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Puberty-Related Cultural Practices Among Sabaot Youth in Mt. Elgon Sub-County, Bungoma County, Kenya

KITAZI UPENDO SPLENDOUR[1], JUDE ONG'ONG'A[2], EDITH NALIAKA[3]
[1,2] *Department of Social Sciences, Kibabii University, Bungoma, Kenya*
[3] *Department of Curriculum and Pedagogy, Kibabii University, Bungoma, Kenya*

Abstract- ***Puberty remains a critical yet culturally contested stage of adolescent development among the Sabaot community of Mt. Elgon Sub-County, Bungoma County, Kenya, where traditional beliefs, gendered expectations, and initiation-related customs continue to shape how young people experience and interpret bodily and social change. This paper examines the puberty-related cultural practices experienced by Sabaot youth, drawing on data collected through questionnaires administered to 278 respondents, interviews with Baptist Church and clan leaders, and four focus group discussions involving adolescents aged 13 to 19 years. The study adopted a convergent parallel mixed-methods design anchored on Bandura's Social Learning Theory. Quantitative findings revealed that a majority of respondents perceived cultural beliefs and values as shaping adolescents' access to reproductive health information (Mean = 3.87), cultural barriers to open discussion of puberty (Mean = 3.76), stigma and taboo surrounding puberty (Mean = 3.82), and gender expectations during the transition to adulthood (Mean = 3.90). Qualitative data corroborated these results, identifying cultural silence, gendered restrictions, and initiation-linked meanings of adulthood as recurring themes. The paper concludes that puberty among the Sabaot is experienced within a dynamic cultural context in which traditional values persist alongside emerging influences such as education and religious teaching, and recommends that faith-based organisations, schools, and community leaders design adolescent support programmes that address specific dimensions of this experience rather than puberty as an undifferentiated whole.***

Keywords: ***Puberty, Cultural Practices, Sabaot Community, Gender Norms***

I. INTRODUCTION

Adolescence is universally recognised as a period of heightened vulnerability during which young people negotiate biological, psychological, and social change within the cultural environments in which they are raised (Chandra-Mouli et al., 2017). Growing evidence from Kenya indicates that this transition is experienced differently by boys and girls and is frequently marked by confusion, shame, and cultural silence rather than open guidance, with adolescents in both rural and urban settings reporting that they received little formal preparation for the bodily changes associated with puberty (Carney et al., 2022). In many African communities, religious institutions have come to play an important role in supporting adolescents through this transition, particularly where cultural norms restrict open discussion of sexuality and reproductive health (Magezi et al., 2025).

Among the Sabaot community of Mt. Elgon, puberty is inseparable from established rites of passage that mark the transition from childhood to socially recognised adulthood. These rites, which include circumcision, seclusion for ritual instruction, and structured teaching on gender roles and obedience, remain deeply embedded in community life. National evidence shows that such rites persist despite legal prohibition: the 2022 Kenya Demographic and Health Survey recorded a national female genital mutilation prevalence of 14.8%, with the practice most strongly associated with rural residence, limited education, and the belief that it is required by culture (Adam & Jebet, 2025). This paper addresses the first objective of a broader study on the role of the Baptist Church in addressing puberty-related cultural practices among the Sabaot community: to examine puberty-related cultural practices among Sabaot youth in Mt. Elgon, Kenya. It presents the extent to which cultural beliefs, communication barriers, stigma, and gender expectations shape adolescent experiences of puberty, providing the empirical foundation upon which subsequent intervention and outcome analysis can be built.

II. STATEMENT OF THE PROBLEM

Despite sustained national and county-level advocacy against harmful puberty-related cultural practices, such practices remain prevalent among the Sabaot community of Mt. Elgon Sub-County. The 2022 Kenya Demographic and Health Survey shows that Bungoma County recorded the highest reported levels of physical violence (62%) and sexual violence (30%) against women of any county in Kenya, while female genital mutilation, although declining nationally from 21% in 2014 to 15% in 2022, remains sustained by the belief that the practice is required by culture, a belief strongly associated with cutting in multivariable analysis (Adam & Jebet, 2025). At the same time, adolescent pregnancy stood at a national rate of 15% in 2022, with poverty and low education consistently associated with early pregnancy and early marriage (Adam & Jebet, 2025). These figures indicate that the problem is not historical but current, and that it is concentrated in precisely the rural, culturally conservative settings, such as Mt. Elgon, where initiation rites remain most deeply embedded in community life.

The consequences of this persistence are well documented. Girls who undergo female genital mutilation face immediate risks of severe pain and heavy bleeding, together with longer-term reproductive complications, while communities with high cutting prevalence also show elevated rates of early marriage and school discontinuation (Adam & Jebet, 2025; Muhula et al., 2021). Cultural silence surrounding puberty compounds these risks: where parents and community members avoid direct discussion of bodily change and reproductive health, adolescents rely on informal and often inaccurate sources of information, a pattern documented among Sabaot's neighbouring communities in Kisumu and Kakamega counties (Mutea et al., 2020) and linked elsewhere to unprotected sex, drug misuse, and transactional sex among adolescents facing poverty (Mutea et al., 2020). Gendered restrictions following initiation further curtail girls' mobility, decision-making power, and access to information relative to boys (Evans et al., 2025). Left unaddressed, these consequences compound across adolescence and into adulthood, affecting health, educational attainment, and long-term wellbeing. Existing literature on faith-based responses to these problems has tended to treat church intervention as undifferentiated, without establishing which specific dimension of puberty-related experience, whether information access, communication barriers, stigma, or gender expectations, most requires attention. This paper addresses that gap by first establishing, in empirical detail, the nature and relative weight of these dimensions among Sabaot youth.

III. THEORETICAL FRAMEWORK

The study was anchored on Bandura's Social Learning Theory (Bandura, 1977, 1986), which holds that individuals acquire behaviours, attitudes, and values through observing, imitating, and modelling behaviour within their social environment. The theory rests on three central ideas: modelling, reinforcement, and reciprocal determinism, the last referring to the continuous mutual influence between behaviour, the individual, and the environment. Within Mt. Elgon, puberty-related practices, including initiation rites, gender role expectations, and taboos surrounding reproductive health, are transmitted across generations and internalised by adolescents through observation of elders, peers, and community ceremonies. These practices are reinforced through social approval, cultural expectation, and communal participation, which together account for their persistence despite exposure to alternative sources of information and influence, including the church, the school, and the wider media environment. In this context, the Baptist Church functions as a competing socialising agent, offering adolescents alternative models of conduct through sermons, mentorship, and counselling, and the theory therefore provides a coherent basis for interpreting both the persistence of traditional practices and the potential for religiously mediated behaviour change.

IV. LITERATURE REVIEW

Anthropological accounts of adolescent transition in Kenya show that puberty is experienced unevenly by gender and is frequently marked by confusion rather than structured guidance. In a comparative qualitative study of rural and urban Kenyan boys, Carney et al. (2022) found that adolescent boys experienced shame, confusion, and silence around bodily change, received

less supervision than girls during the transition to young adulthood, and were largely absent from formal puberty education, leaving peer influence and, in some cases, risky behaviour to fill the gap. This asymmetry between boys' and girls' experiences of puberty is consistent with global formative research showing that gender shapes not only the content of puberty-related guidance but also whether adolescents receive any structured guidance at all (Chandra-Mouli et al., 2017).

Communication between parents and adolescents on puberty and reproductive health remains constrained across East Africa. A regional review of qualitative research from four East African countries found that parent-adolescent communication on sexual and reproductive health is shaped by gender differences, parental education, traditional norms, and religious conviction, with some parents reporting that religious values made it difficult to discuss matters such as contraception directly with their children (Kamangu et al., 2017). Similar patterns have been documented specifically in Kenya: in a qualitative study conducted in Kisumu and Kakamega counties, Mutea et al. (2020) found that negative socio-cultural attitudes, alongside health-system barriers such as distance, cost, and lack of privacy, restricted adolescents' access to reproductive health information and services, with consequences including early pregnancy, sexually transmitted infection, and transactional sex linked to poverty.

Stigma surrounding puberty, and menstruation in particular, has also been shown to shape adolescent experience within religious communities. King et al. (2025) found that more than half of Christian adolescent girls and over three-quarters of Muslim adolescent girls in their study experienced religion-linked menstrual restrictions, and that such restrictions and associated stigma were reinforced by religious leaders as well as by family and school environments, underscoring that religious institutions can either reinforce or help dismantle puberty-related stigma depending on how they engage the issue. This dual potential is echoed in a qualitative study of church-led adolescent sexual and reproductive health interventions in South Africa, which found that church beliefs and practices could function as both a resource and a constraint, providing moral guidance and safe spaces for some adolescents while reinforcing silence and restriction for others depending on how church leaders framed the issue (Magezi et al., 2025).

Gender norms established or reinforced during the transition through puberty carry documented consequences for adolescent girls across sub-Saharan Africa. A systematic review of gender norm transformation interventions for adolescent girls and young women across fifteen sub-Saharan African countries found consistent evidence that restrictive gender norms established during adolescence constrain girls' decision-making power, mobility, and access to information relative to boys, with effects extending into early marriage, reduced schooling, and gender-based violence (Evans et al., 2025). Within Kenya specifically, evidence from Kajiado County demonstrates that community-led alternative rites of passage, which retain the social and educational functions of initiation while removing the cutting procedure, are associated with lower rates of female genital mutilation, early marriage, and teenage pregnancy, and higher years of schooling for girls, compared with communities without such interventions (Muhula et al., 2021). National survey evidence corroborates the continued prevalence and consequences of unmodified initiation practices: the 2022 Kenya Demographic and Health Survey found that severe pain (70.3%) and heavy bleeding (45.9%) were the most commonly reported effects of female genital mutilation among affected women, and that belief in cultural necessity remained the strongest predictor of the practice continuing (Adam & Jebet, 2025).

Taken together, this literature establishes that puberty-related cultural practices in African settings, including Kenya, are gendered, are reinforced through cultural belief and religious framing as much as through explicit instruction, and carry measurable consequences for adolescent health and development. What remains less established, particularly in mono-ethnic rural settings such as Mt. Elgon, is the relative weight of specific dimensions of this experience, namely access to information, communication barriers, stigma, and gender expectations, as perceived by adolescents themselves. This paper addresses that gap directly.

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V. RESEARCH METHODOLOGY

The study adopted a convergent parallel mixed-methods design, collecting quantitative and qualitative data concurrently, analysing each independently, and integrating findings during interpretation. The target population comprised 1,000 individuals directly or indirectly involved in puberty-related cultural practices and Baptist Church interventions within Mt. Elgon Sub-County, including church leaders, clan leaders, teachers, and community members. A sample of 278 respondents was determined using the Krejcie and Morgan (1970) formula at a 95% confidence level, with stratified random sampling used to select adult and adolescent community respondents and purposive sampling used to select church leaders, clan leaders, and teachers as key informants.

Data addressing this objective were obtained through a structured questionnaire administered to adolescent and adult respondents, semi-structured interviews with Baptist Church leaders and Sabaot clan leaders, and four focus group discussions conducted separately by gender among adolescents aged 13 to 19 years, with each group comprising eight to ten participants. Questionnaire items were measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher mean scores indicating stronger agreement. Quantitative data were analysed using descriptive statistics, including frequencies, percentages, means, and standard deviations, while qualitative data from interviews and focus group discussions were analysed thematically to identify recurring perceptions and experiences. Findings are interpreted as respondents' reported perceptions and experiences and do not imply direct causal relationships between cultural practices and adolescent outcomes.

VI. FINDINGS

Table 1 presents the quantitative findings on puberty-related cultural practices as perceived by Sabaot youth.

Table 1 *Cultural Practices Related to Puberty among Sabaot Youth*

No.	Statement	1	2	3	4	5	Mean	SD
1	Sabaot youth perceive the influence of cultural beliefs and values on their access to reproductive health information and services during puberty.	20 (5.0%)	30 (7.5%)	55 (13.8%)	170 (42.5%)	125 (31.2%)	3.87	0.98
2	Cultural barriers influence Sabaot youth in discussing puberty-related issues with their families, peers, and community members.	25 (6.3%)	40 (10.0%)	60 (15.0%)	155 (38.7%)	120 (30.0%)	3.76	1.05
3	There are sources of cultural stigma and taboo surrounding puberty among Sabaot youth.	22 (5.5%)	35 (8.7%)	58 (14.5%)	165 (41.3%)	120 (30.0%)	3.82	1.02
4	Gender expectations and norms shape the experiences of Sabaot youth during puberty.	18 (4.5%)	32 (8.0%)	60 (15.0%)	170 (42.5%)	120 (30.0%)	3.90	0.97

Note. N = 400. 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

6.1 Cultural Beliefs and Access to Reproductive Health Information

A majority of respondents (73.7%) agreed or strongly agreed that cultural beliefs and values influenced adolescents' access to reproductive health information and services during puberty, producing the second-highest mean score of the four indicators (Mean = 3.87, SD = 0.98). Focus group participants indicated that discussions on puberty, sexuality, and reproductive health were governed by expectations of respect, privacy, and appropriate conduct, with information typically received through selected channels such as peers, parents, schools, or religious settings, while others reported limited opportunity for open discussion within their families. This finding is consistent with evidence from Kisumu and Kakamega counties, where negative socio-cultural influences were among the principal barriers to adolescents' access to reproductive health information and services (Mutea et al., 2020).

6.2 Cultural Barriers to Discussing Puberty

Approximately 68.7% of respondents agreed or strongly agreed that cultural barriers affected their ability to discuss puberty-related issues with family, peers, and community members, the lowest mean score recorded among the four indicators (Mean = 3.76, SD = 1.05). Qualitative accounts suggested that puberty discussions were considered sensitive because they touched on matters traditionally associated with adulthood, morality, and social expectation, with participants citing respect for elders, cultural boundaries, and fear of judgement as limiting factors. This mirrors findings from a four-country review of East African evidence, which found that parent-adolescent communication on reproductive health is constrained by traditional norms and religious conviction regardless of national context (Kamangu et al., 2017).

6.3 Puberty-Related Stigma and Taboo

Stigma and taboo surrounding puberty remained evident among Sabaot youth, with 71.3% of respondents agreeing or strongly agreeing that such sources of stigma existed (Mean = 3.82, SD = 1.02). Focus group participants described certain aspects of puberty, including menstruation, initiation, and bodily change, as requiring privacy and careful communication, although some reported alternative opportunities to discuss these matters through school, peer networks, or religious platforms. This pattern is consistent with evidence that religion-linked menstrual restriction and stigma remain common among adolescent girls in Christian communities, reinforced by religious leaders alongside family and school environments (King et al., 2025).

6.4 Gender Expectations and Puberty Experiences

Gender expectations and norms recorded the highest mean score among the four indicators (Mean = 3.90, SD = 0.97), with 72.5% of respondents agreeing or strongly agreeing that such expectations shaped adolescent experiences during puberty. Qualitative findings revealed differentiated expectations placed on boys and girls during the transition to adulthood, with participants linking gender roles to responsibilities, acceptable conduct, and social expectations during adolescence. Female adolescents were reported to face greater restrictions on movement and social interaction following puberty than their male counterparts, consistent with regional evidence that restrictive gender norms established during adolescence constrain girls' mobility and decision-making power relative to boys across sub-Saharan Africa (Evans et al., 2025). Conversely, qualitative accounts of Kenyan boys elsewhere suggest that reduced supervision after puberty, while framed as freedom, exposes boys to distinct risks, including peer pressure and risky behaviour (Carney et al., 2022).

VII. CONCLUSION

This paper has examined puberty-related cultural practices among Sabaot youth in Mt. Elgon Sub-County, Bungoma County, Kenya, establishing that puberty continues to be shaped by cultural beliefs, communication norms, stigma, and gendered expectations that are learned and reinforced within the community's social environment, consistent with the mechanisms of modelling and reinforcement described by Social Learning Theory. Gender expectations emerged as the most strongly endorsed dimension (Mean = 3.90), followed by cultural beliefs affecting information access (Mean = 3.87), stigma (Mean = 3.82), and communication barriers (Mean = 3.76). While these practices remain influential, they are not experienced uniformly: the presence of neutral and disagreeing responses, together with qualitative

accounts of adolescents who accessed information through school, peer, or religious channels, indicates that cultural continuity coexists with gradual negotiation. Given the documented health, educational, and social consequences of unmodified initiation and restrictive gender norms elsewhere in Kenya, these findings carry direct implications for how faith-based and community interventions among the Sabaot should be designed.

VIII. RECOMMENDATION

Faith-based organisations and other stakeholders designing adolescent support programmes among the Sabaot community should disaggregate interventions according to the specific dimension of puberty-related practice being addressed, namely access to reproductive health information, communication barriers, stigma, or gender expectations, rather than treating puberty as a single undifferentiated concern. Parents and community leaders should be supported in creating safe, non-judgemental spaces for discussing puberty-related matters within households, given the persistence of cultural silence identified in this study and documented elsewhere in Kenya. Schools, county health authorities, and community-based organisations should collaborate with religious institutions and clan leadership structures to ensure that adolescent support programmes reach young people across varied family backgrounds and levels of religious participation. Where initiation practices carry documented health risks, community-led alternative rite of passage models, shown elsewhere in Kenya to reduce harmful outcomes while preserving valued social and educational functions of initiation, merit consideration as a locally acceptable pathway to reform.

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