

Integrating Indigenous Traditions, Christian Moral Frameworks, and Scientific Strategies in Combating Teenage Sexual Immorality: Evidence from the Bukusu Community of Western Kenya

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Abstract—Teenage sexual immorality remains a persistent public health and socio-moral challenge in sub-Saharan Africa contributing to high rates of adolescent pregnancy, sexually transmitted infections (STIs), school dropout and intergenerational poverty. In Western Kenya, particularly among the Bukusu community, conventional interventions such as comprehensive sexuality education (CSE) and youth-friendly health services have produced mixed outcomes, often encountering resistance due to perceived cultural and religious incompatibility. Conversely, indigenous initiation systems and Christian moral teachings historically shaped adolescent behaviour but currently lack integration with contemporary sexual and reproductive health (SRH) knowledge. This study is organized thematically around the three core pillars of the study that is, the prevalence and underlying causes of sexual immorality among teenagers in Western Kenya, with a focus on the Bukusu community, the role of Bukusu traditional practices, Christian teachings, and scientific approaches in addressing teenage sexual immorality and finally integrated strategies. Data was obtained from teenagers, parents/guardians, Bukusu elders, church leaders/youth mentors, and health workers using questionnaires, key informant interviews (KIIs) and focus group discussions (FGDs) in western Kenya. Quantitative data were presented using tables, percentages, charts, and inferential statistics, while qualitative data were analyzed thematically and integrated to enrich interpretation. This study advances and evaluates an integrated, culturally grounded model that combines Bukusu traditional mentorship systems, Christian moral authority, and scientific evidence-based approaches. Guided by social control, social learning and Ecological Systems theories, it demonstrates that fragmented single-sector interventions are insufficient, whereas culturally resonant and multi-sectoral strategies enhance legitimacy, acceptance, and sustainability. The study establishes and recommends the use of Integrated Contextual Behaviour Regulation Model (ICBRM) as a framework for aligning tradition, faith, and science in adolescent sexual health programming.

Keywords— Teenage Sexual Immorality, Bukusu Traditional Practices, Morality, Integrated Strategies

I. INTRODUCTION

Adolescence is a transitional stage marked by rapid physical, emotional, cognitive, and social changes (World Health Organization, 2021). It is also a period of heightened vulnerability to risky behaviors, including early and unsafe sexual activity. According to developmental psychology, adolescents often explore identity and autonomy, yet lack full cognitive maturity in decision-making, especially in relation to long-term consequences (Steinberg, 2017). When combined with limited guidance and structural support, this exploration can lead to behaviors classified as sexual immorality in many cultural and religious contexts.

Adolescent sexual behavior remains one of the most pressing public health and social issues worldwide, with early sexual initiation, unprotected intercourse, multiple partners, and sexual coercion contributing to high rates of unintended pregnancy, sexually transmitted infections (STIs), unsafe abortions, and school dropout (Bearinger et al., 2007; Chandra-Mouli, Camacho, & Michaud, 2014; Delany-Moretlwe et al., 2014; UNESCO, 2018). Globally, approximately 16 million girls aged 15–19 give birth each year, and complications from early pregnancy are a leading cause of maternal and infant morbidity and mortality in low- and middle-income countries (WHO, 2021; 2025).

Interventions grounded in evidence have shown promise. Comprehensive Sexuality Education (CSE) — combining age-appropriate SRH information, negotiation and refusal skills, and gender/rights-

based content — has been demonstrated to increase contraceptive use, reduce risky sexual behaviors, and delay sexual debut without encouraging early sexuality (UNESCO, 2018; Kirby, Laris, & Rolleri, 2007; UNESCO, 2019). Youth-Friendly Health Services, characterized by confidentiality, respectful staff, and free or affordable access, improve adolescents' uptake of contraception, STI screening, and antenatal care (Tylee et al., 2007). Multi-sectoral strategies that integrate health, education, community mobilization, and structural supports (e.g., conditional cash transfers, school retention incentives) yield stronger outcomes than single-focused approaches (Baird, McIntosh, & Ozler, 2012; Miller et al., 2022).

In sub-Saharan Africa, adolescent pregnancy rates remain among the highest globally, with over 143 births per 1,000 girls aged 15–19, and about 19% of adolescent girls having commenced childbearing (Reproductive Health, 2018). Eastern and Southern African adolescents, particularly girls, face substantial vulnerability: they are six times more likely than boys to contract HIV during adolescence (UNICEF E, 2020). These outcomes are driven by poverty, gender inequality, limited schooling, early marriage, and weak access to adolescent-friendly services (Delany-Moretlwe et al., 2014; Reproductive Health, 2018). Studies indicate that adolescents, especially girls, face intersecting vulnerabilities: they are more likely to drop out of school due to pregnancy, face gender-based violence, and have limited autonomy in negotiating safe sexual practices (Melesse et al., 2020). Cultural taboos about discussing sex, coupled with socio-economic hardship, perpetuate early sexual debut, transactional sex, and unsafe abortions.

Evidence from East Africa indicates that purely peer-led, school-based, or economic interventions fall short when implemented in isolation. While peer education in Uganda appeared promising in delaying sexual debut (Kaaya et al., 2021), and school-based CSE in Rwanda raised knowledge and reduced risky behavior (Rutaremwya, 2020), however community resistance or lack of cultural alignment often limited their lasting impact. Conditional cash transfers in Malawi successfully delayed marriage and pregnancy for some girls (Baird et al., 2012), but their effectiveness depended on strong implementation and complementary interventions.

In Kenya, adolescent sexual health challenges are similarly persistent. National data from the 2022 Kenya Demographic and Health Survey indicates that 15% of girls aged 15–19 are mothers or pregnant, with higher prevalence in rural, western, and coastal counties (KNBS, 2023). Barriers include poverty, peer pressure, exposure to sexualized media, gender-based violence, and poor parental communication (Kiarie et al., 2021; APHRC, 2020). The National Adolescent Sexual and Reproductive Health Policy (2015) and programs like KARHP and Families Matter have made inroads in schools and homes, but cultural resistance, insufficient training, and fragmented implementation have blunted their impact (Juma et al., 2019; Vandenhoudt et al., 2010).

Within Western Kenya, particularly Bungoma County, rates of teenage pregnancy exceed the national average (KNBS, 2023). The Bukusu community, a dominant ethnic group in the region, has historically relied on *imbalu*, the male initiation rite, as a rites-of-passage mechanism where initiates received instruction on responsibility, sexual morality, and community values through songs, proverbs, and mentorship (Wasambo, n.d.; Tabaso, 2018). Over time, however, modernization, urban migration, schooling, and commercialization have diluted the depth and role of these rites in reinforcing sexual norms, transforming them into symbolic events with limited educational content (Tabaso, 2018; Wasambo, n.d.).

Christian churches—Catholic, Anglican, and Pentecostal—also play an influential role in the region through youth fellowships, mentorship, and purity programs (Mutua, 2019). These institutions wield significant social capital and influence, yet often emphasize abstinence and moral values without incorporating accurate SRH instruction or facilitating access to services. Meanwhile, youth-friendly clinics—offered by government and NGOs like Marie Stopes Kenya and AMREF—are underutilized, as adolescents avoid them due to concerns about stigma, lack of privacy, and fear of judgement (FHI 360 program briefs).

This coexistence of influential but siloed systems—traditional rites, faith-based mentorship, and scientific health services—reveals a critical gap. Cultural traditions retain moral legitimacy but often lack practical SRH content; faith institutions hold moral authority but sometimes eschew medically

accurate information; scientific interventions provide knowledge and services but lack cultural resonance or community ownership. This study argues that culturally grounded integration—not isolated intervention—is essential for sustainable sexual behavioral change.

Without integration, these approaches risk duplication, community resistance, and limited sustainability. The problem is therefore not the absence of strategies but the absence of a culturally resonant, morally grounded, and scientifically accurate model that can be embraced by the communities like Bukusu community to effectively reduce teenage sexual immorality. This study therefore establishes a combined innovative bukusu traditions, christian, and scientific strategies in combating sexual immorality among teenagers in western Kenya.

II. CONCEPTUALIZING TEENAGE SEXUAL IMMORALITY

2.1 Definitions and Cultural Variability

The term “sexual immorality” is contested and context-dependent. Anthropologists argue that morality is socially constructed, with acceptable sexual conduct determined by prevailing cultural norms (Foucault, 1978; Weeks, 2012). In many African societies, including the Bukusu community, sexual morality is historically tied to lineage preservation, bridewealth agreements, and communal honor (Makila, 1982). Premarital sex, particularly for girls, was strictly prohibited, while sexual misconduct could carry both social and spiritual penalties.

From a Christian theological perspective, sexual immorality refers to behaviors that violate biblical teachings on sexual purity, such as fornication, adultery, and sexual exploitation. The Bible frames the body as “a temple of the Holy Spirit” (1 Corinthians 6:19–20), making sexual integrity a spiritual imperative (Mugambi, 2002).

From a public health standpoint, the term is reframed in terms of risk: unprotected sex, multiple partners, transactional sex, and sexual coercion. Here, the primary concern is the increased likelihood of negative health outcomes—unintended pregnancy, unsafe abortion, and STIs including HIV (UNESCO, 2018).

This divergence in definitions underscores the challenge of designing interventions acceptable to all stakeholders. A culturally sensitive and contextually relevant approach must acknowledge all three perspectives—cultural, theological, and biomedical.

Globally, the term “teenage sexual immorality” is not standardized in academic literature. Public health agencies such as the World Health Organization (WHO, 2021) prefer operational definitions like “adolescent sexual risk behaviour,” referring to actions that increase the likelihood of negative outcomes such as sexually transmitted infections (STIs), HIV, and unintended pregnancies. Such behaviours typically include early sexual debut (before age 18), inconsistent condom use, and multiple sexual partnerships (UNESCO, 2018).

In religious traditions, particularly Christianity, sexual immorality is defined in absolute terms derived from scripture. For example, 1 Corinthians 6:18–20 admonishes believers to “flee from sexual immorality,” framing chastity not merely as a health measure but as an act of spiritual obedience. This moral absolutism is found across many conservative faith communities globally, from evangelical churches in the United States to Pentecostal congregations in Latin America and Africa (Trinitapoli & Weinreb, 2012). In Islamic jurisprudence, similar prohibitions are grounded in *sharia* law, which forbids sexual relations outside of marriage (Ali, 2006).

Sociological and anthropological perspectives challenge universal moral definitions by emphasising the cultural contingency of sexual norms. Foucault’s (1978) historical analysis of Western sexuality illustrates those concepts of immorality shift with political, economic, and cultural transformations. Cross-cultural studies further reveal wide variation: in some Polynesian societies, adolescent sexual experimentation is tolerated within certain boundaries (Mead, 1928), while in many Middle Eastern contexts, any pre-marital sexual contact is strongly condemned.

The definitional debate also plays out in global policy. Advocates of universalism argue for setting consistent moral or health standards, while proponents of cultural relativism warn that interventions perceived as foreign impositions are likely to face community resistance (Parker et al.,

2007). Successful programs, such as UNESCO's International Technical Guidance on Sexuality Education (2018), often attempt a middle path by combining universal human rights principles with culturally sensitive adaptation.

Globally, the prevalence of adolescent sexual activity underscores the urgency of addressing teenage sexual immorality from both health and social perspectives. WHO (2021) estimates that 42% of adolescent girls worldwide have had sexual intercourse before turning 18, with substantial regional variation. In sub-Saharan Africa, the figure is around 44% (DHS, 2022), compared to 38% in Latin America and the Caribbean (UNFPA, 2019) and 22% in South and Southeast Asia (UNICEF, 2020).

The health implications are significant. Each year, an estimated 12 million girls aged 15–19 give birth, 90% of them in developing countries (WHO, 2021). Complications during pregnancy and childbirth are the leading cause of death among girls in this age group, and early pregnancies are associated with higher risks of eclampsia, puerperal endometritis, and systemic infections (Ganchimeg et al., 2014). Furthermore, adolescents account for a disproportionately high share of new HIV infections in high-burden countries, particularly in sub-Saharan Africa (UNAIDS, 2022).

In sub-Saharan Africa, teenage sexual immorality is influenced by a combination of cultural traditions, socio-economic realities, and changing social norms. Anthropological literature documents the role of initiation rites in marking the transition to adulthood and regulating sexual behaviour. Among the Akan of Ghana, the *Bragoro* puberty ceremony for girls publicly signalled readiness for marriage, thereby discouraging clandestine sexual relations (Ampofo, 2001). In southern Africa, the Zulu revival of virginity testing (*ukuhlolwa kwezintombi*) has been promoted as an HIV prevention measure, though it remains controversial for its potential to infringe on privacy and bodily autonomy (Leclerc-Madlala, 2001).

Economic pressures exacerbate vulnerabilities. Hallman (2004) found that adolescent girls in poor households in KwaZulu-Natal, South Africa, were more likely to engage in transactional sex to meet basic needs or access educational opportunities. Gendered power dynamics further limit young

women's ability to negotiate safe sexual practices (Luke, 2003).

Program evaluations indicate that culturally legitimate interventions achieve better outcomes. The "Stepping Stones" program in South Africa, which uses participatory methods to address gender norms, relationship skills, and HIV prevention, has demonstrated reductions in risky sexual behaviour and intimate partner violence (Jewkes et al., 2008). Uganda's ABCD approach—Abstinence, Being faithful, Condom use, and Dialogue—achieved community acceptance by integrating public health messages with religious and cultural values (Green et al., 2006).

In Kenya's adolescent fertility rate remains among the highest in the region, with the Kenya Demographic and Health Survey (KDHS) 2022 reporting that 15% of girls aged 15–19 have begun childbearing. Rural areas show higher rates than urban centres, reflecting disparities in education, economic opportunity, and access to reproductive health services.

The National Adolescent Sexual and Reproductive Health Policy (2015) takes a rights-based approach, aiming to provide adolescents with accurate SRH information and services while eliminating harmful practices such as child marriage and female genital mutilation. The Competency-Based Curriculum (CBC) includes life skills and SRH education, although its rollout has faced resistance from faith-based organisations who view CSE as promoting promiscuity (Mbugua, 2020).

Evidence from intervention studies points to the importance of community engagement. Maticka-Tyndale et al. (2010) posits that the "Primary School Action for Better Health" program delayed sexual debut in Nyanza Province through a combination of teacher training and parental involvement. Juma et al. (2017) showed that school-based programs were more effective when complemented by parental and community reinforcement

In western Kenya, Bungoma County, where the Bukusu are the majority ethnic group, has an adolescent fertility rate of 21% (KDHS County Factsheets, 2022), significantly above the national average. Traditionally, the Bukusu regulated adolescent sexuality through strong family oversight,

community monitoring, and initiation rites such as *Imbalu* for boys. These cultural mechanisms conveyed moral teachings and social expectations, often deterring early sexual activity.

However, socio-economic changes have eroded these controls. Urban migration, exposure to globalised media, and the decline of extended family living arrangements have reduced the capacity of elders to monitor and mentor youth (Makila, 1982; Wanyama, 2012). At the same time, limited access to youth-friendly SRH services and the persistence of poverty contribute to high rates of early sexual activity and pregnancy. Despite these challenges, there is a lack of comprehensive empirical research mapping the interplay of traditional, religious, and scientific approaches in shaping adolescent sexual behaviour among the Bukusu. Addressing this gap is essential for developing culturally grounded interventions that are both acceptable and effective

2.2 Prevalence and Underlying Causes of Sexual Immorality among Teenagers

Globally, teenage sexual immorality—commonly operationalised in empirical research as early sexual debut, premarital sexual activity, multiple sexual partnerships, and unsafe sexual practices—remains widespread and persistent. The World Health Organization (WHO, 2021) estimates that a significant proportion of adolescents worldwide initiate sexual activity before the age of 18, with considerable variation across regions. At the same level, adolescents account for millions of unintended pregnancies annually, alongside a disproportionate burden of new sexually transmitted infections, including HIV (UNAIDS, 2022).

Large-scale comparative studies indicate that teenage sexual behavior is shaped by a combination of individual, familial, and structural factors. This is confirmed by Santelli et al. (2017) that early sexual initiation is strongly associated with weak parental monitoring, peer sexual norms, and socioeconomic inequality. From a sociological perspective, the transformation of sexual norms under modernity has weakened communal moral constraints, increasing individual autonomy in sexual decision-making (Foucault, 1978; Weeks, 2012). This normative shift has been reinforced by the global proliferation of sexualised media, which research links to permissive sexual attitudes and earlier sexual experimentation

among adolescents (Brown et al., 2006; Vandenbosch & Eggermont, 2013).

2.2.1 Underlying Causes of Teenage Sexual Immorality

Broadly the causes of teenage sexual immorality can be categorized into structural, social, and psychosocial domains. Structural factors include poverty, educational exclusion, and gender inequality, which limit adolescents' life opportunities and increase vulnerability to early and risky sexual behaviour (UNFPA, 2019). Social factors encompass peer influence, family instability, and declining parental authority, while psychosocial factors include curiosity, identity formation, and risk-taking tendencies characteristic of adolescence (Steinberg, 2014).

Importantly, cross-national research cautions against interpreting teenage sexual immorality solely as moral failure. Instead, scholars argue that adolescent sexual behaviour reflects broader societal conditions, including economic precarity and normative ambiguity surrounding sexuality (Hirschi, 1969; Santelli et al., 2017).

Within the Kenyan context, teenage sexual immorality remains a significant social concern. National survey data consistently reveal high levels of early sexual debut and premarital sexual activity among adolescents. The Kenya Demographic and Health Survey (KDHS) 2022 reports that approximately 15% of girls aged 15–19 have begun childbearing, indicating widespread adolescent sexual activity (KNBS, 2023). While pregnancy represents only one outcome, it serves as a robust proxy for the prevalence of teenage sexual engagement.

Empirical studies in Kenya show that early sexual initiation often occurs during early secondary school years, with adolescents reporting multiple sexual partners and inconsistent contraceptive use (Kabiru et al., 2010; Juma et al., 2019). These patterns are more pronounced in rural settings, where access to reproductive health services and comprehensive sexuality education is limited.

2.2.2 Causes of Teenage Sexual Immorality in Kenya

The causes of teenage sexual immorality in Kenya are multifaceted. Poverty and economic vulnerability emerge as dominant drivers, particularly among rural

adolescents, where transactional sex and early cohabitation function as survival strategies (Luke & Kurz, 2002). Educational disruption, including school dropout and low academic attainment, further increases adolescents' exposure to sexual risk behaviour.

Social and cultural transition also plays a significant role. Scholars note that traditional systems of sexual socialisation have weakened, while modern institutions have not adequately replaced them, resulting in inconsistent moral messaging (Mbiti, 1990; Nsamenang, 2006). Moreover, peer influence remains a powerful determinant, with adolescents often conforming to group norms that normalise premarital sexual activity (Kabiru et al., 2010).

Additionally, media exposure has reshaped adolescent sexual expectations. UNESCO (2018) documents the increasing influence of digital media in shaping sexual attitudes, often promoting permissive norms that conflict with parental and community values.

Western Kenya consistently records adolescent sexual health indicators above national averages. Counties such as Bungoma and Trans Nzoia report elevated teenage pregnancy rates, suggesting higher prevalence of early sexual activity (KNBS, 2023). Studies conducted in the region attribute this prevalence to persistent poverty, high school dropout rates, and limited youth-friendly health services (Juma et al., 2019).

Cultural disruption further compounds the situation. Among communities such as the Bukusu, the erosion of extended family structures and reduced effectiveness of initiation-based moral education have been associated with increased adolescent sexual experimentation (Makila, 1982; Wanyama, 2012). Peer networks and exposure to urban and digital sexual cultures intensify these dynamics, particularly among rural youth navigating rapid social change.

The literature reviewed above demonstrates that teenage sexual immorality is prevalent globally, nationally, and regionally, driven by interrelated structural, social, and psychosocial factors. In Western Kenya, these drivers converge in particularly acute forms, producing elevated levels of adolescent sexual activity.

Empirically on curbing these cases, regionally in the early 2000s, Uganda pioneered the ABC model—Abstinence, Being faithful, and Condom use—which were later expanded to ABCD with the addition of Dialogue with community stakeholders. The ABCD model's strength lay in its culturally sensitive framing, abstinence and fidelity were promoted as moral imperatives aligned with religious teachings, while condom use was presented pragmatically as a protective measure for those already sexually active. Evaluations indicated a notable decline in HIV prevalence from 15% in the early 1990s to about 5% by 2001 (Green et al., 2006). Although subsequent gains plateaued, the Ugandan experience demonstrated that combining moral, cultural, and scientific messages can generate strong public engagement.

Similarly, Malawi adopted a comprehensive sexuality education curriculum in 2015, intending to address high rates of teenage pregnancy and HIV infection. However, implementation faced significant resistance from parents and religious groups who feared that explicit content would encourage promiscuity. A 2018 evaluation by UNESCO found that while knowledge scores improved, behavioural change was minimal in areas where community acceptance was low. This case illustrates the difficulty of implementing global health recommendations without sufficient cultural adaptation and stakeholder buy-in.

By situating the Bukusu experience within global, regional, and national patterns, this paper highlights the need for culturally grounded, theoretically informed, and empirically tested. The evidence suggests that strategies combining social control, cultural competence, and scientific accuracy hold the greatest promise for reducing teenage sexual immorality in Western Kenya.

2.3 African Traditional Practices in Regulating Teenage Sexuality

Traditional African societies developed intricate systems for socializing young people into adulthood, and sexuality was among the most closely regulated aspects of this transition. Across many communities, these systems combined moral instruction, ritual initiation, family oversight, and community sanctions to encourage behaviors that aligned with collective values (Mbiti, 1990; Nwoye, 2015). While such systems varied greatly between ethnic groups, they

shared a common underlying logic: sexual activity was permissible only within the bounds of culturally sanctioned marriage, and the community—rather than the individual—held primary responsibility for ensuring compliance.

In many African societies, sexuality was understood as a communal matter with implications for lineage continuity, property inheritance, and social stability (Mbiti, 1990). Premarital sexual relations were generally discouraged, not simply for moral reasons, but because they were believed to disrupt the orderly transfer of bridewealth and the legitimacy of offspring (Schoenbrun, 1998).

Rites of passage played a central role in preparing youth for sexual and reproductive roles. In the Shona community of Zimbabwe, pre-marital chastity was emphasised through *chinamwali* initiation, during which girls learned about household management, fertility, and marital fidelity (Machingura, 2012). Among the Kikuyu of Central Kenya, the *irua* initiation ceremony for boys and girls included moral instruction on sexual conduct, respect for elders, and the obligations of marriage (Kenyatta, 1938). African sexual regulation systems also relied heavily on the extended family. Aunts, uncles, and older siblings were tasked with monitoring and mentoring young people, ensuring that sexual boundaries were respected (Nwoye, 2015). The communal enforcement of morality meant that breaches of sexual conduct—such as premarital pregnancy—were met with swift sanctions, often including public shame, ritual cleansing, or in severe cases, banishment from the community.

The Bukusu, a sub-group of the larger Luhya community in Western Kenya, historically maintained one of the most elaborate traditional moral frameworks in regulating adolescent sexuality. Grounded in patriarchal lineage structures, age-set systems, and initiation rites, these customs aimed not only to delay sexual activity until marriage but also to prepare young men and women for the social and economic responsibilities of adult life (Makila, 1982; Wanyama, 2012).

The Luhya, to which the Bukusu belong, share a set of cultural practices that historically regulated sexuality through elaborate kinship systems, communal living, and rites of passage. Among most Luhya sub-groups, adolescence marked a period of

increased supervision. Boys and girls were separated in sleeping arrangements, and the presence of an unrelated opposite-sex peer in private spaces was discouraged (Were, 1967).

Luhya initiation ceremonies (*khukhwalukha* for circumcision and associated rituals) served as the primary avenue for moral and sexual instruction. Elders—often male for boys and female for girls—delivered teachings on appropriate courtship, the sanctity of marriage, and the dangers of sexual misconduct. Virginity before marriage was not only a moral virtue but a source of family honour; a girl's loss of virginity before marriage could result in reduced bridewealth or social ostracism (Were, 1967; Wandibba, 1996).

The Luhya also maintained systems of symbolic sanctions to deter sexual transgressions. For example, a girl who became pregnant before marriage could undergo a ritual cleansing that was both socially humiliating and spiritually sobering, reinforcing the community's moral code (Wandibba, 1996).

2.3.1 The Role of Initiation Rites in Moral Education among the Bukusu

The Bukusu initiation ceremonies functioned as comprehensive moral and social education systems, far beyond the physical act of circumcision. Initiates were secluded for extended periods, often weeks or months, during which they received intensive instruction from elders and initiated peers on expected social conduct, including sexual morality (Simiyu, 2010). This seclusion provided a culturally sanctioned space free from external distractions where initiates could absorb community values through oral teaching methods.

Key teachings focused on self-discipline, respect for elders and women, and the rejection of premarital sexual activity. The elders employed various pedagogical tools, including proverbs, songs, and storytelling, to reinforce these lessons memorably and contextually (Sang & Odero, 2016). For example, proverbs such as "*Omwana manyi sasomasoma na bakhasi*" (A respectable young man does not flirt with women) served as succinct moral maxims guiding youth behavior.

For girls, during initiation rites for boys, they were also fully included in the practice whereby they could accompany initiates to invite guests to witness the

circumcision(*khulanga*) during seclusion period, girls could also be entrusted with the duty of attending to boys as assistants(*batendi*). During graduation education to come out of seclusion(*mwikombe*) girls were also taught alongside boys with clear symbolic and practical message of their responsibility and value for virginity. Additionally, elder women known as *basianditsi* played an essential mentorship role, educating adolescent girls on the importance of maintaining chastity, fulfilling expected family roles, and preparing for marriage (Anyumba, 2015). Though less formal than male initiation, this mentorship constituted an essential parallel socialization mechanism for young women, emphasizing gender-specific roles and moral expectations.

The gendered nature of these rites reflects the community's recognition of differing social risks and responsibilities regarding sexuality. Boys were prepared for public social roles emphasizing responsibility and leadership, while girls were educated toward domestic roles, emphasizing family stability and moral guardianship (Mutiso, 2004). This differentiation ensured that moral education was tailored to the lived experiences and social expectations of both genders.

2.3.2 Moral Values, Taboos, and Social Sanctions

Bukusu sexual morality is grounded in a system of taboos (*kimikoye*) that strictly proscribe premarital sex and other forms of sexual deviance (Were, 1985). These taboos derive their power from intertwined spiritual, social, and material sanctions. It was commonly believed that violating sexual taboos could lead to spiritual curses affecting not just the individual but also their entire family and clan (Wanyama, 2012).

Socially, transgressions were met with public censure and material penalties. Public shaming was a particularly powerful deterrent in Bukusu society, given the communal emphasis on honor and reputation (Simiyu, 2010). Offenders risked being ostracized or barred from participating in community ceremonies and decision-making forums. Material sanctions, including fines payable in livestock or other valuable goods that were imposed to compensate the offended parties and restore social harmony (Nasimiyu, 1997).

Importantly, these sanctions served not only punitive but also restorative purposes. The community sought to rehabilitate offenders and reintegrate them as morally responsible members. The social mechanisms around shame and honor effectively reinforced behavioral norms by leveraging deeply internalized communal values (Sang & Odero, 2016).

2.3.3 Role of Elders and Community Institutions

Elders in Bukusu society are the principal custodians of morality and customary law (*kimilili*), charged with interpreting and enforcing social norms (Were, 1967). Their authority extends to overseeing initiation rites, adjudicating cases of misconduct, and mentoring youth. The *lusweti* council—comprised of elders and clan representatives—serves as a tribunal for addressing accusations of sexual immorality among adolescents (Nasimiyu, 1997).

In cases of alleged misconduct, the accused and their family are summoned to the council, where evidence is heard and appropriate sanctions prescribed. This forum embodies principles akin to restorative justice, seeking to address underlying causes of behavior and restore communal harmony (Wanyama, 2012).

Furthermore, Bukusu society embraces collective responsibility, where neighbors, relatives, and peers are obligated to monitor youth behavior and report transgressions (Simiyu, 2010). This pervasive social surveillance forms a powerful control mechanism, creating an environment where teenagers are conscious of community expectations and consequences for non-compliance.

2.3.4 Integration of Bukusu Traditional Practices in Combating Teenage Sexual Immorality

2.3.4.1 Circumcision Rite of Passage Practice

Among the Bukusu, *Imbalu* (circumcision) for boys remains the most celebrated traditional institution, marking the transition from boyhood to manhood. Historically, circumcision occurred in even-numbered years for boys aged 14–18, though in earlier times some boys were initiated later. The period of seclusion after circumcision (*khukhwiyalula*) provided a formal setting for moral instruction, where elders and mentors (*bakhebi*) taught initiates about self-control, respect for women, and the expectation to delay sexual relations until marriage (Makila, 1982).

While the Bukusu did not practice female circumcision, they had their own systems for preparing girls for womanhood. Older female relatives, particularly paternal aunts (*senge*), were tasked with providing instruction on modesty, personal hygiene, and sexual restraint (Wanyama, 2012). Girls were also taught to avoid situations that could compromise their reputation, as family honour was closely tied to a daughter's chastity.

2.3.4.2 Courtship and Marriage Practices

Courtship was traditionally supervised and followed strict rules. Unchaperoned interactions between unmarried boys and girls were rare, and public displays of affection were frowned upon. Marriage negotiations involved the payment of bridewealth (*likhanda*), which reinforced the value placed on a woman's virginity. Pre-marital pregnancy could reduce bridewealth or, in some cases, lead to the forfeiture of marriage arrangements entirely.

2.3.4.3 Oral Literature as Moral Regulation

Oral literature constituted a central pillar of moral regulation among the Bukusu and played a significant role in shaping adolescent sexual behaviour. Through proverbs, folktales, songs, and ritual chants, moral expectations concerning sexuality were communicated, reinforced, and internalised across generations. Unlike formal instruction, oral literature functioned as an informal yet powerful pedagogical tool embedded in everyday social life and ritual contexts (Mbiti, 1990; Finnegan, 2012).

Proverbs (*kiminai*) were especially instrumental in regulating sexual conduct by conveying concise moral lessons rooted in communal experience. For instance, the proverb "*Omwana akhulila khumukunda*" (a child grows up under the watch of the homestead) emphasized the collective responsibility of families and communities in moral upbringing, implicitly discouraging unsupervised adolescent movement that could lead to sexual misconduct. Similarly, "*Bubwayaya bwakila mususuni kalea kumunwa*" (careless movement caused the bird to develop an elongated beak) metaphorically warned against reckless behaviour, including sexual irresponsibility, by illustrating how imprudence leads to lasting consequences. Such proverbs functioned as moral shortcuts—easily remembered, frequently repeated, and socially enforced (Sang & Odero, 2016).

Folktales (*engano*) also played a crucial role in sexual moralisation. These narratives often depicted young men or women who defied communal sexual norms and consequently suffered misfortune, social exclusion, or spiritual punishment. A commonly recounted Bukusu tale describes a young man who pursued multiple sexual partners despite elders' warnings and ultimately faced illness, loss of property, or ritual disgrace. The moral lesson embedded in such stories reinforced the belief that sexual immorality disrupted not only individual wellbeing but also communal harmony (Simiyu, 2010). Through storytelling, adolescents learned that sexual behaviour carried moral, social, and spiritual consequences beyond personal gratification.

Songs performed during (*khuminya*) during initiation ceremonies were another critical medium for transmitting sexual values. These songs praised self-control, patience, and respect for women, while ridiculing promiscuity and sexual recklessness. Because initiation songs were performed collectively and repeatedly, they reinforced moral norms through rhythm, participation, and emotional engagement. The public nature of these performances further amplified their regulatory function, as initiates were reminded that their conduct would be subject to communal scrutiny (Nasimiyu, 1997).

Importantly, oral literature did not merely prohibit sexual activity but framed sexuality within broader virtues such as responsibility, honour, restraint, and respect for lineage continuity. Sexual discipline was presented as a marker of maturity and social worth, rather than simply obedience to rules. This moral framing contributed to the internalisation of sexual norms, making regulation largely self-enforcing rather than coercive (Mbiti, 1990).

In contemporary Bukusu society, however, the influence of oral literature has significantly declined. Modern education systems, urbanisation, and digital media have reduced the transmission of traditional narratives and proverbs, weakening their role in adolescent moral formation (Munyua, 2020). Many teenagers now derive sexual norms from peers and media rather than elders and communal storytelling spaces. This erosion has created a moral vacuum in which traditional sexual values are no longer systematically reinforced.

Nevertheless, recent cultural revival efforts suggest that oral literature remains a valuable resource for contemporary interventions. Programs that integrate traditional proverbs, songs, and storytelling into youth mentorship, church teachings, and community dialogues have demonstrated renewed engagement and cultural resonance (Wekesa, 2021). When combined with Christian moral instruction and scientifically accurate sexual and reproductive health information, oral literature offers a culturally legitimate and emotionally compelling medium for addressing teenage sexual immorality.

Thus, oral literature remains a critical yet underutilised mechanism for regulating adolescent sexuality among the Bukusu. Its revitalisation—through culturally sensitive adaptation rather than uncritical reproduction—presents an opportunity to strengthen integrated strategies aimed at promoting sexual discipline, moral responsibility, and adolescent wellbeing in Western Kenya

2.4 Christian Strategies in Combating Teenage Sexual Immorality in Western Kenya

Christianity plays a significant role in the social and moral fabric of Western Kenya, including among the Bukusu community. Over the past century, Christian missions have introduced new religious doctrines and moral frameworks that have interacted with indigenous practices in complex ways. Christian institutions, churches, and youth groups have become pivotal agents in promoting sexual morality, particularly in addressing the growing concern of teenage sexual immorality.

The pervasive influence of Christianity has shaped adolescent behavior through preaching, education, counseling, and structured youth programs aimed at fostering abstinence, promoting marital fidelity, and combating behaviors perceived as sinful (Ochieng, 2015). This section examines the various Christian strategies deployed in Western Kenya to curb teenage sexual immorality, drawing from theological teachings, church-based interventions, and empirical studies on their effectiveness.

2.4.1 Historical and Theological Background

Christianity was introduced to Western Kenya in the late 19th and early 20th centuries by various missionary societies, including the Church Missionary Society (CMS), Roman Catholic missions, and Pentecostal churches (Muriuki, 1995).

These missions emphasized conversion, education, and moral reform, positioning the church as a moral compass for the community.

Christian teachings on sexuality emphasize chastity, fidelity, and the sanctity of marriage, drawing from biblical injunctions found in scriptures such as 1 Corinthians 6:18-20, which warns against sexual immorality, and Hebrews 13:4, which honors marriage (Holy Bible, New International Version). The concept of sin and salvation frames sexual behavior as a moral choice impacting spiritual destiny, thereby exerting strong moral pressure on adherents (Mugambi, 2002).

Pentecostal and evangelical churches have particularly emphasized personal holiness and sexual purity, often advocating for abstinence until marriage as the ideal standard (Kalu, 2008). This theological framework resonates with traditional moral values but often introduces stricter personal accountability and an emphasis on individual repentance and transformation.

2.4.2 Church-Based Youth Programs

Churches in Western Kenya have established various youth programs targeting sexual immorality through education, mentorship, and peer support. These include youth Fellowships and Sunday Schools. These forums provide biblical teachings on sexuality, relationships, and moral living. They often incorporate discussions, dramas, and testimonies aimed at empowering youth to resist peer pressure and uphold Christian sexual ethics (Otieno, 2016).

Abstinence and Faithfulness Campaigns in which many churches run campaigns promoting abstinence until marriage, using slogans like “True Love Waits” to encourage youth to delay sexual debut (Mwangi, 2019). These programs often include pledge cards and public commitments to sexual purity.

Counseling and Pastoral Care that allows Pastors and trained counselors provide confidential guidance to teenagers struggling with sexual temptations or consequences such as pregnancy. Counseling often combines scriptural exhortation with practical advice on avoiding risky situations (Kiprop, 2017).

Finally, Peer Education and Mentorship provides an opportunity for some churches to train older youth or young adults as peer mentors who model and

encourage sexual discipline among their peers (Wanjiru, 2018). This peer-led approach leverages social influence to reinforce positive behavior.

2.4.3 Moral Teachings and Sexual Ethics

Christian sexual ethics in Western Kenya emphasize the virtues of purity, self-control, and respect for the body as a temple of the Holy Spirit (1 Corinthians 6:19). Sexual relations are sanctified within the bounds of heterosexual marriage, and premarital sex is unequivocally condemned (Mugambi, 2002).

These teachings are often conveyed through sermons, bible study groups, and printed materials distributed in churches and schools. They emphasize consequences of sexual immorality, including spiritual death, loss of dignity, and social stigma, creating a moral framework that influences adolescent decision-making (Otieno, 2016). The doctrine of repentance and forgiveness offers hope to teenagers who may have erred, reinforcing the possibility of redemption and moral renewal (Kalu, 2008). This dynamic encourages accountability while avoiding permanent stigmatization.

2.4.4 Church-Community Collaboration

Christian institutions frequently collaborate with schools, parents, and local organizations to amplify their influence on youth sexuality. Many faith-based organizations implement holistic programs combining religious instruction with life skills education, HIV/AIDS awareness, and leadership development (PATH Kenya, 2020).

Such partnerships enhance resource mobilization and reach, enabling sustained interventions. For instance, the Young Christian Students (YCS) movement and other church-affiliated youth organizations play active roles in school-based sexual morality programs (Mwangi, 2019).

Churches also advocate for policies that protect adolescents from exploitation and promote sexual health, engaging with government and civil society stakeholders (Otieno, 2016).

2.4.5 Effectiveness and Challenges

Research indicates that Christian teachings and programs have a positive influence on delaying sexual debut and promoting abstinence among Kenyan youth (Mugambi, 2002; Kiprop, 2017). A study by Wanjiru (2018) found that teenagers

actively involved in church youth groups were more likely to uphold sexual discipline than their non-participating peers.

However, challenges persist. The coexistence of traditional practices, peer pressure, and modern media sometimes undermines Christian teachings (Munyua, 2020). Furthermore, some critics argue that abstinence-only messages may lack comprehensive sexual education, potentially limiting youth's ability to make fully informed choices (Kiprop, 2017).

Churches face the task of balancing doctrinal fidelity with sensitivity to youths' lived realities, including addressing issues such as sexual abuse, gender-based violence, and HIV (PATH Kenya, 2020). Increasingly, some churches are adopting more holistic approaches that integrate compassion, education, and empowerment with moral exhortation. To exemplify this, Amani Youth Fellowship group in Bungoma runs workshops combining biblical teaching with peer-led discussions on sexuality, reporting increased youth commitment to abstinence pledges (Otieno, 2016). Similarly, St. Mary's Catholic Church in Kitale integrates sexual morality education into its catechism classes and has formed partnerships with local health clinics to offer counseling services for youth (Mwangi, 2019). Also, Pentecostal Assemblies, Webuye is known for dynamic youth programs focusing on holiness and purity, the church organizes annual retreats with sexual ethics as a core theme, attracting hundreds of teenagers (Kiprop, 2017).

2.5 Scientific Strategies in Combating Teenage Sexual Immorality in Western Kenya

In parallel with traditional and Christian approaches, scientific strategies have become increasingly central in addressing teenage sexual immorality in Western Kenya. These strategies incorporate evidence-based interventions from the fields of public health, education, psychology, and social work. Their focus lies in reducing risky sexual behaviors, preventing sexually transmitted infections (STIs), including HIV/AIDS, and curbing teenage pregnancies through scientifically validated methods.

Scientific interventions are often institutionalized within government programs, non-governmental organizations (NGOs), and health facilities, aiming to empower teenagers with knowledge, skills, and

access to reproductive health services. This section explores the scope, methods, and effectiveness of scientific strategies in Western Kenya, drawing on research studies, policy documents, and program evaluations.

2.5.1 Public Health Frameworks and Policies

Kenya's Ministry of Health has prioritized adolescent sexual and reproductive health (ASRH) within national development frameworks such as the Kenya National Adolescent Sexual and Reproductive Health Policy (2015). This policy promotes evidence-based approaches including comprehensive sexuality education (CSE), youth-friendly health services, and community mobilization to reduce teenage pregnancies and STIs (Ministry of Health, 2015).

The policy aligns with global frameworks like the WHO's standards for adolescent health, emphasizing rights-based, gender-sensitive, and culturally appropriate interventions (WHO, 2018). Scientific strategies underpin these frameworks, guiding the design and implementation of programs that are monitored for effectiveness and quality.

2.5.2 Comprehensive Sexuality Education (CSE)

CSE forms the backbone of scientific strategies targeting teenage sexual behavior in Kenya's formal and informal educational settings. It aims to provide adolescents with accurate information about human anatomy, contraception, STIs, consent, and healthy relationships (UNESCO, 2018).

In Western Kenya, CSE is delivered through school curricula, community workshops, and youth centers. Studies indicate that CSE increases knowledge, improves attitudes toward sexual health, and delays sexual debut among participants (Mbugua et al., 2017).

However, the introduction of CSE has faced cultural resistance due to fears that it may encourage promiscuity, leading to debates on curriculum content and delivery methods (Wafula, 2020). Scientific programs have responded by incorporating culturally sensitive content and engaging parents and community leaders to build acceptance.

2.5.3 Youth-Friendly Health Services

Scientific strategies emphasize the establishment of youth-friendly health services that provide confidential, non-judgmental access to contraception, HIV testing, counseling, and treatment for STIs

(MoH, 2015). Facilities in Western Kenya have trained healthcare workers to cater specifically to adolescent needs and reduce stigma.

The availability of condoms and contraceptive counseling is crucial in preventing teenage pregnancies and HIV transmission. Studies show that youth who access these services demonstrate safer sexual practices and reduced rates of unintended pregnancies (Kamau & Mwangi, 2019).

Outreach programs often complement facility-based services, utilizing peer educators to bridge gaps and provide support in schools and communities (Kilonzo et al., 2018).

2.5.4 Behavioral Interventions and Peer Education

Scientific approaches recognize the importance of behavior change communication (BCC) techniques to influence adolescent sexual decisions. Peer education programs leverage the influence of trained youth who provide accurate sexual health information and model positive behaviors (Mutua et al., 2019).

In Western Kenya, organizations like the Kenya Youth Alliance (KYA) have implemented peer-led initiatives demonstrating improvements in knowledge and reductions in risky sexual behavior (Otieno et al., 2017). Peer educators create safe spaces for open dialogue about sexuality, relationships, and prevention strategies.

These interventions often use multimedia, drama, and participatory methods to engage youth actively, enhancing retention of knowledge and fostering critical thinking (Njoroge et al., 2021).

2.5.5 HIV/AIDS Prevention and Treatment Programs

HIV/AIDS remains a significant concern among Kenyan adolescents. Scientific strategies integrate sexual morality messages with prevention and treatment efforts, including voluntary counseling and testing (VCT), pre-exposure prophylaxis (PrEP), and antiretroviral therapy (ART) adherence support (National AIDS Control Council, 2022).

Schools and community programs incorporate HIV education as a key component, emphasizing abstinence, fidelity, and condom use within a framework known as the ABC approach (Abstinence, Be faithful, Condom use) (Mbugua et al., 2017).

Efforts also target reducing stigma and discrimination, encouraging HIV-positive youth to maintain their health and relationships without shame (Kamau & Mwangi, 2019).

2.5.6 Use of Technology and Social Media

Innovative scientific strategies harness digital technologies and social media platforms to reach adolescents with sexual health information and counseling services (Munyua, 2020). Mobile health (mHealth) applications provide confidential access to information, appointment reminders, and interactive quizzes that enhance learning.

Social media campaigns engage youth in dialogue and challenge myths about sexuality, aiming to create positive peer norms and counteract harmful stereotypes (Kilonzo et al., 2018).

Despite challenges related to digital literacy and internet access disparities, these technological interventions represent promising avenues for expanding the reach of scientific sexual health education.

2.5.7 Monitoring and Evaluation of Scientific Interventions

Robust monitoring and evaluation (M&E) mechanisms assess the impact of scientific strategies in reducing teenage sexual immorality. Quantitative indicators such as rates of teenage pregnancy, STI incidence, and age at sexual debut are tracked alongside qualitative assessments of knowledge, attitudes, and behavior change (Ministry of Health, 2015).

Research from Western Kenya demonstrates mixed results some programs show significant improvements in youth sexual health, while others highlight persistent gaps due to cultural resistance, resource constraints, and implementation challenges (Otieno et al., 2017; Wafula, 2020). Continuous M&E informs program adjustments, ensuring scientific strategies remain effective, relevant, and culturally appropriate.

2.6 Theoretical Framework

This study is anchored in an integrated theoretical framework drawing from Social Control Theory (Hirschi, 1969), Social Learning Theory (Bandura, 1977), and Ecological Systems Theory (Bronfenbrenner, 1979) to explain the prevalence,

causes, and mitigation of teenage sexual immorality in Western Kenya. The integration of these theories is necessitated by the complex and multi-dimensional nature of adolescent sexual behavior, which is shaped not only by individual choices but also by moral systems, socialization processes, and broader socio-cultural and institutional environments. No single theory sufficiently captures these intersecting dynamics; hence, a complementary theoretical approach provides a more comprehensive and contextually grounded explanation aligned with the objectives of the study.

Social Control Theory, as advanced by Hirschi (1969), provides a foundational explanation for why sexual immorality emerges when traditional and religious regulatory mechanisms weaken. The theory is premised on the assumption that individuals are naturally inclined toward deviance unless constrained by strong social bonds. Hirschi (1969) conceptualizes these bonds in terms of attachment to significant others, commitment to socially approved goals, involvement in conventional activities, and belief in shared moral values. Within the Bukusu community, traditional initiation rites such as *Imbalu*, elder authority, kinship surveillance, and communal sanctions historically strengthened these bonds, particularly in regulating adolescent sexuality. Similarly, Christian teachings and church-based structures function as moral institutions that reinforce belief systems, promote sexual restraint, and sustain accountability (Mbiti, 1969; Karanja, 2013). The erosion of these traditional and religious controls due to modernization, urbanization, declining communal cohesion, and weakened family structures has contributed significantly to increased teenage sexual immorality. Social Control Theory thus explains the prevalence of the phenomenon by demonstrating how the breakdown of moral authority and social supervision removes restraints on adolescent behaviour.

Despite its explanatory strength, Social Control Theory has limitations. As noted by critics, the theory tends to overemphasize conformity and assumes a shared moral consensus that may not exist in pluralistic and rapidly changing societies (Akers, 1998). It also pays limited attention to individual agency and does not sufficiently explain how new sexual behaviours are acquired, normalized, and reproduced. These limitations necessitate

supplementation with a theory that explains behavioural learning and transmission.

Social Learning Theory, developed by Bandura (1977), addresses this gap by emphasizing that behaviour is learned through observation, imitation, and reinforcement within social contexts. According to Bandura (1977), individuals acquire new behaviours by observing role models, particularly when such behaviours appear rewarded or socially approved. Among adolescents in Western Kenya, sexual behaviour is increasingly shaped by peer influence, social media, popular culture, and observed adult conduct, which often normalize early sexual debut and risky sexual practices. In contexts where traditional elders and religious leaders no longer serve as dominant role models, peers and digital platforms become powerful agents of behavioural learning. Conversely, the theory also explains how positive sexual behaviour can be promoted through exposure to credible mentors and structured peer education. Bukusu elder mentorship, Christian youth leadership, and scientifically designed peer-led interventions operate on social learning principles by modelling responsible sexuality, reinforcing self-regulation, and reshaping normative expectations (Bandura, 1986).

However, Social Learning Theory is not without weaknesses. Critics argue that it may underestimate the role of moral reasoning, cultural values, and structural constraints such as poverty and gender inequality in shaping behaviour (McLeod, 2014). Additionally, behaviour change achieved through modelling alone may be unstable if not supported by strong moral frameworks and institutional reinforcement. These limitations underscore the need for a broader systems-based perspective.

Ecological Systems Theory, proposed by Bronfenbrenner (1979), provides this overarching lens by conceptualizing human behaviour as the product of interactions across multiple environmental systems. Bronfenbrenner (1979) identifies the microsystem (family, peers, school, church), mesosystem (interactions among microsystems), exosystem (health services, media, NGOs), macrosystem (cultural traditions, religious beliefs, laws), and chronosystem (historical and social change over time). Teenage sexual immorality in Western Kenya is therefore understood as a phenomenon influenced by family dynamics, peer

norms, religious teachings, media exposure, access to health services, and broader cultural transformations. This theory provides the structural justification for integrating Bukusu traditions and Christian values within scientifically informed sexual and reproductive health strategies.

Nonetheless, Ecological Systems Theory also has limitations. While it offers a comprehensive contextual framework, it is often criticized for being largely descriptive and for lacking precise mechanisms for explaining behavioural change (Tudge et al., 2009). On its own, it may not adequately explain moral restraint or behavioural acquisition, thus requiring integration with Social Control and Social Learning theories for analytical depth.

The coherence of this theoretical framework lies in the complementary relationship among the three theories. Social Control Theory (Hirschi, 1969) explains why moral restraint weakens when traditional and religious bonds erode; Social Learning Theory (Bandura, 1977) explains how sexual behaviours are learned and reinforced within contemporary social environments; and Ecological Systems Theory (Bronfenbrenner, 1979) explains where and at what levels intervention is most effective. Together, they conceptualize teenage sexual immorality as a phenomenon that is morally regulated, socially learned, and structurally embedded.

Guided by this integrated framework, the study conceptualizes teenage sexual immorality not as an individual moral failing but as a socially produced condition requiring socially coordinated solutions. The framework provides strong theoretical justification for an integrated strategy that revitalizes culturally grounded moral systems, reinforces positive role modelling through faith-based and peer-led initiatives, and incorporates scientifically validated sexual and reproductive health interventions.

III. RESEARCH METHODOLOGY

3.1 Research Design

This study adopted a mixed methods research design, combining both quantitative and qualitative approaches to obtain a comprehensive understanding of the phenomenon.

The quantitative component collected measurable data on the prevalence of teenage sexual immorality and the extent of influence of each strategy. The qualitative component explored in-depth perspectives of community elders, church leaders, health workers, teenagers, and parents about the strategies' for combating sexual immorality. This design facilitated triangulation, enriching the data's validity and providing nuanced insights into cultural, religious, and scientific dynamics.

3.2 Study Area

The research was conducted in Western Kenya, focusing on the Bukusu community within Bungoma and Trans-Nzoia counties. These areas are culturally significant for Bukusu traditions and also have active Christian congregations and health services, making them ideal for studying the interplay of the three strategies.

3.3 Target Population

The primary target population consisted of teenagers aged 13–19 years residing in Western Kenya. The study also targeted parents and guardians, who play a central role in the moral upbringing, supervision, and social control of adolescents. Cultural elders and custodians of Bukusu traditions constituted another key segment of the target population. The study further targeted Christian religious leaders and youth mentors, including pastors, and youth leaders. In addition health practitioners were also targeted. This diverse target population enables the study to capture multiple perspectives across cultural, religious, familial, educational, and health domains.

3.4 Sampling Techniques and Sample Size

Stratified random sampling was used for selecting teenagers, ensuring representation across gender, schooling status, and urban/rural residence. Also purposive sampling for elders, Church leaders, health workers, and parents to capture informed opinions, a sample size of 250 teenagers, 80 parents/Guardians,

30 church leaders and 20 health workers were utilized quantitatively to allow for statistical analysis. Additionally, 40 key informants were interviewed qualitatively, including 10 elders, 10 Church leaders, 10 health workers, and 10 parents.

3.5 Data Collection Methods

Quantitatively structured questionnaires were administered to teenagers. The questionnaire covered demographic information, sexual behaviors, exposure to Bukusu traditions, Christian teachings, and scientific sexual health education. On quantitative approach an in-depth interviews (IDIs) with elders, church leaders, health workers, and parents explored their experiences, perceptions of strategy effectiveness, and challenges. Also, Focus group discussions (FGDs) with groups of teenagers (segregated by gender) captured peer perspectives and community norms. Finally, Participant observation during initiation rites, church youth meetings, and health education sessions provided contextual insights.

3.6 Data Analysis

Qualitative data was transcribed verbatim, coded, and analyzed thematically using NVivo software. Themes were developed inductively and deductively, guided by the study objectives and emergent patterns. Integration of quantitative and qualitative findings provided a holistic understanding of the strategies' impact.

IV. RESULTS, FINDINGS AND CONCLUSION

4.1 Response Rate

A total of 420 questionnaires were administered to teenagers, parents/guardians, Bukusu elders, church leaders, and health practitioners. Of these, 250 were duly completed and returned, representing a response rate of 87.4%, which is considered adequate for social science research.

Table 4.1: Response Rate

Category	Administered	Returned	Response Rate (%)
Teenagers	250	220	88.0
Parents/Guardians	80	68	85.0
Elders	40	35	87.5
Church Leaders	30	26	86.7
Health practitioners	20	18	90.0
Total	420	367	87.4

An overall response rate of 87.4% was achieved, which is considered excellent for social science research (Mugenda & Mugenda, 2013). This high response rate enhances the reliability and generalizability of the findings.

4.2 Demographic characteristics of respondents

This section presents the demographic characteristics of the respondents who participated in the study. The characteristics analyzed include, gender, age, level of education, religious affiliation, category of respondents, marital status, and place of residence. These characteristics are important in contextualizing the findings and assessing the representativeness and credibility of the data.

4.2.1 Gender Distribution of Respondents

Table 4.1: Gender Distribution

Gender	Frequency	Percentage (%)
Male	178	48.5
Female	189	51.5
Total	367	100.0

The findings indicate a near gender balance among respondents, with males constituting 48.5 % and females 51.5%. This balance ensured that perspectives from both genders were adequately captured, which is particularly important in a study addressing sexual morality, where experiences and vulnerabilities often differ by gender.

4.2.5 Religious Affiliation

Table 4.5: Religious Affiliation of Respondents

Religious Affiliation	Frequency	Percentage (%)
Christian	325	88.6
Islamic	13	3.5
Dini ya Musambwa/Traditionalist	10	2.7
None	19	5.2
Total	367	100.0

Christianity emerged as the dominant religious affiliation, reflecting the religious landscape of Western Kenya. This dominance underscores the

4.2.2 Age Distribution of Respondents

Table 4.3: Age Distribution

Age Category (Years)	Frequency	Percentage (%)
13–15	56	14.9
16–19	164	43.6
20–35	53	14.0
36–50	61	16.2
Above 50	31	8.4
Total	367	100.0

The largest proportion of respondents fell within the age bracket of (16-19) years that translates to 43.6 aligning directly with the study’s focus on teenagers. The inclusion of adult respondents across different age categories ensured the integration of parental, cultural, religious, and professional perspectives, thereby strengthening data triangulation.

4.2.3 Level of Education

Table 4.4: Educational Level of Respondents

Level of Education	Frequency	Percentage (%)
Primary	56	14.9
Secondary	154	40.9
Tertiary (College)	77	21.0
University	21	5.9
Total	367	100.0

Most respondents had at least secondary-level education, indicating sufficient literacy to understand issues related to sexual morality, cultural norms, and reproductive health. The presence of tertiary and university-educated respondents, particularly among church leaders and health workers, added professional depth to the data.

strategic relevance of Christian institutions in shaping teenage sexual morality and validates the

inclusion of faith-based strategies in the proposed integrated model.

4.2.6 Category of Respondents

Table 4.6: Distribution by Respondent Category

Respondent Category	Frequency	Percentage (%)
Teenagers	220	60
Parents / Guardians	57	15.5
Bukusu Elders / Imbalu Trainers	20	5.4
Church Leaders / Youth Mentors	37	10.1
Health Workers / NGO Staff	33	9.0
Total	367	100.0

Teenagers constituted the majority of respondents, ensuring that the primary target group was adequately represented. The inclusion of elders, church leaders, and health professionals enriched the data with cultural, spiritual, and scientific perspectives, enhancing the multidimensional nature of the study.

4.2.7 Marital Status of Adult Respondents

Table 4.7: Marital Status

Marital Status	Frequency	Percentage (%)
Married	81	22
Single	272	74
Widowed	7	2
Divorced/Separated	7	2
Total	367	100.0

The majority of adult respondents were married and most teenagers were still single, suggesting familiarity with cultural and religious expectations regarding sexuality and family life. This strengthened the credibility of responses related to moral instruction and mentorship of teenagers.

4.2.8 Place of Residence

Table 4.8: Residence of Respondents

Residence	Frequency	Percentage (%)
Rural	228	62.2
Urban	93	25.3
Total	376	100.0

Most respondents resided in rural areas, reflecting the traditional Bukusu social setting where cultural and religious institutions remain influential. This distribution reinforces the relevance of culturally grounded interventions, while the urban

representation captures the effects of modernization and social transition.

Overall, the demographic characteristics demonstrate that the study achieved a balanced and representative sample across age, gender, religion, and social roles. The diversity of respondents provided a solid foundation for examining the interaction between Bukusu traditions, Christian values, and scientific strategies in addressing teenage sexual immorality in Western Kenya.

4.3 Prevalence of Sexual Immorality among Teenagers

4.3.1 Sexual Activity and Age at Sexual Debut

Quantitative data indicate that a substantial proportion of the teenagers had engaged in sexual activity at the time of the study. Among those who reported being sexually active, the majority indicated that sexual debut occurred between the ages of 17 and 19 years, pointing to later initiation into sexual relationships, however age 15-16 constituted almost half of teenagers that engaged in sexual intercourse.

Table 4.9: Age at First Sexual Intercourse

Age at Debut	Frequency (n)	Percentage (%)
Below 15 years	9	17.6
15–16 years	15	29.4
17–19 years	27	52.9
Total	51	100.0

The early age of sexual debut suggests that many adolescents are exposed to sexual activity before acquiring adequate emotional maturity, moral guidance, or accurate sexual and reproductive health knowledge. This early initiation increases vulnerability to unintended pregnancies, sexually

transmitted infections (STIs), and school discontinuation.

Qualitative data from focus group discussions reinforced these findings. Participants consistently reported that sexual experimentation often begins during upper primary and early secondary school years, largely influenced by peer norms and curiosity. *“By the time you reach Form One, some students already know everything about sex from friends or phones,” (FGD – Teenage Boys)*

The convergence of quantitative and qualitative findings demonstrates that early sexual debut is not isolated but structurally embedded within adolescent social environments.

Analysis of questionnaire responses in relation to age shows that sexual immorality increases with age, particularly among respondents aged 15–18 years, who constituted the majority of the study population. This age group corresponds with mid- to late-adolescence, a period characterized by increased autonomy, peer interaction, and exposure to sexual content.

The research instruments revealed that respondents in the lower age categories (13–14 years) reported lower levels of sexual involvement compared to older adolescents. However, qualitative data indicated that sexual awareness and curiosity begin early, even before reported sexual engagement.

“Even before secondary school, children already know about sex through friends and phones,” (FGD – Mixed Teenagers)

This suggests that while sexual activity may not be widespread among younger adolescents, early exposure lays the foundation for later sexual behaviour.

4.3.2 Prevalence of Premarital Sexual Activity

Results further show that premarital sexual activity is widespread among teenagers in the study area. A notable proportion of respondents reported having engaged in sexual intercourse outside of marriage, reflecting a significant departure from both Bukusu cultural norms and Christian moral teachings.

Table 4.10: Premarital Sexual Activity among Teenagers

Response	Frequency (n)	Percentage (%)
Ever had sexual intercourse	51	23.2
Never had sexual intercourse	169	76.8
Total	220	100.0

The prevalence of premarital sex indicates a weakening of traditional and religious moral controls that historically delayed sexual engagement until marriage. FGDs revealed that premarital sex is increasingly normalised among peer groups, particularly in school and urbanising settings.

“These days, if you say you are abstaining, others laugh at you and say you are old-fashioned,” (FGD – Teenage Girls)

This normalization reflects shifting moral values influenced by peer culture and modern social dynamics.

The questionnaire employed a five-point Likert scale to measure respondents' perceptions and self-reported behaviours related to teenage sexual immorality. The scale was structured as follows:

Response Category	Code
Strongly Agree (SA)	5
Agree (A)	4
Neutral (N)	3
Disagree (D)	2
Strongly Disagree (SD)	1

Likert-scale items were designed to capture prevalence indicators (sexual activity, early sexual debut, peer influence, media exposure) and were aligned with objective of the study.

This approach is consistent with social science research practice and allows integration with qualitative findings.

Table 4.11: Likert-Scale Responses on Prevalence of Teenage Sexual Immorality

Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)
Teenagers in this community engage in premarital sex	31	30	15	12	12
Sexual activity among teenagers begins at an early age	60	12	11.5	16	1.5
Peer pressure influences teenagers to engage in sex	72	12	10	4	2
Poverty contributes to risky sexual behavior	79.6	11	9.4	0	0
Media and social media promote sexual experimentation	67	12	9	8	4

Analysis of Likert-scale responses indicates a high level of agreement among respondents that teenage sexual immorality is prevalent within Bungoma. Most respondents either *agreed* or *strongly agreed* that premarital sex and early sexual debut are common among teenagers, particularly those in mid-to-late adolescence.

High agreement levels on statements related to peer pressure and media influence suggest that teenage sexual behaviour is strongly shaped by external social forces rather than individual moral reasoning alone. Neutral responses, though fewer, indicate uncertainty

among some respondents, possibly reflecting reluctance to disclose sensitive information.

Disagreement was minimal on items related to peer pressure and media influence, reinforcing their perceived role in shaping adolescent sexuality.

Key informant interviews (KIIs) were used to validate and contextualize Likert-scale responses. Although KIIs did not use numerical scales, thematic coding of interview data revealed convergence with questionnaire findings.

Likert Theme	KII Position	Illustrative Evidence
Early sexual debut	Strongly supported	“Children are exposed to sex much earlier than before.”
Peer pressure	Strongly supported	“Friends influence behaviour more than parents.”
Poverty	Supported	“Economic hardship pushes girls into relationships.”
Media influence	Strongly supported	“Phones and videos teach children faster than elders.”

Key informants consistently affirmed the patterns observed in questionnaire responses. Community elders, church leaders, and health practitioners reported that teenage sexual activity is increasingly normalized, with peer influence and economic vulnerability acting as major accelerators. KIIs further revealed that traditional and religious moral systems have weakened, allowing modern influences to shape teenage sexual norms. This triangulation strengthens the validity of Likert-scale findings and confirms that the prevalence of sexual immorality is both perceptual and experiential.

4.3.3 Multiple Sexual Partnerships

Findings reveal the presence of multiple sexual partnerships, particularly among older adolescents aged 15–19 years. Although not all, sexually active respondents reported multiple partners; the pattern remains significant due to its implications for sexual health risks.

Table 4.12: Multiple Sexual Partnerships

Age	Frequency (n)	Percentage (%)
Below 15 years	6	15.8
15–16 years	12	31.6
17–19 years	20	52.6
Total	38	100.0

Key informants expressed concern that multiple partnerships are increasingly viewed as a sign of social status or maturity, especially among boys.

“Some boys believe having many girlfriends proves you are a real man,”

(KII – Church Youth Mentor)

This perception reinforces gendered norms that encourage sexual risk-taking, undermining moral teachings on fidelity and self-restraint.

4.3.4 Transactional Sex

Transactional sex emerged as a critical and gendered dimension of teenage sexual immorality. A proportion of respondents, particularly adolescent girls, reported engaging in sexual relationships in exchange for money, gifts, or material support.

Table 4.13: Teenage engagement in Transactional Sexual Relationships

Age	Frequency (n)	Percentage (%)
Below 15 years	7	18.9
15–16 years	11	29.7
17–19 years	19	51.4
Total	37	100.0

FGDs revealed that transactional sex is often driven by economic vulnerability, including lack of basic necessities, school-related expenses, and pressure to conform to peer lifestyles.

“Sometimes girls don’t want these relationships, but poverty pushes them,” (KII – Health Worker)

These findings highlight that sexual immorality cannot be understood purely as individual moral failure but must be situated within structural and socioeconomic constraints

Analysis of responses indicates notable gender differences in the prevalence and patterns of sexual immorality. While boys were more likely to report multiple sexual partners, girls were more likely to experience negative consequences, including pregnancy and social stigma.

FGDs with parents and guardians revealed that girls face stricter moral scrutiny and harsher social sanctions than boys, despite both genders participating in risky sexual behaviour.

“When a girl gets pregnant, she is blamed, but the boy continues with school,” (FGD – Parent)

4.4 Causes of Sexual Immorality among Teenagers

Table 4.15: Causes of Sexual Immorality among Teenagers

Identified Cause	frequency	% of Teenagers Agreeing
Peer pressure	37	72.4
Poverty / economic hardship	33	65.0
Media and social media influence	31	61.1
Weak parental supervision	30	58.3
Erosion of cultural values	28	54.4
Inadequate sexuality education	25	49.4

This disparity reinforces unequal moral regulation and contributes to heightened vulnerability among female adolescents as revenge mechanism.

4.3.2 Sexual Immorality by Gender

Table 4.14: Sexual activity by gender

Gender	Frequency (n)	Percentage (%)
boys	27	52.2
girls	24	47.7
Total	51	100.0

When questionnaire responses were analyzed by gender, both male and female teenagers reported engagement in sexually risky behaviors, although patterns differed. Male respondents reported behaviors associated with multiple sexual partnerships than female, female respondents also reported experiences associated with vulnerability and consequences, such as pressure to engage in relationships for material support.

FGDs revealed that social expectations within the community often condone sexual experimentation among boys while placing stricter moral controls on girls.

“some girls in our community have reported complains of their irresponsible fathers enticing them to involve in sexual orgies with them ,” (FGD – Guardians).

This gendered observation by guardian was further pointed out by a health practitioner that indeed some parents perpetuate immoral behavior among their teenage girls.

Peer pressure emerged as the dominant driver, particularly within school and neighborhood contexts where sexual activity is normalized as a marker of maturity. Poverty heightened vulnerability, especially among girls, leading to transactional relationships for basic needs. The erosion of cultural values was repeatedly linked to the decline of communal parenting, where moral instruction was once the responsibility of the wider kinship system. Respondents argued that parents today are constrained by economic pressures, limiting time for guidance. These findings corroborate Santelli et al. (2017) and Juma et al. (2019), who emphasise the interaction of structural and social drivers in adolescent sexual behavior.

Findings indicate that teenage sexual immorality manifests in multiple forms, including early sexual debut, unprotected sexual activity, multiple partnerships, and transactional relationships. These behaviors were reported across different demographic categories, suggesting that sexual immorality is not confined to a single subgroup but is a community-wide concern.

Analytically, this prevalence reflects the erosion of traditional regulatory mechanisms previously enforced through communal supervision and initiation rites. The findings align with earlier studies in sub-Saharan Africa that associate the weakening of cultural authority with increased adolescent vulnerability (Nsamenang, 2006; Delany-Moretlwe et al., 2014). At the same time, the persistence of such behaviours despite strong Christian presence

indicates that moral instruction alone is insufficient without structural and social reinforcement

Drawing from demographic data and research instruments, this section establishes that teenage sexual immorality is prevalent, age-dependent, gendered, and shaped by educational, religious, and informational contexts. The findings demonstrate that demographic factors do not operate independently but interact with social and cultural influences to shape sexual behaviour.

4.5 Role of Bukusu Traditional Practices in combating sexual immorality

Bukusu traditional practices were widely acknowledged as historically effective mechanisms for regulating sexuality and instilling discipline. However, their contemporary application has been significantly diluted. The following response indicates the level of practices applied in the contemporary western Kenya, a predominantly Bukusu .This was based on likert scale. Similarly, during focus group discussion with teenagers, most responded to question of having undergone initiation rite, most indicated that they went to hospital for circumcision and they did not go through the *imbalu* rites. Some went into seclusion areas which they did not understand. It was just symbolic of their traditions. FGDs with teenagers further indicated that traditional teachings are respected but are often perceived as less relevant to contemporary challenges, such as peer pressure and media influence

Table 4.16: Role of Bukusu Traditional Practices in combating sexual immorality

Statement	Strongly Agree	agree	Not sure	disagree	Strongly disagree
Imbalu initiation rites provide moral guidance to teenagers today	21%	15%	28%	31.5%	4.5%
Elders play an active role in mentoring teenagers on sexual conduct nowadays	17%	18.9%	11.1%	35%	18%
Traditional taboos discourage premarital sex among teenagers today	34%	17%	9%	17%	23%
Oral traditions (songs, proverbs, stories) reinforce sexual discipline nowadays	27%	22%	5%	28.2%	17.8%
Traditional sanctions deter sexual misconduct among teenagers today	25%	19%	17.8%	37%	1.2%

Source: Field Data (2026)

The study found that traditional Bukusu cultural practices historically played a central role in regulating adolescent sexuality. Respondents

identified initiation rites, elder mentorship, and communal sanctions as mechanisms that instilled discipline and moral accountability.

However, the findings reveal a significant decline in the effectiveness of these mechanisms. Modern schooling schedules, urban migration, and religious reinterpretation of cultural practices have disrupted traditional transmission of sexual norms. This supports Makila's (1982) and Simiyu's (2010) argument that cultural institutions lose regulatory power when detached from their ritual and communal foundations.

Importantly, the findings suggest that culture itself is not inherently ineffective; rather, its fragmentation and marginalisation have reduced its influence. This distinction is critical for designing culturally grounded interventions.

Key Informant Interviews with Bukusu elders revealed that while initiation ceremonies are still conducted, the moral training component has been shortened or omitted, limiting their influence on adolescent behaviour.

Initiation rites such as *Imbalu* previously functioned as structured moral education systems, transmitting lessons on sexual restraint, respect, and responsibility. Respondents noted that commercialization and time compression of initiation ceremonies have stripped them of pedagogical depth. Nevertheless, elders argued that reviving core teachings—without harmful practices—could restore cultural legitimacy and complement modern interventions.

One elder noted, "*During seclusion, boys were taught self-control and respect. Today circumcision is rushed and the teaching is lost.*"

4.6 Christian Strategies in Addressing Sexual Immorality

Christian institutions remain influential moral authorities in Western Kenya, shaping sexual norms through doctrine, counselling, and mentorship

Table 4.17: Christian Strategies in Addressing Sexual Immorality

Christian Strategy	Not Effectiveness (%)	Effectiveness (%)
Youth fellowships	30.0	70.0
Biblical teaching on sexuality	24.4	75.6
Counselling and mentorship	31.1	68.9
Abstinence-only messages	45.0	55.0

While biblical teachings provide clear moral frameworks, adolescents reported tension between religious ideals and lived realities. Abstinence-only approaches were criticized for failing to address practical challenges such as peer pressure and biological development. Church leaders acknowledged the need for integrating faith-based values with accurate sexual health information.

On the likert scale of agree to strongly disagree on the effectiveness of some Christian strategies. It was clearly indicated that biblical teachings on sexuality and youth fellowships yields high agreement level as mechanism to curbing sexual immorality among the youth.

Table 4.18: Level of Christian Strategies in Addressing Sexual Immorality

Christian Strategy	Strongly Agree	Agree	Not sure	disagree	Strongly disagree
Biblical teaching on sexuality	87%	6.7%	2.3%	1.5%	2.5%
Youth fellowships	65%	16.1%	7.1%	05%	6.7%
Counselling and mentorship	23%	27%	19%	21%	10%
Abstinence-only messages	21%	12%	19%	38.2%	9.8%

Christian/Biblical teachings were widely recognized as shaping moral discourse within the community.

Emphasis on abstinence, purity, and obedience emerged strongly from respondent narratives. Churches continue to function as moral reference points for both parents and adolescents.

Nevertheless, the findings indicate a gap between moral instruction and behavioral outcomes. Adolescents often perceive church teachings as idealistic and disconnected from their lived realities, particularly in contexts of peer pressure and economic hardship. This finding echoes Mugambi's (2002) critique that moral absolutism, when detached from social context, may lose practical relevance. Thus, while Christianity provides moral clarity, its effectiveness is constrained when not integrated with culturally resonant practices and practical life skills.

4.7 Scientific Approaches to Combating Sexual Immorality

Scientific interventions were recognized for their emphasis on knowledge, prevention, and health outcomes. The data below was obtained from health officers in health facilities in Bungoma County on scientific intervention on curbing sexual immorality.

Table 4.19: Scientific Approaches to Combating Sexual Immorality

Scientific Intervention	Utilisation (%)
School-based CSE	62.8
Youth-friendly health services	48.9
NGO SRH programmes	45.0

On the question of youth reproductive health education, most health officers reported that the youth are willing to receive health education yet they are stopped by parents and teachers

One of the nurses reported

“Despite efforts by the government to provide contraceptives like Condoms, insertion and injectable drugs to prevent transmission of HIV/AIDS that is rampant among the youth and early pregnancies, parents and teachers have always forced the youth to stop using” FGD-nurse report

As observed above despite their effectiveness, scientific approaches face resistance due to perceptions that they promote permissiveness. Respondents stressed that when detached from cultural and religious contexts, scientific messages are often mistrusted. However, adolescents who accessed youth-friendly services demonstrated higher awareness of risks and protective behaviors. Fear of stigma and cultural resistance reduced utilisation, echoing UNESCO (2018). As a result it was reported during the interview that teenagers commonly present sexual health challenges such as UTI, STDS, Teenage Pregnancy that eventually lead to forced and early marriage as well death in cases of divorce.

Additionally, report on contraceptives uptake with confidentiality was provided and it indicated as follows.

Table 4.20: Artificial Contraceptives uptake in health facilities by youth aged 13-19 from 2 rural dispensaries in Bungoma County in the year ending 31st December, 2025.

Methods	Frequency(youths)	%
Condom	174	65.9
Hormonal contraceptives	56	21.2
Intra-uterine devices	34	12.9
Sterilization	0	0
Vasectomy	0	0
Tubal-Litigation	0	0
Total uptake	264	100

From the above table it is clear that contraceptives uptake among the teenagers is low despite the government efforts to curb the negative consequences of sexual immorality among the youths. This is attributed to poor attitude promoted by the church, parents and community leaders that perceive it to be ungodly and against the Bukusu culture.

According to a pastor during the focus group discussion

“Immorality has increased among our youth because of the availability of contraceptives and erosion of African culture” pastors comment FGD.

Further an elderly man reported:

*We cannot allow the government to spoil our generation in the name of contraceptives; our ancestors can never be at peace with this—*Phone interview report from one of Bukusu council of elder’s executive member.

From the foregoing analysis therefore, scientific approaches, including sexuality education and reproductive health services, were acknowledged as important sources of information. Respondents noted increased awareness of sexual health risks compared to previous generations.

However, the study found that scientific interventions often face resistance due to perceptions that they promote permissiveness. This tension reflects a broader national debate in Kenya, where comprehensive sexuality education is contested on moral grounds (Juma et al., 2019).

The findings suggest that scientific knowledge is most effective when framed within culturally and religiously acceptable narratives. This reinforces the argument advanced that social legitimacy is as critical as technical accuracy.

4.8 Integrated Strategy: Perceptions and Effectiveness

Table 4.21 integrated approach in curbing sexual immorality among teenagers in western Kenya
 Based on the integrated approach the following objectives were achieved

Integrated Component	Agreement (%)
Combining culture, faith & science is effective	82.2
Cultural legitimacy increases acceptance	78.9
Faith leaders enhance moral authority	74.4
Scientific content improves safety	80.0

One of the most significant findings of the study is the broad support for integrative approaches. Respondents expressed the view that no single system—culture, religion, or science—can

effectively address teenage sexual immorality in isolation.

The integration of Bukusu cultural authority, Christian moral frameworks, and scientific health knowledge emerged as a pragmatic pathway. This finding extends existing literature by empirically demonstrating community readiness for integrative strategies, a dimension rarely examined in prior studies.

The findings suggest that integration addresses the weaknesses of single approaches. Cultural frameworks provide identity and legitimacy; Christian values reinforce moral accountability, while scientific strategies ensure health and safety. This synergy creates a holistic intervention model capable of responding to contemporary adolescent realities.

The high approval supports the study hypothesis that integration yields stronger outcomes than siloed approaches.

4.9 The Integrated Contextual Behaviour Regulation Model (ICBRM) for combating sexual immorality among teenagers

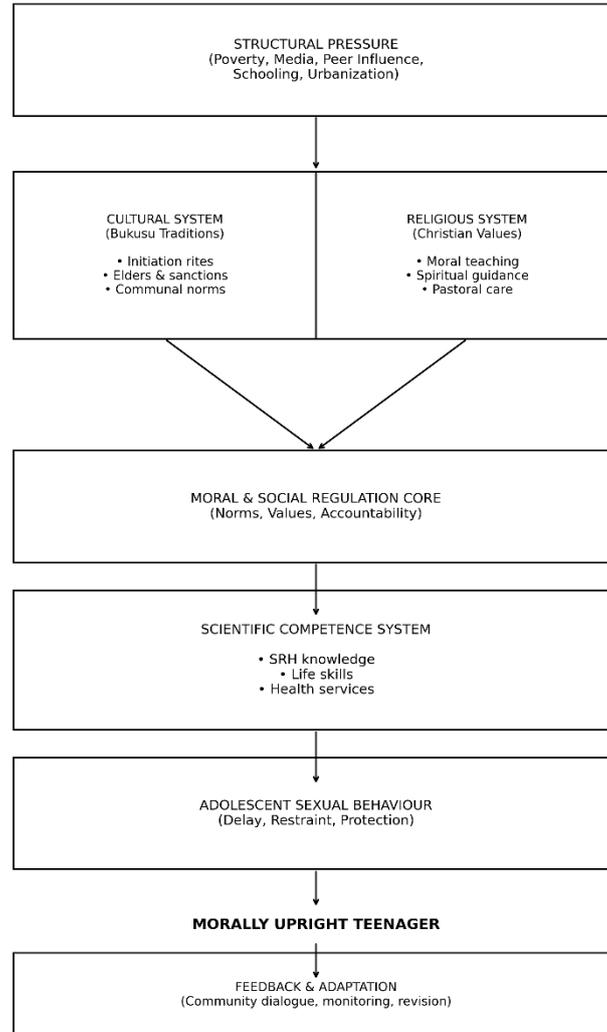
Based on the empirical findings presented and discussed in Chapter Four, this study develops the Integrated Contextual Behaviour Regulation Model (ICBRM) as a solution-oriented model for addressing teenage sexual immorality within the Bukusu community. Unlike abstract or externally imposed frameworks, this model is inductively derived from the study findings, reflecting lived realities, community perceptions, and demonstrated intervention gaps. The model explains how teenage sexual behaviour is shaped through the interaction of cultural authority, Christian moral guidance, and scientific competence within a changing socio-structural environment. It therefore translates empirical results into a practical and context-sensitive intervention framework.

4.9.1 Core Premise of the Model

The ICBRM is grounded on the premise that teenage sexual behavior is socially regulated rather than individually determined. The findings in Chapter Four demonstrated that where regulation systems are fragmented or contradictory, adolescents experience moral ambiguity, leading to risky sexual behavior.

Conversely, coherence among regulatory systems enhances behavioral restraint and responsibility.

Figure 4.1. Integrated Contextual Behavior Regulation Model



4.9.2 Explanation of Model Components Based on Findings

a) Cultural Regulation System

Chapter Four findings revealed that Bukusu cultural mechanisms historically played a decisive role in regulating adolescent sexuality. However, their weakening has reduced collective accountability. The model reinstates culture as a regulatory authority, not merely a symbolic heritage, by repositioning elders and initiation-based mentorship as behavioural guides.

b) Religious Moral System

Findings showed that Christianity remains morally influential but struggles to translate doctrine into

behaviour due to contextual disconnects. In the model, Christian teachings provide moral meaning and internal discipline, reinforcing cultural norms rather than replacing them.

c) Integrated Moral Regulation Core

This is the central innovation of the model. Chapter Four demonstrated that fragmented moral messaging undermines effectiveness. The model therefore integrates cultural and religious systems into a unified regulatory core that delivers consistent expectations and shared accountability.

d) Scientific Competence System

Empirical evidence indicated that adolescents possess awareness of sexual health risks but lack behavioural skills and contextual support. The model positions scientific interventions as supportive mechanisms, providing competence and protection within morally legitimate frameworks.

e) Structural Pressures (Moderating Context)

The model incorporates poverty, media exposure, peer pressure, and schooling as moderating variables identified. These factors influence behavior but do not override effective social regulation.

f) Feedback and Adaptation

Findings emphasised community openness to integrative solutions. Continuous feedback ensures the model remains responsive, legitimate, and sustainable.

V. CONCLUSIONS OF THE STUDY

The study concludes that teenage sexual immorality within the Bukusu community is a significant and ongoing concern. Its manifestations are shaped by social change, weakening traditional regulatory mechanisms, and exposure to modern influences. Sexual behaviour among adolescents is therefore best understood not as individual moral failure but as a reflection of broader structural and normative transformations. Also, Bukusu cultural traditions historically provided effective moral regulation through initiation rites, elder mentorship, and communal accountability. However, their contemporary influence has diminished due to urbanisation, formal education systems, and religious reinterpretation. Importantly, the study establishes that culture itself remains a viable moral resource if appropriately adapted and reintegrated into modern contexts. Christian teachings continue to offer moral clarity and normative guidance regarding sexual behaviour. However, the study concludes that moral instruction alone is insufficient to influence adolescent behaviour in contexts characterised by economic vulnerability and peer pressure. Christian approaches are most effective when complemented by culturally resonant practices and practical life skills. Scientific and health-based interventions are essential for equipping adolescents with accurate knowledge and protective skills. Nonetheless, their effectiveness is constrained by moral resistance and cultural mistrust when implemented without

community engagement. Scientific approaches gain legitimacy and impact when framed within accepted cultural and religious narratives.

The central conclusion of the study is that an integrated Bukusu–Christian–Scientific approach offers the most sustainable pathway for addressing teenage sexual immorality. Integration restores normative coherence by aligning moral authority, cultural legitimacy, and scientific evidence. This finding represents a significant contribution to intervention design in culturally diverse settings.

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