, J., Manjula, V., & Rajan, S. K. (2024). Process of emotion regulation in Indian couples during Gottman's dreams-within-conflict intervention: A mixed-methods design study. *Contemporary Family Therapy, 46*(1), 112-138. https://doi.org/10.1007/s10591-023-09671-y

Rakhshaee, Z., Maasoumi, R., Nedjat, S., & Khakbazan, Z. (2022). Sexual health literacy, a strategy for the challenges of sexual life of infertile women: A qualitative study. *Galen Medical Journal*. Doi: 10.31661/gmj.v9i0.1862

Rakonjac, M., Dujović, L. P., & Šubarić, S. (2022). Traditional and Contemporary Wedding Customs in Montenegro: Values and Identity Changes. *Traditiones, 51*(1), 147-171. https://doi.org/10.3986/Traditio2022510107

Ramesh, P., Kumar, S., & Patel, R. (2021). Psychological preparedness and marital adjustment among newly married couples. International Journal of Psychology and Counselling, *13*(5), 77–89.

Ramos, N.M., Queiroz-Garcia, I., Leal, I. (2021). How couple's relationships last over time. A model for marital satisfaction. social and personality psychology. Doi: 10.1177/00332941211000651

Randall, R. (2023). Values integration and the professional churches. Montclair State University.

Ranjbar, F., Khalajabadi Farahani, F., Montazeri, M., Jahanfar, S., & Gharacheh, M. (2023). Sexual and reproductive health-related questions and concerns of newly married couples: A qualitative content analysis. *Health Science Reports*, *6*(8), e1479. https://doi.org/10.1002/hsr2.1479

Rashid, Y., Rashid, A., Warraich, M. A., Sabir, S. S., & Waseem, A. (2019). Case study method: A step-by-step guide for business researchers. *International Journal of Qualitative Methods,* 18. FIG1.JPEGhttps://doi.org/10.1177/160906919862424

Rauer, A. J., & Busby, D. M. (2024). *Tradition, modernism, and negotiated norms in marital readiness*. *Journal of Marriage and the Family, 86*(1), 15–32.

Ravitch, S. M., & Carl, N. M. (2019). *Qualitative Research: Bridging the Conceptual, Theoretical, and Methodological.* Sage Publications.

Reed, J. M. (2023). An exploration of newlyweds' experiences in the transition into marriage using relational uncertainty and uncertainty management theory. The University of Iowa.

Reinhardt, D. M. (2023). *Preparing Church Churchess for obsessive morbid jealousy.* https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=5831&context=doctoral

Reinholds, F. (2021). Abolishing female genital mutilation by cultural renewal? An assessment of alternative rites of passage in Kenya. https://www.diva-portal.org/smash/get/diva2:1592661/FULLTEXT01.pdf

Rejowska, A. (2024). Humanist marriage ceremonies in Poland: re-enchantment and four social constructions of the sacred. *Religion*, *54*(1), 40-61.

Republic of Kenya. (2014). Marriage Act, No. 4 of 2014. Nairobi: *Government Printer*. Retrieved from https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/TheMarriage_Act2014.pdf

Reza Karimi, R., Bakhtiyari, M., Arani, A.M., (2019). Protective factors of marital stability in long-term marriage globally: A systematic review. *Epidemiol Health.* Doi: 10.4178/epih.e2019023. Epub 2019 Jun *15*.

Rezaei, E., Taher, M., Shabani, Z., & Hosseinkhanzadeh, A. A. (2023). Development and validation of a premarital education program based on mental health literacy. *International Journal of Health Studies. 9* (2):16-21

Rinker TW (2018). textstem: *Tools for stemming and lemmatizing text.* version 0.1.4, http://github.com/trinker/textstem.

Roberts, E.N. (2023). *Perceptions and experiences of the benefits of premarital counselling among African American couples.* https://scholarworks.waldenu.edu/dissertations

Rollet, V., Lux, A., & Gaintard, F. (2021). Cultural humility and cultural competence in counselling practice. *International Journal of Intercultural Relations, 82,* 218–229.

Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research. *Journal of Human Sciences, 17*(4), 149–164. hdoi:10.1080/00222216.2020.1722042

Rose, J., & Johnson, C.W. (2020). Contextualizing reliability and validity in qualitative research: Toward more rigorous and trustworthy qualitative social science in leisure

research. *Journal of Leisure Research.* https://doi.org/10.1080/00222216.2020.1722042

Rosiana, E., Simanjuntak, M., & Zaman, A.A. (2022). Case study: Analysis of factors affecting marriage satisfaction in married couples during pandemic. *Journal of Family Sciences* · Doi: 10.29244/jfs.vi.36537

Ryland, P. (2024). Training competencies for marriage and family therapists. *Journal of Professional Counselling Education, 21*(3), 170–186.

Ryland, S. (2021). Empathic Listening Processes in Couple Therapy: A Task Analysis of Effective Interventions by Therapists in Training. Brigham Young University.

Sahputra, D., Sihombing, F. S., Sasmitha, H., Panjaitan, P. R., Sari, I., Suhartika, D., ... & Ritonga, D. F. (2025). Service Learning in Premarital Guidance to Enhance the Religious and Psychological Readiness of Prospective Brides and Grooms. *Help: Journal of Community Service*, *2*(1), 23-33. https://doi.org/10.62569/hjcs.v2i1.175

Salewu, R.O., Shamsuddin, A.O.B., Bolatito, S., & Masibo, M.S. (2023). Theoretical and conceptual frameworks in research: Conceptual clarification. *European Chemical Bulletin* 12(12):2103-2117. Doi:10.48047/ecb/2023.12.12.139

Salley, S. D. (2022). Premarital counselling and Christianity: A composition of couples' intuition and understanding as it relates to marital satisfaction. Liberty University https://digitalcommons.liberty.edu/doctoral/3355

Sampaio, F., Gonçalves, P., & Sequeira, C. (2022). Mental health literacy: It is now time to put knowledge into practice. *International Journal of Environmental Research and Public Health.* Doi: 10.3390/ijerph19127030

Santana, D. (2024). *Limitations of research study: Everything you need to know.* https://papersowl.com/blog/limitations-in-research

Santoso, T., & Haryono, C. G. (2023). Achieving stable exchange: Using social penetration theory to explore the marriage counselling process of Mawar Saron Church Surabaya. *ASPIRATION Journal*, *4*(1), 37-55. https://doi.org/10.56353/aspiration.v4i1.58

Saulter-Carney, D. M. (2024). The lived experiences of premarital counselling and its influence on martial satisfaction. https://digitalcommons.liberty.edu/doctoral/5210/

Sayehmiri, K., Kareem, K.I., Abdi, K., Dalvand, S., Gheshlagh, R.G., & Ghanei, R. (2020). The relationship between personality traits and marital satisfaction: A systematic review and meta-analysis. *BMC Psychology.* https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-020-0383-

Sciberras, M. (2020). *Ethical advantages of fertility awareness based methods* (Master's thesis, University of Malta). https://www.um.edu.mt/library/oar/handle/123456789/72985

Sedek, H.I.M., Ekbal Abd EL rehim Emam, E. A. E., & Elrahim, A.H.A. (2022). Effect of educational program for premarital counselling among technical school student. *Minia Scientific Nursing Journal.* Vol. *(12)* No. (1)

Selalmaz, E., & Erdem, G. (2025). Emerging Adults' Infidelity Intentions in Romantic Relationships: The Role of Parental Infidelity, Adult Attachment Insecurity, and Intimacy. *The Family Journal*, 10664807251384185. https://doi.org/10.1177/10664807251384185

Serra, G. L. (2023). An approach to psychological counselling from a religious worldview. *Journal of religion and health*, *62*(2), 1175-1193. https://doi.org/10.1007/s10943-023-01756-0

Seyyedmoharrami, I., HashemAbadi, B. G., EbrahimAbad, M. J. A., & Zandi, A. (2022). Comparing the effect of solution-focused therapy and structural family therapy on

marital satisfaction and family function in married women. *Social Determinants of Health, 8,* 1-9. https://doi.org/10.22037/sdh.v8i1.36043

Shawky, A., Ebid, N., Mossa, S., S., Ragab A., K., & Samir, M., N. (2021). Influence of premarital counselling regarding consanguineous marriage on knowledge and attitude among university students. *Egyptian Journal of Health Care, 12*(1), 576-586.

Shifaw, Z.G. (2022). Marital communication as moderators of the relationship between marital conflict resolution and marital satisfaction. *American Journal of Family Therapy, 10*.1080/01926187.2022.2089404

Shikuku, D.N., Jebet, J., Nandikove, P., Tallam, E., Ogoti, E., Nyaga, L., Mutsi, H., Bashir, I., Okoro, D., Zeev, S.B. & Ameh, C. (2022). Improving midwifery educators' capacity to teach emergency obstetrics and newborn care in Kenya universities: a pre-post study. *BMC Public Health.* https://doi.org/10.1186/s12909-022-03827-4

Shirzadi, Z., Khakpour, R., & Khodabakhshi-Koolaee, A. (2021). *The role of attachment styles and spiritual intelligence in predicting women's emotional divorce. 7*(1), 17-2 https://doi.org/10.32598/JCCNC.7.1.350.1

ShokrZadeh, Z., Alijani, F., Amiri Majd, M. & Babakhani, V. (2024). Comparing the effectiveness of marital life enrichment program based on Enrich model and Time model on marital satisfaction in couples applying for divorce (Persian). *Journal of Family Relations Studies, 4* (14): 49-57. https://doi.org/10.22098/jfrs.2023.12247.1100

Sigamoney, R.F. (2023). Premarital pastoral care and counselling to interracial couples: A practical theological model. *Electronic Theses and Dissertations, Boloka Institutional Repository.* North West University.

Sileyew, K.J. (2019). Research design and methodology. *Open access peer-reviewed chapter.* Doi: 10.5772/intechopen.85731

Silge, J., and Robinson, D. 2016. “Tidytext: Text mining and analysis using tidy data principles in R.” JOSS 1 (3). *The Open Journal*. http://dx.doi.org/10.21105/joss.00037.

Sim, T., & Wang, A. (2022). Contextualization of psychological first aid: An integrative literature review. *Journal of Nursing Scholarship.* Doi:10.1111/jnu.12613

Sim, T., & Wang, Y. (2022). Communication patterns and marital satisfaction in multicultural marriages. *Journal of Family Studies, 28*(2), 145–160.

Singh, A. (2023). *Essential of humanistic behaviour: Psycho information technologies.* https://books.google.co.ke/books/about/Essential_of_Humanistic_Behaviour.html?id=KUXSEAAAQBAJ&redir_esc=y

Singh, J., & Pandey, D. A. P. (2024). Societal expectations versus, social networks: An insight into the evolution of conjugal roles in modern families, educational administration: theory and practice, *30*(3), 2138-2144. Doi:10.53555/kuey.v30i3.2612

Sitek, P. (2023). The importance of prayer for the durability of marriage. *Journal of Modern Science*, 53 (4):58-78. Doi: https://doi.org/10.13166/jms/176232.

Sobers, N.P., Murphy, M., Hassan, S., Norville, K., Brathwaite-Graham, L., Hambleton, I., Anderson1, Kia Lewis, S.G. & Ferguson, T.S. (2025). Faith-based leaders’ perceptions on the implementation of programs to promote healthy lifestyles in churches in Barbados-a mixed-methods analysis. *BMC Public Health.* https://doi.org/10.1186/s12889-025-23245-7

Sobhani, F. F., Shiroudi, S. G., & Khodabakhshi-Koolaee, A. (2021). The effect of two couple therapies, ACT and schema therapy, on forgiveness and fear of intimacy in couples’ conflicts. *Journal of Practice in Clinical Psychology*, 9 (4), 271-282. https://doi.org/10.32598/jpcp.9.4.746.3

Sobhaninia, A., Golpour, K., Reyhani, A., & Hoseinkhani , A. (2025). The effectiveness of premarital education using the interpersonal awareness and choice method on marital stability and emotional expressiveness. *Applied Family Therapy Journal (AFTJ), 6*(4), 1-10. https://doi.org/10.61838/kman.aftj.4013

Soi, F., & Schroeder, H. (2025). Kipsigis Cultural Values in Birth Names. *Impact: Journal of Transformation, 8*(1), 100-114. http://library.africainternational.edu/index.php/impact/article/view/172

Soleimani, M., Najarpourian, S., & Samavi, A. (2022). Evaluation of the effectiveness of premarital program training for building a lasting connection (BLC) based on EFT approach on the level of marital satisfaction of married couples. *International Journal of Health Studies (Undergoing change to Shahroud Journal of Medical Sciences), 8*(3), 13-17. https://doi.org/10.22100/ijhs.v8i3.903

Sousa, P., & Almeida, J. L. (2018). Culturally sensitive social work: Promoting cultural competence. In private troubles or public issues? (pp. 232-250). Routledge.

South African Government (2023). *Marriage Bill, 2023* (pending legislation)

Soyer, M., & Sünbül, Ö. (2023). The mediating roles of triangular love components in the relationship between romantic relationship beliefs and marriage attitudes. *Journal of Advanced Education Studies*, *5*(1), 185-202. https://doi.org/10.48166/ejaes.1299809

Spengler, P. M., Lee, N. A., Wiebe, S. A., & Wittenborn, A. K. (2022). A comprehensive meta-analysis on the efficacy of emotionally focused couple therapy. *Couple and Family Psychology: Research and Practice*.

Spengler, P., Miller, D., & Hartman, L. (2022). Professional competence in counselling psychology practice. *Counselling Psychology Quarterly,* 35(3), 411–428.

Sternberg, R. J. (2021). Toward a triangular theory of love for one's musical instrument. *Psychology of Music*, *49*(6), 1747-1757. https://doi.org/10.1177/0305735620961143

Stimpson, N. J. (2022). *Consensual Non-Monogamy and Views on Counselling*. Master's thesis. Adler University.

Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 273–285). Sage Publications.

Stubbe, D.E. (2020). Practicing cultural competence and cultural humility in the care of diverse patients. *The Journal of Lifelong Learning in Psychiatry.* Doi: 10.1176/appi.focus.20190041. Epub 2020 Jan 24.

Sue, D. W. (2019). **Counselling the culturally diverse: Theory and practice** (8th ed.). Wiley

Suranata, K. (2020). Development of a premarital counselling model for strengthening marital readiness. *International Journal of Innovation, Creativity and Change, 13*(5), 1124–1138.

Suresh, K. S., Kumar, M.S., Rakh, G., Jitender, C., Satyaveer, R., & Priya, S. (2024). Navigating sample size estimation for qualitative research. *Journal of Medical Evidence 5*(2): p 133-139, Apr–Jun 2024. | Doi: 10.4103/JME.JME_59_24

Suresh, K., Patel, R., & Menon, A. (2024). Sample size adequacy and credibility in qualitative research. Qualitative Inquiry, *30*(2), 145–158.

Surjadi, F.F., Wickrama, K.A.S., & Lorenz, F.O. (2022). *Do couple- and individual-level ambivalence predict later marital outcomes? The mediating role of marital conflict*. Vol. *40*, Issue 2. https://doi.org/10.1177/02654075221122

Syrda, J. (2023). Gendered housework: Spousal relative income, parenthood and traditional gender identity norms. *Work, Employment and Society*, *37*(3), 794-813. https://doi.org/10.1177/09500170211069780

Taghani, R., Ashrafizaveh, A., Soodkhori, M.G., Azmoude,E., & Tatari, M. (2019). Marital satisfaction and its associated factors at reproductive age women referred to health centres. *Journal of Education Health Promotion*. Doi: 10.4103/jehp.jehp_172_18

Taherdoost, H. (2019). What is the best response scale for survey and questionnaire design; review of different lengths of rating scale/attitude scale/Likert scale. *International Journal of Academic Research in Management (IJARM), 8*(1), 1-10.

Taherdoost, H. (2021). Data collection methods and tools for research: A step-by-step guide to choose data collection technique for academic and business research projects. *International Journal of Academic Research in Management (IJARM),* 2021, *10* (1), pp.10-38. https://hal.science/hal-03741847v1

Tahvilian, M., Foroozandeh, E., & Banitaba, S. M. (2023). Comparing the Effects of Psychodrama with Cognitive Behavioural Therapy on Psychological Well-being of Women with Marital Conflicts. *Women's Health Bulletin*, *10*(1), 23-31. doi: 10.30476/WHB.2023.97031.1202.

Tatary, N., Mirmehdi, S. R., & Zanganeh Motlagh, F. (2025). Comparing the effectiveness of pre-marriage training based on Hanford's couple relationship education and the Adlerian premarital approach on schema modes. *Journal of Assessment and Research in Applied Counselling.* https://doi.org/10.61838/kman.jarac.3219

Tavaloli, T., Kimiaee, S. A., & Mohammadian, H. R. A. (2022). The effectiveness of marriage enrichment training of time plan on improving marital intimacy and

women's psychological security. *Journal of Practice in Clinical Psychology*, *10*(3), 259-274. https://doi.org/10.32598/jpcp.10.3.857.1

Tetteh, A. M. (2023). *Relational dynamics of the married: Expectations before and realities during marriage*. Doctoral dissertation. University of Cape Coast. http://hdl.handle.net/123456789/11489

Tetteh, A. M. (2023). *Relational dynamics of the married: Expectations before and realities during marriage.* Doctoral dissertation. University of Cape Coast. http://hdl.handle.net/123456789/11489

The Government Printer (2014, 2022). *The Marriage Act, Cap 150, 2014.* National Council for Law Reporting

Thiongo, M. N., Gichangi, P. B., Waithaka, M., Tsui, A., Zimmerman, L. A., Radloff, S., ... & Ahmed, S. (2022). Missed opportunities for family planning counselling among postpartum women in eleven counties in Kenya. *BMC Public Health*, *22*(1), 253. https://doi.org/10.1186/s12889-022-12623-0

Thomas-Masso, C. (2022). Contextual counselling approaches in multicultural societies. *Journal of Counselling Practice, 18*(1), 40–56.

Tie, Y. C., Birks, M., & Francis, K. (2020). Grounded theory research: A design framework for novice researchers. Sage Open Medicine, *8*, 1–8.

Tie, Y. C., Birks, M., & Francis, K. (2021). Grounded theory research: A design framework for novice researchers. Sage Open Medicine, *9*, 1–8.

Tomaszewski, L.E., Zarestky, J., Gonzalez, E. (2020). Planning qualitative research: Design and decision making for new researchers. *International Journal of Qualitative Methods.* https://doi.org/10.1177/1609406920967174

Tomozawa, C., Sasaki, M., Kanbara, Y., Dong, J., Murakami, H., & Miyake, H. (2022). Empathy experiences of Japanese certified genetic counselors: A qualitative investigation and proposed framework. *Journal of Genetic Counselling, 31*(5), 1125-1137. DOI: 10.1002/jgc4.1583

Tura, G. (2022). The effect of psycho-education program based on structural family system therapy on family functionality in families of a child diagnosed with attention deficit hyperactivity disorder. *International Journal of Contemporary Educational Research, 9*(1), 164-178. https://doi.org/10.33200/ijcer.1026579

Udofia, A.A., Bonsi, E.E., Agbakpe, U.F., & Udofia, E.A. (2021). The impact of pre-marital counselling and psychological variables on marital satisfaction among married couples in Laterbiokoshie, Accra, Ghana. *Journal of Psychological Research.* Doi: https://doi.org/10.30564/jpr.v3i1.2544

Ugwu, C. N., & Eze, V. H. U. (2023). Qualitative research international digital organization for scientific research IDOSR. *Journal of Computer and Applied Sciences, 8*(1):20-35, 2023. ISSN: 2579-0803

Ugwu, C., & Eze, P. (2023). Indigenous perspectives in African premarital counselling practices. *African Journal of Social Work, 13*(3), 98–112.

Ugwu, N. V., Okoye, K. M., & Agbo, C. O. (2024). Moral challenges of Marriage institution in the contemporary Igbo Christian society. *Nsukka Journal of Religion and Cultural Studies, 12*(1).

Uhega, S. K., Lubawa, D., & Mhewa, M. (2023). Motives and consequences of premarital cohabitation practices among university students in Iringa Municipality, Tanzania. *East African Journal of Education and Social Sciences 4*(3), 122-129. Doi: https://doi.org/10.46606/eajess2023v04i04.0310

University of Southern California (2021). Organizing your research paper methodology. *USC Libraries.* https://libguides.usc.edu/writingguide/methodology.

Utomo, D. N. (2025). *Project portfolio: Strengthening marital bonding in indonesian christian spouses through a contextually designed marriage enrichment retreat curriculum.* https://digitalcommons.georgefox.edu/cgi/viewcontent.cgi?article=1035&context=dld

Uye, E. E., Ehondor, E. G., & Sholarin, A. E. (2023). Spousal communication and socio-demographic variables as predictors of domestic violence among married couples. *Journal of Indonesian Psychological Science*, *3*(2), 363-384. https://10.0.73.172/jips.v3i2.23388

van Dooren, M.M.M., Visch, V., Spijkerman, R., Goossens, R.H.M., Hendriks, V.M. (2020). Mental health therapy protocols and ehealth design: Focus group study. *JMIR Formative Research.* Doi: 10.2196/15568

VanderWeele, T. J. (2019). Activities for flourishing: An evidence-based guide. *Journal of Positive Psychology and Wellbeing,* 4(1), 79–91.

Varpio, L., & MacLeod A. I. (2020). Introduction to the philosophy of science series: Harnessing the multidisciplinary edge effect by exploring paradigms, ontologies, epistemologies, axiologies, and methodologies. *Academic Medicine. 95*:686–689.

Vikram, K. (2023). Modern marriage in a traditional society: The influence of college education on marriage in India. *Journal of Family Issues,* 10.1177/0192513X231155591

Villagran, M. M. (2022). Cultural competence and communication effectiveness in counselling relationships. *Journal of Multicultural Counselling and Development, 50*(2), 85–97.

Visokolskis, S. (2021). Insightful yet inferential creativity: Transduction as a derivation of abduction in CEUR workshop proceedings. pp. 23–38.

Watenga, J.N. (2023). Premarital counselling and marital stability among couples in Kahawa west ward Nairobi-Kenya the catholic university of eastern Africa. *International Journal of Research and Innovation in Social Science.* Doi: https://dx.doi.org/10.47772/IJRISS.2023.701006

Weiner, S.J., (2022). Contextualizing care: An essential and measurable clinical competency. *Patient Education Counselling.* Doi: 10.1016/j.pec.2021.06.016. Epub 2021 Jun 15.

Wilcox, E. (2020). *Marriage: A picture of Christ and the Church*, The Robesonian, Lumberton.

Williams, P. (2024). The evolution of the unconscious in psychoanalysis. Textbook of psychoanalysis, 197.

Wilson, C., Janes, G., & Williams, J., (2022). Identity, positionality and reflexivity: relevance and application to research paramedics. *British Paramedic Journal, 7*, 43–49. doi:10.29045/14784726.2022.09.7.2.43.

Wislocki, K., Tran M. L., Petti, E., Hernandez-Ramos, R., Cenkner, D., Bridgwater, M., Naderi, G., Walker, L., & Zalta, A. K. (2023). The past, present, and future of psychotherapy manuals: protocol for a scoping review. *JMIR Research Protocols*. Doi: 10.2196/47708

Wiyanti, Z., Oenzil, F., Masrul, M., & Djafri, D. (2021). A mobile health app for premarital related word advice (AMEESEHAT): Usability and usefulness evaluation study. *Open Access Macedonian Journal of Medical Sciences.* Vol. 9 (E):474-480. https://doi.org/10.3889/oamjms.2021.5914

Wondimu, S., & Zeleke, S. (2024). The effects of religiosity, forgiveness, and emotion regulation on marital satisfaction in Ethiopia. *The Journal of Behavioural Science, 19*(3), 46-59. https://so06.tci-thaijo.org/index.php/IJBS/article/view/272760

World Population Review (2024). *Divorce rates by country 2024*. https://worldpopulationreview.com

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

Yang, L., Yang, Z., & Yang, J. (2023). The effect of marital satisfaction on the self-assessed depression of husbands and wives: Investigating the moderating effects of the number of children and neurotic personality. *BMC Psychology*. http://www.isss.pku.edu.cn/cfps/.

Yip, S.Y. (2023). Positionality and reflexivity: negotiating insider-outsider positions within and across cultures. *International Journal of Research and Method in Education.* https://doi.org/10.1080/1743727X.2023.2266375

Young, M. E., Thomas, A., & Lubarsky, S., et al. (2020). Mapping clinical reasoning literature across the health professions: A scoping review. *BMC Medical Education.* 20:107. doi: 10.1186/s12909-020-02012-9.

Young, M., Long, L., & Carter, S. (2020). Relationship education and marital stability: A longitudinal perspective. *Family Process, 59*(4), 1304–1319.

Youseef, E. S., Osman, N., & El-Nemer, A. (2024). Couples' knowledge regarding premarital care. *Mansoura Nursing Journal, 11*(1), 227-239. https://mnj.journals.ekb.eg/article_350318_b5047ff9dcd58013b8043baafff5cdf4.pdf

Youvan, D. C. (2024). *The legacy of family: How parental influence shapes marital relationships.* https://www.researchgate.net/profile/Douglas-

Youvan/publication/383646555_The_Legacy_of_Family_How_Parental_Influence_Shapes_Marital_Relationships/links/66d4fca5fa5e11512c47b87b/The-Legacy-of-Family-How-Parental-Influence-Shapes-Marital-Relationships.pdf

Zafri, A. V., Juhari, R., Madon, Z., Arshat, Z., & Hasbullah, M (2024). *Exploring expert insights on early years risk and protective factors for long-term marital sustainability.* http://dx.doi.org/10.6007/IJARBSS/v14-i10/23264

Zaheri, F., Dolatian, M., Shariati, M., Simbar, M., Ebadi, A., & Azghadi, S. B. H. (2020). The concept and aspects of a successful marriage as stated by successful Iranian couples and experts: A qualitative study. *Crescent Journal of Medical & Biological Sciences*, *7*(2).

Zair, M. A.K. (2025). Cultural awareness, stereotypes and communication skills in intercultural communication: The Algerian participants' perspective. https://doi.org/10.48550/arXiv.2511.12369

Zeglin, R. J. (2020). *Journal of Counselling Sexology & Sexual Wellness.* https://digitalcommons.unf.edu/cgi/viewcontent.cgi?article=1048&context=jcssw

Zhang, C., & Liang, Y. (2023). The impact of education level on marital satisfaction: Evidence from China. *Social Sciences and Humanities Open.* https://doi.org/10.1016/j.ssaho.2023.100487

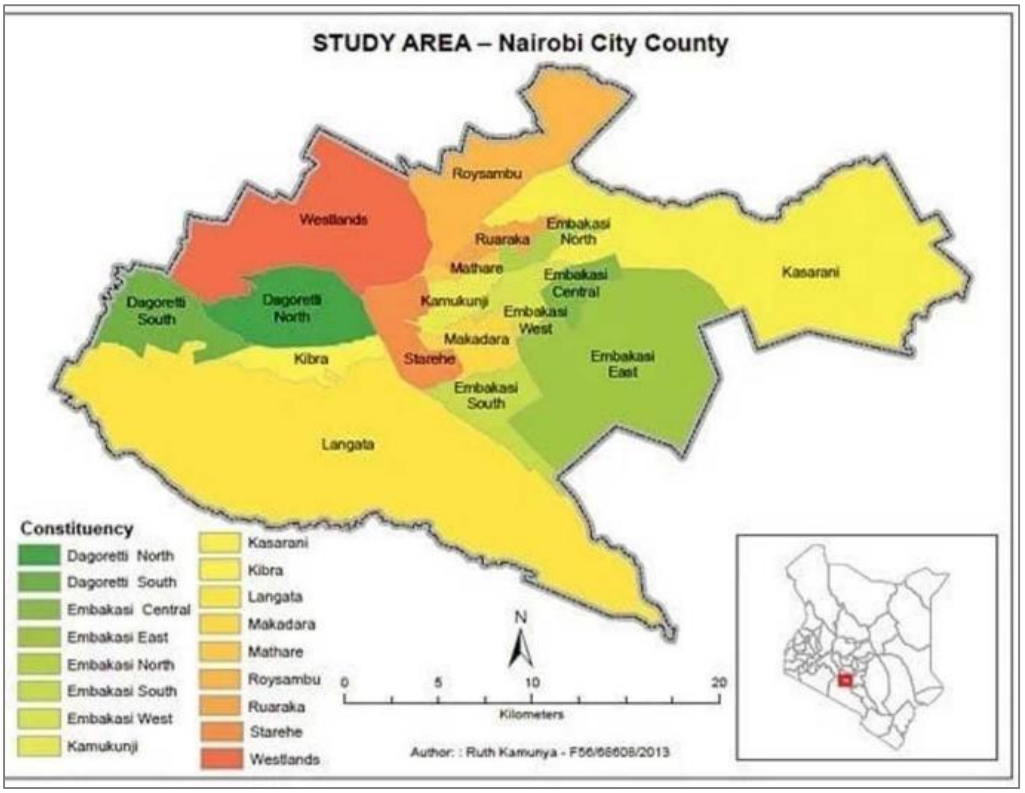
Zhu, Y., Lin, H., & Chen, X. (2023). Cultural expectations and marital satisfaction in contemporary relationships. *Asian Journal of Family Studies, 14*(3), 201–218.

Zwack, J., & Greenberg, L. (2020). Where are the emotions? How emotion-focused therapy could inspire systemic practice. 249-264. Cham, Springer.

APPENDICES

Appendix 1: Study Location





Appendix 2: In-depth Interviews Guide

Introduction: I am a PhD candidate at Pan Africa Christian University doing Marriage and family therapy. For my dissertation, I intend to conduct an evaluation of premarital counselling programs towards development of a contextually relevant premarital counselling (PMC) model. I am conducting in-depth interviews with clergy to find out their views, thoughts, perspectives and experiences regarding homegrown premarital programs. You have been identified as one of the respondents and I am requesting you to offer your thoughts, perceptions, views and experiences without reservation in helping me attain the study targeted outputs volitionally. Kindly complete the consent form if you are willing to participate in this study.

Kindly fill in the blank spaces below (your name is not required for anonymity)

Your gender…….

Age range 30-40; 40-50; 50-60; 60 + (Tick your age range)

Highest level of training as a counsellor……

Work institution……..

To be filled by the researcher

Date: ……

Place of the Interview: ……..

Time of the Interview: …….

Interviewer: ……

In-depth Interview Focus Areas:

1) Suitable content for PMC programs
    a) What topics/areas/content do you cover during your PMC sessions?

b) Are there topics/areas/content you do not cover yet you consider them useful for premarital couples? What has made you not include them in your PMC program?

c) What common issues do premarital couples present during their PMC?

d) What are the benefits of PMC?

e) How many PMC sessions are sufficient for making such programs have assured outcomes?

f) Is post-marital counselling necessary, and what is the recommended time frame for suggesting it after the wedding?

2) The PMC program interventions necessary for marital satisfaction and stability

a) In your opinion, what "skills set" are essential for premarital counsellors (psychological and spiritual)?

b) Which counselling theories are most applicable to PMC? In what ways do they support PMC?

c) In order for premarital counselling to be high-quality and successful, what guidelines or protocols do you believe practitioners should follow?

d) If you were to give a suitable name to our home-grown PMC programs, what would that name be?

e) Do you conduct assessment for premarital couples? What assessment tools do you utilize? What assessment tools would you recommend for PMC programs to be more effective?

3) The cultural factors worth inclusion in PMC programs

a) What difficulties arise when interacting with individuals who are different from you in terms of age, race, social class, economic standing, education, sexual orientation, etc.? How do you typically handle these kinds of situations?
b) How do you approach premarital couples with cultural sensitivity?
c) What knowledge and strategies must premarital counsellors possess to effectively provide premarital counselling in a manner that is sensitive to cultural differences?
d) Professional competence and qualifications for premarital counsellors
    a) Do premarital practitioners require a certain level of training to be effective as PMC practitioners? What level of training would that be?
    b) Apart from training, what other competences do premarital counsellors require?
    c) What would be the most appropriate training units/modules for ingraining efficiency in premarital counsellors?
    d) How would training on PMC equip the PMC practitioners to effectively deliver?
e) Any other further comment?
    a) Overall, what other additions would make PMCs more adequate and effective?

Conclusion: I will express my gratitude to the informant for his/her willingness and dedication to supply the necessary data. I will also request him/her to let me get in touch with him/her in case I have questions or further clarification.

Appendix 3: The PMC Questionnaire

The objective of the proposed research is to assess the impact of Premarital Counselling (PMC) on both marital satisfaction and stability, with the goal of formulating a theory on premarital counselling. This study involves a self-administered questionnaire, which you are required to read, understand, and complete before returning it. You are eligible to participate in this study if you have been married in a Church, have been married for duration of 15 to 30 years, and received premarital counselling, whether secular or faith-based. All responses provided in this questionnaire will be kept confidential, ensuring your anonymity. Please make every effort to answer all questions in the questionnaire. If you agree to participate, kindly fill out the consent form. Thank you for your cooperation.

Part 1: Bio Data

Your gender……..Male/Female (*Tick the one appropriate*)

Level of academic education

……..Primary/Secondary/College/University/uneducated (*Tick the one appropriate*)

Year of formalising your marriage……..Years married……..

Part 2: Suitability of PMC Content

a) What did you gain from the premarital counselling sessions you undertook before your marriage?
b) What topics did you cover in your PMC program? ***Tick the ones you covered***
    1) Communication/Conflict resolution/Sex and Sexuality/Intimacy/Finances/
    2) Personality/Roles and Responsibilities/Parenting
    3) Any other (name it/them) ……

c) What methods did the PMC practitioner use in facilitating the sessions? **Tick the ones that apply**

Discussions/Homework Assignments/Self-Disclosure/ Exploration/Assessments/Role Playing/ Family of Origin Analysis/ Emotional Intelligence Training/ Celebration of Differences/Feedback and Reflection/Love Language Exploration/Boundary Setting/Conflict Triggers Analysis/Problem Solving Scenarios/Premarital Contracts/Vision Board Creation/Gratitude Practices/Past Relationship Reflections/Daily Ritual Planning/Forgiveness Exercises/Spiritual Development/Marriage Myths Debunking.

Any other (**specify**)……

d) How many sessions did you attend?.....Were they adequate? Yes/No (*Tick the one appropriate*).

e) Were you satisfied with the way the delivery of content was handled? Yes/No (*Tick the one appropriate).*

f) If your answer is no, what made you not satisfied? What did you expect from the counsellor?

g) If your answer is yes, what made you satisfied with the delivery?

Part 3: The PMC Program Interventions

a) What counsellor abilities/strategies did you really like?

List……

b) Did the counsellor administer assessment during your PMC sessions? Yes/No

4) (Tick the one appropriate)

c) Do you think assessments are critical during PMC? Yes/No (*Tick the one appropriate*). If yes, what are their benefits?

Part 4: Counsellor Cultural Sensitivity

5) a) Did the counsellor treat you with respect in relation to your age, race, social class, financial situation, level of education, sexual orientation, etc.? Yes/No (*Tick the one appropriate*).

a) If yes, how did the counsellor communicate that respect?

b) If no, what did the counsellor do, not do or say that made you feel not respected?

c) What do you think PMC counsellors need to do so that they can suitably respect those they provide PMC services?

Part 5: Professional Competence and Qualifications

a) Do you think your PMC practitioner was appropriately trained to offer the PMC services? Yes/No (*Tick the one appropriate*).

b) If yes, what did he/she demonstrate to communicate the competence for offering PMC?

c) If no, what did you notice that made you conclude that the PMC practitioner was not appropriately trained to offer PMC?

d) In your evaluation, how would training in PMC for the practitioners improve the way they offer services?

e) What PMC practitioner training level would you recommend?

Thank you so much for your assistance

Name of the researcher or research assistant

…….....Sign……

Appendix 4: The FGD Guide

Introduction: I am currently pursuing a PhD at Pan Africa Christian University, specializing in marriage and family therapy. My dissertation aims to assess premarital counselling programs to create a contextually appropriate premarital counselling (PMC) model. To achieve this, I will conduct FGDs with 12 counsellors, including marriage and family therapists, clinical psychologists, and counselling psychologists, selected from the Kenya Counselling and Psychological Association (KCPA). There will be two FGDs, each consisting of 6 participants. You have been chosen as one of the respondents, and I kindly ask you to share your insights, perceptions, opinions, and experiences candidly to assist me in achieving the objectives of this study. If you are willing to participate, please complete the consent form.

To be filled by the researcher

Date: ……

Mode of the FGD: Online/Physical (Tick one)

Time of Interview: …….

Interviewer: ……

Focus Group Discussion Guide:

1) Suitable Content For PMC Programs
    a) What topics/areas/content do you cover during your PMC sessions?
    b) Are there topics/areas/content you do not cover yet you consider them useful for premarital couples? What has made you not include them in your PMC program?
    c) What common issues do premarital couples present during their PMC?
    d) What are the benefits of PMC?

e) How many PMC sessions are sufficient for making such programs have assured outcomes?

f) Is post-marital counselling necessary, and what is the recommended time frame for suggesting it after the wedding?

a) The PMC Program Interventions Necessary for Marital Satisfaction and Stability

a) In your opinion, what "skills set" are essential for premarital counsellors?

b) Which counselling theories are most applicable to PMC? In what ways do they support PMC?

c) In order for premarital counselling to be successful, what guidelines or protocols do you believe practitioners should follow?

d) If you were to give a suitable name your home-grown PMC program, what would that name be?

e) Do you conduct assessment for premarital couples? What assessment tools do you utilize? What assessment tools would you recommend for PMC programs to be more effective?

b) The Cultural Factors are Worth Inclusion in the PMC Programs

a) What difficulties arise when interacting with individuals who are different from you in terms of age, race, social class, economic standing, education, sexual orientation, etc.? How do you typically handle these kinds of situations?

b) How do you approach premarital couples with cultural sensitivity?

c) What knowledge and strategies are necessary for premarital counsellors to provide PMC in a culturally sensitive manner?

c) Professional Competence and Qualifications for Premarital Counsellors

    a) Do premarital practitioners require a certain level of training to be effective as PMC practitioners? What level of training would that be?

    b) Apart from training, what other competences do premarital counsellors require?

    c) What would be the most appropriate training units/modules for ingraining efficiency in premarital counsellors?

    d) How would training on PMC equip the PMC practitioners to effectively deliver?

d) Any other further comment?

Overall, what other additions would make PMCs more adequate and effective?

Conclusion: I will express my gratitude to the respondents for their dedication and willingness to supply the necessary information. Furthermore, I will seek their consent to contact them again should I have any inquiries or require additional clarification.

Appendix 5: Selected Churches Request Letter

The Senior Pastor/Administrator,

TO WHOM IT MAY CONCERN

RE: Request to Collect Data for my PhD Dissertation

I am presently a Doctor of Philosophy (PhD) candidate focusing on Marriage and Family Therapy at Pan Africa Christian University. As part of my academic obligations, I am conducting a study for my dissertation aimed at assessing premarital counselling programs to create a contextually appropriate premarital counselling (PMC) model. My research will involve gathering data from five (5) PMC beneficiaries who have been married for 15 to 30 years and who received PMC prior to their Church weddings. Additionally, I will seek insights from a clergy member who is particularly committed to offering PMC within your Church. The data collected will include the perspectives, perceptions, thoughts, and experiences related to PMC. The beneficiaries will recount their experiences with PMC, while the clergy member will share insights based on their experiences and lessons learned as a PMC provider.

The clergy involved in delivering PMC will benefit from the primary outcome of this study, which will be the formulation of a PMC model. Furthermore, the findings may inform PMC policies and enhance knowledge and expertise in both academic and clinical environments. It is crucial to note that the data collected will be used exclusively for this research and will be handled with the highest level of confidentiality. I look forward to your support.

Yours faithfully,



Catherine Wanjiru Gachutha

PhD candidate, Email: catherine.gachutha@students.pacuniversity.ac.ke

Appendix 6: The KCPA Request Letter

The Chief Executive Office,

Kenya Counselling and Psychological Association (KCPA)

TO WHOM IT MAY CONCERN

RE: Request to Collect Data for my PhD Dissertation

I am currently a Doctor of Philosophy (PhD) candidate specializing in Marriage and Family Therapy (MFT) at Pan Africa Christian University. As part of my dissertation requirements, I am conducting a study aimed at assessing premarital counselling programs to create a contextually appropriate premarital counselling (PMC) model. This research will involve collecting data from a sample of twelve (12) counsellors, which includes MFTs, clinical psychologists, and counselling psychologists, with four (4) respondents from each professional category. This diverse group will share their insights, opinions, perceptions, and experiences from PMC practice. The data will be gathered through focus group discussions (FGDs), with two FGDs planned to ensure maximum participation.

The primary outcome of this study will be a PMC model, which will provide direct benefits to PMC practitioners. Additionally, the findings will contribute to the development of PMC policies and enhance the existing knowledge within both the academic and clinical communities. All data collected will be utilized solely for this research and will be treated with the utmost confidentiality. I look forward to your support.

Yours faithfully,



Catherine Wanjiru Gachutha

PhD candidate, Email: catherine.gachutha@students.pacuniversity.ac.ke

Appendix 7: Study Respondents Consent Form

Your involvement in my research study is being sought. I have received approval from Pan Africa Christian University and the National Commission for Science, Technology, and Innovation (NACOSTI), the governmental body that issues permits for researchers engaging with human subjects to collect data. Given your experience with PMC or your role as a premarital practitioner, it is believed that you possess valuable insights for this study. This consent form outlines the study's objectives, participant rights, and ethical considerations designed to safeguard participants from any potential harm. If you decide to proceed with the proposed study, kindly sign this document.

Dissertation Title: Evaluation of Premarital Counselling Programs towards Development of Premarital Counselling Model: A Case of Kiambu and Nairobi Counties, Kenya

Study Objectives

1. To determine suitable content for PMC programs in selected institutions within Kiambu and Nairobi counties
2. To discover PMC program interventions in selected institutions within Kiambu and Nairobi counties
3. To find contextually relevant cultural factors worth inclusion in PMC programs in selected institutions within Kiambu and Nairobi counties
4. To explore fundamental professional competences and qualifications for premarital counsellors in selected institutions within Kiambu and Nairobi counties

Study Participants: The study has identified participants from a diverse range of mainstream and evangelical Churches situated in Kiambu and Nairobi counties. The first cohort will comprise 20 beneficiaries from the PMC, chosen from the following congregations: Word of Faith (Kiambu), CITAM (Thika Road), PCEA Kirigiti, and ACK St Paul's South C in Nairobi. The second group will include clergy from the aforementioned four Churches, along with 12 counsellors affiliated with the Kenya Counselling and Psychological Association (KCPA), which comprises Marriage and Family Therapists (MFTs), clinical psychologists, and counselling psychologists. The following are the agreements:

1) I willingly agree to participate in this study
2) I acknowledge that I can withdraw my participation or choose not to respond at any time without facing any repercussions
3) I understand that I have the right to retract any information I have provided within two weeks following my interview, after which the information will be erased.
4) The goals and nature of the research were clearly outlined to me in writing, and I was given the opportunity to seek additional clarification
5) I recognize that my participation entails sharing details about my background, opinions, and perceptions related to premarital therapy.
6) I understand that my participation in this study will not yield any direct advantages to me
7) I consent to the audio recording of my responses
8) I have been assured that the information I provide will be kept confidential
9) I have been informed that my identity will remain anonymous in any materials produced from my contributions

10) I understand that excerpts of my contributions may be included in the proposed research
11) I have been made aware that if I inform the researcher of any risk to myself or others due to my participation in this research, they will first discuss it with me but may be obligated to report it, with or without my consent.
12) I understand that the original audio recordings and signed consent forms will be kept confidential until the study is concluded and the results are validated
13) I am aware that transcripts of my discussions, which do not contain personally identifiable information, will be retained until the research is completed and the findings are confirmed.
14) I understand that I have the right to access the information I have provided at any time while it is being stored.
15) I have been informed that I can request further clarification and information regarding the data I have shared
16) I have been notified that the information I provide will not be misused.
17) I understand that data will be destroyed from multiple storage mediums, including both physical and digital formats, once the results have been finalized and confirmed, in order to safeguard against unauthorized access or disclosure.

Signature of research participant ----------Date----------

-

Signature of researcher ---------- --Date----------

-

Appendix 8: The ISERC Letter



Thika Road Campus | Valley Road Campus
P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

REF: PAC/ISERC/83/04/25 Date: 83/04/2025

TO: Gachutha, Catherine Wanjiru (PMFT/22077/0/22) PAC UNIVERSITY

Dear Madam,

RE: EVALUATION OF PREMARITAL COUNSELLING PROGRAMS TOWARDS DEVELOPMENT OF PREMARITAL COUNSELLING MODEL: A CASE OF KIAMBU AND NAIROBI COUNTIES, KENYA

This is to inform you that PAC_ ISERC has reviewed and approved your above research proposal. Your application approval number is PAC/ISERC/83/04/25. The approval period is 15th April 2025 – 15th April 2026.

This approval is subject to compliance with the following requirements;

6) Only approved documents including (informed consent and study instruments,) will be used
7) All changes including (amendments, deviations, and violations) are submitted for review and approval by *PAC_ISERC*.
8) Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *PAC_ ISERC* within 72 hours of notification.

9) Any changes, anticipated or otherwise that may increase the risks or affect the safety or the welfare of study participants and others or affect the integrity of the research must be reported to *PAC_ISERC* within 72 hours
10) Clearance for export of biological specimens must be obtained from relevant institutions.
11) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period.
12) Attach a comprehensive progress report to support the renewal.
13) Submission of an executive summary report within 90 days upon completion of the study to *PAC_ ISERC*.

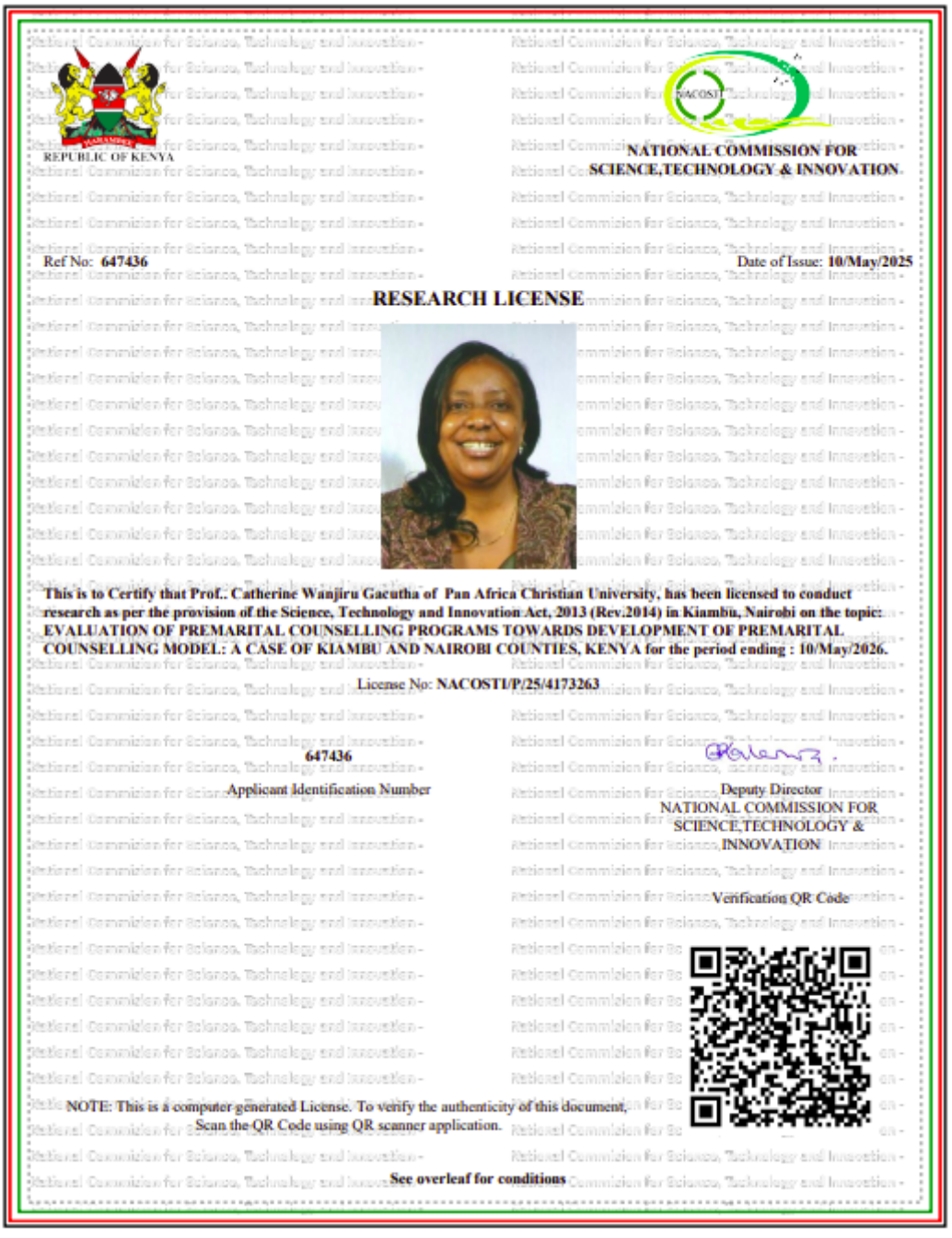
Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research- portal.nacosti.go.ke and also obtain other clearances needed.

Yours, sincerely, Dr. Jane Kinuthia



Chair, ISERC

Appendix 9: The NACOSTI Approval Letter



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **647436**

Date of Issue: **10/May/2025**

RESEARCH LICENSE

This is to Certify that Prof.. Catherine Wanjiru Gacutha of Pan Africa Christian University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu, Nairobi on the topic: EVALUATION OF PREMARITAL COUNSELLING PROGRAMS TOWARDS DEVELOPMENT OF PREMARITAL COUNSELLING MODEL: A CASE OF KIAMBU AND NAIROBI COUNTIES, KENYA for the period ending : 10/May/2026.

License No: **NACOSTI/P/25/4173263**

647436

Applicant Identification Number

Deputy Director
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions