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Impact of Premarital counseling on Awareness of Female Nursing Students

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Abstract: Background: Premarital counseling is a worldwide activity aiming to diagnose, treat unrecognized disorders, and reduce transmission of diseases to couples.

Aim of the study was to evaluate the impact of premarital counseling on awareness of female nursing students.

Subjects and Methods: Research Design: A quasi experimental study design was utilized in this study **Setting:** The study was conducted on Belbis nursing school

Subjects: The study was conducted on a sample of 95 female nursing students.

Tools of data collection: Three tools were used in the present study. The first tool was role Concepts scale to assess expectations regarding the husband-wife roles in the future relationship, The second tool was the relationship scale to describe the feelings about the relationship and the third tool was conflict resolution styles inventory

Results: The results of the present study revealed that 55.8% of the studied adolescent girls had satisfied score of relationships pre-intervention compared to 84.2% post intervention, 10.5% of the studied adolescent girls had satisfactory level of total conflict resolution styles score before the intervention compared to 65.3% after intervention. In addition, 41.1% of the studied adolescent girls had positive attitude regarding role concept pre-intervention compared to 86.3% post intervention

conclusion: The implementation of educational program was effective in improving the awareness of female nursing students for premarital counseling.

Recommendation: Provide health education about premarital counseling to all couples during their attendance for the health certification before the marriage.

Keywords: *Premarital Counseling, Female nursing students, Awareness.*

Introduction

Most people learn the mechanics of marriage from their own families, yet there are unaddressed relationships issues often lead to impaired marriages influencing one generation after another, and leading to a string of unhealthy relationships, and at the end divorce. Seeking pre-marital counseling is one of the best divorce prevention (**Pushpa et al., 2019**).

Premarital counseling (PMC) is a worldwide activity aiming to diagnose, treat unrecognized disorders, and reduce transmission of diseases to couples. It is the promotion of the health and well-being of a woman and her partner before marriage and pregnancy; it is considered as the primary preventive approach for couples planning for conception. From public health view, it

provides health education as well as convenient means of collecting information on population health for planning purposes **(Sedek et al., 2022)**.

Pre-marital counseling has been in existence since the 1930's with the first program being established at Merrill-Palmer Institute in 1932. A comprehensive program was developed later in 1941 by the Philadelphia Marriage Council to enable individuals understand what is entailed in a marriage relationship and how they can best avoid some basic marital distresses. Nowadays, pre-marital counseling programs for would-be individuals are being offered through a number of modalities including workshops, conferences, couple counseling, individual counseling, courses offered in schools, online, books among others **(Udofia et al., 2021)**.

Having Healthy mothers and children are valued hopes and dreams of families and the main concern of every society. The evidence reveals that promotion of the women and Men's health before marriage and pregnancy can promote the health of their offspring and this achieved through counseling .Counseling is a process as well as a relationship between persons that facilitates understanding of self and environment and change in behavior or attitude resulting in establishment and clarification of goals and values for future **(Ebid et al., 2021)**.

Pre-marital counseling is conducting examination before marriage in order to identify if there is any genetic blood diseases such as sickle-cell anemia (SCA), thalassemia, and some infectious diseases such as hepatitis B, C and HIV "Aids". This is in order to provide medical consultation to the future couples and to give options and alternatives before soon-to-be married with the aim of helping them to plan for a healthy family **(Mohamed et al., 2019)**.

Premarital immunization is a vital part of PMC to protect healthy women and to avoid difficulty and complications to their pregnancy. Because sexual contact is a significant route of transmission for hepatitis B virus, syphilis, gonorrhea, and acquired immunodeficiency virus, the prospective spouse should be protected by early immunization and counseling in case of the presence of a carrier status during premarital testing **(Ali et al., 2019)**.

Premarital counseling should offer to students in order to avoid early marriages, educate and prepare them for the establishment of a healthy family. Oriented to persons who plan to marry and it aims at evaluating the relationship with the possibility for deciding against marriage, sensitizes partners to potential problems and teach positive ways of communicating about and resolving conflict. Therefore, is based on a prevention perspective that has the goal of starting with happy couples and helping them maintain their relatively high levels of functions **(Klmagut., 2020)**.

Significance of the Study:

The Egyptian Central Agency for Public Mobilization and Statistics (CAPMAS) reported a higher rate of divorce. Egypt has seen an 83% increase in divorce rates between 1996 and 2017. "The divorce rate stood at 1.2 per 1000 marriages in the period between 1996 and 1999, compared to a rate of 2.2 per 1000 marriages in 2015". In addition, about 200,000 married couples get a divorce every year, and research suggests that 40% of marriages end within the first five years. As of 2017, divorce rates in Egypt were reported to be between 39.3 and 60.7%, depending on rural and urban location (**Mendoza et al., 2019**).

The total number of marriages across Egypt increased to 880,041 contracts in 2021 compared to 876,015 in 2020, with an increase of 0.5 percent, said the Central Agency for Public Mobilization and Statistics (CAPMAS). Divorce cases, meanwhile, reached 245,777 in 2021 compared to 222,036 certificates in 2020, recording an increase of 14.7 percent. According to CAPMAS, marriage rates in 2021 were the highest among secondary school graduates and the lowest, with 0.1 percent, among university graduates. So that this study conducted to evaluate effect of premarital counseling on awareness of female adolescent (**Mena., 2022**).

Aim of the study:

This study aimed to evaluate the effect of premarital counseling on awareness of female nursing students.

Research hypothesis:

- Premarital counseling increased adolescent's awareness and have a positive effect on nursing students

Subjects and methods:**Research design:**

A quasi experimental design was used.

Study setting:

The study was conducted at secondary nursing school in Belbis city.

Study subjects:

The subjects of this study will be composed of all students of the 3 years and they were 95 students who attend the previous setting and have aged 15-17 year and agree to participate in the study.

Tools of data collection:

Four tools were used to collect the necessary data:

Tool I : A self-Administered Questionnaire (Appendix I).

A self-administered questionnaire was developed by the researcher through reviewing related literature. It consisted of one main part:

Characteristics of the studied school students such as student's age, sex, place of residence, family size, order between siblings, father's and mother's education and job.

Tool II: The Role Concept scale (Appendix II).

This scale was designed and used by **Faith Chapel Center, (2006)**. The aim of the scale was to assess expectations regarding the husband-wife roles in the future relationship. The Arabic version of this scale was developed by the researcher and was utilized in this study. It consists of 19 items.

The scoring system:

Strongly agree	Mildly agree	Not sure	Mildly disagreed	Strongly disagree
1	2	3	4	5

To compute a total role concepts score, first reverse scores of negative items (2-7-8-12-15-18-19). Then, The scores were summed. Total score of role concepts was divided into good role concepts (57-95) and poor role concepts (19-56).

Tool (III): The Relationship scale (Appendix III).

This scale was designed and used by **Griffin and Bartholomew, (1994)**. The aim of the scale to describe the feelings about the relationship. The Arabic version of this scale was developed by the researcher and was utilized in this study. It consists of 30 items.

The scoring system:

Not at all like me	Rarely like me	Somewhat like me	Often like me	Very like me
1	2	3	4	5

Firstly, scores of negative items were reversed (5-6-7-9-10-11-12-13-16-17-18-20-21-22-23-24-25-26-28-29). Then scores were summed. The total score of relationship was calculated as: - Satisfied relationship (90-150).

- Unsatisfied relationship (30-89).

Tool (III): Conflict Resolution Styles Inventory (CRSI) (Appendix III).

This scale was designed and used by **Kurdek, (1994)**. The aim of the scale to assess how frequently that the individual will use each of the conflict styles to deal with arguments or disagreements with the future partner. The Arabic version of this scale was developed by the researcher and was utilized in this study. It consists of 16 items.

The scoring system:

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

Firstly, scores of negative items were reversed (1-4-5-7-8-9-11-12-13). Then scores were summed. The total score of conflict resolution styles was calculated as: high conflict resolution style (60-80), moderate conflict resolution styles (48-59) and low conflict resolution styles (16-47).

Administrative and ethical considerations:

An official permission will be obtained by submission of formal letters issued from the dean of faculty of Nursing, Zagazig University to the responsible authorities of Belbis nursing school to obtain their permission for data collection

,Agreement from the research ethical committee in faculty of Nursing, Zagazig university. Then, informed consent of participants will be taken after full explanation of the aim of the study. They will be notified that they could withdraw at any time of data collection interviews; also they will be assured that the information would be used for the research purpose only and total anonymity and confidentiality of subject’s data will be maintained.

Pilot study

It was carried out on a sample of ten students representing 10% of the calculated total sample size after the tools were developed and before starting the data collection to test the applicability, consistency, clarity and the feasibility of the study tools as well as to estimate the exact time required for filling out the tools sheet. The students involved in the pilot study were included in the study sample, since there was no modification in the tools of data collection

Field work

Data collection took a period of 4 months from the beginning of December 2023 to the end of April 2024. After getting the official permission the pilot study was done and analyzed. The researcher attended the study settings 2 days per week (Sunday and Tuesday) from 10:00 a.m. to 3:00 p.m. for data collection and implementation of the program. After identifying the students who fulfilled the criteria of the study, the researcher started with introducing herself, explaining the aim and process of the study and obtaining their verbal consent.

The studied students were individually interviewed to collect the necessary data and assess their knowledge, reported practice regarding premarital counseling. The average number of interviewed students was between 20-30 students/day depending on their responses to the interviewer. Each interviewed students took about 25-30 minutes to fill the questionnaire depending upon their understanding and response.

I- **Assessment Phase:**

The Program was constructed on the assessment of student's awareness, reported practice and attitude before implementation of the program. The assessment was performed before the implementation of program by interviewing each student individually or in group of students (20-30) to assess their knowledge, practice and attitudes (pretest) by using tool I, tool II and tool III after explaining the aim of the study and had their approval to participate in the study.

This assessment phase shed light and gave more insight about deficits in students' knowledge and practices and helped in identifying their educational needs.

II- **Planning Phase:**

Based on the results obtained from the pilot study and assessment phase as well as reviewing the related literature, the intervention was planned and designed by the researcher. Detected needs, requirements and deficiencies were translated into aim and objectives of the program and set in the form of the booklet that was prepared by the researcher and its content was validated by scientific committee then planned to distribute to the students to be used as a guide for learning.

- ✓ **Teaching methods** were selected to suit teaching in groups in a form of lectures, group discussion and brainstorming.
- ✓ **Teaching materials** were prepared as booklet (handout), brochures, videos and colored posters that covered theoretical and practical information.

III- **Implementation phase:**

The program was implemented through six sessions in which the students given the program individually or in groups according to their availability. The length of each session varied according to the content of the session and the student's responses and it ranged 30-60 minutes.

- ❖ **Session (1):** In this initial session the researcher introduced herself, clarified the aim of the program, determined the time table that was two days/week for each group of students and conducted the pre-test using the tools.
- ❖ **Session (2):** This session included providing knowledge related to definition and importance of social relation, how form social relation, definition of marriage, the role of the husband and wife and how to apply it.
- ❖ **Session (3):** This session focused on providing information about types, causes and some solving of family problems, some tips for better marriage, stages of conflict, the difference between the destroying and constructor conflict, definition of conflict resolution and skills of conflict resolution.
- ❖ **Session (4):** In this session the researcher revised all the information and skills learned during the program and took feed-back about the program from the students.
- ❖ **Session (5):** This session was the termination of the program and final evaluation (Post-test) regarding their knowledge.
- ❖ **Session (6):** In this session the researcher completed the post-test via re-interviewing.
- ❖ **Evaluation phase (post- test):**

In this phase, knowledge of all the studied students were reassessed immediately after implementation of the intervention by using **tool I, tool II tool III** through direct re-interviewing.

Content Validity and reliability:

- **For validity assurance purposes**, tools were developed after a thorough review of the related literature then submitted to a jury of three experts (one professor of pediatric nursing at faculty of nursing, Alexandria university, one professor of obstetrics and gynecology nursing and one assistant professor of

community health nursing at faculty of nursing, Zagazig university. The recommended modifications were done and the final forms were ready for use.

- **Reliability**

Scale	Cronbach's Alpha
Relationship	0.733
conflict resolution	0.794
Role concept	0.920

Statistical analysis:

All data were collected, tabulated and statistically analyzed using SPSS 20.0 for windows (SPSS Inc., Chicago, IL, USA 2011). Quantitative data were expressed as the mean \pm SD and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Mc nemar test or marginal homogeneity was used to compare between two dependent groups of categorical data. Paired t-test was used to compare between two dependent groups of normally distributed variables. Percent of categorical variables were compared using Chi-square test or Fisher's exact test when appropriate.

Spearman correlation coefficient was calculated to assess relationship between study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation. Multiple linear regression (step-wise) was also used to predict factors which affect knowledge. Cronbach alpha coefficient was calculated to assess the reliability of the scales through their internal consistency. P-value < 0.05 was considered statistically significant, p-value < 0.01 was considered highly statistically significant, and p-value \geq 0.05 was considered statistically non-significant.

Results:

Table (1) and **Figure(1)** Indicates total score of relationships as reported by participant adolescent girls throughout study phases It was found that 55.8% of the studied adolescent girls had satisfied score pre-intervention compared to 84.2% post intervention and there were highly statistically significant differences between pre and post phases of the intervention (**P<0.001**).

Table (2)) and **Figure (2)** Summarizes total score of conflict resolution styles as reported by participant adolescent girls throughout study phases. It was revealed that there was highly statistically significant difference at (**P<0.01**) between two phases of the intervention (pre and post) regarding conflict resolution styles. As evidence, 10.5% of the studied adolescent girls had satisfactory level of total conflict resolution styles score before the intervention compared to 65.3% after intervention.

Table (3) and **figure (3)** Indicates total score of role concept as reported by participant adolescent girls throughout study phases. It was found that 41.1% of the studied adolescent girls had positive attitude regarding role concept pre-intervention compared to 86.3% post intervention and there were highly statistically significant differences between pre and post phases of the intervention (**P<0.01**).

Relation between socio-demographic characteristics of participant adolescent girls and their total satisfied relationships score throughout study phases was described in **table (4)**. As observed from this table there was non- statistically significant relation between total satisfied relationships score pre-intervention and child age, adolescent girls' educational level and residence at (**P>0.05**) .

Relation between socio-demographic characteristics of participant adolescent girls and their total score of conflict resolution styles (pre-phase) was described in **table (5)**. As observed from this table there was highly statistically significant relation between total score of conflict resolution styles pre-intervention and adolescent girl's age, educational level at (**P<0.01**). Meanwhile non- statistically significant relation was found with number of family member and residence (**P> 0.05**).

Relation between socio-demographic characteristics of participant adolescent girls and their total score of conflict resolution styles (post-phase) was illustrated in **table (6)**. It was found that there was highly statistically significant relation between total score of conflict resolution styles and adolescents girls age, educational level and number of family member post intervention at (**P<0.001**).

Table (7) Portrays the step wise multiple linear regression for predicting factors which affect conflict resolution score post-intervention. It was found that number of family member and age post intervention was highly statistically significant positive predictor for conflict resolution score post intervention where (**P<0.01**) and **R-square=0.264**. While other variables had no influence on the conflict resolution score post intervention.

Table 1: Total score of relationships as reported by participant adolescent girls throughout study phases (n=95).

Total relationship score	Pre		Post		MCp-value
	No.	%	No.	%	
Unsatisfied	42	44.2	15	15.8	0.001**
Satisfied	53	55.8	80	84.2	
Mean ± SD	93.73±9.19		130.45±8.98		

MC: Mcnemar test, **: statistically highly significant (p<0.01)

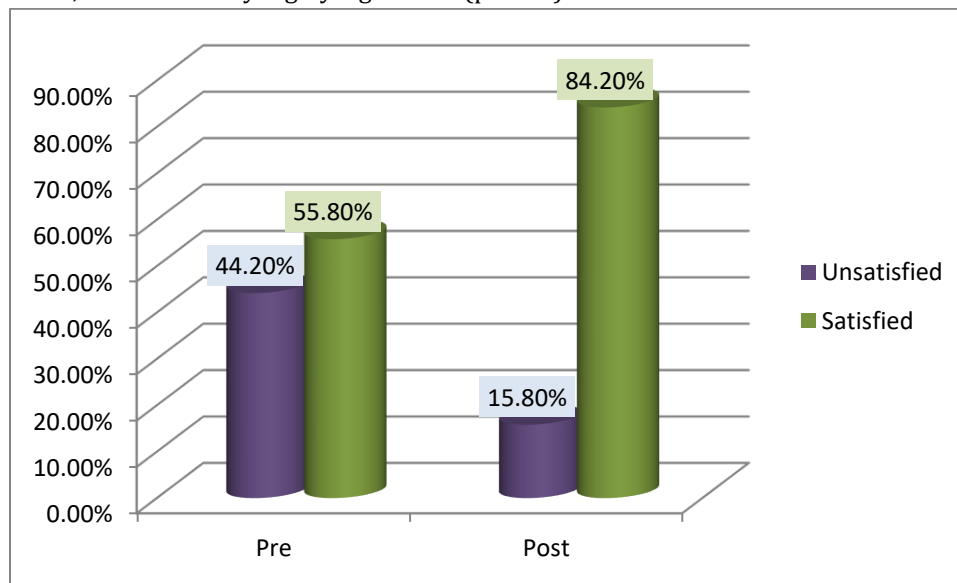


Figure 1: Total score of relationships as reported by participant adolescent girls throughout study phases.

Table 2: Total score of conflict resolution styles as reported by participant adolescent girls throughout study phases (n=95).

Total score	Pre		Post		MHp-value
	No.	%	No.	%	
Low	56	58.9	11	11.6	0.001**
Moderate	29	30.5	22	23.2	
High	10	10.5	62	65.3	
Mean ± SD	52.53±8.54		75.6±3.45		

MH: marginal homogeneity test, **: statistically highly significant (p<0.01)

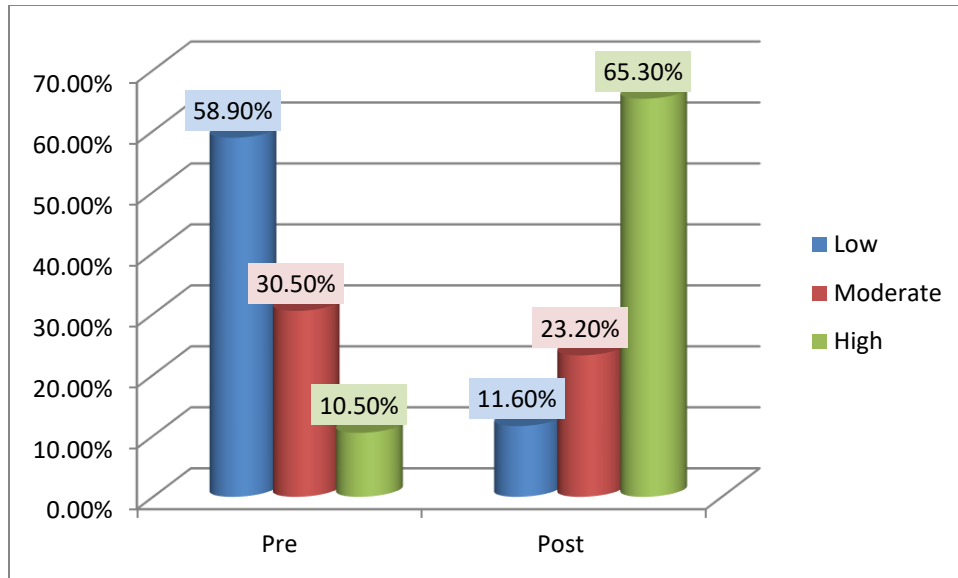


Figure2: Total score of conflict resolution styles as reported by participant adolescent girls throughout study phases

Table 3: Total score of role concept as reported by participant adolescent girls throughout study phases (n=95).

Total score	Pre		Post		MCp-value
	No.	%	No.	%	
Poor	56	58.9	13	13.7	0.001**
Good	39	41.1	82	86.3	
Mean ± SD	57.85±7.14		85.89±8.16		

MC: McNemar test, **: statistically highly significant (p<0.01)

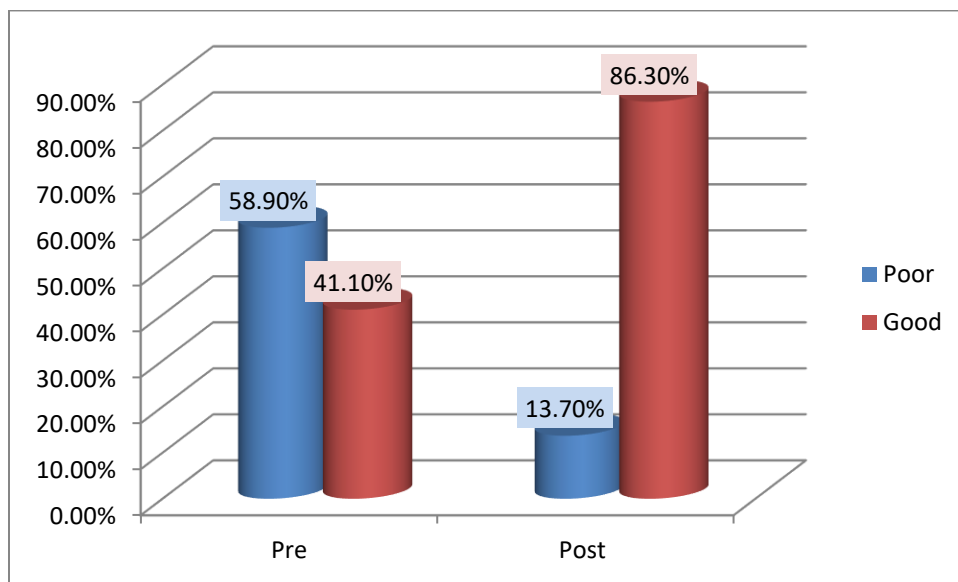


Figure3: Total score of role concept as reported by participant adolescent girls throughout study phases.

Table 4: Relation between socio-demographic characteristics of participant adolescent girls and their total satisfied relationships score throughout study phases (n=95).

Characteristics	Total satisfied relationships score				χ^2 (1p-value)	χ^2 (2p-value)
	Pre=53		Post=80			
	No.	%	No.	%		
Age						
15-	16	30.2	23	28.8	1.148 (0.563)	7.720 (0.021*)
16-	19	35.8	25	31.2		
17 years	18	34.0	32	40.0		
Educational Level						
First grade	17	32.1	24	30.0	5.634 (0.060)	10.673 (0.005**)
Second grade	21	39.6	21	26.2		
Third grade	15	28.3	35	43.8		
Number of family members						
Three	3	5.7	3	3.8	2.868 (0.412)	0.654 (0.884)
Four	25	47.2	38	47.5		
Five	19	35.8	28	35.0		
Six	6	11.3	11	13.8		
Birth order						
The first	31	58.5	37	46.2	1.024 (0.796)	8.611 (0.035*)
The second	14	26.4	24	30.0		
The third	3	5.7	10	12.5		
The fourth	5	9.4	9	11.2		
Residence						
Urban	6	11.3	9	11.2	FET	FET
Rural	47	88.7	71	88.8	(0.727)	(0.346)

χ^2 : Chi square test FET: Fisher exact test non-significant(p>0.05), *: significant(p<0.05), **: statistically highly significant (p<0.01), p¹: for pre-intervention, p²: for post-intervention.

Table 5: Relation between Socio-demographic Characteristics of Participant Adolescent Girls and their Total Score of Conflict Resolution Styles (pre-phase) (n=95).

Characteristics	Total score of conflict resolution styles (pre-phase)						χ ² (p-value)
	High=10		Moderate=29		Low=56		
	No.	%	No.	%	No.	%	
Age							
15-	9	90.0	1	3.4	22	39.3	30.873 (0.001**)
16-	0	0.0	10	34.5	20	35.7	
17 years	1	10.0	18	62.1	14	25.0	
Educational Level							
First grade	9	90.0	1	3.4	21	37.5	27.088 (0.001**)
Second grade	1	10.0	13	44.8	15	26.8	
Third grade	0	0.0	15	51.7	20	35.7	
Number of family members							
Three	0	0.0	0	0.0	3	5.4	9.324 (0.156)
Four	4	40.0	18	62.1	23	41.1	
Five	6	60.0	6	20.7	22	39.3	
Six	0	0.0	5	17.2	8	14.3	
Birth order							
The first	6	60.0	13	44.8	25	44.6	8.019 (0.237)
The second	4	40.0	8	27.6	18	32.1	
The third	0	0.0	2	6.9	9	16.1	
The fourth	0	0.0	6	20.7	4	7.1	
Residence							
Urban	0	0.0	1	3.4	8	14.3	3.786 (0.151)
Rural	10	100.0	28	96.6	48	85.7	

χ² : Chi square test non-significant (p>0.05), **: statistically highly significant (p<0.01).

Table 6: Relation between Socio-demographic Characteristics of Participant Adolescent Girls and their total score of Conflict Resolution Styles (post-phase) (n=95).

Characteristics	Total score of conflict resolution styles (post-phase)						χ ² (p-value)
	High=62		Moderate=22		Low=11		
	No.	%	No.	%	No.	%	
Age							
15-	27	43.5	2	9.1	3	27.3	17.722 (0.001**)
16-	22	35.5	7	31.8	1	9.1	
17 years	13	21.0	13	59.1	7	63.6	
Educational Level							
First grade	26	41.9	2	9.1	3	27.3	16.224 (0.001**)
Second grade	19	30.6	10	45.5	0	0.0	
Third grade	17	27.4	10	45.5	8	72.7	
Number of family members							
Three	3	4.8	0	0.0	0	0.0	51.109 (0.001**)
Four	31	50.0	12	54.5	2	18.2	
Five	26	41.9	8	36.4	0	0.0	
Six	2	3.2	2	9.1	9	81.8	
Birth order							
The first	27	43.5	11	50.0	6	54.5	6.094 (0.413)
The second	19	30.6	6	27.3	5	45.5	
The third	7	11.3	4	18.2	0	0.0	
The fourth	9	14.5	1	4.5	0	0.0	
Residence							
Urban	7	11.3	2	9.1	0	0.0	1.394 (0.498)
Rural	55	88.7	20	90.9	11	100.0	

χ² : Chi square test non-significant (p>0.05), **: statistically highly significant (p<0.01).

Table 7: Step wise multiple linear regression for predicting factors which affect conflict resolution score post-intervention.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	110.348	11.937		9.244	.000	86.639	134.057
Number of family members	-3.600-	.783	-.412-	-4.599	0.001**	-5.155-	-2.045-
Age	2.557	0.719	0.318	3.558	0.001**	1.130	3.985

** : statistically highly significant (p<0.01)

R-square=0.264, ANOVA: F= 16.476, P<0.001

Variables entered and excluded: educational level, birth order, residence, father’s education level, father’s job, mother’s educational level, mother’s job, monthly income, relationship, knowledge and role concept.

Discussion:

Mahmoud et al (2022) in their study about **Effect of Premarital Counseling on Faculty of Nursing Students at Helwan University**, reported that there was a highly statistically significant difference between pre and post the premarital counseling regarding role concept. This goes in line with the results of the present study which displayed that more than one third of the studied adolescent girls had positive attitude regarding role concept pre-intervention compared to more than three quarter post intervention and there were highly statistically significant differences between pre and post phases of the intervention (**P < 0.01**). This finding might reflect the effect of premarital counseling in improving the concepts about husband-wife roles.

Comparing the results before and after intervention regarding total score of relationships, it was found that about one half of the studied adolescent girls had satisfied score pre-intervention compared to more than three quarter post intervention and there were highly statistically significant differences between pre and post phases of the intervention (**P < 0.001**). This finding might reflect the effect of premarital counseling in improving communication and relationships skills.

This result was in agreement with **Siji & Rekha. (2018)** who studied **Effectiveness of Marital Counseling on Marital Quality among Young Adults: A Pre-Post Intervention** and reported that the marital quality of young adults relationship had increased after the intervention of marital counseling and the chance of the relationship improvement increases for persons who received premarital counseling.

Mahmoud et al. (2022) reported that there was a highly statistically significant difference between pre and post the premarital counseling regarding conflict resolution styles scores. This goes in line with the results of the present study which revealed that there was highly statistically significant difference at (**P < 0.01**) between two phases of the intervention (pre and post) regarding conflict resolution styles. As evidence, about tenth of them had satisfactory level of total conflict resolution styles score before the intervention compared to more than two third after intervention. This finding might reflect the effect of premarital counseling in enhancing skills regarding conflict resolution.

Alasmari, (2024) who published study under title **Premarital screening program in Saudi Arabia: Insights into men's awareness and perceptions**, who reported no statically significant relation between total knowledge and demographic characteristics pre apply health education program. This is in congruent with the finding of the present study which showed that there was non-statistically significant relation with total knowledge score of the studied adolescent girls and birth order, residence (**P > 0.05**).

In addition, this finding in accordance with **Hamali. (2023)** who published study under title **Public awareness and attitude toward premarital screening program in Jazan region, Saudi Arabia** who reported non-significant relation between total knowledge level among the studied subjects and demographic characteristics.

The current study results clarified that, there was highly statistically significant positive correlation between role concept score and total relationship score post intervention. This may be due to making cooperative and different roles that are played by men and women can improve their relationship. This result was in agreement with **Siji & Rekha. (2018)**.

Zanella & Wagner. (2018) who studied **Marital Conflict Management of Married Men and Women** and reported that women responsibilities within the home that last for long time compared to men can contribute to difficulties with managing conflicts and the accumulation of housework, child care and formal work can cause exhaustion, lack of availability and energy to resolve conflicts.

This result was in agreement with the present study results reported that, there was highly statistically significant positive correlation between role concept score and conflict resolution post the premarital counseling. This may be due to individuals who use appropriate conflict resolution styles are more likely to acknowledge their role and others' roles in the life situations.

As regards the Characteristics of the studied adolescent girls & here parents throughout study phases. It was found that more than three quarters of the participants were resident in rural area. In spite of this, nearly one tenth were resident in urban area. This finding might be due to the most of students live in Sharqia governorate and the majority of these places located in rural areas. This result was in disagreement with **Ali et al. (2018)** reported that more than half of the participants were resident in urban area.

Conclusion:

Based upon the findings of the present study, it was concluded that implementation of educational program was effective in improving the awareness of nursing students for premarital counseling.

Recommendations:

In the light of the findings of the current study, the following recommendations are suggested:

- Performing educational workshops for all people to increase their knowledge and attitude regarding the premarital counseling and examination.
- Provide health education about premarital counseling to all couples during their attendance for the health certification before the marriage.
- Postgraduate diplomas or masters degrees of counseling should be added into postgraduate studies.

Further Suggested Studies:

- Further researches are indicated to implement an analysis on the effect of premarital counseling outcomes, as well as the effect of the divorce rate after implementation of premarital counseling for further support the evidence of its effectiveness.
- Conducting a comparative study between the children of the couples who receive premarital counseling and the children of the couples not received premarital counseling

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