

Mapping Marital and Relationship Education Programs: Current Evidence and Future Directions



MAPPING MARITAL AND RELATIONSHIP EDUCATION PROGRAMS: CURRENT EVIDENCE AND FUTURE DIRECTIONS



DIFI

معهد الدوحة الدولي للأسرة
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DOHA INTERNATIONAL FAMILY INSTITUTE

Doha International Family Institute (DIFI) is a global policy and advocacy Institute working to advance knowledge on Arab families and promote evidence-based policies at national, regional and international levels. DIFI is a member of Qatar Foundation for Education, Science and Community Development (QF) and is an integral part of the Foundation's efforts to foster healthy, educated societies underpinned by strong cohesive families in Qatar and the region. DIFI has special consultative status with United Nations Economic and Social Council (ECOSCO).

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FOREWORD

We are pleased to present our report on “Mapping Marital and Relationship Education Programs: Current Evidence and Future Directions,” which provides a desk-review of marital and relationship education programs (MRE), focusing on the Arab region. Through a historical analysis of international MREs and an examination of the pertaining literature, the report underscores the importance of support towards the implementation of such programs as well as the challenges faced during implementation and provides examples of international and regional programs as best practices.

In many countries, marital stability has been a topic of interest for family scientists as well as policy makers for several years. This focus is largely because marital stability is linked to positive outcomes for children. Decades of research demonstrates that the link between family instability and poorer results range from infant and early childhood development to adulthood. Children raised by a father and mother in a stable and healthy relationship are less likely to be poor, achieve better grades in school, demonstrate an ability to cope with negative stress, and are more likely to form healthy relationships as adults in comparison to children from single-parent or highly conflictual homes.

Yet, it is important to note the many changes that the institution of marriage is facing globally. Married couples are having to deal with changing gender norms, technological changes that are leaving lasting impact on relationships, work-family balance arrangements, and many more issues that affects their relationship. Given the importance of marriage globally and specifically in the Arab region, research interest in marriage has grown and policies and programs across the region have addressed various aspects of it, which is why the Doha International Family Institute (DIFI) is keen on drawing an integrated picture of the phenomenon of marriage, noting the importance of the stability of marriage for strong families. It is within this outlook that DIFI is advocating for the development and implementation of pre-marital education programs to support newly married couples and those wishing to enter into marriage, as well as pre-marital mental health assessments and marital education to be a main pillar in educational curriculum.

Therefore, the objectives of this report revolve around describing marital and pre-marital education programs and highlighting best practices in the field at international and regional levels. The report contributes to increasing knowledge about marital education programs in the Arab region by analyzing the reality of available programs, identifying the strengths and weaknesses, and the challenges they face. The report presents recommendations regarding ways to develop and implement marital education programs in the Arab region.

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LIST OF ABBREVIATIONS

| | |
|---|-------------|
| Becoming Parents Program | BPP |
| Building Stronger Families | BSF |
| Focus on the Family Singapore | FOFS |
| Healthy Marriage Initiative | HMI |
| Intimate Partner Violence | IPV |
| Marriage and Relationship Education | MRE |
| Ministry of Social and Family Development | MSF |
| Premarital and Relationship Enhancement Program | PREP |
| Registry of Marriage | ROM |
| Supporting Healthy Marriages | SHM |

INTRODUCTION

Marital and couple relationships are facing constant changes. Families are the basic social unit and the core constituent of society, and in the Arab region, the family is formed through marriage. It is the start of a covenant partnership, which goes beyond the rights and duties of each party and highlights the pastoral, protectionist, and educational role that parents undertake for future generations. In fact, these roles are also supported by the extended families, who play an important role in the formation, stability, and dissolution of any marriage. Given the importance of marriage globally and specifically in the Arab region, and the consequent branching of patterns and the structural challenges it faces, research interest in marriage has grown and policies and programs across the region have addressed various aspects of it. With the aim of adding onto international research in the field, this report on “Mapping Marital and Relationship Education Programs: Current Evidence and Future Directions” provides a desk-review of marital and relationship education programs (MRE), focusing on the Arab region. The following section will highlight the importance of the study, followed by the objectives, context, methodology, study limitations and will end with the key findings, thus providing an overview of the report’s findings.

Study Importance

In many countries, marital stability has been a topic of interest for family scientists as well as policy makers for several years because marital stability is linked to positive outcomes for children (Amato, 2014). Decades of research demonstrate that the links between family instability and poorer results range from infant and early childhood development to adulthood. Children raised by a father and mother in a stable and healthy relationship are less likely to be poor, achieve better grades in school, demonstrate an ability to cope with negative stress, and are more likely to form healthy relationships as adults in comparison to children from single-parent or highly conflictual homes (Cummings et al., 2004; El-Sheikh et al., 2001; Ghazarian & Buehler, 2010; Evans, 2004).

Further evidence shows that children of divorced parents are 16% more probable to experience relationship dissolution themselves (Amato & Patterson, 2017). While it is widely known that parental divorce has negative consequences for children, Amato and Patterson’s study is the first to quantify the risk. Moreover, they reported that the risk for children whose parents divorce is specific, and not influenced by other factors such as education or religion. Although parents who are more educated and participate in regular religious services demonstrate more relationship stability, this did not protect their children from the effects of divorce. This risk is particularly salient because divorce and overall marriage rates are changing in many countries.

While the specific numbers differ by country and region, marriage trends across cultures and regions appear to be similar, with fewer people choosing marriage, but still desiring long-term relationships. In the Arab region, marriage trends are

affected by various social factors such as women's increased contribution to the workplace, economic and political challenges, as well as social and legal influences (National Healthy Marriage Resource Center, 2017). Additionally, the increased cost of matrimony, and the challenges of wars, conflict and migration affect the institution of marriage (DIFI, State of Marriage in the Arab World, 2019). In the United States, the rate at which people marry has also decreased over the past 30 years, but is still high in comparison to other countries at 7.3 per 1,000 (Wilcox & Sharpe, n.d.) The declining marriage rates in the United States and Europe can be attributed to many factors, some of which may vary by country. Marriage rates in European countries range from 3.8 (Spain) to 6.6 (Poland), and are higher in Arab countries at 9.9 (Egypt) and 5.1 in (Saudi Arabia).

In the United States, those who choose marriage are more educated than those who do not, contributing to a phenomenon called the **"marriage divide"** (Wilcox & Wang, 2017). Wilcox and Wang reported that 30% of working-class Americans are currently married, compared to 56% of middle-class and upper-class people. There are several potential explanations for this marriage divide. One explanation is that couples who make less money do not believe marriage is financially viable to them, although they still report a desire to marry one day (Gibson-Davis, et al., 2005). Thus, financial stability appears to affect marital decisions. However, it is not clear how financial stability is determined, or what financial threshold may need to be achieved for marriage to feel more attainable. That being said, the divorce rate in the United States has been decreasing since the 1980s (Hemez, 2017), and is currently around 3.6 per 1,000 people. Divorce in European countries varies but ranges from 0.9 (Italy) to 2.4 (Spain) divorces per 1,000 people. Divorce rates in the Arab region are lower, with 1.1 per 1,000 people in Saudi Arabia and 1.8 in Egypt. Despite the higher marriage rates, some Arab countries are experiencing rising divorce rates (Gharaibeh & Bromfield, 2012). For example, the Gulf Council Countries (GCC) experienced a 55% increase in divorce rates in the year 2016 as compared to 2010, with a recorded 72.4 per 1,000 cases of divorce in comparison to 46.7 per 1,000 respectively (GCC Stat, Issue 3, 2019). In Qatar, on the other hand, there has been a notable decline in divorce rates among Qataris between the years 2011–2017, where Qatari women's divorce rate declined from 8.8% in 2011 to 6.9% in 2017 and divorce rate among men declined from 10% in 2011 to 8.6% in 2017 (Ministry of Development Planning and Statistics, 2017).

Identifying the issues that contribute to increasing divorce, and the suitable preventive interventions, is a top priority for some governments in the Arab region. Gharaibeh and Bromfield conducted a document analysis of court-related divorce data as well as interviews with four divorced Emirati women, and found that more educated couples divorced less frequently, and that younger couples divorced more frequently than older couples. Additionally, the four women interviewed in the study reported physical violence, alcohol abuse, and infidelity as contributing factors to their divorce decisions. Despite the reasons for their divorce, all the women in this study identified divorce as **"... one of the worst traumas for an Emirati woman to endure"** (Ibid, 2012, p.448). Gharaibeh and Bromfield's findings were consistent with Arab studies they reviewed that examined the reasons couples identified for divorce,

which included factors such as age differences between couples (Abdul Jalil & Sibai, 2006; Alabbar, 2004), partner violence, challenges with being married to non-citizens (Sharjah Supreme Council for Family Affairs, 2008), parents' involvement in the children's lives, and lack of knowledge and communication skills (Ghazwi, 2007).

Recent assessments of the burden of family instability on societies indicate enormous costs to governments and taxpayers. For example, divorce in the Arab region affects the process of procreation, thus influencing fertility rates, taking into consideration that having children out of wedlock is unacceptable across the region and that it is difficult for divorced women to remarry. Thus, countries aim to stabilize and strengthen families, with the aim of expanding the population and increasing fertility rates (De Bel-Air, 2016).

In the United States, around USD 1.12 billion is spent annually on consequences of family breakdown (Scafidi, 2008). Because of these costs, as well as the impact of family instability on children, many countries began supporting marriage-strengthening initiatives. For example, the U.S. administration has invested hundreds of millions of dollars into strengthening relationships for low-income families, known as the "Healthy Marriage Initiative" (HMI). The HMI began in the early 2000s and continues today, with over USD 150 million per year funding grants across the United States to deliver marriage and relationship education (MRE) to low-income couples and individuals. These funds are also used to support fatherhood programs aimed at reengaging absentee fathers and creating a more stable co-parenting relationship, as well as to support rigorous evaluations of MRE programs, and study the effectiveness for those who attend and their children.

Various governments have also funded relationship enhancement initiatives (including MRE or other initiatives, such as couples counseling, to support healthy relationship development and maintenance) including the United Kingdom, Australia, countries in Asia, and European governments such as Germany and France, all of which provide support to strengthen couples' relationships, with some specifically targeting marriage and relationship education.

Objectives

This report aims to review and synthesize the emerging lessons from MRE research and practitioner experience to:

1. Provide a historical overview of MRE programs; identify lessons learned regarding the development and application of MRE programs;
2. Describe MRE effectiveness and other research findings; identify knowledge about the impact of MRE programs on contributors;
3. Discuss challenges to implementing MRE within a community context;
4. Present case illustrations demonstrating MRE implementation globally and regionally;

5. Map and describe MRE programs that currently exist, focusing specifically on the Arab region;
6. Analyze the content, topics and approaches used (e.g., traditional, awareness-based programs, skills-based programs);
7. Review existing literature on the impact of MRE programs;
8. Provide policy recommendations for MRE programs and identify future directions.

Context

Marital and Relationship Education Programs (MRE) are defined as **“efforts or programs that provide education, skills, and principles that help individuals (a person not in a relationship or a person without his or her partner) and couples (both partners participating) increase their chances of having healthy and stable relationships”** (Markman & Roades, 2012). Marital education programs are also known as ‘relationship education programs,’ ‘marriage enrichment,’ ‘marriage enhancement,’ ‘couples’ communication’ as well as ‘prevention of marital distress and divorce’ programs (Markman & Roades, 2012). These types of programs emerged in the United States to counteract increasing divorce and non-marital child-bearing rates. The difference between the various programs lies in the main objectives that each program aims to achieve, while noting that the objectives overlap. For example, both enrichment and enhancement programs focus primarily on promoting healthy relationships, while communication programs focus on teaching couples operational communication abilities. Prevention programs are categorized into three types: Universal Prevention, Selected Intervention Programs, and Indicated Programs. The first type of prevention programs targets young couples, at the beginning of their journey. The second type of programs tackles couples that are at risk of distress or divorce. While the third type focuses on couples that are already in the first stages of distress (Markman & Roades, 2012). The movement towards Marital Education Programs has focused primarily on educational initiatives as well as preventive programs (Doss, 2009).

Historically, MRE programs evolved from premarital programs, which are preventive interventions designed to help couples identify and solve problems before they marry. Premarital programs are an effective means for helping couples prevent marital problems later in their life, and are associated with improved communication, higher satisfaction, greater commitment, and reduced odds of divorce (Fawcett et al., 2010; Stanley et al., 2006; Stanley, 2001). Additionally, participants who attend premarital programs will probably attend marital counseling when relationship issues occur later (Williamson et al., 2014). Thus, there are benefits to premarital programs that can help couples prepare for relationship distress later in life.

Most of the content found in MRE programs revolves around three main skills: relational skills, awareness/knowledge, and motivation/virtues (Hawkins et al., 2004). The programs focus primarily on relational skills, which are based on years of research, and provide communication skills and problem solving methods

for successful relationships. Second, marital education programs teach their participants basic knowledge about marriage, such as the most common problems that should be avoided. Finally, marital education practitioners address the topic of virtues and motivation in marriage, focusing specifically on the topic of commitment (Ibid, 2004).

Other early MRE programs target couples who were already married, or considered beyond the premarital, preventive stage. MRE is typically provided to couples within a group setting and is taught by group facilitators trained by the curriculum developers (Markman & Rhoades, 2012). MRE is distinctly different from traditional marital and couples therapy because the emphasis is on skill development and application rather than exploring past experiences or specific relationship issues, and because it is taught within a group setting, similar to attending a workshop, rather than one-on-one (Markman & Rhoades, 2012). Typically, facilitators are not required to have advanced education or meet standards to practice as a psychotherapist (Ibid, 2012).

Thus, MRE programs are skills-based, manualized curricula that explain healthy relationship abilities, such as communication, conflict resolution, and problem solving (Hawkins, Carroll, Doherty, & Willoughby, 2004). Because MRE programs are most commonly taught from a specific manual, they are typically provided in a universal approach — meaning that each couple receives the same information regardless of their presenting relationship problems. The benefits of this universal approach are that couples are not asked to reveal personal information about their relationship history or family history, which makes attendance more amenable and keeps the focus of the workshops on building knowledge and attaining skills. In addition, these approaches can be provided broadly, across many different settings (e.g., community organizations, prisons, faith-based institutions) and in several different formats (e.g., workshops, online). One drawback of the universal approach and receiving the same information is that some couples may not find the specific support they need for their presenting problems or the context surrounding their particular relationship issues.

MRE program implementation has expanded and changed over the course of 15 years due to extensive research on its effectiveness, and due to increased attention in policy making and various countries' governmental support. Implementation is becoming more refined. As an example, program length and delivery strategies have been adjusted in many cases because of studies indicating that the longest programs do not necessarily yield more positive results (Hawkins & Fackrell, 2010). Further, many curricula now adopt a flexible delivery format allowing programs to deliver anywhere from two to 30 hours of educational content, depending on the specific site-delivery context. Shorter programs yield higher effects immediately following curriculum delivery, while longer programs (up to 20 hours) demonstrated stronger effects longitudinally (Hawkins, Stanley, Blanchard, & Albright, 2012). Program administrators frequently make decisions about MRE duration based upon the target population, as well as any benchmarks associated with funding. For example, programs aiming to retain large numbers of participants may implement

shorter programs to decrease the number of times participants are mandated to attend workshop sessions. However, the trade-off with shorter programs is a potential loss of positive relationship effects long after attending.

Also related to advances in implementation, there is now a focus on identifying for whom MRE programs are most effective. There is evidence that educational interventions for couples who experience greater distress may have a bigger impact than providing MRE to couples with minor problems (Carlson, Rappleyea, Daire, Harris, & Liu., 2017).

Another new avenue of implementation is based on research that has identified benefits from MRE for those who attend as individuals (Antle et al., 2013). These kinds of programs can address not only issues that committed couples face (e.g., communication and conflict management), but also issues related to relationship development (e.g., mate selection).

Although substantial literature now exists on MRE programs and their impacts, there still remain many areas that warrant further inquiry in order to maximize the benefits from these skills-based **“relational health”** programs; reflecting the positive systemic influence that relationships have on individuals.

Methodology

The aim of this report is to conduct a desk-review of marital and relationship education programs, focusing on the Arab region. It provides a historical analysis of international MREs; an understanding of support towards the implementation of the programs as well as the challenges faced throughout implementation; an examination of the pertaining literature, and finally provides examples of international and regional programs.

A systematic review was conducted by searching the databases of PubMed, Elsevier, e-Marefa, and Google scholar to find articles in Arabic and English languages. The following keywords were used to find resources related to the report’s purposes: couples, training, premarital, marital, marital programs, Arab, Gulf, Middle East, North Africa, MENA, Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, enrichment program, enhancement program, health program, preparation for marriage, educational needs, and divorce.

Limitations of the Report

Initially, the objectives of the report revolved around mapping of all MREs across the 22 Arab countries. However, this task was deemed difficult due to the lack of available online resources and complete information on the Arab region, noting however that data was available on international programs. That being said, difficulties encountered in the mapping of MRE programs in the Arab region include:

- Lack of available online information on MRE programs in general, with the exception of specific programs;
- Lack of guides for the majority of MRE programs setting out their objectives, outputs, and target groups;
- Lack of national databases (governmental, voluntary, or civil society organizations) focused on such programs in terms of participants, types of programs, expertise, etc.;
- Lack of independent electronic content on the websites of implementing agencies regarding these programs;
- Lack of studies evaluating the effectiveness of these programs in the Arab region.

Taking into consideration the aforementioned challenges, the report thus focused specifically on programs in the United States, Singapore, the United Kingdom, Qatar, Kuwait, Oman, Bahrain, Saudi Arabia, the United Arab Emirates, Egypt, Jordan, Palestine and Morocco.

The findings also take into consideration the lack of MRE programs focusing on early and mid-parental years; remarried couples; youth from single-parent homes, whose parents struggle with addiction, with incarcerated parents, who have been sexually assaulted; the impoverished, refugees and the homeless.

Key Findings

- Twenty-four MRE programs are reported in the mapping of marital education programs in the Arab region. The majority of current MRE programs identified are in the Gulf region, particularly in Saudi Arabia. Egypt, Oman and the UAE have implemented “**institutionalized**” MRE programs, whereas Qatar has implemented two programs and Kuwait, Bahrain, Jordan, Palestine and Morocco have implemented one MRE program.
- MRE programs in the Arab region have focused mainly on newly engaged or married couples, where nearly 90% of current MRE programs in the Arab region focus on premarital and early marital content. And only two programs focus on late- and post-parental years (+40 years old). The most implemented approach and type of MRE programs in the region are (1) Structured, curriculum, groups and skills-based MRE programs; and (2) Awareness-raising program. In curriculum-skills program, couples receive a combination of lectures, demonstrations, and presentations about marital skills. A skills-based program sets forth learning objectives, models desired behaviors (skill), and allows couples to practice the skills followed by reinforcement and feedback. Awareness-raising programs concentrate on the communication of information, explanation of the expectations, and addressing couples’ knowledge of vital relationship progressions that impact relationship outcomes.

- The content of MRE programs revolves around 12 topics/skills. Similar to international MRE programs, relationship skills — communication, problem solving) — have been the primary emphasis of most of the programs. In addition, many programs teach participants basic understanding and attitudes towards marital relationships such as financial management, rights, responsibilities, and health aspects within a marital relationship. However, there are other aspects that appear to be less incorporated in current MRE programs such as motivation and virtues.
- The majority of MRE programs in the Arab region have a moderate dosage (9–20 contact hours). Only seven out of 24 MRE programs have a high-level dosage in the region.
- The main policies used to promote MRE programs to the public and attract participants in the Arab region are Certification Policy (participants receive certificate of participation upon completion of the program) and Free Fees Policy. Only two MRE programs are mandatory.
- There is a lack of programs with a focus on adolescence, early parental years, mid-parental years, remarriage and disadvantaged groups — youth from single-parent homes, youth whose parents struggle with addiction, youth with incarcerated parents, youth who have been sexually assaulted, impoverished youth, youth refugees, and homeless youth.

CHAPTER ONE: TOWARDS THE IMPLEMENTATION OF MRE PROGRAMS

1.1. Historical Context for MRE

As aforementioned, traditional relationship education programs (i.e., premarital education) focused primarily on engaged couples, and preparing them for their imminent marriage. Premarital education programs began in the 1930s, when the Philadelphia Marriage Council provided programs to engaged couples in order to address problems commonly experienced in marriage (Stahmann & Salts, 1993). Program implementation typically occurred through clergy, or people affiliated with various religious institutions. Programming was usually provided in a universal method and did not account for cultural considerations. However, in these early iterations of MRE, couples often attended these programs in one-on-one meetings with their respective clergy, and the program could be just one session or entail several meetings, depending on the preference of the clergy member providing the services or the specific curriculum being implemented. In the United States today, approximately 43% of couples getting married receive premarital education of some kind, and most are delivered in church settings (Rhoades & Stanley, 2014; Stanley et al., 2006).

Family science scholars began developing and studying secular premarital and MRE programs in the early 1980s (Markman & Floyd, 1980). Some well-known premarital curricula, such as PREPARE, were designed to address issues couples faced representing many kinds of premarital relations and focus on common issues of disagreement such as spending time together, navigating finances, or the influence of extended family on the couple's relationship (Olson, 2002). Olson's curriculum has been implemented by clergy and professionally trained couples therapists, and it has been included in numerous research studies (e.g., Fowers & Olson, 1992). Other curricula were designed to focus on foundational components of healthy relationships, particularly communication skills training. One example is the Premarital and Relationship Enhancement Program (PREP; Markman et al., 2010), which has also been disseminated widely and integrated into faith-based premarital curricula (e.g., Stanley et al., 2001).

Premarital programs are thought to be effective for couples because, as Stanley (2001) reported, they foster deliberation, address the importance of marriage, assist couples in understanding about alternative help should they need it, and, most importantly, decrease the risks for possible marital issues. As detailed later in this report, there is proof of the success of these kinds of programs in terms of fostering healthy relationships (Fawcett et al., 2010).

The success of these programs has led to the evolution of MRE programs that expanded the target audience and addressed relationship issues in more depth. For example, whereas premarital programs might help couples identify shared values for negotiating problems, MRE curricula may help couples identify hidden issues

that have developed over time in their relationship, develop an understanding of how those issues affect communication, and teach specific communication tools that help couples create new and healthy dialogues (Markman et al., 2010).

Numerous relationship education curricula emerged between 1980 and 2000. Many of the curricula focused on similar topics and issues, such as communication and conflict resolution, but varied in their approach, training requirements, and theoretical underpinnings. For example, PREP is a behavior-based program that emphasizes effective communication skills and healthy conflict resolution. Another curriculum, Practical Applications for Intimate Relationship Skills (PAIRS), utilizes a multigenerational family-systems framework and includes more emotionally based sharing between couples. Although few studies have compared programs to one another, relationship education programs have been examined in numerous research studies, with many demonstrating their effectiveness (Blanchard, Hawkins, Baldwin, & Fawcett., 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins & Erickson, 2015), including with different countries and cultures. Specific examples are provided later in this report.

As relationship education curricula evolved, programs and adaptations of prevailing programs were developed to help address the specific requirements of different target audiences. For example, there are variations of PREP, such as Within My Reach, that are intended for people who attend workshops individually. The Within My Reach curriculum emphasizes the importance of safety in a relationship, as well as choosing a partner wisely, neither of which may be appropriate to address with couples (Rhoades & Stanley, 2009). Many curriculum adaptations emerged as support and research for MRE programs increased. Family scientists from various countries developed culturally specific adaptations to well-known programs, or developed their own programs to align with cultural norms.

1.2. International Support for the Implementation of MRE

Funding increases in the United States for MRE programming significantly enhanced the number of people and organizations providing relationship education services, access to these programs, the quantity and quality of relationship education studies, the number of professionals trained in various curricula, and the interdisciplinary collaborations aimed at discussing best practices and sharing innovative ideas. Considering the very low uptake of couples therapy (only about 20% of people in the United States who divorced consulted a therapist beforehand; Johnson et al., 2002), MRE programs have likely provided support for many couples who would not otherwise typically seek any assistance for their relationships.

As a result of these now far-reaching efforts, the impact that government support has had on the promotion of MRE over the past two decades is difficult to quantify. In early versions of implementation, delivery of MRE was mostly limited to middle class, homogenous couples. It is now implemented with culturally diverse and low-income couples and individuals across many different community settings. It has also evolved to include many levels of community-based interventions, from serving

youth in schools to meeting the needs of those in long-term marriages (Hawkins & Van Den Berghe, 2014).

These efforts are apparent both in the United States and internationally (Markman & Halford, 2005). The Australian government provides support for MRE programming through the Marriage Act of 1961 (Halford & Simons, 2005). Funding provided in Australia has created unique avenues for MRE delivery, such as through school-based curricula where students learn about interpersonal relationships and through public and private providers for couples. About 30% of Australians planning to marry report having attended some form of pre-MRE (Halford & Simons, 2005).

Other regions of the world, such as Asia (Huang, 2005), have implemented relationship education as well to help mitigate growing divorce rates and declining marriage rates. For example, the Singapore government provides approximately 90% of the funding for family centers that implement relationship education. These centers have reached more than 4 million residents. China has also provided support for relationship education by cosponsoring a conference promoting relationship education to Chinese government officials and other primary stakeholders (Huang, 2005).

In Norway, relationship education has received government support since 1994 (Thuen & Laerum, 2005). Given the high rate of cohabitation and low marriage rate, the Norwegian government provides mechanisms of support to both public and private institutions to offer MRE. The primary aim of relationship support in Norway, as in many countries that support such relationship enhancement efforts, is to provide better opportunities for children, and protect them when relationships may dissolve.

Though there are now many variations in MRE programs — different formats, several different curricula and cultural adaptations, different populations served — the aim is generally the same: to improve the health of relationships so that children grow up in the best family environments. As government policy efforts to support the establishment and maintenance of healthy relationships has increased, so too has the responsibility to understand if and how MRE programs work. Thus, numerous studies have emerged over the past decade that examine the benefits of MRE programming, including variation in strategies for program delivery, and developments in understanding who may benefit most from MRE interventions.

1.3. Review of Government Support for MRE

While government policies designed to help couples support and maintain long-term relationships have been implemented ultimately to help children thrive in more stable home environments, criticisms exist of utilizing federal monies to support couple relationships. A primary concern surrounds the notion that MRE programs in the United States have largely been funded to support couples who are economically disadvantaged. Critics assert that relationship stability does not mitigate the effects of poverty, and that it is misleading to suggest couples who marry will no longer experience the negative consequences associated with low

income (Johnson, 2012). Some argue that policies and government funds should instead be spent addressing the many contextual stressors facing low-income families that prevent them from access to the same resources as more economically advantaged families, rather than pushing a marriage agenda (Karney & Bradbury, 2005; Randles, 2017). An additional argument is that MRE has not been shown to be effective for disadvantaged couples and families (Johnson, 2013). Johnson argues that more rigorous studies (i.e., randomized controlled trials) have not been consistent in their findings, and only a few have produced positive effects. He argues that these effects are small and appear to fade over time, and notes that most of the positive effects are from less rigorous, pre-post (i.e., no control group) studies. However, as Hawkins and colleagues (2013) argued, Johnson neglected to note that subgroup analyses of randomized controlled trials have been consistent in their findings that couples entering MRE with higher overall distress do benefit from the intervention and that those who are more disadvantaged benefit more (Amato, 2014; Stanley et al., 2014). Additionally, small effects from large-scale studies are noteworthy, especially given the challenges that many community-based studies experience with retaining couples in MRE.

Many of these criticisms assume that policies supporting MRE are intended as a panacea to solving economic, environmental, and relationship problems for disadvantaged couples. Hawkins and colleagues (2013) argued that MRE policy is not intended as a poverty policy that removes economic challenges facing low-income couples, nor is it intended to push marriage on those who are not otherwise considering getting married. Instead, MRE policy is driven by data demonstrating that children experience more positive outcomes when their parents are engaged in healthy relationships. Couples who experience difficult environmental or financial stressors and have a strong relationship may be better suited to cope with such stressors after attending relationship enhancement programs such as MRE. Additionally, while the data as a whole has been mixed about MRE's effectiveness, analyses that examined effects for specific subgroups, such as high-distress couples, are clearer about its benefits. Therefore, while government policies supporting MRE and other relationship enhancement strategies will not resolve all the challenges facing families, they do provide families with much-needed relational support and can build hope for the future.

MRE research across cultures has been mixed about the benefits for couples who participate, but the data shows reason for optimism about the positive influence MRE may be having on couples and children. Thousands of couples in numerous countries have attended MRE when and where available. Even when statistical analyses reveal non-significant or small effects, couples consistently report being highly satisfied with the MRE programs. While satisfaction surveys are not rigorous, the discrepancy between highly satisfied participants and some non-significant effects may indicate a need to re-evaluate the constructs family scientists are measuring when evaluating MRE programs. Certainly, there is enough information to support continued research into the benefits of supporting couples in the maintenance of healthy, long-lasting relationships.

CHAPTER TWO: REVIEW OF MRE RESEARCH

Despite extensive research, gaps exist in understanding more clearly how and why people who attend MRE experience benefits. For example, factors such as couples' motivation for change or quality time spent together likely influence their experiences during MRE programming. Couples who are more motivated to work through hard times in their relationship may make more sacrifices to attend MRE programming offered over the course of several weeks; or couples from cultural backgrounds where strong family relationships are valued may be more amenable to participating in relationship-strengthening workshops. Additionally, when couples with children attend MRE together, it is often the only time they spend together without their children, which provides them opportunities to rekindle positive feelings towards one another and practice prioritizing their relationship. While research has not yet examined the impact of the quality time couples spend together when attending MRE workshops, couples frequently cite this as a benefit of participation.

The group alliance, or the relationship couples in the MRE group develop with each other, may also be a strong contributing factor in generating positive effects. Often, MRE groups comprise couples in varying relationship contexts, with some dating or in early marriage while others may be in the advanced period of their matrimony. Couples frequently report the remunerations of hearing other couples share the strengths and challenges they have experienced. The sharing of such experiences is a benefit of the group approach, because when couples hear others sharing struggles, they feel validated in their own relationship challenges, which may also provide hope for them about the future of their relationship. However, research has not yet studied this process within the context of MRE programming.

Moreover, couples are often provided opportunities to benefit from resources in the community. When couples report feeling supported through a network of community resources this is known as social capital. Stronger social networks and resources to support family relationships are likely associated with more positive relationship functioning. Yet these factors have rarely been studied by MRE researchers. Some MRE programs provided couples with case managers to help connect them to community resources that might remove barriers to attending MRE workshops. In some instances, case managers also met with couples to strengthen the skills attained in the program. Few studies examined the benefits of providing case management services.

One study examined the characteristics of couples who attended case management visits (Carlson et al., 2016). Results indicated that couples reporting higher distress at the start of the MRE program attended more case management visits than their counterparts. Yet this finding was not maintained when income was included in the prediction model, indicating that income may account for this association. To implement effective services more efficiently, research is required on the impact of community resources, and the benefits of including case management as a supplemental service with MRE programming, as well as which couples benefit most from these services.

Additionally, because only a handful of studies examined MRE's long-term benefits (Allen et al., 2017; Halford et al., 2004; Markman et al., 1993), little is understood about how long couples experience relationship improvements. Due to timeline restrictions associated with federal funding, many MRE evaluations were limited in how long they followed couples after program completion. Moreover, it is difficult to maintain contact with couples after completing the program because they frequently move, or they may no longer feel compelled to participate in the research. Consequently, numerous MRE evaluations do not examine change beyond the last program meeting.

Another gap in MRE research is that although many government-funded programs do support long-term child outcomes, few studies examined the long-term benefits for children of couples who attended MRE. While some programs offered MRE to parents of young children (Adler-Baeder et al., 2010), child outcomes beyond parent participation (e.g., externalizing and internalizing behaviors) have not been studied with the same frequency as relationship outcomes for participating couples. However, Cowan and Cowan (2014) reviewed nine intervention studies that examined the benefits to children whose parents attended MRE, in both the United States and the United Kingdom. Many of the studies varied in the specific intervention, duration, and workshop format, as well as whether they included married couples or those who were not married but still co-parenting. Results from these studies were mixed, with some reporting small effects for children based on parent self-report of the child's behavior (Cowan et al., 2005; Feinberg et al., 2009; Hsueh et al., 2012; Wood et al., 2010). More studies are needed to clearly understand how parents' involvement in MRE programs influence their children immediately after participating as well as over the long term.

There are various studies that showcase how children who witness their parents engaged in healthier relationship behaviors may model some of those healthy behaviors. One qualitative study of MRE participants found that older Hispanic couples reported they attended the relationship workshops because they wanted to share the information with their younger family members, hoping to assist them in not repeating similar mistakes they made in their own relationships (Daire et al., 2012). The findings from this study reflect the collectivistic nature of Hispanic families in that they may take advantage of family-strengthening policies and programs to support other family members rather than just themselves. Understanding the cultural nuances specific to various couples may help improve program implementation, as well as understanding how best to measure program success. For example, if couples from more collectivistic cultures are the primary target of MRE programming, then marketing material can be tailored to the family benefits of strong relationships, rather than the individual benefits of participating in relationship enhancement programs. Researchers could also tailor outcomes that examine relationship quality with other family members, rather than simply studying how the couple's own relationship has improved.

2.1. Youth-Serving Programs

While most MRE implementation and research has occurred with adults, programs that serve youth also exist. Such programs, entitled “Youth-Serving Relationship Education,’ or ‘Adolescent Relationship Education,” are predicated on the notion that providing relationship enhancement skills to youth will help them select partners more intentionally, and ultimately engage in healthier long-term relationships. Additionally, these programs may aim to prevent unintended pregnancies in teens, which is a more prevalent problem in some cultures. However, limited research exists supporting the efficacy of youth-serving programs. Several youth-serving relationship education curricula exist; however, most do not have strong research support because so few studies have been conducted on their efficacy (Scott et al., 2012). Only two of the 16 youth-serving relationship education curricula reviewed by Scott and colleagues had support from rigorous randomized controlled trials.

The Love U2: Relationship Smarts PLUS program (www.DibbleInstitute.org) was designed for all youth and includes at least two studies supporting its efficacy (Barbee et al., 2016; Kerpelman, Pittman, Adler-Baeder, Eryigit, & Paulk, 2009; Kerpelman, Pittman, Adler-Baeder, Stringer, Eryigit, Cadley, & Harrel-Levy, 2010). Kerpelman and colleagues tested the Love U2 program with high school students in a southeastern state in the United States. Results demonstrated positive effects in romantic relationship attitudes and beliefs, but these changes did not last over time. Love U2 teaches teens skills to develop emotionally healthy relationships. The program is delivered in a classroom setting at school and therefore requires a strong partnership within the school environment. Identifying at what point during the day students will be eligible to leave the classroom, instruction to participate, as well as where in the school and which students will participate, are all logistics that require a partnering school with strong program buy-in. Love U2 has not yet been adapted for global cultures. However, youth-serving programs such as this may help prevent later relationship challenges as teens transition into young adulthood.

Hawkins et al. (2004) argue that adolescence is a productive time to influence youth with relationship and marital education. For example, high-school courses, such as the PREP-based Connections, incorporate relationship and marital education in the course. Many youth have dealt with their parents’ divorce as well as the impact of an absent father, and some find it difficult to identify longstanding marriages in their communities. Furthermore, outlets may provide confusing and wrong ideas about relationships (Harris & Scott, 2002). In these situations, many youth do not comprehend the meaning of marriage, how it can help society and how well-established marriages are unrelenting. Hence, we call for marriage education for youth which will assist them in falling into resilient marriages in the Arab region.

2.2. Challenges to Implementing MRE with the Vulnerable

Challenges exist to implementing MRE programs effectively, especially when services are provided to underprivileged couples and families. While challenges may

vary depending on the country and geographic region of program implementation, there are mainstays that should be considered when developing new policy to support MRE, or for programs just beginning to provide services. It is first critical to grasp the stigmas related with receiving relationship support. Stigma differs based on the country and culture of services. For instance, countries such as Australia have been providing government-sponsored relationship support for several years, and large numbers of couples (about a third) have enrolled in sponsored services. As a result, the stigma associated with relationship support interventions is likely reduced. Additionally, government-supported relationship services that are offered to couples requesting a marriage license may make participating in preventive MRE more amenable, as couples may perceive this to be part of the marriage process. Singapore offers such services, as some researchers in Sweden have as well. Additionally, some U.S. states (e.g., Florida, Utah) provide incentives for couples to receive a reduced fee on their marriage license if they have attended a premarital course with an approved provider. However, there are often no standard methods of premarital education delivery, as some “classes” merely result in a one-time meeting with clergy or a religious leader.

Although the U.S. government has provided support for MRE, there is an inherent stigma to receiving relationship support, and typically women are more open to participating in relationship enhancement services than men (Doss, Atkins, & Christensen, 2003). Developing marketing strategies, promotional materials, and guidelines for program staff about how to talk about services to prospective participants may help alleviate some stigma. For example, one U.S.-based MRE program developed a policy of speaking with the couple prior to scheduling them to partake in MRE. This practice helped men feel more included in the decision to participate and provided program staff the opportunity to demystify the experience. Further, one study demonstrated the benefits of a state-wide media campaign to promote awareness of pre-MRE classes, especially for more vulnerable and high-risk couples (Hawkins, Higginbotham, & Hatch, 2016). Findings revealed that the media campaign successfully targeted ethnically diverse couples, as those from non-European American backgrounds had greater odds of participating in premarital education after the campaign.

Additionally, understanding environmental stressors facing couples and families in the target geographic region is important. For example, many low-income families are transient and may not have support in the local region. Providing supports that reduce barriers to attendance is key for serving certain populations. For many couples, child care support is a necessity in order to participate. As aforementioned, couples may also see child care as an opportunity to spend quality time with each other. Another environmental stressor facing low-income families is reliable transportation, as couples sometimes cannot afford the costs of travel to and from the site where services may be offered. Thus, locations that are conducive to public transportation, or monies to support transportation (e.g., Uber or Lyft), are important for consistent participant attendance. For many, food insecurity is also a barrier not only to attendance but also to family stability more generally, thus many programs provide meals and leftovers as well as referrals for food assistance.

The two challenges mentioned above are examples of broader recruitment and retention obstacles that many MRE programs experience. Identifying individuals, couples, and families to participate, and keeping them in the program, are key factors to implementing MRE effectively, as well as being responsible stewards of any government monies supporting programming. Strong community partnerships are key to effective recruitment and retention practices. Identifying other organizations in the local community who provide complementary services to the target population can help create a more community-engaged approach. For example, faith institutions are often interested in providing their congregations with relationship tools to sustain and maintain strong marriages. Partnering with religious leaders to provide MRE on site for their congregations provides a unique opportunity for members, and in an environment they trust. Health care centers also provide opportunities to collaborate by sharing information about MRE programming with patients. Many health care providers recognize the physical health benefits associated with healthy relationships, but do not provide these services themselves. Such approaches help increase trust, as participants may hear positive things about the MRE programming from other people, their providers, and a range of organizations in the community.

Finally, culturally sensitive and appropriate programming can be challenging. Many MRE curricula are designed for a one-size-fits-all delivery, meaning that the content, duration, and delivery are not typically tailored for the specific population. Although MRE curricula may offer different versions (e.g., PREP Within Our Reach vs. Within My Reach; Pearson, Stanley, & Rhoades, 2008) to address factors such as attending as a couple or individually, there are few curricula designed specifically for cultural adaptation. Many of the countries supporting MRE identified in this report incorporate similar curricula, such as PREP, and have adapted the material to meet the specific cultural needs of participating couples. Therefore, working with curriculum developers to make culture-specific adaptations will help participants feel like the material is more relevant to their needs and could increase the program's effectiveness.

2.3. Appropriate Populations for MRE

While MRE has been implemented with couples, individuals, and youth who experience a variety of individual and relationship problems, it is not an appropriate approach for all who desire to participate. There are some presenting issues that should be addressed prior to learning relationship skills. For example, people struggling with active substance abuse may not be appropriate to participate. Many relationship issues occur as a result of substance abuse, and use of healthy communication skills is impaired by someone who is under the influence of a substance.

Additionally, someone experiencing psychiatric problems, such as untreated schizophrenia, or other major mental health disorders, should receive appropriate treatment prior to participating in MRE. That said, research supports the correlation between relationship distress and individual distress symptoms such as depression

and anxiety. Some MRE studies also found that participating in relationship education reduces symptoms of depression and anxiety (e.g., Carlson, Daire, & Bai, 2014; Carlson et al., 2017). Therefore, while people struggling with major mental health issues should be treated for those issues prior to attending MRE, those with more prevalent and typical mental health struggles may benefit from receiving relationship enhancement support.

Another important consideration for MRE participation is intimate partner violence (IPV). While IPV may be conceptualized differently in various cultures, physical violence between members of a couple, as well as other abusive relationship behaviors that result in one partner attempting to establish power and control over another, should be considered when evaluating the appropriateness of MRE. Many relationship skills programs teach couples to communicate using mutual respect and viewing each member of the couple as having equality within the relationship. In other words, it should be safe for members of a couple to communicate their feelings openly. Therefore, implementing such relationship skills when this mutual respect does not exist may cause further problems in the relationship and, in some extreme cases, compromise the safety of a victim. The prevalence of couples experiencing some form of IPV and who attend MRE is relatively high, with some estimates as high as 39% (Bradford et al., 2011; Halford, Petch, Creedy, & Gamble, 2011). Additionally, some studies have indicated that MRE reduces IPV (Antle et al., 2011; Carlson et al., 2018; Cleary et al., 2011; Markman et al., 1993; Rhoades & Stanley, 2011; Wilde & Doherty, 2011) while improving overall relationship satisfaction. However, these studies typically exclude couples reporting the most severe forms of IPV (i.e., those motivated by power and control). No research has established how couples with the most severe IPV respond to MRE. While there is not one uniform method for determining MRE's appropriateness given a couple's presenting problems, those implementing MRE should consider a detailed protocol that includes screening methods and measures to ascertain the severity of any IPV.

CHAPTER THREE: CASE STUDIES ILLUSTRATING MRE

The following case illustrations represent various aspects of MRE, from deciding on the appropriate curricula to use to the implementation of the program. First, we demonstrate different strategies for the implementation of MRE programs. The first illustration presents a U.S. community-based program that is supported through a grant from the federal government. The funding for the U.S. program is time-limited, although it has been renewed over the years. The second illustration describes how MRE has been implemented internationally, specifically in Singapore, through permanent governmental support, where participant recruitment and program implementation are integrated into pre-existing federal programs. We then discuss a program in the United Kingdom that represents a “full service” center for relationship programming. Finally, we discuss a select few MRE curricula, comparing and contrasting their content and implementation.

3.1. U.S.-Based MRE

The following case illustration presents an MRE program that has operated in the southeastern United States for 15 years. The program has been funded through federal grant monies aimed at providing MRE for low-income couples and individuals, and is housed within a large university. Since it was first funded 15 years ago, the program has incorporated numerous MRE curricula and conducted several evaluations of the services, including more rigorous randomized controlled trials and less rigorous pre-post designs. Despite these varied approaches, many programmatic aspects, such as recruiting and retaining couples, have remained the same.

Over the years, this program has developed and maintained strong community partnerships in the local area. One of the primary aims of the community partnerships is to help identify and recruit participants into MRE. Program staff work with community partners to educate them about the MRE program, how it may benefit their clients, and the process for enrollment. Additionally, this program employs a team of recruiters whose main job is to recruit people for the MRE workshops. As such, they rely on both active and passive recruitment practices to fill the MRE workshops. Active recruitment strategies include practices whereby the recruitment staff speak directly to participants at community organization locations, informing them of the program, and asking if they would like more information. Passive recruitment strategies include methods that are participant-motivated, such as hearing about the program from a former participant, noticing a flyer in public, or finding the program information on the internet and calling to inquire about participating. Active recruitment yields more program referrals, with fewer people attending initial workshops and completing, whereas passive strategies result in fewer initial referrals, but higher program retention. Therefore, a combination of both strategies helps this program meet enrollment benchmarks.

Some additional passive recruitment strategies include use of social media, such as Facebook and Twitter, to announce upcoming program workshops. Guest-speaking on local radio and TV shows has also provided a chance to reach a larger audience in the local community.

The MRE workshops are provided during numerous days and times to accommodate varied participant schedules. Workshops occur primarily on weeknight evenings for three hours, over the course of four weeks. Some workshops occur on Saturdays as well. This program has implemented one-day and two-day weekend workshops over the years, with data indicating no difference in program effectiveness by workshop format. The program currently offers two versions of PREP, Within Our Reach for couples attending together, and Within My Reach for those attending individually (they may or may not be in a current relationship). All workshop organizers have undertaken training from PREP and receive regular supervision from program administrators. The supervision helps ensure program fidelity across facilitators. Most workshop facilitators do not have professional training as counselors or social workers but are lay people, and some have participated in the PREP workshop in previous years. Therefore, they have an appreciation for the experience of being a couple attending these workshops. For all workshops, childcare is provided to participants at no cost, as well as lunch or dinner, depending on the time of the meeting. These services are considered a necessity, as people would likely not otherwise be able to attend. Moreover, the federal funding requires that all programs employ a case manager to meet with the couple or individual, either in person or on the phone, to address any needed resources, or provide coaching on the curriculum material.

Over the years, this program has been primarily a center-based MRE program, meaning that all services were provided in one location. However, this model has been difficult for many people in a large urban city, because transportation can often be unreliable and traffic is daunting, which may prevent people from traveling. Therefore, a second location was established on the opposite side of the city in order to serve better those who could not travel. Furthermore, the program exists in a geographic area populated by a large number of Hispanic families. Program participation is roughly 60% Hispanic/Latina. Therefore, the program employs a large number of Spanish-speaking staff, and provides program services in both English and Spanish.

This program has learned many lessons throughout its 15 years of MRE delivery. Many of these lessons concern methods of engaging people in the services effectively. For example, the program is intentional about speaking with both members of the couple before scheduling their initial workshop, and when conducting reminder follow-up contacts. This is to help make sure that the couple feel more included in the decision to participate and can ask questions. Additionally, the program staff seek to develop strong relationships with each couple so that they feel more connected and cared for, making them more likely to return. The program also recognizes the importance of community stakeholders by hosting community partners four times per year, to present them with program updates and discuss

how the MRE programming may be complementing the services provided by the partnering agencies. Overall, because this program has been providing MRE for a number of years, many people in the community are familiar with the MRE services and the quality of programming. This positive reputation has created momentum when recruiting new participants and forming new community relationships.

3.2. International MRE

Singapore's Ministry of Social and Family Development (MSF) provides significant support for couples pursuing marriage, or already married, and desiring to participate in marriage and relationship education. Through MSF, couples in Singapore can receive an introduction to PREP, a two-hour talk for couples at the Registry of Marriage (ROM) offered daily in both English and Mandarin. Couples can also elect to receive a more robust 12-hour version of PREP over one weekend. The MSF will reimburse the cost of the relationship education workshops for partners who complete the workshop. Because couples are informed of the opportunity to receive MRE at the ROM, there is little active recruitment involved. Thus, this is an efficient method of supporting couples in their relationships. It is no surprise that over 3,000 couples have participated in the marriage and relationship education since Singapore's MSF began offering these services in 2014, and over 90% of them endorsed the services they received.

Prior to 2014, Singapore's Ministry of Community Development, Youth and Sports published psychoeducation literature, and provided support to 36 Family Service Centers in their provision of marital and family counseling, and family life education (Huang, 2005). A non-governmental organization called Focus on the Family Singapore (FOFS), in collaboration with the Singapore government, also provided relationship support such as lectures, radio programs, publishing audio-visual materials, and developing psychoeducation programs specifically for the people of Singapore, as well as training leaders to implement the MRE. In a one-year period (2003), FOFS implemented over 160 workshops reaching over 11,000 people (Huang, 2005). The willingness of the Singapore government to support relationship enhancement programs, and to partner with organizations that already provided such services, no doubt led to the success of these programs in reaching large numbers of people.

The implementation of the Singapore MRE model is different from the structure of many U.S.-based programs. Singapore offers shorter workshops and integrates the programs into pre-existing services. As a result, they have reached thousands of couples in less time. Additionally, government funding is more reliable and indefinite, rather than based on time-limited, competitive grant applications. However, rigorous research has not been conducted on the programs provided in Singapore. Studies are needed to determine how these programs affect the couples who attend, as well as their children.

Malaysia offers another example of a governmentally supported pre-marital education program. The Integrated Module for Premarital Course was founded in

1996 by the Department of Islamic Development Malaysia (Saidon et al., 2016). The course was initiated as a response to the high percentage of divorce rates in Malaysia, which have notably been declining since 2016 with a 3.2% decrease in Muslim divorces between 2016 and 2017 and a 3.4% decline for non-Muslim divorces, according to the Department of Statistics Malaysia. The course is mandated for Muslim couples wishing to marry and offers a certificate to the couple upon completion of the course, to be produced with the application for marriage. The course is held over a period of two days and covers topics of faith, worship, procedures of marriage, health, financial responsibilities as well as marital conflict and management (Saidon et al., 2016). Couples who were previously married, are above 45 and 40 years of age for men and women respectively, persons with disabilities and foreigners are exempted from attending the course (mygov Malaysia, 2019).

As aforementioned, the United Kingdom has provided government support for MRE and other relationship enhancement efforts. In addition to the funded efforts previously discussed, one organization in the United Kingdom has been particularly prevalent in the promotion of research, training, and policy surrounding relationship enhancement efforts: Tavistock Relationships (www.tavistockrelationships.ac.uk). Tavistock has uniquely positioned itself as a holistic clearinghouse for relationship support efforts in the United Kingdom. For example, they provide courses from the basics of relationship support to specific degree programs. Additionally, they provide training in specific couple-related interventions that range from working with parents to strengthen their coparenting relationship to addressing domestic violence, or working with couples where one member suffers from depression or dementia. Specifically, one such program advanced by Tavistock is entitled Parents as Partners. This program was developed by researchers in the United States, Drs. Philip and Carolyn Cowan, and aims to support all family relationships, including coparenting and parent-child, while addressing multi-generational family issues. Through funding from the UK's Department of Education, Tavistock trains facilitators in this approach to deliver the workshops for parents. Tavistock also conducts research and works with partners to test specific interventions designed to support couple relationships. As a result, their work has been published in numerous outlets, and helps inform policy designed to strengthen couple relationships in the United Kingdom. Tavistock represents a unique approach to supporting relationship enhancement because it addresses multiple facets, from implementation to conducting research and providing specific training.

3.3. MENA MRE Programs

Twenty-four MRE programs are reported in the mapping of the Arab region, to the best of the author's knowledge. The majority of current MRE programs identified are in the Gulf region, particularly in Saudi Arabia (see Figure 1). Egypt, Oman and the UAE have implemented "**institutionalized**" MRE programs. Qatar has implemented two programs and Kuwait, Bahrain, Jordan, Palestine and Morocco have each implemented one MRE program.

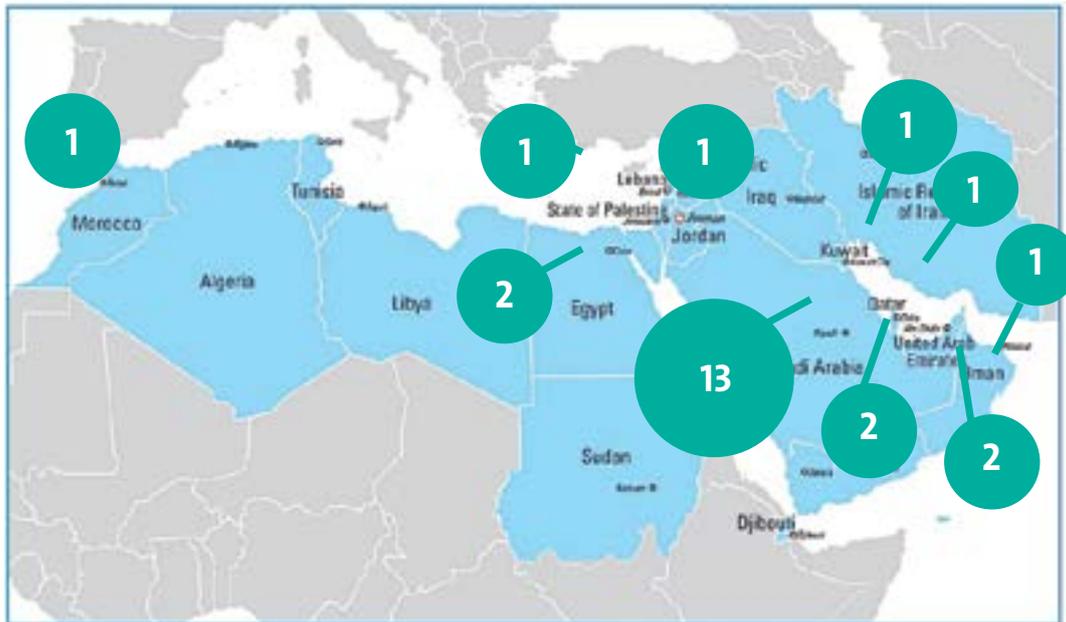


Figure 1. Geographical Mapping of MRE Programs in the Arab Region (number of programs – to the best of the author’s knowledge)

3.3.1. Gulf Cooperation Council (GCC) MRE Programs

In Qatar, two MRE programs were identified. The first program is premarital in nature. It is conducted by the Qatar Foundation for Social Work’s Family Consulting Center (Wifaq), a private Qatari institution established in 2002 by Her Highness Sheikha Moza bint Nasser. The center provides guidance and counseling services, including training to enhance family cohesion, promote marriage, and mitigate the risk of divorce. The training on pre-marital education provides a holistic approach through focusing on various perspectives: health, financial management, social and cognitive behavior, conflict resolution, religion; it is based on a curriculum and skills-based training approach. The program is held over a period of five days for 40 trainees of both genders and provides a certificate upon successful completion. The program has already held over 28 seasons and has trained 3,149 persons, with women representing 59% of the participants. The program provides a self-diagnostic inventory (feedback approach) and is based on community awareness raising.

Marital workshops are also available in Qatar, through faith-based charitable institutions such as workshops implemented by Sheikh Thani Bin Abdullah Foundation for Humanitarian Services (RAF) in 2016, which held their seventh marriage program Efaf-7. RAF is a humanitarian institution that works in more than 97 countries, providing humanitarian relief. The training is held over a period of 5 days, directed at both females and males. The training offers curriculum and skills-based training through the form of lectures on religion, financial management, relationship roles, cognitive behavior and social aspects of marriage, and targets 1,000 youth in Qatar. The aim of the program is to deliver marital support including financial assistance to youth wishing to marry, as well as raise community awareness, and as such is a mandatory course for representatives of this program.

In Kuwait, one training program was identified, conducted by Mawada, a national program that aims to train 200 youth on marriage. The program lasts a period of three months and is both pre-marital and marital in focus. It provides curriculum and skills-based training through the form of workshops, lectures, counselling, as well as individual evaluation for the trainees. The optional program aims to educate and encourage youth to marry and establish stable families as well as decrease the number of never married women in the Kuwaiti society and mitigate divorce. The program provides a holistic approach and focuses on various aspects of marriage including familial conflict and cognitive behavior. The program targets Kuwaiti youth between the ages of 21 and 32 and provides a self-diagnostic inventory (feedback approach) using certification.

Various workshops are also held in Kuwait on marital counseling. For example, a diploma in family counseling was conducted in 2014 by Dar Al Afkar Consulting and the Kuwait Counseling Center for a period of four days. The program aims to train experts on a curriculum and skills-based training on family counseling, and focuses on understanding family counselling, family conflict, and communication between couples, work pressure and its impact on the family, anger management and cognitive behavior.

In Oman, the Ministry of Social Development re-launched its national program Tamasuk in February 2019, to be conducted over the period of 2019–2020. The program targets Omani and expat married and engaged couples, and focuses on marital counselling, family cohesion and family protection. The program is optional in nature and educates couples in various aspects such as health, legal, religious, economic and social.

Bahrain showcases the Marriage License Program, a 5-day program targeting young people to raise awareness on marital relationship. The program includes a wide range of family, social and community awareness raising sessions, and is delivered by specialized trainers from Bahrain as well as other Gulf states.

Saudi Arabia boasts the largest number of MRE in the Gulf region with a total of 13 different programs held across the country, raising awareness on marital issues. The programs include, among others, the following: Taaheel program, a three-day program consisting of a curriculum and skills based training offered by a number of specialists in family counselling. The program aims to educate young people on different aspects of marital relationships and responsibilities. The Marriage License Program, a two-day program that targets young people and newlyweds. The program aims to develop couple's skills such as religious, jurisprudence, psychological and emotional aspects of marital relationship. The Mawaddah MRE is a three-day program that aims to raise awareness and educate young people on different aspects of marital relationships such as religious, psychological, social, economic and personal dimensions. The program is hosted by a civil society organization, Al Mawaddah Society for Reform and Family Empowerment. The Family Enrichment program is a one-day program that aims to educate couples on how to build a stable family life. Based on a scientific methodology system that tests the project participants through a standard

questionnaire before and after. The program has two tracks, the first targets the family after the first three years of marriage until the age of 40, and the second track targets the family at the age of 40. Many of the programs focus on various aspects within marriage, such as work-family balance, cognitive behavior, family planning and conflict resolution.

In the United Arab Emirates, two programs are available, the first of which is the l'daad Program, a two-day program that aims to raise awareness about marriage and marital relations through a series of workshops that tackles various aspects of marital relationship such as marital happiness, spouse rights and duties, communication, spouse selection, marital responsibilities, and marital conflict management. The second is the Marriage License Program, which targets young people and newlyweds, and aims to promote stable and happy families. Some of the workshops are preventive, while others are developmental and therapeutic in nature, while all provide community awareness. The workshops are organized over a period of three to five days, and whereas all the workshops allow men and women to attend, some workshops are held for women only. The programs use a self-diagnostic inventory (feedback approach).

3.3.2. The Levant and North Africa MRE Programs

Egypt hosts a national mandatory MRE program, the Mawadah Program. The program aims to promote MRE through educating young people on topics such as spouse selection, spouse rights and duties, as well as preserving family unity and marital conflict management. The program targets young people between 18–25 years old, university students, recruits in the Ministries of Defense and Interior, and married couples who have cases at the offices of dispute settlement. On the other hand, the Dar al-Ifta al-Misriyyah's MRE Program aims at training couples on marital relationships skills, marital conflict management, and life pressures faced by couples with the objective of achieving family stability, raising awareness on the importance of marriage, and decreasing the rates of divorce. The program targets young couples and/or married couples. It focuses on the religious, medical aspects as well as the rights and duties of marriage for both genders. The program uses a self-diagnostic inventory (feedback approach) through certification.

Jordan's Chief Islamic Justice MRE program targets youth, specifically, from the age of 18. It includes lectures and seminars on spouse rights and duties, health issues, parenting, communication, and financial management. It is held over a period of one day. The main aim of the program is to decrease divorce rates in Jordan and raise awareness on early marriage. It is currently being held in Amman and in the Zaatari refugee camp for Syrian refugees.

In Morocco, the Tanmia MRE program is a two-day program that aims to raise awareness on marital relationships. The program includes topics such as family responsibilities, family planning, family stability, effective communication, marital conflict management and parenting. The program targets youth and newly married couples.

In Palestine, the Marriage License Program is a three-week program that aims to decrease divorce rates in Gaza, and raise awareness about psychological, legal, religious, jurisprudential, and social dimensions of marital life. The program is a self-structured online program, transmitted through radio.

3.4. Dimensions of MRE Programs in the Arab Region

The analysis of MRE programs in the Arab region was based on the Framework of Marital Education developed by Hawkins, Carroll, Doherty, & Willoughby (2004) (see Figure 2). Eight dimensions were used to analyze current MRE programs in the Arab region:

- Dimension I: Approach and Types — What is the focus?
- Dimension II: Design — How is it developed?
- Dimension III: Content—What is taught?
- Dimension IV: Intensity—What is the dosage?
- Dimension V: Methods—How is it learned?
- Dimension VI: Target—Who receives it?
- Dimension VII: Promotion—How is it promoted to the public?
- Dimension VIII: Impact—What is the impact?

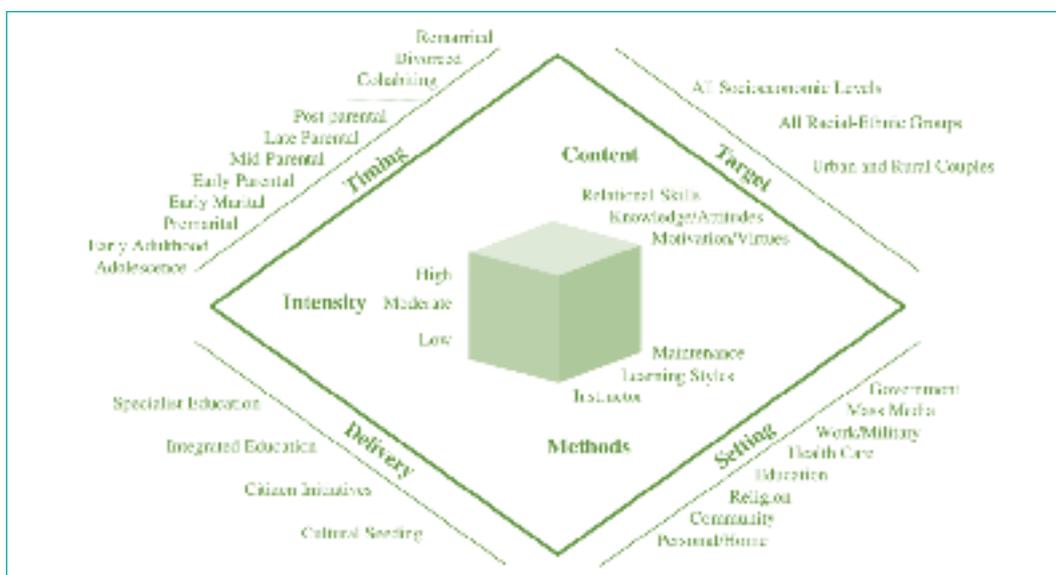


Figure 2. An Inclusive Framework for Marriage Education
Source: Hawkins, Carroll, Doherty, & Willoughby, (2004)

As illustrated in Figure 3, the most implemented approach and type of MRE programs in the region are (1) Structured, curriculum, groups and skills-based MRE programs; and (2) Awareness-raising program. In curriculum-skills programs, couples receive a combination of lectures, demonstrations, and presentations about marital skills. A skills-based program sets forth learning objectives, models desired

behaviors (skill), and allows couples to practice the skills followed by reinforcement and feedback. Awareness-raising programs concentrate on the communication of information, explanation of the expectations, and addressing couples' knowledge of vital relationship progressions that impact relationship outcomes.

Fifty percent of MRE programs in the region use cognitive-behavioral approach which aims to encourage notions that promote positive relationships, such as communications, which helps assure commitment and benign (non-blaming) acknowledgement of the reasons behind negative behavior in partners (Markman et al., 2001). Gaining new understandings on behaviors, adjusting wrong learning, and also altering the unreasonable beliefs with rational ones affects the surge in the level of marital change (Kalkan & Ersanli, 2008).

Unlike international MRE programs (e.g., PREPARE, Olson, Fournier, & Druckman, 1996), only six MRE programs out of the 24 use feedback approach which involves concluding a self-diagnostic inventory evaluating a variety of relationship issues, and identifies couples' strengths and areas of growth, and provides the chance for couples to evaluate their personal risk and flexibility. Only four out of 24 are self-instructed online programs, which limits the scalability of MRE programs in the region.

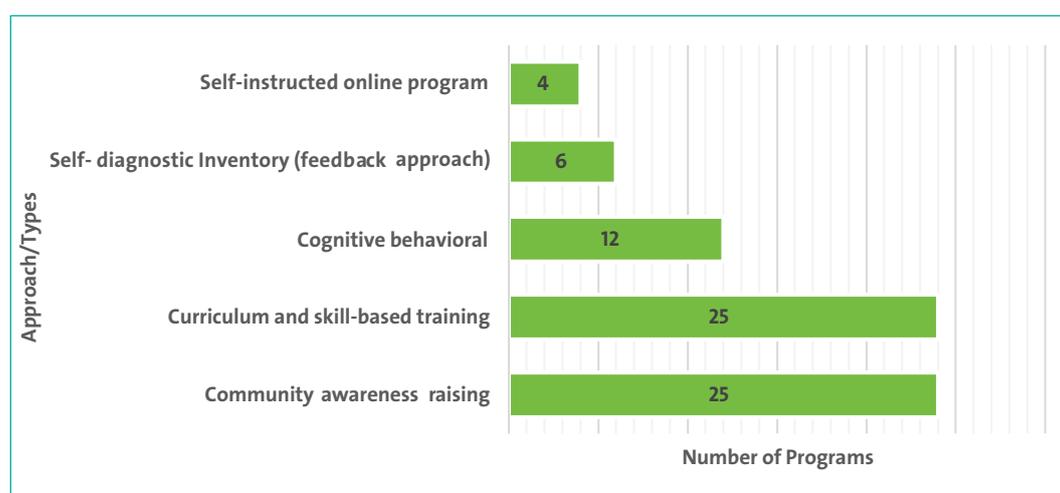


Figure 3. Approaches and Types of MRE Programs in the Arab Region

Of the 25 MRE programs reported in the mapping, over half (96%, 24 programs) are home-grown, developed for the local context specifically, and one program was locally adapted from an existing intervention (see Figure 4). In fact, Mawada National pre-marital Program was developed based on the Japanese and the Malaysian experiences.

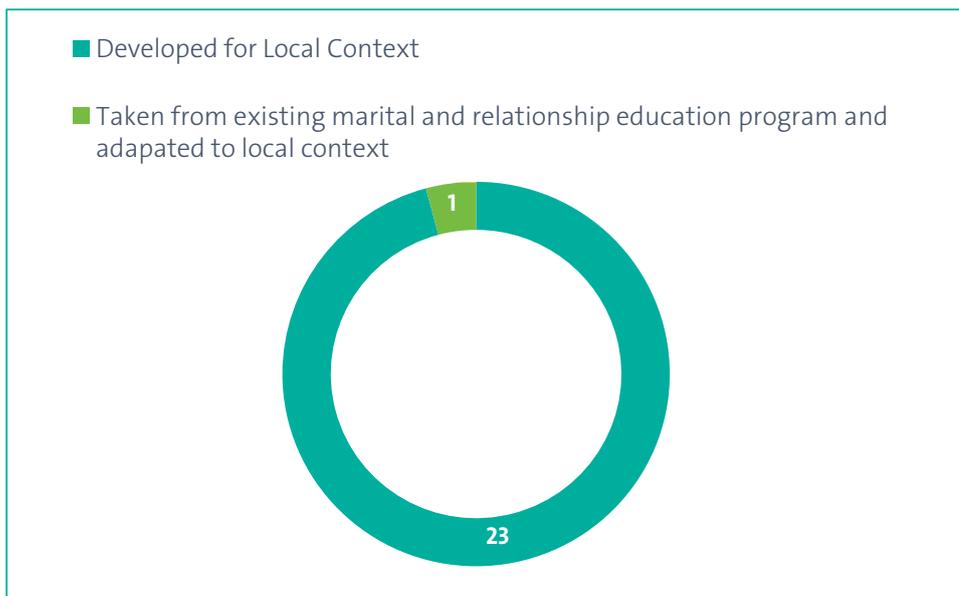


Figure 4. Design of MRE Programs: Adapted or Homegrown

There is a homogeneity in the content of MRE programs in the Arab region (see Annex A). That is, in general, MRE programs are conducted in the same way; teaching similar skills, where communication and marital conflict skills dominate (see Figure 5).

The content of MRE programs revolve around 12 topics/skills. Similar to international MRE programs, relationship skills — communication, problem solving — have been the primary emphasis of most of the programs. In addition, many programs teach participants basic understanding and attitudes towards marital relationship such as financial management, rights, responsibilities, and health aspects within a marital relationship. However, there are other aspects that appear to be less incorporated in current MRE programs such as motivation and virtues. Evidence shows that motivations and virtues evident in marriage are vital content factors for marital education. Commitment is an important motivation that is usually addressed in marriage education. Fowers (2000) argues that character and the inspirations that individuals convey in relationships are central to understanding strong marriages. He identifies virtues, such as generosity, justice, and loyalty, at the core of marriage, suggesting that marriage instructors teach personal skills and awareness in a moral factor, not just an instrumental one. The aforementioned virtues require more attention from instructors in the region.

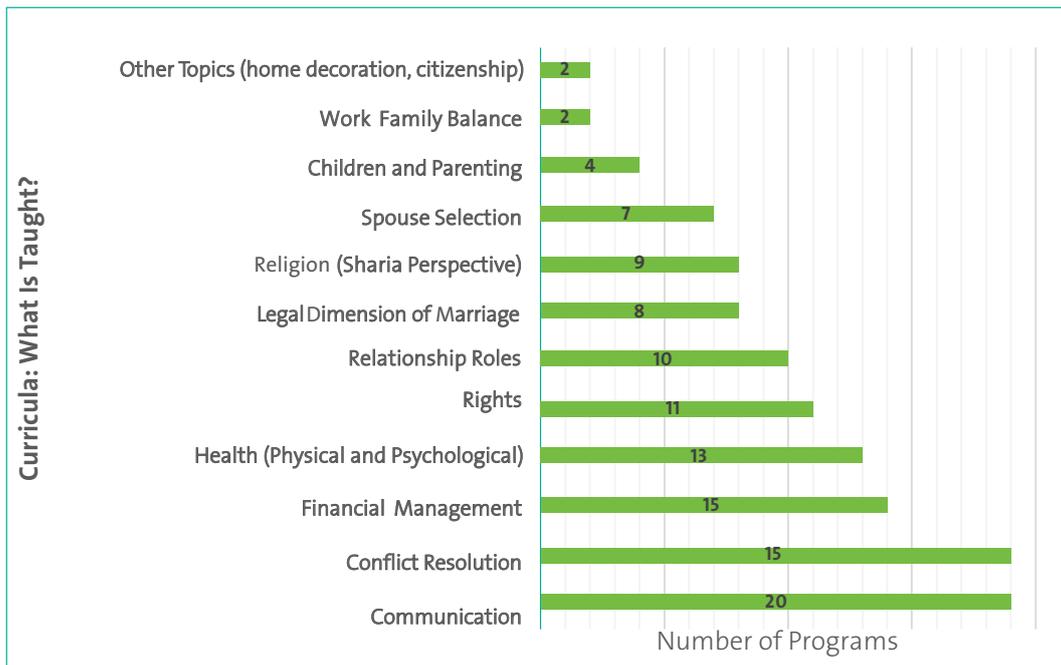


Figure 5. Curricula of MRE Programs in the Arab Region

Dosage is a central part of any MRE program. Scholars (Hawkins, Stanley, Blanchard, & Albright, 2012) argued that moderate-dosage program (9–20 contact hours) were linked with a higher impact compared to low-dosage programs (1–8 contact hours). Evidence suggests an MRE program increases in impact from 12 hours on up to 18 hours or more. High-dosage MRE programs are essential to an inclusive marriage education plan. More concentrated marriage education provides examination of a wider range of topics. It also allows individuals and couples to discover personal factors at profound levels with trained educators, and it could allow facilitators to construct supportive methods into their curriculum, such as couple’s mentorship (McManus, 1993).

As illustrated in Figure 6 and Annex B, the majority of MRE programs (15 out of 24) in the Arab region have a moderate dosage (9–20 contact hours). Only seven out of 24 MRE programs have a high level dosage in the region. Hence, it is important to create a flexible approach to marriage education programs in the Arab region that varies in dosage as well as in variety of intensity.

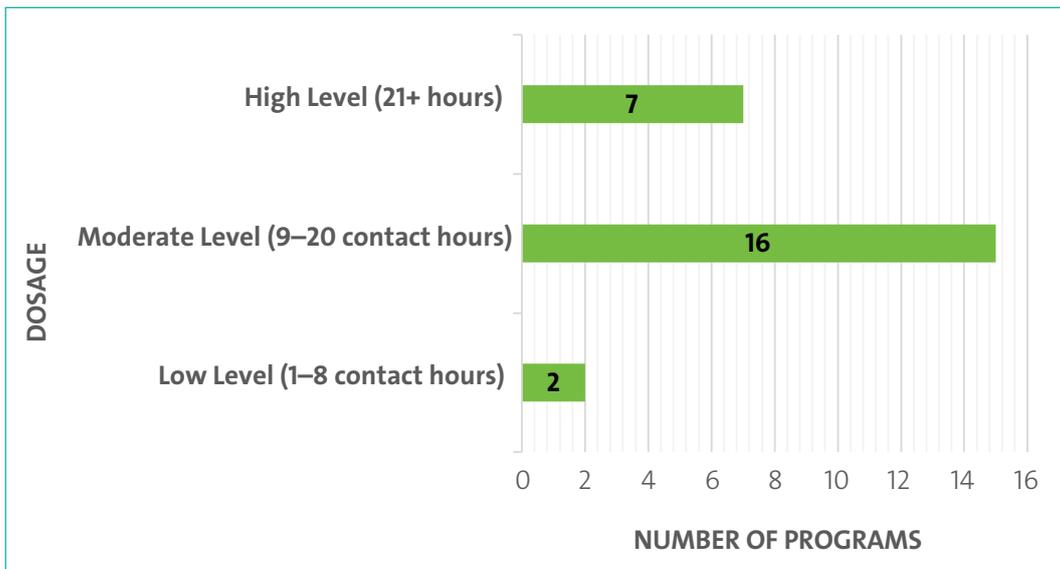


Figure 6. Dosage of MRE Programs in the Arab Region

Most marital education programs reported include a range of learning methods, such as instructive presentation of material and examples, interactive discussion, and online materials. The majority of the MRE programs use group workshop trainings (74%). There is only one online MRE program in the region — Amer program in Saudi Arabia. However, few programs (26%), in addition to group workshop training, share materials online (see figure 7). The selection of methods needs a careful and empirically-based adaptation. Highly-educated individuals and couples are familiar with more cognitive and instructive approaches similar to those utilized in higher education. However, these approaches might not be as effective for individuals without a broad formal education, who might prefer active learning methods. Similarly, couples in some Arab countries are uncomfortable with release of their personal lives and emotions, a technique that marriage facilitators commonly depend on to normalize matters. Evidence also shows that lower income couples are less content in formal settings with disclosure of intimate and emotional aspects of their lives (Dion & Hawkins, 2008). Needless to say, rules do not exist for deciding these methods, but one guiding principle is that such judgements should be made by those who are well connected to and experienced with addressing these participants, hence the need for culturally sensitive instructors.

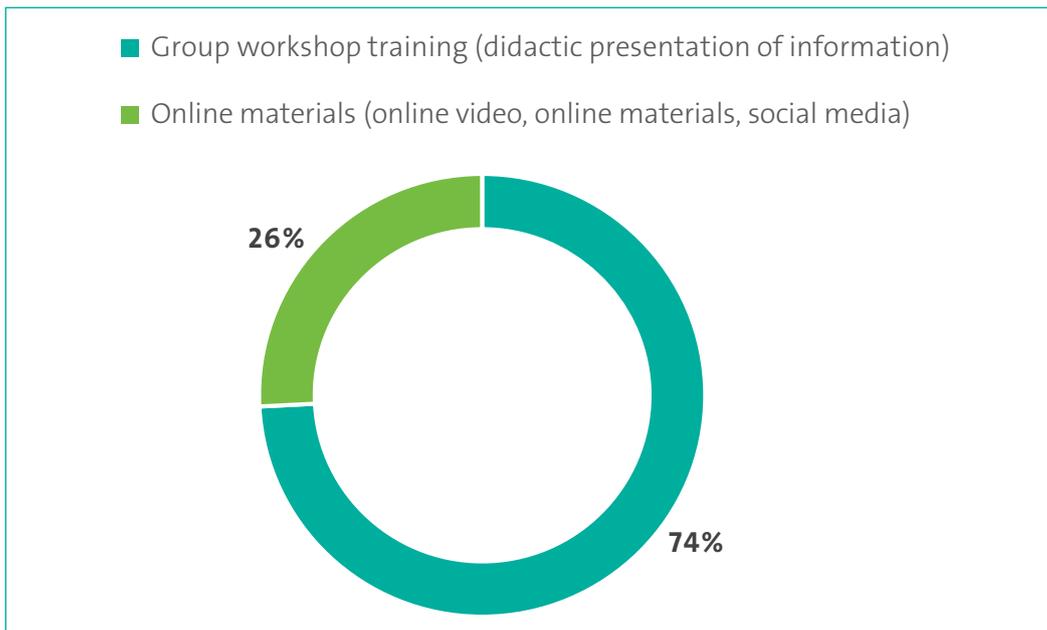


Figure 7. Learning Methods of MRE Programs in the Arab Region

MRE programs in the Arab region have focused primarily on young engaged or newly married couples (see Figure 8). Nearly 90% of current MRE programs in the Arab region focus on premarital and early marital content (88%). Two MRE programs focused on late- and post-parental years (+40 years old). Evidence shows that marital quality degenerates with the duration of the marriage (VanLaningham, Johnson, & Amato, 2001). Couple interaction patterns become rooted over time but could still cause chronic conflict. Additionally, only one MRE program focused on divorce, whereas individuals who face recent divorce might value the help of educators to sustain a functional co-parenting relationship with their former spouse, and comprehend the mistakes made in their marriage and how to avoid such problems in the future.

Additionally, extensive research shows that there are marital challenges linked with parenthood (Shapiro & Gottman, 2005). Scholars (Twenge et al., 2003; Cowan & Cowan, 1985) argued that the change towards parenthood causes stress in most couple's marital relationships, potentially causing future marital breakdown, especially for couples whose relationships were already stressed (Cowan & Cowan, 1985).

Moreover, Doherty (2001) stated that mid-parental years are known for their time-starved features, when the increased number of children implies more commitments, which reduces couple time. Accordingly, marital education programs should find ways to prioritize marital time especially for couples in the early and mid-parental years.

Furthermore, couples founding a second marriage with duties to children from previous marriages, face challenges to their relationship that childless couples do not face. As such, there is an emerging need for tailored MREs to serve this large population, noting that the difficulties of remarriage require advanced communication and problem-solving skills (Pasley et al., 1993). As such, MRE

programs with relevant content that tackle the increased challenges of remarriage, such as dealing with former spouses, obligations to children from a previous marriage, and step-parenting are critical.

In addition, there is a need for marital education programs to address the needs of disadvantaged groups including all socio-economic groups, single parents, refugees, incarcerated persons, and individuals in rural areas whose lives are substantially different from those in urban settings and who have less access to services. The more tailored MRE programs are to their participants' personal circumstances, the more likely they are to meet their needs.

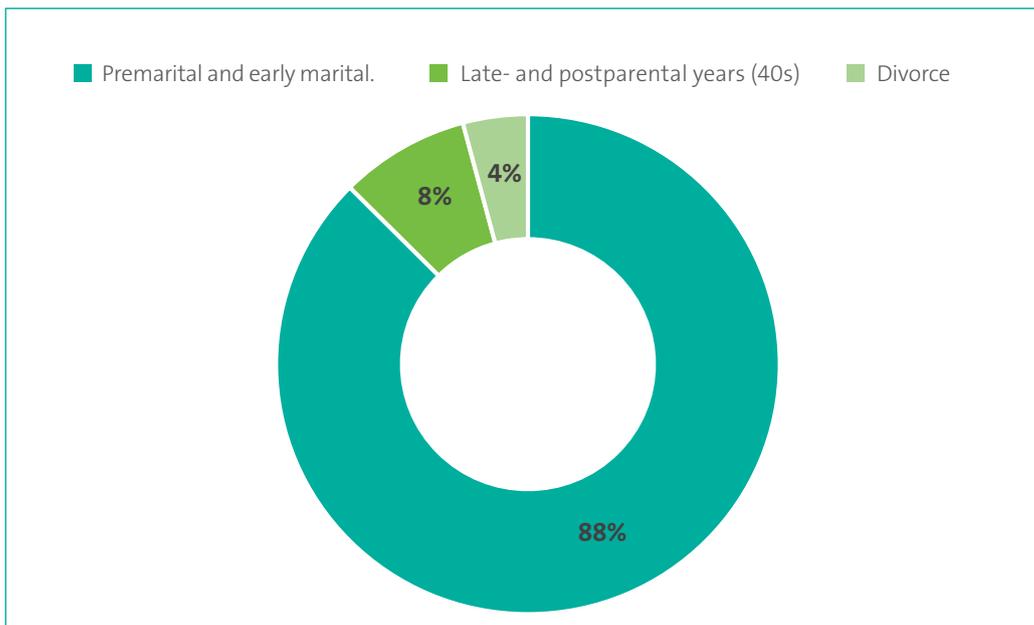


Figure 8. Targets of MRE Programs in the Arab Region

The main policies used to promote MRE programs to the public and attract participants in the Arab region are Certification Policy (participants received certificate of participation upon completion of the program) and Free Fees Policy (23 out of 24 programs are free of charge). Only two MRE programs are mandatory (Mawadah program in Egypt and the MRE program in Jordan for participants below the age of 18). Two programs used Conditional Participation Policy (access to marriage welfare — financial support or mass wedding program). Three programs used Financial Instruments (prizes or financial support) to attract participants (see Figure 9).

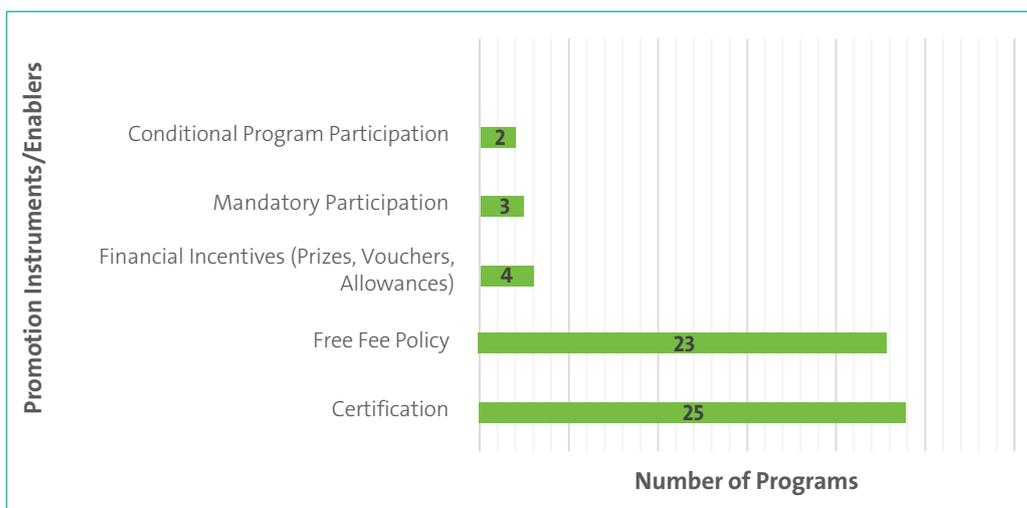


Figure 9. Instruments for Promoting MRE Programs in the Arab Region

3.5. Curriculum-Based Illustrations

The following section highlights a select few curricula, specifically those that have more research support, as well as those that have been culturally adapted and implemented globally. The United States Department of Health and Human Services' Administration for Children and Families, for example, has developed an MRE curriculum comparison guide: <https://hmr curriculum.acf.hhs.gov/Curricula>. This guide provides an overview of numerous curricula, including target audience, length, cost, and any variations that may be available. It is one of the most comprehensive comparison guides available on MRE curricula and represents a useful tool for deciding on a specific curriculum.

Another example is that of PREP, which is available in several formats and can vary in length and program format. PREP 8.0 is a 12-hour curriculum that comprehensively addresses relationship issues. Variations such as Within Our Reach (WOR) were developed for low-income couples who attend the workshops together. The full program is 32 hours long, but it can be adapted to be provided in shorter options, such as a one-day (eight-hour) workshop. PREP's Within My Reach (WMR) is intended for people who attend individually (i.e., those who are not in a relationship or whose partner is unable to attend). As such, in addition to the communication and conflict management skills that are core parts of all PREP curricula, Within My Reach focuses on healthy relationship development, such as symmetrical commitment, and safety within relationships. Although other variations of PREP exist, such as the Becoming Parents Program (BPP) that was adapted by nurse educators for parents who have recently had a baby, PREP 8.0, WOR and WMR appear to be used more widely by those implementing community-based MRE. PREP has also been adapted and implemented in many European countries, as well as Singapore.

PREPARE/ENRICH (www.prepare-enrich.com): The PREPARE/ENRICH program is unique in that it specifically addresses couples in various life stages. For example, a specific version is included for couples who are thinking about marriage, versus

those who are already married and have children. Thus, the material is tailored to address issues unique to a couple's relationship status. This program is also unique in that it includes a couple personality profile that provides a comprehensive overview and assessment of the couple's areas of strength as well as identifying areas for improvement. The program addresses couple issues such as communication skills, conflict resolution, finances, dealing with stress, and providing a family map that addresses family of origin influences on the relationship. In total, there are between eight and 10 hours of content, but the delivery method is flexible and can be adjusted as needed. For example, this curriculum can be implemented in a group format over the course of several weeknights, or in a weekend-style retreat. This material could also be implemented in one-on-one sessions with a trained psychotherapist. PREPARE/ENRICH includes extensive research supporting the validity of the personality measure, as well as predicting, with relatively high accuracy, relationship characteristics that may lead to later dissolution. The curriculum material has also been translated into more than 10 different languages.

Hold Me Tight (www.holdmetightonline.com): Developed by Dr. Sue Johnson, the Hold Me Tight curriculum is founded on the well-known and research-supported emotion-focused couples therapy approach. As such, this approach aims to assist couples in comprehending the role of emotions in their relationship, and process and share emotions to create an emotionally supportive relationship. Couples learn to identify relational patterns that have traditionally led to problems, and to counteract these patterns with more relationally supportive approaches. Hold Me Tight and emotion focused couples therapy are based on John Bowlby's Attachment Theory, which posits that people need to be in relationships with others, and that one's early experiences of attachment to a caregiver influence later adult relationships. As a result, couples need to understand this influence in order to make changes. This program is 16 hours long and is typically provided in eight two-hour sessions. In addition to strong research support for the emotion-focused couples therapy, the Hold Me Tight curriculum is available in Dutch, German, Italian, and Spanish languages.

While there are numerous MRE curricula available, those described above have been implemented globally and have extensive research support. There are several areas of overlap among MRE curricula, as well as distinct nuances. Choosing a curriculum should be done with intentionality and involve conversations with the curriculum developers regarding applications for a specific global target audience.

CHAPTER FOUR: CONCLUSION AND RECOMMENDATIONS

Marriage and relationship education programs have been well supported through government policy across several countries. As a result, the MRE field has evolved into an organized multidisciplinary group of scholars and practitioners yielding vast studies examining the influence of these programs on individuals and couples. Moreover, programs have reached many individuals and couples across the globe. MRE programs are generally effective in helping couples feel more satisfied, communicate more positively, resolve conflict using healthier approaches, and improve quality of parenting, and in reducing individual distress (e.g., anxiety). Additionally, some studies demonstrate that couples who experience the most distress benefit more from skills-based relationship education. As researchers continue to study program effects, more will be revealed about how to use more efficient, effective, and innovative MRE practices.

Few MRE programs were reported in the mapping in the Arab region. Of those, most MRE programs have been implemented in the Gulf region. MRE programs in the Arab region have focused mainly on newly engaged or married couples. There is a lack of programs with a focus on adolescence, early parental years, mid-parental years, remarriage and disadvantaged groups — youth from single-parent homes, youth whose parents struggle with addiction, youth with incarcerated parents, youth who have been sexually assaulted, impoverished youth, youth refugees, and homeless youth.

Government support for MRE has helped people from under-resourced and marginalized backgrounds access relationship-support services, which they may have not otherwise received. Government support for MRE has also helped people become more aware that relationship support services are available. Through providing notice of relationship services at family health centers or marriage licensing offices, or by various media campaigns, couples have been made aware of opportunities to receive support. Providing relationship support may have positive long-term benefits for their children. Children experience consequences of parental relational health, and many of these consequences may not manifest until children engage in their own adult relationships. Thus, policy support to improve and support couples' relational health has a systemic influence that has the potential to positively effect generations of families. However, more MRE research is required to comprehend how these programs can be implemented effectively across various cultures. Government support for MRE should be encouraged but should also include mechanisms to study program implementation and outcomes. Given the importance of family stability across cultures, family scientists from various countries should work closely to share best practices and collaborate on cross-cultural studies on the benefits of MRE and other relationship supports.

4.1. Future Directions for MRE Programs

The MRE field has evolved extensively over the past decade and is likely to continue this trend over the next decade. However, the practical reality is that MRE programs will likely not receive policy support indefinitely. Therefore, advances and adaptations may be warranted so that MRE practices can be sustained. For example, researchers should identify exactly what about MRE contributes to positive changes (Markman & Rhoades, 2012). Understanding these nuances will allow MRE services to be more tailored to specific populations and provide more opportunities for traditional couples therapists to incorporate MRE techniques that are most effective into their work. Additionally, such information may help streamline services so that they emphasize effective components, potentially contributing to a more effective overall intervention.

Supporting healthy and sustainable relationships is a public health issue, and should therefore be given the same attention as other public health endeavors, such as efforts to support healthy eating habits, or engage in exercise to help prevent heart disease. Healthy relationships are linked to a host of positive qualities and are vital to healthy child development. Just as unhealthy parental relationships can predict poorer quality adult relationships for children, healthy adult relationships can reduce the impact of negative childhood experiences. Additionally, existing research has linked mental health factors to relational health (Wheeler, 2017; Wheeler et al., 2018). Depression is highly correlated with poor relationship quality, and several studies have indicated that improving relational health contributes to alleviating symptoms of depression. At the intersection of mental, physical, and contextual health (i.e., environmental stressors) is relational health. While there are many factors outside of one's control that might contribute to declining physical or mental health, or environmental stressors, striving for healthy relationships can serve as a protective factor. Therefore, relational health supports, such as MRE, should be considered a global public health initiative.

More adaptation is needed in MRE's application, including across various cultures. Currently, most MRE initiatives include conducting on-site psychoeducation workshops, which contribute to a high cost for implementation and place limitations on those who can attend. However, there are some examples of MRE innovation, such as online delivery. Doss and colleagues tested an online MRE program based on Integrative Behavioral Couple Therapy that included telephone coaching. They found those who participated reported significant gains in relationship quality, depressive symptoms, work effectiveness, and quality of life (Doss et al., 2016); the positive effects were maintained for at least one year (Doss, Roddy, Nowlan, Rothman, & Christensen, 2018). Computerized (now online) versions of PREP called ePREP have also been shown to be effective (Braithwaite & Fincham, 2007, 2009, 2011, 2014; Braithwaite, Lambert, Fincham, & Pasley, 2010).

4.2. Recommendations for Program Implementation

Taking into consideration the gaps and challenges mentioned throughout the report, specifically regarding the implementation of MRE programs in the Arab region, this report recommends the following program implementation considerations, particularly in relation to policy to support relationship enhancement efforts. These recommendations are intended to be general so that they can be applied across the Arab region.

- 1. Implement pilot programs to test MRE implementation and garner support for long-term policy decisions as well as mandatory programs.** Governments that have not yet supported MRE may be convinced by the compelling data supporting the benefits of healthy family functioning. However, they may be most convinced by data supporting small pilot programs. Such programs may be funded through grants and the results used to inform larger policy. The information generated from implementing MRE through pilot programs will help inform unique implementation factors specific to the culture, as well as provide valuable evaluation data.
- 2. Ensure accessibility of MRE programs to the entire population.** MRE programs should be available to anyone desiring to participate, whether they can afford services or not. MRE programs such as those provided in the United Kingdom, Australia, Singapore, and Saudi Arabia have served large numbers of people because they have made MRE accessible. People learn about the services as they attend family-based clinics for health services, or as they apply for marriage licenses at government facilities. Additionally, MRE services should take place in locations that are convenient and accessible such that they remove transportation barriers. To do this, government supported programs could be offered at multiple locations rather than a center-based facility. This structure allows people from varying socioeconomic backgrounds to have access to MRE as well.
- 3. Use an evidenced-based and culturally appropriate curriculum.** While there are numerous MRE curricula available, and studies have not demonstrated that one is more effective than another, there are only a select few that have consistently demonstrated positive effects (e.g., PREP). Curriculum developers are generally eager to work with program implementers, especially those from across the globe who may have ideas about how to adapt the material to be culturally relevant. There is rarely a need to develop new curricula and doing so can sometimes delegitimize programs because they do not have evidence to support the specific program material. Stakeholders who are providing financial support for MRE may be more inclined to support programs when well-known programs are proposed.
- 4. Develop clear promotional materials that can reach a large audience.** It is important to promote MRE programs with clear messaging that both accurately reflects the purpose and benefits of the program and “speaks” to the intended target audience. For example, some U.S.-based programs have

found that using words like “workshops” is better than “classes.” This may be because people associate learning with “workshops,” but think of homework and school with the word “classes.” However, both terms are more effective than “therapy” or “counseling,” because it removes the stigma associated with both those approaches. Clear promotional material can be developed by conducting focus groups with potential participants and asking them what might help spark an interest in attending MRE services. Such focus groups could also help provide important information about what types of supports couples might need in order to remain engaged in the program.

- 5. Provide child care services for parents who are attending MRE workshops.** For couples who have children, programs should provide child care services so that couples do not have to address the barrier of finding and paying for child care support. Additionally, the child care services should provide meaningful care for children, such as including structured learning activities. Structured activities that can facilitate learning allow the time children spend in the child care services to be meaningful, and help parents feel more comfortable with utilizing such services.
- 6. Develop governance and ensure community-based engagement.** Thriving MRE programs generally include strong community partnerships. Strong partnerships transcend simply making community organizations and businesses aware of the MRE services, and include those who understand the benefits of participating and will advocate for their clients to participate. To be clear, advocating should not include requiring participation. MRE is likely not as effective if people do not attend the workshops voluntarily. Therefore, community partners can support the MRE programs by offering to share promotional material, providing opportunities to speak with their clients and staff about MRE, or even providing space to implement some of the MRE services. The collaboration should feel like a team approach to helping mutual clients. Community partners could be appointed to a “community advisory board” for the MRE program to help ensure buy-in and support. As advisory board members, the partners would agree to meet with MRE staff quarterly to learn about how MRE is benefiting those who attend, as well as to discuss areas for improvement.
- 7. Develop an integrated MRE program that utilizes multiple settings and modes of program delivery.** Generally, the more an educational program attaches itself to a well established one that already works with individuals and couples, the better its potential implementation. For instance, facilitators working with individuals and couples in religious, healthcare, educational, and community settings can include vital marital education services as a regular addition to their primary work. Especially since these professionals understand their clients and can adjust marital education to meet their specific conditions.
- 8. Identify and develop advocacy strategies towards growing participation in MRE programs.** Some strategies have been recommended for increasing participation in MRE programs in the region. These include broader advocacy of programs, mandatory programs, and a range of financial incentives.

- 9. Implement procedures to evaluate MRE program effectiveness and assess their impact.** MRE programs that have been implemented across the globe have typically received limited support to evaluate their effectiveness and assess their impact. However, measuring program success is vital to sustaining support, both locally and globally. MRE programs should first identify key areas, or constructs, where they hope to see a positive difference for those who attend. For example, if working with married couples, programs may partially measure success by reducing the number of couples who divorce. Additionally, improving marital satisfaction and positive communication are indicators of MRE's success as well. Programs should identify questionnaires that measure the desired outcome and, at a minimum, administer the questionnaire before couples begin MRE and then again immediately following. Moreover, MRE researchers have rarely examined the long-term influence on those who have participated in relationship skills workshops. This is because it can be difficult to keep track of people after they finish the workshops. It is also expensive to implement follow-up efforts. However, if implemented by policy, couples who begin MRE workshops can agree to follow-up activities at the outset.
- 10. Evaluate the benefits of MRE programs for marital stability, family cohesion, decreased divorce rates and child development.** A primary reason for government backing of relationship enhancement programs is that they have the potential to positively affect marital stability, decrease divorce rates and impact child development. For example, parents who get along better often demonstrate a stronger parenting alliance. However, MRE research has struggled to assess specific benefits for children whose parents have participated. Examination of school-based outcomes, such as attendance, grades in school, or disciplinary issues, could all be positive indicators for children. Identifying specific culturally relevant child outcomes is beneficial as well.
- 11. Explore adolescent and youth involvement and MRE programs for young adults.** While more research is required to comprehend the positive benefits related to providing relationship education to adolescent and youth, these programs demonstrate the potential to prevent later relationship problems. Therefore, exploring opportunities to infuse adolescent and youth-serving relationship education programs into pre-existing programs, as well as measuring the influence of such programs, is an important consideration for promoting later, adult, relational health.
- 12. Implement training programs for professionals as a means to improve individuals' and couples' access to evidence-supported relationship programs.** Although traditional MRE programs do not require that facilitators have formal training as psychotherapists, providing support for psychotherapists to receive specific training in evidence-supported MRE curricula may help promote use of these relationship enhancement skills, as well as support more avenues for couples in the community to find support for their relationships. Partnerships with curriculum developers could help make this more feasible. For example,

receiving training from the curriculum developer in a train-the-trainer model would make such a program more sustainable, because program staff would only need to be trained once and then would have the ability to provide training to others.

- 13. Develop national and regional strategies to promote MRE programs.** This should include public communication campaigns, as well as educational initiatives that include various messages delivered in multiple settings and sectors within society. These campaigns, which should be tailored to different age, socioeconomic, and ethnic groups, would include considerable public and private resources to endorse and evaluate these efforts. Promoting healthy marriages, and cohesive families and societies deserves a comprehensive plan.
- 14. Develop a preventive and developmental strategy aimed at children and youth to promote future healthy marital relationships.** The main objective would be to provide young persons finishing high school with a basic comprehension of the relationship skills needed to thrive in work and family life. This strategy can include understanding of what a positive relationship looks like including positive parenthood. This preventative, developmental methodology would require state advocacy of broad participation in low- or no-cost positive relationship advancement for children and young adults as they steer from middle school to high school to marriage. Moreover, this method requires the development of partnerships with governmental, regional, and international bodies in the region. Finally, this method stresses the necessity for widely accessible early marital enrichment education opportunities for married couples especially in the early years of marriage, which are considered of high-risk.
- 15. Implement online-based MRE programs.** Online-based programs demonstrate strong potential because they can reach a diverse group of participants and can be accessed anywhere where there is an internet connection. Workshop models tend to work best where there are high concentrations of people, but they are more difficult to offer in rural areas. Additionally, online MRE programs are less time-consuming, can be completed at a time that is most convenient for participants, and mitigate the need to provide expensive services such as child care.

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