

Advocating for Culturally Responsive Premarital Counseling Frameworks in African Communities

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Article Info

Article History:

Received: 30, Jan.,2026

Revised: 03, Feb.,2026

Accepted:19, Feb.,2026

Published:22, Feb.,2026

Keywords:

Premarital Counseling,
Cultural Adaptation,
African Communities,
Marriage Preparation,
Culturally Responsive
Therapy,
Mental Health Equity

Abstract

Premarital counseling has emerged as a critical intervention for strengthening marital relationships and reducing divorce rates globally. However, the implementation of premarital counseling frameworks in African communities has largely relied on Western-oriented models that fail to adequately address the unique cultural, social, and relational dynamics inherent in African societies. This advocacy paper examines the imperative for culturally responsive premarital counseling frameworks that integrate indigenous knowledge systems, communal values, extended family structures, and contextually relevant relationship paradigms. Drawing from marriage and family therapy literature, cross-cultural psychology, and African relational theories, this paper argues that culturally adapted interventions demonstrate superior efficacy, cultural acceptability, and sustainable outcomes compared to standardized Western approaches. We critically analyze the limitations of current premarital counseling practices in African contexts, explore evidence-based principles for cultural adaptation, and propose a comprehensive framework that honors African relational epistemologies while incorporating evidence-based therapeutic practices. The paper advocates for training culturally competent counselors, developing context-specific assessment tools, and engaging community stakeholders in intervention design and implementation. This advocacy seeks to promote mental health equity and strengthen marital outcomes through interventions that resonate authentically with African cultural identities and values.

How to Cite:

Aondona, A. D. (2026). Advocating for Culturally Responsive Premarital Counseling Frameworks in African Communities. *International Journal of Contemporary Education and Management*, 1(1), 48–60
<https://ijcempublications.com/wp-content/uploads/2026/02/article4.pdf>

1. INTRODUCTION

Marriage represents a foundational institution across African societies, embodying not merely the union of two individuals but the confluence of families, communities, and cultural legacies (Eke et al., 2024). The significance of marital relationships in African contexts extends beyond the dyadic couple to encompass broader kinship networks, intergenerational obligations, and collective social identities (Ngubane & Maharaj, 2013). Despite this cultural centrality, African couples face escalating marital challenges, including rising divorce rates, intimate partner violence, communication difficulties, and role conflicts exacerbated by rapid urbanization, economic pressures, and shifting gender norms (Amato & James, 2010; Horne et al., 2013).

Premarital counseling has emerged globally as an evidence-based preventive intervention designed to enhance relationship quality, develop communication skills, clarify expectations, and reduce marital distress and dissolution (Halford et al., 2008; Stanley et al., 2006). Meta-analytic evidence demonstrates that couples who participate in premarital education programs experience improved relationship satisfaction, enhanced communication patterns, and reduced conflict intensity compared to those who do not receive such interventions (Hawkins et al., 2008). However, the vast majority of premarital counseling research and practice has been conducted in Western, primarily North American contexts, raising critical questions about the cross-cultural validity and appropriateness of these interventions for non-Western populations (Barton et al., 2015; Rathus & Sanderson, 1999).

The uncritical transfer of Western psychological interventions to African contexts has been extensively critiqued as a form of cultural imperialism that fails to acknowledge diverse epistemologies, relational paradigms, and healing traditions (Mpofu, 2002; Nwoye, 2015). African relational systems are characterized by collectivism, interdependence, Ubuntu philosophy (emphasizing communal interconnectedness), extended family involvement in marital decisions, polygyny in some contexts, spiritual and ancestral dimensions of relationships, and distinct gender role constructions (Mkhize, 2004; Ratele, 2014). These fundamental differences necessitate culturally adapted interventions that align with indigenous worldviews rather than imposing foreign frameworks that may be experienced as alienating or irrelevant (Griner & Smith, 2006).

This advocacy paper argues for the urgent development and implementation of culturally responsive premarital counseling frameworks specifically designed for African communities. We synthesize evidence from cultural adaptation research, African psychology, and marriage and family therapy literature to demonstrate that culturally tailored interventions yield superior outcomes and greater cultural acceptability compared to standardized approaches. Our advocacy addresses mental health professionals, policymakers, religious leaders, community organizations, and academic institutions with the goal of catalyzing systemic change toward culturally grounded premarital counseling practices across the African continent and diaspora communities.

2. The Cultural Specificity of Marital Relationships in African Contexts

Understanding the cultural construction of marriage in African societies is essential for developing appropriate premarital counseling frameworks. African marriage systems differ fundamentally from Western models in their conceptualization of the marital relationship, the role of extended family, gender dynamics, spiritual dimensions, and the social functions of marriage (Nukunya, 2003; Parrinder, 1969).

Communal versus Individual Orientation

Western premarital counseling frameworks typically emphasize the dyadic couple relationship, individual autonomy, personal fulfillment, and self-actualization within marriage (Markman et al., 2010). In contrast, African marriage is predominantly communal, where the union represents the joining of two families and communities rather than merely two individuals (Mbiti, 1990). This collectivist orientation profoundly influences marital expectations, decision-making processes, conflict resolution patterns, and the evaluation of marital success (Kagitcibasi, 2005; Triandis, 1995). The Ubuntu philosophy, articulated through the Nguni aphorism "umuntu ngumuntu ngabantu" (a person is a person through other people), provides the ethical and relational foundation for African communalism (Metz & Gaie, 2010; Shutte, 1993). Within this worldview, individual identity and well-being are intrinsically connected to community relationships

and collective harmony. Marriage counseling that prioritizes individual needs over familial and communal obligations may be experienced as culturally discordant and may inadvertently undermine the social support systems that are protective factors for African couples (Nsamenang, 1992).

Extended Family Involvement

Extended family members play central roles in African marriages, including mate selection, marriage negotiation, ongoing marital guidance, conflict mediation, and child-rearing support (Cloete, 2012; Oheneba-Sakyi & Takyi, 2006). Research demonstrates that extended family support correlates positively with marital stability and satisfaction in African contexts, whereas family interference is identified as a source of marital conflict (Adegoke, 2010). Premarital counseling must therefore address the complex dynamics of extended family involvement, helping couples navigate boundaries, negotiate family expectations, and leverage family support systems constructively. Traditional African marriage rituals often include elaborate family negotiations, bride wealth exchanges, and multi-stage ceremonies that symbolically incorporate both families into the union (Radcliffe-Brown & Forde, 1950). These practices serve important functions in establishing social legitimacy, creating reciprocal obligations, and defining kinship networks. Culturally responsive premarital counseling should acknowledge and work within these structures rather than positioning them as obstacles to couple autonomy (Ogletree, 2014).

Spiritual and Ancestral Dimensions

Spirituality and ancestral connections are integral to African conceptualizations of marriage and well-being (Kamalu, 1990; Opoku, 1978). Many African communities understand marriage as having spiritual dimensions that transcend the physical relationship, involving ancestral blessings, spiritual protection, and cosmic harmony (Gyekye, 1995). Research on African spirituality and mental health demonstrates that spiritual beliefs and practices serve as important coping resources, sources of meaning, and pathways to healing (Koenig et al., 2012; Pargament et al., 2013). Premarital counseling frameworks must be equipped to engage respectfully with diverse spiritual worldviews, including African traditional religions, Christianity, Islam, and syncretic belief systems (Asante & Mazama, 2009). Spiritually integrated interventions that incorporate prayer, spiritual discussions, and faith-based values have demonstrated enhanced effectiveness for religiously committed clients (Hook et al., 2010; Worthington et al., 2011). Culturally responsive premarital counseling in African contexts should therefore include spiritual assessment and integration rather than maintaining the secular orientation typical of Western therapeutic models.

3. Limitations of Western-Oriented Premarital Counseling in African Contexts

The application of Western-developed premarital counseling programs in African contexts presents multiple challenges related to cultural assumptions, language barriers, inappropriate content, and limited cultural validity. These limitations compromise intervention effectiveness, reduce cultural acceptability, and may perpetuate mental health disparities (Bernal et al., 2009; Sue & Sue, 2016).

Cultural Assumptions and Values Conflicts

Western premarital counseling programs are built upon cultural assumptions that may conflict with African values. These include emphases on egalitarian gender roles that may clash with culturally specific gender complementarity models, prioritization of individual autonomy over relational interdependence, emphasis on verbal emotional expression versus indirect communication styles, nuclear family independence versus extended family integration, and romantic love as the primary basis for marriage versus pragmatic considerations (Kagitcibasi & Ataca, 2005; Markus & Kitayama, 1991). Research on cultural values in therapy demonstrates that value conflicts between interventions and client worldviews predict reduced treatment engagement, premature termination, and poorer outcomes (Constantine, 2007; Kim et al., 2005). When African couples encounter premarital counseling that implicitly devalues their cultural traditions or presents Western relationship models as superior, they may experience cultural alienation and resistance rather than therapeutic benefit (Mpofu et al., 2011).

Lack of Ecological Validity

Ecological validity refers to the extent to which intervention content reflects the real-world contexts, challenges, and resources of the target population (Bronfenbrenner, 1979). Western premarital counseling programs often address issues such as dual-career management, financial planning for nuclear families, and negotiation of household labor division in ways that assume Western economic structures, employment patterns, and living arrangements (Stanley et al., 2001). These topics may have limited relevance for African couples navigating issues such as polygynous marriage dynamics, bride wealth negotiations, rural-urban migration patterns, extended family financial obligations, and gender role expectations shaped by indigenous cultural norms (Caldwell et al., 1992). Furthermore, Western interventions typically assume access to resources such as private counseling spaces, literacy, scheduled appointment systems, and financial capacity to pay for services—assumptions that may not hold in under-resourced African communities (Patel et al., 2018). Culturally responsive frameworks must be designed with awareness of structural constraints and incorporate community-based, accessible delivery models.

Language and Communication Barriers

Language is not merely a communication medium but a carrier of culture, worldview, and meaning-making systems (Whorf, 1956). Premarital counseling materials developed in English or other colonial languages may fail to adequately capture indigenous concepts, relational dynamics, and emotional experiences that are better expressed in African languages (Serpell, 1993). For instance, many African languages contain specific terms for relationship concepts, family roles, and emotional states that have no direct English equivalents (Bornman, 2005). Moreover, African communication patterns often employ indirect communication, proverbs, storytelling, and contextual cues rather than the direct, explicit verbal communication emphasized in Western counseling approaches (Okoro, 2013). Effective premarital counseling must be linguistically accessible and employ culturally appropriate communication methods (Gee et al., 2006).

4. Evidence for Culturally Adapted Interventions

A robust body of empirical evidence demonstrates that culturally adapted mental health interventions produce superior outcomes compared to unadapted interventions for ethnic minority and non-Western populations (Benish et al., 2011; Hall et al., 2016). Meta-analytic research examining cultural adaptation across diverse interventions and populations provides strong support for the cultural adaptation framework.

Meta-Analytic Evidence

Griner and Smith (2006) conducted a comprehensive meta-analysis of 76 studies examining culturally adapted mental health interventions across diverse populations and problem areas. Their analysis revealed a moderate effect size ($d = 0.45$) favoring culturally adapted interventions over traditional treatments, with stronger effects observed when interventions were provided in clients' native language and when they were tailored to specific cultural groups rather than broadly to minorities. This finding has been replicated and extended in subsequent meta-analyses (Benish et al., 2011; Smith et al., 2011). Hall et al. (2016) conducted an updated meta-analysis including 65 randomized controlled trials and found that culturally adapted interventions demonstrated superior efficacy compared to unadapted interventions, with effect sizes ranging from small to moderate depending on the specific adaptation strategies employed. Importantly, their analysis identified that surface-level adaptations (such as translated materials) were less effective than deep-structure adaptations that addressed cultural values, worldviews, and social contexts (Resnicow et al., 1999).

Cultural Adaptation Frameworks

Several systematic frameworks have been developed to guide cultural adaptation of evidence-based interventions. The Ecological Validity Model proposed by Bernal et al. (1995) identifies eight dimensions requiring adaptation: language, persons (client-counselor relationship), metaphors (symbols and concepts), content (cultural knowledge), concepts (theoretical constructs), goals (treatment outcomes), methods (therapeutic procedures), and context (social and environmental factors). This framework has been widely applied in adapting interventions for Latino populations and provides a useful template for African contexts (Domenech Rodríguez & Bernal, 2012). The Cultural Adaptation Process model developed by Barrera and Castro (2006) outlines a systematic process including information gathering, preliminary adaptation design, preliminary adaptation testing, and adaptation refinement. This iterative process ensures that adaptations are both culturally appropriate and evidence-based. Similarly, the ADAPT-ITT framework provides a

structured eight-phase approach to adaptation including assessment, decision, adaptation, production, topical experts, integration, training, and testing (Wingood & DiClemente, 2008). These frameworks emphasize the importance of community engagement, cultural expertise, and empirical validation in the adaptation process.

Specific Applications in African Contexts

While research on culturally adapted premarital counseling specifically in African contexts remains limited, studies of adapted mental health interventions in African populations provide relevant evidence. Thurman et al. (2017) demonstrated the effectiveness of a culturally adapted cognitive-behavioral intervention for adolescents in South Africa, finding significant improvements in mental health outcomes compared to standard care. Petersen et al. (2014) documented successful cultural adaptation of a depression intervention for pregnant women in South Africa, incorporating indigenous concepts of distress, community health worker delivery, and integration with traditional healing practices. In the domain of relationship interventions, Adler-Baeder et al. (2010) found that relationship education programs demonstrated greater effectiveness when adapted for specific cultural groups, with adaptations including culturally relevant examples, addressing culturally specific stressors, and incorporating community values. These findings support the potential for culturally adapted premarital counseling to enhance outcomes for African couples when appropriate adaptation processes are employed.

5. Framework for Culturally Responsive Premarital Counseling in African Communities

Building upon cultural adaptation evidence and African relational theories, we propose a comprehensive framework for culturally responsive premarital counseling in African communities. This framework integrates cultural values, indigenous knowledge systems, evidence-based practices, and community engagement to create interventions that are both culturally congruent and clinically effective.

Core Principles

Culturally responsive premarital counseling should be grounded in several core principles. First, cultural humility and respect require counselors to approach African cultural traditions, family structures, and relationship practices with genuine respect rather than judgment or attempts at cultural conversion (Hook et al., 2013; Tervalon & Murray-García, 1998). Second, Ubuntu-centered practice emphasizes relational interconnectedness, community harmony, and collective well-being as central therapeutic values (van Breda, 2019). Third, integration of indigenous and Western knowledge recognizes that both systems offer valuable insights and that optimal interventions draw from multiple knowledge traditions (Nwoye, 2015). Fourth, contextual relevance ensures that intervention content addresses the actual challenges, resources, and life circumstances of African couples rather than imposing foreign scenarios (Sue et al., 2009). Fifth, participatory development involves community members, cultural experts, and couples themselves in intervention design to ensure authenticity and relevance (Wallerstein & Duran, 2006). Finally, evidence-based practice maintains scientific rigor while allowing for cultural adaptation, ensuring that interventions are both culturally appropriate and empirically supported (Lau, 2006).

Content Domains

Culturally responsive premarital counseling should address several essential content domains tailored to African contexts. These include: (a) Extended family dynamics—navigating family involvement, managing boundaries, addressing in-law relationships, and leveraging family support; (b) Cultural identity and practices—discussing cultural values, traditional ceremonies, cultural transmission to children, and negotiating bicultural or multicultural identities; (c) Gender roles and expectations—exploring culturally informed gender role expectations, negotiating complementarity versus egalitarianism, and addressing changing gender norms; (d) Economic responsibilities—discussing extended family financial obligations, bride wealth significance, collective resource management, and economic pressures; (e) Spirituality and faith—integrating spiritual beliefs, addressing interfaith marriages, incorporating religious practices, and discussing ancestral connections.

Additional domains include: (f) Communication and conflict resolution—developing culturally appropriate communication patterns, employing indirect and direct communication, utilizing family mediation, and respecting elder authority; (g) Intimacy and sexuality—addressing cultural sexual scripts, discussing reproductive expectations,

navigating privacy within extended families, and addressing HIV prevention; (h) Migration and urbanization—managing rural-urban transitions, maintaining cultural connections, addressing acculturation stress, and bridging generational differences; (i) Community and social support—building community connections, engaging support networks, addressing stigma, and utilizing community resources (Caldwell et al., 1989; Smith, 2004).

Delivery Methods and Formats

Culturally responsive premarital counseling should employ delivery methods that align with African cultural preferences and resource realities. Group-based formats that reflect communal values and create peer support networks may be particularly appropriate (Markman & Rhoades, 2012). Involvement of extended family members in selected sessions honors the communal nature of African marriage while helping establish healthy boundaries and expectations (Ogletree, 2014). Integration with religious institutions leverages existing trusted community structures and spiritual frameworks (Marks, 2005). Community-based delivery through churches, mosques, community centers, and traditional leadership structures increases accessibility and cultural legitimacy (Kazdin & Blase, 2011). Use of paraprofessionals and trained community members as counselors can address the shortage of professional counselors while ensuring cultural knowledge and community trust (van Ginneken et al., 2013). Flexible scheduling that accommodates work patterns, seasonal variations, and community events demonstrates cultural responsiveness. Finally, culturally appropriate communication methods including storytelling, proverbs, role-playing, and visual materials resonate with African pedagogical traditions (Okpewho, 1992).

6. Implementation Strategies and Recommendations

Successful implementation of culturally responsive premarital counseling requires coordinated efforts across multiple levels including counselor training, community engagement, policy support, and research development.

Training and Professional Development

Mental health training programs must incorporate comprehensive cultural competence education that goes beyond superficial cultural awareness to develop deep cultural understanding and clinical skills (Sue et al., 2009). This includes training in African psychology, indigenous knowledge systems, Ubuntu philosophy, and culturally responsive therapeutic practices. Counselors should develop skills in cultural assessment, adaptation of interventions, working with interpreters, and collaboration with traditional healers and religious leaders (Moagi et al., 2021). Training should also address counselor self-awareness regarding their own cultural values, biases, and assumptions that may influence therapeutic relationships (Constantine & Sue, 2007). Ongoing supervision and consultation focused on cultural responsiveness helps counselors continually refine their cultural competence. Training programs should recruit and support African counselors and counselors from diverse backgrounds to enhance the cultural diversity of the mental health workforce (Williams et al., 2014).

Community Engagement and Partnership

Authentic community engagement is essential for developing culturally responsive interventions that are accepted and sustained within African communities (Israel et al., 2010). Community-based participatory research approaches that position community members as co-researchers and intervention developers ensure cultural authenticity and community ownership (Wallerstein & Duran, 2006). Partnerships with traditional leaders, religious institutions, community organizations, and family networks create multiple pathways for intervention delivery and legitimacy. Community advisory boards including elders, married couples, youth, religious leaders, and cultural experts provide ongoing guidance on cultural appropriateness and relevance (Viswanathan et al., 2004). Public education campaigns that utilize culturally appropriate messaging and channels help reduce stigma and increase awareness of premarital counseling benefits. Celebration and integration of cultural practices such as traditional pre-marriage rituals creates synergy rather than competition between counseling and cultural traditions.

Policy and Advocacy

Policy initiatives can support widespread implementation of culturally responsive premarital counseling. Integration of premarital counseling into marriage registration processes creates systematic access while respecting cultural and

religious marriage traditions (Murray & Kardatzke, 2009). Public health insurance coverage for premarital counseling removes financial barriers and signals governmental support for preventive mental health services. Funding for community-based premarital counseling programs enables service provision in under-resourced communities. Professional standards and guidelines for culturally responsive practice establish accountability and quality assurance (American Psychological Association, 2017). Research funding priorities that support cultural adaptation research, intervention development, and implementation science in African contexts generate the evidence base for effective practice. Advocacy efforts should target policymakers, professional organizations, academic institutions, and funding agencies to create enabling environments for culturally responsive premarital counseling.

Research Priorities

Significant research gaps exist regarding premarital counseling in African contexts, necessitating a robust research agenda. Priority areas include: developing and validating culturally appropriate assessment instruments for relationship quality, cultural values, and premarital readiness; conducting rigorous randomized controlled trials of culturally adapted premarital counseling programs; examining mechanisms of change in culturally responsive interventions; investigating optimal formats, dosage, and timing of interventions; exploring the role of extended family involvement in intervention effectiveness; and understanding cultural variations across different African ethnic groups, countries, and contexts (Leong & Lee, 2006). Additionally, research should examine implementation factors including cost-effectiveness, scalability, sustainability, and integration with existing systems; longitudinal studies tracking long-term marital outcomes following culturally responsive premarital counseling; qualitative research capturing couples' and families' lived experiences and perspectives; and comparative effectiveness research examining culturally adapted versus standard interventions (Glasgow et al., 2012). African-led research that centers African knowledge production and avoids extractive research practices is particularly important (Chilisa, 2012).

7. Addressing Potential Challenges and Criticisms

Advocacy for culturally responsive premarital counseling must acknowledge and address potential challenges and criticisms to build credible and sustainable implementation.

Balancing Cultural Responsiveness with Human Rights

Critics may argue that cultural responsiveness risks perpetuating harmful traditional practices such as gender inequality, child marriage, or intimate partner violence under the guise of cultural sensitivity (Narayan, 1997). This concern requires careful consideration and principled resolution. Culturally responsive practice does not mean uncritical acceptance of all cultural practices but rather respectful engagement that distinguishes between cultural diversity and human rights violations (Aziz et al., 2017). Culturally responsive premarital counseling should actively address gender-based violence, promote gender equity, challenge child marriage, and support individual autonomy while doing so in culturally informed ways that engage with cultural values rather than dismissing them (Rao, 2018). For instance, Ubuntu philosophy itself contains resources for challenging oppression through its emphasis on human dignity and communal responsibility. Working with progressive cultural leaders and change agents within communities creates pathways for cultural evolution that are internally driven rather than externally imposed (Nussbaum, 1999).

Resource Constraints

African countries face significant mental health resource constraints, including shortages of trained counselors, limited funding for mental health services, competing health priorities, and inadequate infrastructure (Patel et al., 2018). Skeptics may question the feasibility of implementing specialized premarital counseling when basic mental health services are lacking. However, this argument conflates resource scarcity with resource allocation priorities. Preventive interventions like premarital counseling can be highly cost-effective compared to treatment of established marital problems, mental health disorders, and social costs of family dissolution (Aos et al., 2004). Task-shifting approaches that train community health workers, religious leaders, and trained lay counselors can deliver effective interventions at lower cost than professional counselor models (van Ginneken et al., 2013). Group-based delivery formats maximize counselor time and create economies of scale. Integration with existing community structures, such as churches and mosques, leverages

existing resources and relationships. Digital and mobile health technologies offer potential for scalable, low-cost delivery, particularly for follow-up support (Patel et al., 2016).

Cultural Diversity within Africa

Africa comprises extraordinary cultural, linguistic, religious, and ethnic diversity across 54 countries and thousands of distinct ethnic groups (Asante, 2003). Critics may question whether culturally responsive frameworks can meaningfully address this diversity or whether they risk creating new forms of cultural stereotyping by treating "African culture" as monolithic. This concern is valid and important. Culturally responsive practice must be specific to particular communities rather than generic to "African culture" broadly (Trimble & Mohatt, 2006). The framework proposed in this paper provides principles and processes for cultural adaptation rather than prescriptive content. Each community requires its own specific adaptation process involving local cultural experts, community members, and couples. Cultural assessment at the individual couple level remains essential to avoid imposing group-level cultural assumptions on individuals who may vary in their cultural identification and practices (Dana, 2000). Intersectionality frameworks that recognize the interaction of culture with gender, class, education, urbanization, and generation add necessary complexity to cultural understanding (Crenshaw, 1989).

8. Conclusion

The development and implementation of culturally responsive premarital counseling frameworks in African communities represents both an ethical imperative and an evidence-based practice priority. African couples deserve mental health interventions that honor their cultural identities, align with their values and worldviews, address their contextual realities, and demonstrate empirical effectiveness. The uncritical transfer of Western-oriented interventions has failed to adequately serve African populations and perpetuates mental health disparities rooted in cultural disconnection. Evidence from cultural adaptation research demonstrates that culturally tailored interventions produce superior outcomes compared to standardized approaches. African relational systems characterized by Ubuntu philosophy, extended family involvement, collectivism, and spiritual integration require intervention frameworks specifically designed to work within rather than against these cultural realities. The framework proposed in this paper provides principles, content domains, and implementation strategies for developing such interventions through participatory processes involving community members, cultural experts, and couples themselves.

Realizing the vision of widely accessible, culturally responsive premarital counseling in African communities requires coordinated action across multiple sectors. Mental health training programs must incorporate comprehensive cultural competence education and recruit diverse counselors. Community engagement and partnerships create cultural legitimacy and sustainable delivery mechanisms. Policy initiatives remove barriers and create enabling environments. Research generates the evidence base for effective practice while centering African knowledge production. Challenges including resource constraints, cultural diversity within Africa, and balancing cultural responsiveness with human rights require thoughtful navigation rather than serving as reasons to maintain the status quo. The cost of inaction - measured in marital distress, family dissolution, intimate partner violence, and compromised child well-being - far exceeds the investment required for culturally responsive preventive interventions.

This advocacy calls upon mental health professionals, academic institutions, policymakers, funding agencies, religious and traditional leaders, and community organizations to prioritize the development and implementation of culturally responsive premarital counseling frameworks. Marriage is too culturally central and marital well-being too consequential for African communities to settle for interventions that fail to authentically engage with African cultural realities. The time has come to move beyond cultural adaptation as an optional enhancement to recognizing it as a fundamental requirement for ethical, effective, and equitable mental health practice. Through collaborative, culturally grounded, evidence-informed approaches, we can support African couples in building strong, healthy marriages that honor their cultural heritage while navigating contemporary challenges

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