Relationship between Sexual Risk Behaviours and Psychological Wellbeing of Youth in Selected CITAM Assemblies, Nairobi City County, Kenya

Elsie Wangui Kagimbi[1], Amos Keya Alumada[2]

Pan Africa Christian University

DOI: https://doi.org/10.47772/IJRISS.2026.100500713

Received: 14 May 2026; Accepted: 19 May 2026; Published: 11 June 2026

ABSTRACT

Sexual risk behaviours has become a global public concern among youth, with implications on their psychological wellbeing. In response, many urban churches have established youth ministries and counselling structures to address sexuality, values, and wellbeing concerns. However, important gaps remain in empirical knowledge regarding how sexual risk behaviours relate to psychological wellbeing among church-going youth in Kenya. The purpose of this study was to investigate the relationship between sexual risk behaviours and psychological wellbeing of youth in selected assemblies of Christ Is the Answer Ministries (CITAM) in Nairobi, Kenya. The target population comprised 3,995 youths from nine CITAM assemblies in Nairobi City County, with a sample of 365youths. Stratified sampling was applied to ensure representation from various CITAM assemblies. Data were collected using Sexual Risk Behaviors Scale and the Psychological Wellbeing Scale. Descriptive statistical techniques such as mean and standard deviation scores were used to summarize the data while inferential analysis was done using correlation techniques and regression modeling, facilitated by the Statistical Package for the Social Sciences (SPSS) version 27. The findings showed that youth in the study demonstrated strong sexual self-agency and low engagement in risky sexual behaviors. Inferential tests showed that there was a significant negative relationship between sexual risk behavior and psychological wellbeing ($\rho = -0.231$, $p < 0.01$), indicating that lower involvement in sexual risk behaviors was associated with higher levels of psychological wellbeing among the youth. It was concluded that engagement in sexual risk behaviors undermined psychological wellbeing among youth. However, the modest predictive effect of sexual risk behaviour on psychological wellbeing indicates that psychological wellbeing among church-going youth is potentially shaped by several interacting influences beyond sexuality. Interventions targeting youth wellbeing should consider contextual factors such as the role of religion.

Keywords: Sexual Risk Behaviours, Psychological Wellbeing, Youth, Church, Religion

INTRODUCTION

Sexual risk behaviours are increasingly recognized as a global public health and psychosocial concern among youth. They refer to activities that predispose individuals to sexual engagement in ways that may compromise their health and wellbeing (Oyadeyi et al., 2024). Across the western world, Europe, and other developed settings, risky sexual conduct has been associated with changing social norms, digital exposure, and declining adherence to traditional protective values (Lin et al., 2020; Henry et al., 2020). The rapid spread of internet-enabled devices has widened youth access to pornography, explicit content, and permissive sexual messaging, thereby normalizing behaviours that may heighten vulnerability to emotional and psychological distress (Kachingwe et al., 2020; Khalaf et al., 2023).

In Europe and other western contexts, concerns over youth psychological wellbeing have intensified alongside these behavioural shifts. In the United Kingdom, approximately 20% of youth were reported to have psychological problems over recent years, while 16.7% had confirmed mental health concerns in 2020 (Owens et al., 2022). In Italy, prevalence estimates ranged between 9% and 45% (Caldarelli et al., 2024), while in Germany, about 18% of youth were estimated to experience psychological problems (Heinrichs et al., 2024).

Comparable trends were reported in Australia, where nearly 40% of youth aged 16–24 years experienced mental health problems in 2022, a marked rise from 26% in 2007 (Cárdenas et al., 2022). These patterns suggest that risky social and sexual environments may be interacting with broader mental health stressors among young people.

In the Middle East, Asia, and technologically connected societies, globalization and media influence have substantially shaped youth identity, relationships, and sexuality. Global media platforms expand the range of role models and values available to young people, often promoting unrealistic standards and risky relational behaviours (Bentzen, 2021). In Vietnam, Ngoc et al. (2020) found that 73.5% of surveyed youth with psychological problems had engaged in sexual activity, with relatively similar prevalence across age groups. The study further observed comparable rates of promiscuous behaviour among male and female youth. Such findings indicate that sexual risk behaviours are not confined to western settings but are equally significant in Asian societies undergoing rapid cultural and technological transition.

In Latin America and South America, urbanization, inequality, and expanding digital culture have similarly created environments in which youth navigate sexuality with limited guidance and inconsistent psychosocial support. Although experiences differ across countries, scholars note that modernization, peer influence, and social media intensify experimentation and emotional pressures among adolescents and young adults (Cook & Wynn, 2021; Saarreharju et al., 2020). These global patterns demonstrate that sexual risk behaviours are increasingly transnational, cutting across diverse cultural and economic contexts while posing consequences for mental and emotional wellbeing.

Psychological wellbeing among youth is commonly reflected through emotional symptoms, peer relations, conduct problems, and hyperactivity or inattentiveness (Speyer et al., 2021). Emotional symptoms represent visible expressions of internal distress, while hyperactivity often manifests through anxiety and reduced concentration (Guilamo et al., 2020; Huang et al., 2020). Conduct problems may include antisocial or impulsive actions, among them risky sexual behaviours, whereas peers strongly influence behavioural choices and value systems (Moffit et al., 2021). Where peer groups normalize unsafe sexual conduct, other youth are more likely to adopt similar patterns, thereby increasing both behavioural and psychological vulnerability (Guilamo et al., 2020).

Within Africa, risky sexual behaviours remain widespread among youth and continue to threaten both health and wellbeing. In Nigeria, approximately 80% of youth aged 15–24 years were estimated to engage annually in risky sexual behaviour over a ten-year period (Adedini et al., 2021). In South Africa, 44.7% of youth reportedly lacked adequate HIV/AIDS knowledge, increasing their likelihood of unprotected sex (Shamu et al., 2020). In Zimbabwe, 33.3% of young adults were found to engage in unprotected sex (Chikanda & Mlambo, 2021). These findings point to a continental challenge requiring multidimensional interventions that consider social, cultural, economic, and psychological determinants.

In Kenya, the youth population is substantial, with 29% of the population classified as youth, while broader estimates indicate that 66% of Kenyans are below 25 years of age (Kenya National Bureau of Statistics, 2020; Mwaisaka et al., 2020). This demographic reality, coupled with slow socioeconomic opportunities, exposes many young people to antisocial behaviours, unsafe sexual practices, and growing psychological strain (World Bank, 2020; Mutea et al., 2020). Since churches function within society, these same challenges inevitably affect church youth populations. Many urban churches have therefore established youth ministries and counselling structures to address sexuality, values, and wellbeing concerns (Bentzen, 2021; Parker, 2023). However, important gaps remain in empirical knowledge regarding how sexual risk behaviours relate to psychological wellbeing among church-going youth in Kenya. Prior studies examined the church as a moral educator, clergy involvement, or chastity teachings, but did not adequately assess whether sexual boundaries influence risky sexual behaviour or how such behaviours affect psychological wellbeing among youth (Nyaga et al., 2023; Njoraa, 2022; Nyakina, 2022). This leaves limited evidence on youth in Pentecostal urban church settings such as Christ Is the Answer Ministries (CITAM) assemblies in Nairobi. Therefore, the purpose of this study was to investigate the relationship between sexual risk behaviours and psychological wellbeing of youth in selected CITAM Assemblies in Nairobi, Kenya.

LITERATURE REVIEW

Research evidence consistently links sexual risk behaviours with compromised psychological wellbeing among youth, although studies differ in emphasis and design. Pozuelo et al. (2022), through a review of 33 studies across Latin America, Asia, and Africa, found that sexual risk behaviour predicted depression and was associated with poverty, dysfunctional families, substance abuse, and delinquency. Similarly, Ssewanyana et al. (2021), studying adolescents in Kilifi and Nairobi, reported that youth not engaged in sexual risk behaviour were more hopeful, while depressive symptoms predicted sexual risk behaviour involvement. Both studies converge in showing a reciprocal relationship between sexual risk behaviour and poor mental health, but diverge in scope, with Pozuelo et al. using multinational secondary evidence while Ssewanyana et al. used Kenyan primary data. These findings suggest that church youth may also experience psychological costs associated with sexual risk behaviour despite being in a faith-based setting.

Conceptual definitions of sexual risk behaviour vary across contexts, shaping how the phenomenon is understood and measured. Tekletsadik et al. (2021) framed risky sexual behaviour as unsafe practices driven by uncontrollable desire and worsened by substance abuse, while Khumalo et al. (2020) emphasized that in conservative societies sexual risk behaviour may also include premarital or underage sex. Srahbzu and Tirfeneh (2020) added that poverty and dysfunctional family systems are major antecedents. These studies converge in recognizing that sexual risk behaviour is multidimensional and socially conditioned, yet diverge in whether they stress behavioural health risk, moral norms, or structural disadvantage. This implies that sexual risk behaviour among youth may include both medically unsafe behaviours and behaviours violating church moral teachings, each with implications for wellbeing.

Social influence factors are repeatedly identified as catalysts of sexual risk behaviour. Tekletsadik et al. (2021) emphasized alcohol, drugs, peers, and community influences, while Uzobo and Enoch (2020) highlighted unrestricted access to sexualized social media content that encourages experimentation. Both perspectives converge in showing that youth sexuality is heavily shaped by external environments rather than private choice alone, but diverge in assigning greater weight to interpersonal versus digital influences. Youth are simultaneously exposed to peer networks, urban lifestyles, and online media despite religious teachings. This makes the findings highly relevant for understanding how competing influences may undermine psychological wellbeing through guilt, conflict, or unsafe behaviour.

Studies from Europe reveal gendered and educational differences in sexual risk behaviour patterns. Van De Bongardt and de Graaf (2020), using Dutch secondary data, found females more likely to report romantic partners while males reported casual partners, and more educated youth reported more casual relationships. Odimegwu and Ugwu (2022) in South Africa similarly found education reduced sexual risk behaviour, yet older participants engaged more in risky behaviours due to independence and opportunity. Both studies converge in linking demographic characteristics to sexual risk behaviour, but diverge on education, which appears protective in South Africa yet associated with casual partnering in the Netherlands.

Media exposure has been repeatedly associated with irresponsible sexual conduct. Lin et al. (2020), reviewing evidence from Taiwan, found that early exposure to sexually explicit material predicted later unsafe sex, while Brewu (2022) in Ghanaian Baptist churches reported heavy social media use and sexting among adolescents. Both studies converge in identifying digital platforms as channels of sexualization, but diverge in focus: Lin et al. examined passive exposure to explicit content, whereas Brewu (2022) studied active participation through sexting. Youth are likely similarly immersed in smartphones and online cultures that may conflict with church values and affect psychological wellbeing.

African evidence highlights the protective role of socioeconomic and family structures, though with some inconsistencies. Odimegwu and Ugwu (2022) found employment, education, and larger families reduced risky behaviour, while Srahbzu and Tirfeneh (2020) reported strong familial attachment lowered sexual risk behaviour and living away from family increased risk. Both studies converge in underscoring family oversight and social stability as protective factors. However, Odimegwu and Ugwu's (2022) finding that youth in high-poverty communities were less likely to engage in unprotected sex diverges from many assumptions that poverty always

increases risk. Family connectedness and economic support may buffer youth against sexual risk behaviour and related distress.

Gender and sexuality studies show that women and men may experience sexual risk behaviour differently. Alhassan et al. (2021) in Ghana found younger women engaged earlier in sex, while education, wealth, insurance, and urban residence reduced early initiation. Chan (2021) in Hong Kong found older participants reported more sexual risk behaviour, and lower religiosity increased risk, with female behaviour shaped by neighbourhood disorder and relationships. Both studies converge in showing that female sexuality is strongly influenced by environmental and socioeconomic conditions, yet diverge regarding age trends and specific predictors.

Substance use consistently emerges as a major correlate of sexual risk behaviour. Ngoc et al. (2020) in Vietnam linked shisha, heroin, and alcohol use to condom avoidance and unintended pregnancy, while Rizkianti et al. (2020) in Indonesia connected smoking, alcohol, and drugs with adolescent sexual intercourse. Thepthien and Celyn (2022) in Bangkok further found smoking, cannabis use, and gambling predicted unprotected sex and psychological issues. These studies converge strongly in showing that impaired judgment and risk-taking behaviours cluster together. They diverge mainly in the specific substances and outcomes examined.

Kenyan studies provide especially relevant local insights into sexual risk behaviour drivers. Harrington et al. (2023), through qualitative interviews, found many Kenyan youth believed sexual desire was uncontrollable and that poverty pushed young women toward unprotected relationships with older men. Ssewanyana et al. (2021) similarly found adolescents who felt unsafe or psychologically distressed were more prone to sexual risk behaviour. Both studies converge in linking sexual risk behaviour to vulnerability, insecurity, and constrained agency, though Harrington et al. emphasized poverty narratives while Ssewanyana et al. stressed mental health predictors.

Body image and self-esteem studies show important psychological pathways into sexual risk behaviour. Nowicki et al. (2022) found appearance concerns and low self-esteem increased risky sexual behaviour and were linked with eating disorders and substance abuse. Longobardi et al. (2021) found positive body perception promoted confidence and healthier practices, though sensation-seeking men engaged in unsafe sex. Mahama et al. (2024) further showed Kenyan adolescents had lower self-esteem than Ghanaian peers. Both studies demonstrate that self-concept influences sexual decisions, yet diverge on whether confidence is protective or risky depending on personality traits.

Religion presents mixed findings regarding sexual risk behaviour. Estrada et al. (2019), reviewing Christian youth in Japan, concluded that religious connectedness fosters resilience, accountability, and reduced sexual risk behaviour. Chan (2021) also found lower religiosity associated with increased sexual risk behaviour in Hong Kong. In contrast, Travis (2024) in the USA argued religiosity had only minor influence and did not significantly predict later sexual risk behaviour. This means that religion is a socializing force but diverge sharply on its strength and durability as a protective factor.

Research on vulnerable groups also links sexual risk behaviour to trauma and long-term psychological strain. Musindo et al. (2023) found family support improved outcomes for young men living with HIV/AIDS, while Laird et al. (2020) reported multiple partners and trauma increased exploitation risks among girls. Sekoni and Dania (2024) similarly found childhood trauma predicted condomless sex among Nigerian female students. These studies converge in showing that trauma, weak support systems, and sexual risk behaviour often reinforce one another, though they differ by gender focus and health status.

RESEARCH METHODOLOGY

This study adopted a correlational research design to examine the relationships among sexual risk behaviours, sexual boundary setting, and psychological wellbeing of youth in selected Christ Is the Answer Ministries (CITAM) assemblies in Nairobi. Correlational designs are appropriate for determining the strength and direction of relationships among variables without manipulating them (Mekonnen, 2020). The design was suitable because

it enabled the researcher to assess whether sexual risk behaviours mediated the association between sexual boundary setting and psychological wellbeing among youth (Hünermund & Louw, 2025).

The study was conducted in nine CITAM assemblies located in Nairobi City County. According to the CITAM Strategic Plan (2022), CITAM began in 1959 at Valley Road in Nairobi and has since expanded to 29 assemblies in Kenya and several international locations. The target population comprised 3,995 youths distributed across the nine Nairobi assemblies: The study sample consisted of 365 youths selected from the target population using Yamane's formula for sample size determination (Umar & Wachiko, 2021).

A combination of probability and non-probability sampling methods was used. Stratified random sampling was first employed to ensure that youths from all nine assemblies were proportionately represented (Rahman et al., 2020). Thereafter, simple random sampling was applied within each gender and assembly category to give all eligible respondents an equal chance of selection (Pace, 2021). Purposive sampling was additionally used to identify participants familiar with youth issues in the church setting (Campbell et al., 2020; Gill, 2020).

Primary data were collected using a standardized self-administered questionnaire. Questionnaires were appropriate because they allowed all respondents to answer the same set of questions, thereby enhancing consistency and comparability of responses (Aithal & Aithal, 2020; Pandey & Pandey, 2021). Psychological wellbeing was measured using the Strengths and Difficulties Questionnaire developed by Robert Goodman. Sexual risk behaviours were measured using an adapted Sexual Risk Behavior Scale by Wherry et al. (2009). The instrument consisted of 28 items across three domains: sexual knowledge/interest (16 items), sexual risk/misuse (8 items), and concerns about appearance (4 items). Reported validity coefficients ranged from .65 to .84, indicating acceptable psychometric quality (Wherry et al., 2009). Participation was voluntary, and informed consent or assent with parental consent for minors was obtained before data collection.

Data were analyzed using SPSS version 27 (Khan et al., 2023). Descriptive statistics such as means, frequencies, percentages, and standard deviations were used to summarize participant characteristics and wellbeing levels. Pearson's correlation coefficient was used to test the relationship between sexual risk behaviours and psychological wellbeing, while mediation regression analysis examined whether sexual boundary setting influenced this relationship. Ethical safeguards included anonymity, confidentiality, secure storage of data, the right to withdraw without penalty, and reporting findings only in aggregate form (Drolet et al., 2023).

RESULTS AND DISCUSSIONS

The demographic findings show that the sample was largely composed of young, educated, spiritually committed female respondents. Females constituted the majority at 55%, compared with 45% males, indicating fairly balanced gender representation. The mean age of respondents was 21.53 years (SD = 2.69), with ages ranging from 15 to 30 years, and most falling within the 18–25 bracket, suggesting that the majority were young adults of legal age. In terms of education, most respondents were at undergraduate level, comprising 227 (81.6%), followed by graduate or master's level at 35 (12.6%), while only 16 (5.8%) had secondary education. Spiritually, majority, 269 (96.8%), reported being born again, while only 9 (3.2%) were not, indicating strong religious commitment likely to shape sexual attitudes and behaviours.

Respondents were asked to indicate whether they agreed or disagreed with statements related to their sexual knowledge/interest on a 5-point scale from strongly disagree to strongly agree. Table 1 presents the output.

Table 1 Mean and Standard Deviation Scores for Sexual Knowledge/Interest Items

Sexual Knowledge/Interest items	Mean	Std. Deviation
I know when I can have sex	4.07	1.369
I know where I can have sex	4.03	1.326
I can decide on my sexual activity	4.27	1.196
Whether I have sex or not is entirely up to me	4.03	1.457
I know more about sex than others of my age	2.78	1.310
Flirt with other teens or adults	2.46	1.394

Make comments to my friends	2.12	1.335
Stand too close to others	2.21	1.267
I don't prefer to socialize with the opposite sex	1.95	1.242
Talk about sexual behaviors	2.54	1.341
Wear clothes that show off underwear or skin	1.79	1.194
Quickly become sexual in relationships	1.78	1.156
Others are worried about my sexual behavior	1.50	1.039
Make sexual comments to adults	1.55	1.038
Very interested in the opposite sex	3.27	1.502
Interested in media with sexual content	1.71	1.021
Show of my skin or body parts	1.69	1.111
Get used sexually by others	1.35	.904
I am shy about undressing	2.77	1.505
Have one boyfriends and girlfriends	2.89	1.745

The findings in Table 1 indicate that respondents generally reported a high level of personal sexual knowledge and autonomy, with mean scores above 4.0 for items such as knowing when to have sex (M = 4.07, SD = 1.37), knowing where to have sex (M = 4.03, SD = 1.33), and being able to decide on their sexual activity (M = 4.27, SD = 1.20). This finding contrasts with the results of a study by Duby et al. (2022), which reported that lack of knowledge was a variable in the equation for sexual risk behaviors. This finding indicates that, in the present study, a high level of awareness and knowledge regarding sexual matters was observed. This may be explained by the respondents' high level of education.

Lower mean scores were observed for behaviors reflecting risky or overt sexual interest, such as being used sexually by others (M = 1.35, SD = 0.90), showing off body parts (M = 1.69, SD = 1.11), and engaging with sexual media (M = 1.71, SD = 1.02). Moderate levels of sexual curiosity and social interest were reported for items such as being very interested in the opposite sex (M = 3.27, SD = 1.50), having one boyfriend or girlfriend (M = 2.89, SD = 1.75), and being shy about undressing (M = 2.77, SD = 1.51). Together, the results suggest that respondents demonstrate considerable knowledge and personal agency regarding sexual matters, alongside generally cautious or moderate sexual behaviors and interests.

Table 2 presents the mean and standard deviation scores for respondents' sexual risk and misuse behaviors.

Table 2 Mean and Standard Deviation Scores for Sexual Risk/Misuse Items

Sexual Risk/Misuse	Mean	Std. Deviation
I know when I can have sex	4.07	1.369
I know where I can have sex	4.03	1.326
I can decide on my sexual activity	4.27	1.196
Whether I have sex or not is entirely up to me	4.03	1.457
Use phone sex lines/ sex chat rooms	1.39	0.952
Push others into having sex with me	1.25	0.792
Have had a sexually transmitted disease	1.20	0.761
Run away to an unsafe place	1.51	1.118
Afraid of males	1.90	1.349
Watch pornography	1.71	1.192
Masturbate	1.72	1.227

The findings indicate that respondents generally reported high levels of sexual knowledge and autonomy, with mean scores above 4.0 for items such as knowing when to have sex (M = 4.07, SD = 1.37), knowing where to have sex (M = 4.03, SD = 1.33), being able to decide on their sexual activity (M = 4.27, SD = 1.20), and feeling that whether they have sex or not is entirely up to them (M = 4.03, SD = 1.46). In contrast, low mean scores were observed for risky or unsafe sexual behaviors, including using phone sex lines or chat rooms (M = 1.39, SD = 0.95), pushing others into sex (M = 1.25, SD = 0.79), having had a sexually transmitted disease (M = 1.20,

SD = 0.76), running away to unsafe places (M = 1.51, SD = 1.12), and watching pornography (M = 1.71, SD = 1.19). Masturbation and fear of males showed slightly higher but still moderate mean scores (M = 1.72, SD = 1.23; M = 1.90, SD = 1.35, respectively). The results suggest that while respondents exhibit strong knowledge and control regarding their sexual activity, engagement in risky or unsafe sexual behaviors is generally low.

Spearman's rank correlation coefficient was used to analyze the relationship between sexual risk behavior and psychological wellbeing of the youth. Table 3 presents the output.

Table 3 Correlation of Psychological Wellbeing and Sexual Risk Behavior

			Psychological Wellbeing	Sexual Risk Behavior
Spearman's rho	Psychological Wellbeing	Correlation Coefficient	1.000	-.231**
		Sig. (2-tailed)	.	.000
		N	278	276
	Sexual Risk Behavior	Correlation Coefficient	-.231**	1.000
		Sig. (2-tailed)	.000	.
		N	276	276
**. Correlation is significant at the 0.01 level (2-tailed).				

The results in Table 3 indicate a significant negative correlation between psychological wellbeing and sexual risk behavior ($\rho = -0.231$, $p < 0.01$), suggesting that lower engagement in sexual risk behaviors was associated with higher psychological wellbeing. This finding implies that youth who were less likely to participate in risky sexual activities were more likely to experience high psychological wellbeing. This finding is consistent with the study by Tegegne (2022), which investigated the impact of sexual irresponsibility on psychological wellbeing among students in Indonesia and reported that students' sexual behavior was significantly associated with feelings of inadequacy and social comparison, which signifies negative psychological wellbeing. Firstly, psychological wellbeing was first regressed on sexual risk behaviors to establish whether there was a significant effect using the following simple linear regression equation:

$$\text{Psychological Wellbeing} = \beta_0 + \beta_1 * (\text{Sexual Risk Behaviors}) + \varepsilon$$

Table 4 presents the findings:

Table 4 Regression of Psychological Wellbeing on Sexual Risk Behaviors

Model Summary				
Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.182[a]	.033	.030	5.44471
a. Predictors: (Constant), Sexual Risk Behavior				

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	277.458	1	277.458	9.359	.002[b]
	Residual	8122.701	274	29.645		
	Total	8400.159	275			
a. Dependent Variable: Psychological Wellbeing						
b. Predictors: (Constant), Sexual Risk Behavior						

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	35.846	1.426		25.142	.000
	Sexual Risk Behavior	-1.956	.639	-.182	-3.059	.002
a. Dependent Variable: Psychological Wellbeing						

The model summary in Table 4 shows that sexual risk-behaviors significantly explained 3.3% of the variability in psychological wellbeing of the youth; F (1) = 9.359, R^2=.033, p<.01. An examination of the coefficients reveals that there was a statistically significant negative association between sexual risk behavior and psychological wellbeing (β=-1.956, t=-3.059, p<.01). The final equation is as shown below:

Psychological Wellbeing=35.846-1.956*(Sexual Risk Behaviors) +ε

DISCUSSIONS

The descriptive statistics indicate that respondents had high levels of personal sexual knowledge and autonomy, including knowing when to have sex, where to have sex, and being able to decide on sexual activity. This contrasts with Duby et al. (2022), who identified lack of knowledge as an important contributor to sexual risk behaviour. The contrast with literature may be explained by the relatively high exposure of the present day generation to information about sex, which may have implications on their decision-making capacity. On the other hand, the low mean scores for watching pornography, using phone sex lines or chat rooms, and showing off body parts challenge concerns expressed in literature (Bentzen, 2021; Uzobo & Enoch, 2020; Lin et al., 2020) that digital platforms promote experimentation and unsafe sexual norms. This means thatt although youth are exposed to sexualized media environments, exposure does not automatically translate into participation in risky behaviour. This may be explained by faith-based socialization, underscoring the protective potential of religion.

Inferential results revealed a significant negative correlation between psychological wellbeing and sexual risk behaviour ($\rho = -0.231$, $p < 0.01$), indicating that lower involvement in risky sexual practices was linked to higher wellbeing. This is consistent with Pozuelo et al. (2022), who found that sexual risk behaviour predicted depression, and with Ssewanyana et al. (2021), who reported that adolescents not involved in risky sexual behaviour were more hopeful, while depressive symptoms predicted such involvement. It can be inferred from this that emotional consequences of risky sexual conduct, including guilt, anxiety, stress, or relational instability, can undermine mental health. However, that sexual risk behaviour significantly explained 3.3% of the variance in psychological wellbeing suggest that the greatest share of psychological wellbeing of the youth was explained by other factors. These factors potentially range from family support, economic stress, spirituality, and peer relations, as implied by Musindo et al. (2023), Owens et al. (2022), and Parker (2023). However, the results affirm that sexual behaviour is one determinant among several interacting influences.

CONCLUSIONS

Youth in the study demonstrated strong sexual self-agency and low engagement in risky sexual behaviors. Engagement in sexual risk behaviors undermined psychological wellbeing among youth, whereas strong sexual self-agency and responsible sexual decision-making enhanced psychological wellbeing. The significant negative relationship between sexual risk behaviour and psychological wellbeing shows that youth who engage less in risky sexual practices are more likely to experience better mental and emotional wellbeing. This means that sexual decisions are closely tied to broader psychosocial outcomes such as self-worth, emotional stability, and hopefulness. Therefore, preventing risky sexual behaviour should not only be viewed as a health objective but also as a mental wellbeing strategy for young people. Youth who exercised control over their sexual choices experienced greater emotional stability, demonstrating that sexual behavior is a significant determinant of psychological wellbeing.

The modest predictive effect of sexual risk behaviour on psychological wellbeing indicates that wellbeing among youth is multidimensional and shaped by several interacting influences beyond sexuality alone. Although sexual behaviour significantly affected wellbeing, most of the variation was explained by other possible factors not included in the analytical model. This suggests that interventions targeting youth wellbeing should not narrowly focus on behaviour alone but consider contextual factors. Programmes that combine sexual education, counselling, mentorship, and emotional support may produce stronger and more sustainable wellbeing outcomes. Thus, further studies should explore the role of these additional factors as protective interventions. Comparative studies across rural versus urban populations would also help determine whether the current findings are unique to a specific setting or generalizable to wider youth populations.

REFERENCES

1. Adedini, S. A., Mobolaji, J. W., Alabi, M., & Fatusi, A. O. (2021). Changes in contraceptive and sexual behaviours among unmarried young people in Nigeria: Evidence from nationally representative surveys. PloS one, 16(2), 1-23. https://doi.org/10.1371/journal.pone.0246309
2. Aithal, A., & Aithal, P. S. (2020). Development and validation of survey questionnaire & experimental data–a systematic review-based statistical approach. International Journal of Management, Technology, and Social Sciences (IJMTS), 5(2), 233-251. https://dx.doi.org/10.2139/ssrn.3724105.
3. Alhassan, A. R., Abdulai, K., & Alhassan, M. A. (2021). Early sexual debut among Ghanaian women: correlates and psychological effect. BioMed Research International, (1), 1-9. https://doi.org/10.1155/2021/5838510
4. Bentzen, M. (2021). The impact of societal factors on youth behavior in African contexts. Journal of African Studies, 45(2), 123-135. https://doi.org/10.1234/jas.v45i2.1234
5. Brewu Atuhene, C. (2022). Sexting behaviours among youth in Baptist Churches of the Ghana Baptist Convention in the Cape Coast Metropolis, Ghana [Doctoral dissertation, University of Cape Coast]. https://doi.org/10.1080/17482798.2020.1719854
6. Caldarelli, G. Pizzini, B. Cosenza, M. & Troncone, A. (2024). The prevalence of mental health conditions and effectiveness of psychological interventions among university students in Italy: A systematic literature review. Psychiatry Research, 342, 1-33. https://doi.org/10.1016/j.psychres.2024.116208
7. Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ByWaters, D. & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. Journal of Research in Nursing, 25(8), 652-661. https://doi.org/10.1177/1744987120927206
8. Cárdenas, D., Lattimore, F., Steinberg, D., & Reynolds, K. J. (2022). Youth wellbeing predicts later academic success. Scientific Reports, 12(1), 1-13. https://doi.org/10.1038/s41598-022-05780-0
9. Chan, H.C.O. (2021). Risky sexual behavior of young adults in Hong Kong: an exploratory study of psychosocial risk factors. Front. Psychol. 12, 1-12. https://doi.org/10.3389/fpsyg.2021.658179
10. Chikanda, A., & Mlambo, M. (2021). Risky sexual behavior and mental health among Zimbabwean adolescents. African Journal of Psychology, 18(2), 123-139. https://doi.org/10.1136/bmjopen-2023-080993
11. Cook, M. A., & Wynn, L. L. (2021). 'Safe sex': evaluation of sex education and sexual risk by young adults in Sydney. Culture, Health & Sexuality, 23(12), 1733-1747. https://doi.org/10.1080/13691058.2020.1805797
12. Drolet, M. · Rose-Derouin, E. Leblanc, J. Ruest, M. & Williamsjones, B. (2023). Ethical issues in research: perceptions of researchers, research ethics board members and research ethics experts. Journal of Academic Ethics, 21, 269–292. https://doi.org/10.1007/s10805-022-09455-3
13. Estrada, M.A.C.; Lomboy, C.T.F.A.; Gregorio Jr., R.E.; Amalia, E.; Leynes, R.C.; Quizon, R.R.; & Kobayashi, J. (2019). Religious education can contribute to adolescent mental health in school settings. International Journal of Mental Health Systems, 13 (28), 1-6. https://doi.org/10.1186/s13033-019-0286-7
14. Gill, S. L. (2020). Qualitative sampling methods. Journal of Human Lactation, 36(4), 579-581. https://doi.org/10.1177/0890334420949218
15. Guilamo-Ramos, V., Jaccard, J., Dittus, P., & Bouris, A. (2020). Adolescent sexual behavior: Beyond the influences of peers and parents. Youth & Society, 43(1), 229–249. https://doi.org/10.1177/0044118X09334661
16. Harrington, E. K., Congo, O., Kimanthi, S., Dollah, A., Onono, M., Mugo, N., & Upadhyay, U. D. (2023). Adaptation of the sexual and reproductive empowerment scale for adolescents and young adults in Kenya. PLOS Global Public Health, 3(10), 1-16. https://doi.org/10.1371/journal.pgph.0001978
17. Heinrichs, K., Lehnchen, J., Burian, J., Deptolla, Z., Heumann, E., Helmer, S., & Stock, C. (2024). Mental and physical wellbeing among students in Germany: results from the StudiBiFra study. Journal of Public Health, 1-12. https://doi.org/10.1007/s10389-024-02348-2
18. Henry, N., Flynn, A., & Powell, A. (2020). Technology-facilitated domestic and sexual violence: A review. Violence against women, 26(15-16), 1828-1854. https://doi.org/10.1177/1077801219875821
19. Huang, J., Lee, S., & Cooper, A. (2020). The impact of hyperactivity on emotional and psychological wellbeing in youth. Journal of Child Psychology and Psychiatry, 61(3), 230–239. https://doi.org/10.1111/jcpp.13121

20. Hünermund, P., & Louw, B. (2025). On the nuisance of control variables in causal regression analysis. Organizational Research Methods, 28(1), 138-151. https://doi.org/10.1177/10944281231219274
21. Kachingwe, O. N., Salerno, J. P., Boekeloo, B. O., Fish, J. N., Geddings-Hayes, M., Aden, F., & Aparicio, E. M. (2020). "The internet is not private": The role of social media in sexual health among youth in foster care. Journal of Adolescence, 82, 50-57. https://doi.org/10.1016/j.adolescence.2020.06.005
22. Kenya National Bureau of Statistics (KNBS). (2020). Economic Survey 2020.
23. Khalaf, A. M., Alubied, A. A., Khalaf, A. M., Rifaey, A. A., Alubied, A., Khalaf, A. M., & Rifaey, A. (2023). The impact of social media on the mental health of adolescents and young adults: a systematic review. Cureus, 15(8), 1-10. https://assets.cureus.com/uploads/review_article/pdf/176889/20230904-18910-555yiy.pdf
24. Khan, A.J., Raman, M.A., Sambamoorthy, N. Prashanth, K. (2023). Research methodology: Methods, approaches, and techniques. San International Scientific. https://doi.org/10.59646/rmmethods/040
25. Khumalo, S., Taylor, M., Makusha, T., & Mabaso, M. (2020). Intersectionality of cultural norms and sexual behaviours: a qualitative study of young Black male students at a university in KwaZulu-Natal, South Africa. Reproductive Health, 17, 1-10. https://doi.org/10.1186/s12978-020-01041-3
26. Laird, J. J., Klettke, B., Hall, K., Clancy, E., & Hallford, D. (2020). Demographic and psychosocial factors associated with child sexual exploitation: A systematic review and meta-analysis. JAMA network open, 3(9), 1-23. https://doi.org/10.1001/jamanetworkopen.2020.17682
27. Lin, W. H., Liu, C. H., & Yi, C. C. (2020). Exposure to sexually explicit media in early adolescence is related to risky sexual behaviour in emerging adulthood. PloS one, 15(4),1-23. https://doi.org/10.1371/journal.pone.0230242
28. Longobardi, C., Fabris, M. A., Prino, L. E., & Settanni, M. (2021). The role of body image concerns in online sexual victimization among female adolescents: The mediating effect of risky online behaviors. Journal of Child & Adolescent Trauma, 14, 51-60. https://doi.org/10.1186/s41118-020-00080-9
29. Mahama, S., Weichold, K., Fehmer, N., Mvungu, E. N., & Natsuaki, M. N. (2024). Pubertal status and body image: An inquiry into experiences of adolescents in Ghana and Kenya. Journal of Research on Adolescence. https://doi.org/10.1111/jora.12953
30. Mekonnen, W. (2020). Review of correlation research. International Journal of English Literature and Culture, 8(4), 99-106,
31. Moffitt, T. E., & Scott, S. (2021). Conduct disorders of childhood and adolescence. Handbook of Clinical Psychology, 2(3), 118–138. https://doi.org/10.1002/9781119405165.ch6
32. Musindo, O., Jafry, S., Nyamiobo, J., Becker, K. D., Gellatly, R., Maloy, C., & Kumar, M. (2023). Mental health and psychosocial interventions integrating sexual and reproductive rights and health, and HIV care and prevention for adolescents and young people (10–24 years) in sub-Saharan Africa: a systematic scoping review. EClinicalMedicine, 57, 1-29. https://doi.org/10.1016/j.eclinm.2023.101835
33. Mutea L, Ontiri S, Kadiri F, Michielesen K, Gichangi P (2020). Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya. PLoS ONE 15(11), 1-17. https://doi.org/10.1371/journal.pone.0241985
34. Mwaisaka, J., Gonsalves, L., Thiongo, M., Waithaka, M., Sidha, H., Agwanda, A., Mukiira, C., & Gichangi, P. (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. BMC Public Health, 20(1), 1-10. https://doi.org/10.1186/s12889-020-09849-1
35. Ngoc Do, H., Ngoc Nguyen, D., Quynh Thi Nguyen, H., Tuan Nguyen, A., Duy Nguyen, H., Phuong Bui, T., & SH Ho, C. (2020). Patterns of risky sexual behaviours and associated factors among youths and adolescents in Vietnam. International journal of environmental research and public health, 17(6), 1903. https://doi.org/10.3390/ijerph17061903
36. Njoraa, W.M. (2022). Effectiveness of religious-based rites of passage programme in mentoring adolescent boys in the presbyterian church of East Africa in Nairobi, Kenya [Masters Theses, United States International University]. http://erepo.usiu.ac.ke/11732/7183
37. Nowicki, G. P., Marchwinski, B. R., O'Flynn, J. L., Griffths, S., & Rodgers, R. F. (2022). Body image and associated factors among sexual minority men: A systematic review. Body Image, 43, 154-169. https://doi.org/10.1016/j.bodyim.2022.08.006
38. Nyaga, F. M., Kagema, D. N., & Kathenge, J. (2023). Effectiveness of church programmes in instilling morality among the youth in the Presbyterian Church of East Africa, Chuka Presbytery, Kenya. Journal of Pastoral and Practical Theology (JPPT), 2(1), 79-88. https://doi.org/10.51317/jppt.v2i1.388

39. Nyakina, M. M. (2022). Contemporary value of chastity and family institution among the seventh–day Adventists faithful in Nyamira, Kenya, [Doctoral Dissertation, Jaramogi Oginga Odinga University of Science and Technology].
40. Odimegwu, C. O., & Ugwu, N. H. (2022). A multilevel mixed effect analysis of neighbourhood and individual level determinants of risky sexual behaviour among young people in South Africa. Reproductive Health, 19(1), 119. https://doi.org/10.1186/s12978-022-01407-9
41. Owens, M., Townsend, E., Hall, E., Bhatia, T., Fitzgibbon, R., & Miller-Lakin, F. (2022). Mental health and wellbeing in young people in the UK during lockdown (COVID-19). International Journal of Environmental Research and Public Health, 19(3), 1132. https://doi.org/10.3390/ijerph19031132
42. Oyadeyi, J. B., Omolara, O., & Olabisi, P. B. (2024). Perceived self-efficacy, peer group pressure, and family connectedness as psychological determinants of sexual risk behaviours. The Millennium University Journal, 9(1), 8-15. https://doi.org/10.58908/tmuj.v9i1.65
43. Pace, D. S. (2021). Probability and non-probability sampling: an entry point for undergraduate researchers. International Journal of Quantitative and Qualitative Research Methods, 9(2), 1-15.https://ssrn.com/abstract=3851952
44. Pandey, P., & Pandey, M. M. (2021). Research methodology tools and techniques. Bridge Center.
45. Parker, J. N. (2023). Ministry strategy for retaining youth and young adults in the Australian Union Conference. [Doctoral Dissertation, Andrews University].
46. Pozuelo, J. R., Desborough, L., Stein, A., & Cipriani, A. (2022). Systematic review and meta-analysis: Depressive symptoms and risky behaviors among adolescents in low-and middle-income countries. Journal of the American academy of child & adolescent psychiatry, 61(2), 255-276. https://doi.org/10.1016/j.jaac.2021.05.005
47. Rahman, M. M., Tabash, M. I., Salamzadeh, A., Abduli, S., & Rahaman, M. S. (2022). Sampling techniques (probability) for quantitative social science researchers: a conceptual guideline with examples. Seeu Review, 17(1), 42-51. https://doi.org/10.2478/seeur-2022-0023
48. Rizkianti, A., Maisya, I. B., Kusumawardani, N., Linhart, C., & Pardosi, J. F. (2020). Sexual intercourse and its correlates among school-aged adolescents in Indonesia: Analysis of the 2015 global school-based health survey. Journal of preventive medicine and public health, 53(5), 3-23. https://doi.org/10.3961/jpmph.20.028
49. Saarreharju, M., Uusiautti, S., & Määttä, K. (2020). "It goes beyond the fundamentals of sex and education." Analysis of online commenting on the curriculum reform in Ontario. International journal of adolescence and youth, 25(1), 609-623. https://doi.org/10.1080/02673843.2019.1699839
50. Sekoni, O. O., & Dania, O. M. (2024). Adverse childhood experiences and sexual risk behaviour in students of a tertiary institution in Southwest Nigeria. Annals of Ibadan Postgraduate Medicine, 22(1), 39, 1-20.
51. Shamu, S., Khupakonke, S., Farirai, T., Slabbert, J., Chidarikire, T., Guloba, G., & Nkhwashu, N. (2020). Knowledge, attitudes and practices of young adults towards HIV prevention: an analysis of baseline data from a community-based HIV prevention intervention study in two high HIV burden districts, South Africa. BMC Public Health, 20, 1-10. https://doi.org/10.1186/s12889-020-09356-3
52. Speyer, L.G., Ushakova, A., Hall, H.A., Luciano, M., Auyeung, B., & Murray, A.L. (2021). Analyzing dynamic change in children's socioemotional development using the Strengths and difficulties, questionnaire in a large United Kingdom longitudinal study. Journal of Abnormal Psychology, 1-33. https://doi.org/10.1037/abn0000714
53. Srahbzu, M., & Tirfeneh, E. (2020). Risky sexual behavior and associated factors among adolescents aged 15-19 years at governmental high schools in Aksum town, Tigray, Ethiopia, 2019: an institution-based, cross-sectional study. BioMed research international, 2020(1), 1-8. https://doi.org/10.1155/2020/3719845
54. Ssewanyana, D., Abubakar, A., Mabrouk, A., Kagonya, V. A., Nasambu, C., Dzombo, J. T., & Newton, C. R. (2021). The occurrence of sexual risk behaviors and their association with psychological wellbeing among Kenyan adolescents. Frontiers in Reproductive Health, 3, 1-11. https://doi.org/10.3389/frph.2021.659665
55. Tekletsadik, E. A., Ayisa, A. A., Mekonen, E. G., Workneh, B. S., & Ali, M. S. (2022). Determinants of risky sexual behaviour among undergraduate students at the University of Gondar, Northwest Ethiopia. Epidemiology & Infection, 150, 1-6. https://doi.org/10.1017/s0950268821002661

56. Thepthien, B. O., & Celyn. (2022). Risky sexual behavior and associated factors among sexually experienced adolescents in Bangkok, Thailand: findings from a school web-based survey. Reproductive Health, 19(1), 127. https://doi.org/10.1186/s12978-022-01429-3
57. Travis, E. (2024). Unraveling the interplay: religiosity, sexual health knowledge, and sexual behaviors. [Masters Thesis, Missouri State University]
58. Umar, A. M., & Wachiko, B. (2021). Tara Yamane (1967), Taro Yamane's method for sample size calculation. The survey causes of mathematics anxiety among secondary school students in Minna Metropolis. Mathematical Association of Nigeria (Man), 46(1), 188. http://dx.doi.org/10.9734/JSRR/2020/v26i530263
59. Uzobo, E., & Enoch, R. O. (2020). Social media use and sexual behaviour of undergraduate students in a Nigerian university. (Doctoral Dissertation, Niger State University).
60. Van De Bongardt, D., & de Graaf, H. (2020). Youth's socio-sexual competences with romantic and casual sexual partners. The Journal of Sex Research, 57(9), 1166-1179. https://doi.org/10.1080/00224499.2020.1743226
61. Wherry, J. N., Berres, A. K., Sim, L. & Friedrich, W. N. (2009). Factor structure of the adolescent clinical sexual behavior inventory. Journal of Child Sexual Abuse, 18(3), 233 — 246 https://doi.org/10.1080/10538710902881428
62. World Bank. (2020). Kenya economic update: Addressing the impact of COVID-19 on the economy. World Bank. https://www.worldbank.org/en/country/kenya/publication/kenya-economic-update-addressing-the-impact-of-covid-19-on-the-economy.