MEDIATING ROLE OF BOUNDARY SETTING ON SEXUAL RISK BEHAVIOURS AND PSYCHOLOGICAL WELL-BEING OF YOUTH IN SELECTED CITAM ASSEMBLIES, NAIROBI CITY COUNTY, KENYA

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DECLARATION

This thesis is my original work and has not been presented for the award of a degree in any other university.

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This thesis has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I gratefully dedicate this thesis to my family, whose unwavering support, sacrifices, and encouragement have given me strength throughout my educational journey. The completion of this effort was made possible by their confidence in my skills and their willingness to create space for me to achieve that goal. I will always be appreciative of their devotion and love.

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ABSTRACT

Today's youth face unique challenges that threaten their Well-being. One significant issue is the exposure to sexual information at an early age, which can interfere with their normal development. This study investigated the mediating role of boundary setting on sexual risk behaviour (SRB) and psychological well-being of youth in selected CITAM assemblies in Nairobi City County, Kenya. The specific objectives were: the assessment of the psychological well-being of youth, the investigation of the relationship between SRB and the psychological well-being of youth, and the determination of the mediating role of boundary setting on the relationship between SRB and the psychological well-being of youth in selected CITAM assemblies in Nairobi City County, Kenya. The study was based on the ecological systems theory. A correlational research design was used. The target population comprised 3,995 youths from nine CITAM assemblies in Nairobi City County. A sample of 365 youth was selected. Stratified sampling was applied to ensure representation from various CITAM assemblies. Data were collected using the Psychological Well-being Scale, Boundary Setting Scale, and Risky Sexual Behaviours Scale. The Statistical Package for the Social Sciences (SPSS) version 27 was used to compute Pearson correlation and mediation regression modeling. The results were presented in tables and figures for easier understanding and interpretation. The study found that the majority of respondents had high psychological Well-being (80.2%) and strong prosocial behaviour (92.2%). Correlation analysis revealed a significant negative relationship between risky sexual Behaviour and psychological Well-being ($\rho = -0.231$, $p < 0.01$), indicating that lower involvement in SRB was associated with higher levels of psychological Well-being among the youth. Boundary setting fully mediated the relationship between SRB and psychological well-being ($\beta = -.936$, $t = -2.073$, $p < .05$). It was concluded that the youth in the selected CITAM Assemblies generally maintain a stable and functional psychological state, demonstrating strong social skills and pro-social tendencies that serve as protective factors. Engagement in SRB undermined psychological well-being among youth. Boundary setting served as an essential mechanism through which SRB influence psychological well-being, effectively offsetting the negative impact of risky sexual involvement when boundaries are maintained. The study recommended that youths should intentionally practice setting and maintaining clear boundaries in relationships.

ABBREVIATIONS AND ACRONYMS

ADHD	Attention-Deficit/Hyperactivity Disorder
AIDS	Acquired Immunodeficiency Syndrome
BCT	Cognitive Behavioural Therapists
CDC	Centers for Disease Control and Prevention
CITAM	Christ Is The Answer Ministries
CSA	Childhood Sexual Abuse
CSBD	Compulsive Sexual Behaviour Disorder
HIV	Human Immunodeficiency Virus
ISERC	Institutional Scientific & Ethics Review Committee
NACOSTI	National Commission for Science, Technology, and Innovation
NCPD	The National Council for Population and Development
PCEA	Presbyterian Church of East Africa
SDA	Seventh Day Adventist
SEM	Sexually Explicit Material
SHK	Sexual Health Knowledge
SPSS	Statistical Package for Social Sciences
RSB	Risky Sexual Behaviours
SRB	Sexual Risk Behaviours
STD	Sexually Transmitted Diseases

OPERATIONAL DEFINITION OF TERMS

Born again: This is a Christian concept that connotes those who have experienced spiritual rebirth (regeneration) by putting one's faith in Christ (Prapto et al., 2022). It is operationalized as a person who has experienced spiritual rebirth by accepting Jesus Christ as Lord and believing that he arose from the dead.

Boundary setting: Boundary setting is the act of establishing and maintaining personal limits on sexual activity (Budde et al., 2022). The study described boundary setting as a set of values that the youth perceive as helping them avoid engaging in risky sexual Behaviour. In this study, this was evaluated through intention, attitudes, social norms, and self-efficacy related to setting sexual boundaries.

Psychological Well-being: This refers to people's overall mental well-being (Jackson et al., 2022). In this study, psychological Well-being was measured using indicators of hyperactivity, prosocial Behaviour, conduct problems, emotional symptoms, and peer problems among youth.

Risky Sexual Behaviour: This is a set of activities that predispose people to engage in sexual activities that may compromise their health (Oyadeyi et al., 2024). This study measured risky sexual Behaviour by assessing the youth's sexual knowledge and interest, risk-taking practices, and concerns about appearance.

Salvation status: Salvation is a biblical concept rooted in the belief that God created man as a holy being, devoid of sin, but he later fell into sin (Prapto et al., 2022). In this study, the term refers to the state of being born again.

Youth: These are people whose ages typically range from adolescence to young adulthood (Heng et al., 2021). In this research, youth were defined as those aged 15 to 30 who worship at the CITAM youth church.

CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

INTRODUCTION

The present study explored SRB with boundary setting and its relationship to youth psychological well-being. The background of the problem provides an overview of SRB, boundary setting, and psychological well-being, moving from a global perspective to the local context. The chapter then delves into the problem statement. The chapter outlines the study's purpose, followed by a list of objectives and questions to be addressed. Subsequently, the significance of the study is discussed, along with its limitations and delimitations. The chapter then outlines the assumptions underlying the study. Finally, the study summary is stated.

Background to Study

Risky sexual Behaviour is a pervasive global issue that has been compounded by technological advancements (Henry et al., 2020; Ngoc et al., 2020). The internet serves as a gateway to a plethora of sexual content across various devices, including explicit websites, pornography, and instances of sexual promiscuity (Kachingwe et al., 2020; Khalaf et al., 2023). Moreover, the shift in societal focus from advocating abstinence to promoting safe sexual practices has garnered significant media attention (Cook & Wynn, 2021). However, amidst the promotion of healthy sexual Behaviours, there remains a debate regarding whether sex education signifies a societal acceptance of maintaining traditional values (Saarreharju et al., 2020). Given that the church operates within the broader societal framework, it is imperative to recognize that the youth within the church are not immune to the prevalent sexual culture. Thus, the values upheld by the church must contend with the easily accessible online sexual information (Burke & Haltom, 2020; Oliver, 2020).

The psychological well-being of young people is a pressing concern for both policymakers and researchers (Arslan, 2023; Lin et al., 2020). This issue is exacerbated by the numerous pressures young people face today, including globalization and media influence (Mwaisaka et al., 2020b). Globalization, facilitated by the media, expands role models available to young people, often beyond healthy or realistic standards (Bentzen, 2021). In addition, globalization and social media expose young people to harmful values, including risky sexual practices, which not only undermine the African social fabric but also contradict biblical principles (Millanzi et al., 2023). Research has demonstrated that such Behaviours negatively affect young people's self-esteem, leading to various psychological challenges (Teizazu et al., 2023). If left unaddressed, these issues could have serious consequences for the well-being of the younger generation, requiring urgent action from families, communities, and policymakers to provide support and guidance.

In this study, psychological well-being was assessed through the lens of conduct problems, peer problems, emotional symptoms, and hyperactivity, which Speyer et al. (2021) identified as crucial elements for measuring the psychological state of young people. Hyperactivity, characterized by anxiety and inattentiveness, plays a significant role in shaping both psychological and Behavioural functioning (Guilamo et al., 2020). Emotional symptoms, on the other hand, represent the outward manifestation of internal emotional distress (Huang et al., 2020). Conduct problems refer to Behaviours that deviate from societal norms, often expressed through actions such as SRB (Moffit et al., 2021). Peer influence is critical, as peers provide the primary social framework through which young people perceive the world – when peers engage in risky sexual Behaviours, others within the same social circle are likely to adopt similar patterns (Guilamo et al., 2020).

In the USA, it is estimated that 20% of children aged between 3 and 17 years suffered from mental health problems in 2021, marking 31% increase (Piao et al., 2022). The estimates also show that 36.5% of the youth aged between 18 and 25 years had mental health problems (Deng et al., 2023). Though the Canadian mental health prevalence rate is better than that of the USA, the rate of mental health is still high due to deteriorating family values and the rising level of family dysfunction and socioeconomic distress (Kirkbride et al., 2024). Linden et al. (2021) posited that 12% of the youth in Canada, aged between 12 and 17 years, evaluated themselves as having mental health problems. The researcher also showed that the proportion of teenagers with mental health problems has grown to 23% in 2023, showing a worsening of mental health problems.

In Europe, Owens et al. (2022) estimated that 20% of youths in the UK had psychological problems, with 16.7% of the youth confirmed to have poor mental health in 2020. The prevalence of psychological problems among youth in Italy ranges from 9% to 45% in the same period, with the mental status deteriorating to 75% among college and university students when they had issues like exams (Caldarelli et al., 2024; Celia et al., 2024). Estimates in Germany in the same year were not very far from the UK, with 18% of the youth estimated to have psychological problems (Heinrichs et al., 2024). Cárdenas et al. (2022) estimated that almost 40%, or about 1 million, Australian youth aged between 16 and 24 years experienced mental health problems in 2022, a spike from 26% in 2007.

In Asia, the psychological well-being of youth is significantly impacted by risky sexual Behaviours. In Japan, Ghaznavi et al. (2022) posited that approximately 30% of young people face psychological issues related to these Behaviours. Li et al. (2022) found that 21% of youth in China experience similar problems. The situation is

more difficult in Thailand, where about 37% of young individuals are affected (Chan, 2021), and in India, the figure is 25% (Mehra et al., 2021). The percentages emphasize the urgent need to develop solutions to resolve psychological problems instigated by SRB among teenagers.

Africa has the largest youth population on the continent, yet it also faces the harsh reality of being the world's poorest continent (World Bank, 2021). This duality renders young people particularly vulnerable, exacerbating their susceptibility to psychological issues (Smith & Johnson, 2022). Researchers indicate that risky sexual Behaviour is often perceived as an escape route by young people seeking to cope with these problems (Nguyen, 2023). In Nigeria, close to 40% of youth report experiencing psychological issues linked to sexual Behaviour (Adeyemi et al., 2022). South Africa mirrors this concern, with 35% of young people facing similar psychological challenges attributed to harmful sexual practices (Mokgadi, 2023). Zimbabwe also reflects this troubling trend, with 30% of its youth experiencing psychological problems related to risky sexual Behaviour (Chikanda & Mlambo, 2021).

Kenya, like many African countries, has 29% of its population classified as youth, alongside socioeconomic challenges that expose young people to various psychological problems (Kenya National Bureau of Statistics, 2020). As socioeconomic opportunities grow more slowly than the youth population bulge, an increasing number of young people engage in antisocial activities (World Bank, 2020). This concern is further highlighted by the prevalence of unsafe sexual practices, with many young people engaging in unsafe sex in Kenya (Mutea et al., 2020). Therefore, this study is justified in demystifying the mediating role of boundary setting on SRB and the psychological well-being of youth.

In this study, SRB were understood from the following dimensions: concerns about appearance, sexual risk/misuse, and sexual knowledge/interest. These dimensions were chosen as they inform a three-dimensional framework for understanding SRB (Bala & Kangethe, 2021; Lewis & Michalopoulos, 2020). However, even with adequate information, young adults engage in risky sexual encounters due to factors like peer pressure and impulsivity (Perrino et al., 2021). Additionally, concerns about physical appearance reflect the self-image of young people – those with self-esteem issues are predisposed to SRB to compensate for their low self-worth (Steinberg & Morris, 2020). This multidimensional approach provides a comprehensive view of the factors driving SRB among youth and the complex interplay between knowledge, Behaviours, and self-image.

Boundary setting is an indicator of young individuals' psychological well-being; it empowers them to assert control over their bodies and relationships, fostering self-confidence and promoting healthy interpersonal dynamics (Arsandaux et al., 2020).

Boundary setting is conceptualized through the dimensions of self-efficacy, attitude towards sex, sexual intention, and societal sexual norms. The dimensions are credited to Baudouin et al. (2021) as key determinants of boundary setting. Sexual intention implies young adults engage in sexual activities based on pre-existing motivations rather than impulsively (Lin et a. 2020). Attitudes reflect how young individuals present themselves, signaling their readiness to engage in sexual activity, either passively or actively (Baudouin et al., 2021). Social norms concern whether SRB are accepted or discouraged within their communities, while self-efficacy concerns young people's confidence in executing behaviours that lead to desired outcomes, shaped by their value systems (Mason et al., 2020).

The highlighted studies have demonstrated that the youth have significant psychological problems stemming from increasing risky Behaviour promoted through the media. The implication is that the interventions implemented have not effectively improved the psychological health of young people. In Kenya, Mwaisaka et al. (2020) highlighted that 66% of Kenyans are below 25 years of age and are facing challenges with risky sexual Behaviour, which is negatively affecting their mental health. The findings suggest that a study on sexual boundaries and their psychological repercussions would address a critical issue affecting a large portion of the Kenyan population. Given that the church operates within society, it is inevitable that societal challenges, such as youth sexuality and the attendant psychological problems, would also impact the church (Bentzen, 2021). Consequently, this study investigated the mediating role of boundary setting on SRB and the psychological well-being of youth in selected CITAM assemblies in Nairobi City County, Kenya.

Statement of the Problem

The National Council for Population and Development (NCPD, 2024) noted that 44.3% of the youths in Kenya had psychological health problems, with a further 12.2% of the cases being classified as mental disorders. Specifically, the study further highlighted that 14% of males and 30% of females were showing signs consistent with depression and anxiety. Studies have shown that risky sexual Behaviour is a major predictor of psychological health among the youth (Karle et al., 2023), though limited studies have been done to establish the link so that appropriate interventions can be developed to curtail SRB in Kenya. That risky sexual Behaviour is a problem in Kenya is amplified by NCPD (2024), indicating that 19% of boys and 8% of girls had their sexual debut by the age of 15. The early sexual debut increases the likelihood of unplanned pregnancies, sexually transmitted diseases, and school

dropout, complicating their psychological Well-being. The importance of this study is shown by the fact that the government of Kenya has hinged Kenya's socio-economic development on the youth bulge; thus, the high prevalence of psychological problems may impede the government's plan **(**Onyiko et al., 2024). Again, given that 36% of Kenyans are aged between 18 and 35 years (Mwaila & Yousif, 2022), the paucity of empirical evidence that can be used to improve the psychological health of the youth by managing risky sexual Behaviour heavily disadvantages Kenyan society.

Sampled studies suggest that few have addressed boundary setting as a mediating variable between SRB and psychological well-being. For example, Nyaga et al. (2023) investigated the role of the churches' moral education in managing risky behaviours but did not examine the psychological effects of the programs on youth, nor did they consider whether boundaries influenced sexual risk Behaviours. Similarly, Njoraa (2022) explored the connection between clergy and teenagers in establishing sexual boundaries, but overlooked the crucial link between these boundaries and their psychological repercussions. Ojiambo (2021) examined the effectiveness of the Catholic Church in instilling sexual values among youth in Kenya, but the study was conducted in rural areas; thus, the findings may not address the needs of youths in urban centres where CITAM churches are located. Again, the study relied on qualitative data, thereby limiting the applicability of the findings; qualitative analysis is largely informed by subjective judgment.

It can therefore be deduced that the youth are facing mounting psychological problems, which impede their social functioning. The sampled studies have also not examined risky sexual Behaviour as a factor that shapes the psychological well-being of youth through boundary setting. Given the danger that a psychological health problem poses to social and economic development, there is a need to continue

exploring ways of improving mental well-being. Consequently, the study is designed to investigate the mediating role of boundary setting on SRB and the psychological well-being of youth in selected CITAM Assemblies, Nairobi City County, Kenya.

Purpose of the Study

The purpose of this study was to investigate the mediating role of boundary setting on SRB and the psychological well-being of youth in selected CITAM Assemblies, Nairobi City County, Kenya.

Objectives of the Study

The study sought to achieve the following objectives:

1. To assess the level of psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya.
2. To investigate the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya.
3. To determine the mediating role of boundary setting on the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya.

Research Questions

The study answered three research questions as follows:

1. What was the level of psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya?
2. What was the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya?
3. In what ways did boundary setting mediate the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya?

Assumptions of the Study

The study assumed that youth who worship in CITAM assemblies in Nairobi City County exhibit SRB that affects their psychological well-being. The study also assumed that the youth have developed certain boundaries, which help act as a bridge in the pathway between sexually risky behaviour and psychological well-being.

Justification of the Study

This study was justified in several ways. Firstly, psychological well-being is a crucial aspect of overall health, especially for youth who are at a pivotal developmental stage (Arslan, 2023). By assessing the psychological well-being of youths in these assemblies, the study offers valuable insights into their mental health, which can guide the development of targeted interventions and support programs. Given the unique socio-cultural and religious context of CITAM Assemblies, such as the breakdown of social values due to technological advancement and the internet (Grybauskas et al., 2022), this research offers recommendations that are culturally and contextually relevant, thereby increasing their effectiveness.

Secondly, examining the relationship between boundary setting and psychological well-being addresses a critical, often-ignored, and sensitive aspect of youth development (Kågesten & van Reeuwijk, 2021). Boundary setting is an important skill that influences the way young people approach issues related to their sexuality (Hegde et al., 2022). Thus, understanding how boundary setting impacts psychological well-being can help in developing comprehensive sexual education programs that not only focus on knowledge and skills but also on promoting mental health. This can empower the youth to make informed decisions and develop healthier relationships, ultimately contributing to their overall well-being.

Lastly, exploring the mediating role of SRB in the relationship between boundary setting and psychological well-being provides a deeper understanding of the mechanisms at play (Zhang et al., 2024). SRB are associated with numerous negative outcomes, spanning unfulfilled dreams, physical sickness, and psychological and emotional problems (Stevens et al., 2020). By identifying how these behaviours mediate the relationship, the study can uncover potential intervention points to reduce risk behaviours and enhance psychological well-being. This holistic approach is essential for creating effective prevention and intervention strategies that address both Behavioural and psychological aspects, leading to better health outcomes for the youth in CITAM Assemblies and beyond.

Significance of the Study

The study sought to investigate the relationship between boundary setting and psychological well-being, shedding light on the potential impact of the church's teachings and programs on youth mental health. This is particularly relevant given the church's major role as a light to the world and a moral educator, and her efforts to guide the youth in navigating sexual Behaviours, which should never be underestimated (Ripley et al., 2024). The study's findings also inform intervention strategies to support the psychological well-being of youths in religious settings. Hence, exploring the factors that contribute to or detract from optimal well-being can guide the development of targeted programs and initiatives within CITAM Assemblies and, potentially, other similar religious communities.

Another significant contribution of this study to scholarly knowledge is the provision of empirical evidence on the psychological well-being of youth in church contexts, particularly within CITAM Assemblies. This adds to the empirical databank on youth well-being, sexual conduct, and the influence of religious settings on

psychological health. Given the interdisciplinary nature of the study, it may foster collaboration among researchers from various fields, including mental health practitioners, academic institutions, psychology, sociology, religious studies, political leaders, and public health sectors. This interdisciplinary approach can lead to richer insights and a comprehensive understanding of the nexus between risky sexual Behaviour and psychological problems.

Cognitive Behavioural Therapists (CBT) would benefit from highlighting the psychological challenges faced by young people who engage in SRB (Gerardi & Ammendola, 2021). Cognitive-Behavioural therapists would benefit from this study as it highlights the psychological challenges that young people who engage in SRB face. CBT typically aims to equip individuals with assertiveness, emotion regulation, and decision-making skills to maintain healthy boundaries (Akinkunmi, 2023). The outcome of therapy is that clients develop healthier thought patterns, which enable them to avoid SRB. Therapists who use family-based interventions would also find this study useful, as they play a primary role in helping families build resilient relationships and value parental guidance (Xu, 2023). The trauma-informed counselors also would find this study useful since some of the issues coming from the findings emanate from childhood trauma (Effiom et al., 2021). The findings can help the therapist integrate faith-based counselling, discipleship programs, and biblical principles to build self-respect and maintain sexual purity among their clients.

The Scope of the Study

The study examined three main concepts: psychological well-being, boundary setting, and sexual risk Behaviours. The researcher sought to measure various dimensions of mental health while also assessing how youths establish and maintain sexual boundaries and their engagement in risk Behaviours. The study was limited to

youth aged 15 to 30 years within selected CITAM assemblies in Nairobi City County, Kenya. The assemblies where the study was conducted include CITAM Valley Road, CITAM Parklands, CITAM Thika Road, CITAM Clay City, CITAM Woodley, CITAM Karen, CITAM Kagundo Road, CITAM Buruburu, CITAM Embakasi. This geographical focus enabled in-depth exploration within a unique cultural and religious context, providing relevant and actionable insights. The target population comprised 3,995 youths, 1,550 of whom were males and 2,445 females. Out of these, the study had a sample size of 365 participants.

Limitations of the Study

This study used a correlational design, which presents certain limitations in its applicability across different settings. Since it relied primarily on quantitative data, the findings lacked the depth and richness that qualitative data can offer. By highlighting this gap, the study paves the way for future research to consider using mixed-method or qualitative approaches that can offer a more comprehensive understanding of the subject matter. Additionally, the researcher emphasized the confidentiality of participants' responses and implemented measures to protect their privacy. These measures included using anonymous surveys or coding responses to prevent identification, thereby encouraging honest and accurate reporting.

Delimitations of the Study

The study was conducted within CITAM Assembly settings, which may limit the generalizability of its findings to other social contexts. Given that CITAM Assemblies primarily cater to the middle-class, English-speaking community, the experiences of adolescents from informal or lower-socioeconomic backgrounds may be underrepresented. Consequently, the study's findings may not apply to young

people with limited educational opportunities or to those living in rural areas, as CITAM's focus is predominantly urban.

Chapter Summary

The chapter has provided the background information that informed the study and has clearly articulated its purpose, followed by specific objectives and the corresponding research questions. The assumptions, justification, and significance of the study have been outlined. Additionally, the research scope is delineated, followed by a discussion of its limitations. Finally, the study's delimitations, outlining the boundaries within which the research was conducted, are explained. The next chapter reviews studies based on the study objectives.

CHAPTER TWO: LITERATURE REVIEW

INTRODUCTION

This chapter reviews the relevant literature that informed the study's topic. It is organized into four sections: the first section undertakes a general literature review, the empirical literature section addresses the study's objectives, while the third section covers the theoretical framework underpinning the research. The final section discusses the conceptual framework, followed by a summary that encapsulates the key points.

General Literature Review

Psychological well-being

Psychological well-being is a person's overall sense of happiness, as indicated by emotional and mental health and by general life satisfaction (Yam, 2022). Psychological well-being can be traced back to Aristotle, who introduced the concept of eudaimonia, a term still widely used to denote long-term contentment with life (Vittersø, 2025). Other researchers, such as Maslow in the 1940s, introduced the concept of actualization, which entails attaining full potential, pursuing intrinsic goals, and experiencing inner fulfillment (Compton, 2024). Carl Rogers, in the 1960s, expanded this by introducing terms such as 'acceptance', 'personal growth', and the development of a fully functioning person (Chen et al., 2026). Theorists, such as Seligman and Csikszentmihalyi in the early 2000s, characterized it as experiencing positive emotions, engaging in meaningful activities, having beneficial relationships, being content with life achievements, and having clarity of purpose (Mierzwa-Kamińska, 2025).

Carol Ryff, in the 1980s, conceptualized psychological Well-being as hyperactivity, emotional symptoms, conduct problems, peer problems, and prosocial

Behaviour (Ryff, 2022). The conceptualization, which is rooted in the eudaimonic approach, suggests that the constructs are the antithesis of the negative and a path to the positive (Ryff, 2023). It comprises all aspects of life that bring happiness, offering a comprehensive and balanced view across spiritual, emotional, physical, health, social, and mental domains (Adu, 2022). It is used particularly for indicators of overall psychosocial Well-being or psychological functioning of children and young people. As this study targeted young people, it used terms such as 'hyperactivity', 'emotional symptoms', 'conduct problems', 'peer problems', and 'prosocial Behaviour' as indicators of psychological well-being (Key, 2023).

Sexual Risk Behaviour

Sexual Risk Behaviour (SRB) is a sexual practice that increases the vulnerability of getting sexually transmitted diseases (STDs) and unwanted pregnancies among women (Ndagijimana et al., 2023). It involves underage sex, which is when a young person whose emotions have not fully matured to understand sex and who has not fully understood their body is involved (Omisore et al., 2022). Early sexual debut increases the likelihood of having sexual intercourse with multiple partners without protection (Tesfaye et al., 2025). On the extreme side, and usually under the influence of drugs and alcohol or mental problems, people deliberately engage in unprotected sex with strangers, increasing the chances of getting STDs (Mukanga et al., 2024). In the age of sexual perversion, people are increasingly engaging in unnatural sexual intercourse, like anal and oral sex, which increases emotional vulnerability and the spread of diseases (Omisore et al., 2022). In this study, the dimensions of SRB include sexual knowledge/ interest, sexual risk/misuse, and concerns about appearance.

Studies have shown that SRB, especially among young children and the youth, has a detrimental effect on biological or physiological health and psychological and social dysfunction (Mukanga et al., 2024). Particularly, it increases the likelihood of getting infected with the untreatable HIV/AIDS, which increases emotional and financial distress for the victim and their families. Again, young girls are particularly vulnerable when they get pregnant, as they may prefer aborting rather than carrying their pregnancy to full term, increasing vulnerability to reproductive health problems (Tesfaye et al., 2025). Socially, it is empirically proven that SRB increases the likelihood of family dysfunction, as such people may find it hard to remain faithful to their partners. It has also been shown that healthy sexual development predicts quality of life and holistic personal Well-being (Ndagijimana et al., 2023). Experts have also noted that SRB increases public health expenditure, interfering with the ability of the government and associated bodies to deliver on development plans (Belihu et al., 2024).

Boundary Setting

Boundary setting is invisible and visible lines that define what is acceptable and what is not acceptable when interacting with others (Trundle & Phillips, 2023). It involves regulating interpersonal, personal-professional boundaries and professional (ethical) boundaries (Yin, 2022). The emotional boundary involves protecting personal feelings and emotions by refusing to be manipulated or engaging in abusive relationships (Hoļavins & Iarskaia-Smirnova, 2023). One of the most difficult issues around emotional boundaries is avoiding emotional attachment, especially among carers. Sexual boundaries set limits for consent for physical intimacy (Tao et al., 2023). A physical boundary entails protecting personal space, refusing inappropriate touch, and maintaining physical privacy (Trundle & Phillips, 2023). A mental

boundary concerns the right to hold personal opinions and values by avoiding people who demean those views as invalid or pressure someone to change their perspective (Chernata, 2024).

Researchers have shown that people with healthy boundaries have higher self-esteem, lower burnout, and greater relationship fulfillment (Mathe & Kelly, 2023). Boundary setting helps in autonomy, where one feels their values are respected so that they do not capitulate to external pressure; it is an expression of self-worth, which scholars have noted results in higher Well-being (Trundle & Phillips, 2023). Self-care is the deliberate engagement in activities that promote the appropriate use of oneself in a relationship (Yin, 2022). The tactics used in boundary setting include refocusing, self-care, and avoiding sharing personal information (Hoļavins & Iarskaia-Smirnova, 2023). This study has conceptualized boundary setting as entailing sex intention, attitude, social norms, and self-efficacy.

Empirical Literature Review

Assessing the Levels of Psychological Well-being of Youth

Psychological well-being is a vital criterion that individuals use to evaluate their subjective well-being, reflecting personal perceptions that significantly influence their functioning as human beings (Piñeiro-Cossio et al., 2021). According to Moltafet and Sharifi (2021), the parameters of psychological well-being include the ability to form positive relationships, which involves giving and receiving trust, care, and empathy within social circles. Autonomy is another key aspect, representing the capacity to operate independently without undue pressure and to self-regulate one's actions (Piñeiro-Cossio et al., 2021). Additionally, competence refers to the ability to manage or leverage one's environment to pursue personal interests, while personal goals encompass the capability to set and achieve individual objectives (Moltafet &

Sharifi, 2021). Together, these components contribute to a comprehensive understanding of psychological well-being.

Positive Psychological Well-being

Eriksen and Seland (2021) examined how the presence of adults in entertainment venues could enhance young people's safety and reduce their exposure to antisocial Behaviours. The study involved 14 teenagers and 2 entertainment venue owners from Norway. The study posited that traditionally, entertainment spots are known for exposing young people to antisocial behaviours, such as early sexual activity. The qualitative findings indicated a high level of positive well-being and that the clubs were safe environments maintained by the presence of responsible adults. The safe environment and the presence of parents positively influenced adolescents' psychological well-being by reducing their involvement in such Behaviours. However, the study was conducted in youth clubs, which may promote values that do not align with Christian values on sex.

Heng et al. (2021) investigated the impact of the psychological well-being of Christians on the sexual activity of the youth in Indonesia. Using a non-experimental design, the study recruited 57 participants aged 11 to 40 years through convenience sampling. The findings showed that there was a high prevalence of stress, anxiety, and depression among adolescents, as well as the use of drugs and alcohol. Again, the study detected early sexual debut, teen pregnancy, and low contraceptive use remain pressing issues, suggesting the level of psychological well-being remained a pressing issue. Although the study was conducted in a church setting, it had limitations, including participants beyond the youth age group, which limited the findings' ability to address the needs of youths.

Pozuelo et al. (2022) reviewed 33 articles focusing on sexual risk behaviours among adolescents in developing countries across Latin America, Asia, and Africa. The systematic and meta-analysis revealed that there was an elevated level of depression, delinquency and increased propensity of engaging in SRB. The study also established the elevated level of psychological problems was caused by high poverty levels and dysfunctional families. Additionally, this study identified a link between depression and substance abuse (including drugs and alcohol) and delinquency, suggesting a complex interplay between mental health issues and their various contributing factors. The findings indicate a cyclical relationship where psychological problems can exacerbate mental health issues. The study's reliance on systematic revie means the findings is based on historical data, which may not adequately address the emerging psychological issues facing the youth.

Jörns-Presentati et al. (2021) investigated the role of SRB on psychological health problems of young people in Africa. The study concluded by synthesizing 37 articles. The review found that depression, anxiety, and emotional problems were prevalent among adolescents in the region, with those from disadvantaged backgrounds—such as poor populations, single-parent families, orphans, and those who had experienced trauma—reporting higher rates of these mental health issues. The study also indicated that these mental health challenges were linked to earlier sexual activity, as affected adolescents often used sexual relationships to seek validation and support from their partners. However, the study combined data from a diverse range of countries, including those experiencing conflict and war, limiting the usage of the findings in regions with relative stability like Kenya.

Singh et al. (2021) investigated sexual Behaviours in Kenya and Ghana. The study recruited 54 participants, nearly split between the two countries, including 10

students. Data was collected through in-depth interviews with the participants. The researcher found that a significant number of students were involved in unsafe sexual Behaviours and highlighted challenges in sex education due to teachers' discomfort in discussing sexual topics. The study noted that the approach taken by teachers, which focused on the negative consequences of sex, was ineffective. Instead of emphasizing the importance of waiting for the right time and understanding the positive aspects of sexual health, the current educational strategies failed to achieve the desired impact. The study's coverage of two countries introduces a cultural gap, therefore limiting the applicability of the findings.

Muturi (2020) examined the psychological health of adolescents in relation to their sexual activities in Kiambu County, Kenya,-with 301 college students. The study revealed that sexual promiscuity and premarital sex were common among participants. Additionally, the study highlighted that individuals exposed to diverse cultural norms might have a broader understanding or acceptance of different sexual orientations, potentially impacting their own sexual identity. Furthermore, it was found that drug use was also prevalent among the sampled students. This emphasizes the importance of considering substance use in understanding sexual orientation and related Behaviours. The study focused on the psychological well-being as it relates to students' sexuality, revealing a conceptual gap in the research.

Negative Psychological Well-being

Walsh et al. (2020) investigated factors affecting the mental well-being of adolescents across 37 countries in North America and Europe, sampling 31,884 adolescents. The study found that male adolescents and those from more affluent families were less likely to experience low life satisfaction. It was observed that unsafe sex was prevalent, and problematic social media use and bullying were highly

prevalent. The study also highlighted that the absence of social support exacerbates these problems. Overall, males and individuals from wealthier backgrounds generally reported higher life satisfaction than their peers. This research broadens the scope of factors affecting adolescent mental well-being, revealing a conceptual gap that warrants further exploration of these diverse influences. The present study focused on the relationship between SRB and youths' psychological well-being, with boundary-setting as a mediating variable.

In addition, Park et al. (2020) explored the factors contributing to psychological issues among university students, a demographic transitioning into adult responsibilities. This qualitative study was conducted in the USA involving 19 students. The study found that these individuals faced psychological challenges largely due to uncertainty about their lives beyond the university's safety. The study also highlighted that students with psychological problems often avoided seeking help from professionals due to societal stigma and their tendency to view these problems as normal developmental milestones. The focus on university students, combined with the use of qualitative data, exposed both a conceptual and methodological gap in the research. The present study addressed this gap by investigating the mediating role of boundary setting on SRB and the psychological well-being of youth, using a quantitative design.

A study from China by Jiang (2020) on the psychological well-being of impoverished adolescents in relation to sexual activity, comprising 1,280 adolescents, reported that 13% to 20% of the participants faced significant mental health issues. The researcher highlighted that adolescents from rural areas were more exposed to psychological problems compared to their urban equivalents, potentially due to higher poverty levels. Additionally, rural adolescents were more inclined to engage in

premarital sex. Jiang (2020) also found that female adolescents, who comprised 52% of the study sample, generally had better mental outcomes than their male counterparts, possibly because females were more likely to openly express their challenges. In contrast, males often turned to drug abuse and early sexual activity as coping mechanisms for their emotional struggles. However, the study's focus on poverty as a predictor of poor mental health may not address psychological distress caused by introducing SRB.

Langevin et al. (2023) did a meta-analysis to establish the nexus between hyperactivity and sexual Behaviours among teenagers from 28 relevant studies to reach their conclusions. The findings revealed a connection between hyperactivity and sexual Behaviours in young people. The study suggested that childhood sexual abuse (CSA) was associated with hyperactivity and attention issues, particularly in more severely affected groups. However, this association was not consistently observed across all studies. The study established that cultural, community, and methodological differences could influence the observed relationship. Additionally, people with CSA in their younger age exhibited Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms in adulthood compared to those without CSA. This qualitative study was based on journal reviews that highlighted a methodological gap in the research, which was addressed through a subsequent quantitative study.

Hale et al. (2022) examined the impact of hyperactivity on sexual activity among young adults in Canada. The study identified the study participants from hospitals and health facilities. The study found that hyperactivity increases the likelihood of youth engaging in premarital sex. Individuals with ADHD are particularly prone to inappropriate sexual Behaviour with the opposite sex and are 3.8 times more prone to have compulsive sexual disorder compared to individuals without

ADHD. These findings highlight a strong correlation linking ADHD, hypersexuality, and various psychiatric conditions, underscoring the need for comprehensive treatment approaches that address both Behavioural and mental health aspects in ADHD patients. The study's reliance on secondary data creates a methodological gap, which the present study addresses by using primary data.

Ssewanyana et al. (2021) investigated SRB and their effects on adolescents' psychological well-being in Kenya, focusing on Kilifi and Nairobi City Counties. The study included 296 adolescents, of whom 44.93% were from Kilifi County. The study found that teenagers not engaged in SRB reported higher levels of hopefulness. The research also revealed that depressive symptoms predicted adolescents' engagement in SRB, emphasizing the need to interrogate mental health issues. Additionally, adolescents who felt unsafe in their neighbourhoods were more prone to SRB. The study indicated that higher levels of primary education were associated with a reduced likelihood of SRB, suggesting that greater educational attainment may offer protective benefits by providing better access to information and resources that discourage such Behaviours. However, the study's focus on adolescents from poor backgrounds introduces a contextual gap. The present study addressed the gap by not discriminating against study participants based on their economic well-being.

Hyperactive Sexual Behaviours

Regan and Tubman (2020) investigated the nexus between hyperactivity and risky sexual Behaviours. The study, conducted in the USA, recruited 394 adolescent participants. The study participants were confined to teenagers with histories of drug and substance abuse and HIV/AIDS. The study found that hyperactive adolescents are more prone to psychiatric symptoms, increasing their overall risk profile. Notably, the

study established that girls who had emotional disorders and anxiety were exposed to emotional problems, indicating a need for gender-specific intervention strategies.

However, the study did not find a direct link between ADHD and risky sexual Behaviours, suggesting that ADHD alone may not predict certain risk behaviours. Instead, co-occurring psychiatric symptoms, such as anxiety or substance abuse, play a crucial role in the likelihood of engaging in multiple risk behaviours. The study underscores the importance of addressing these overlapping psychiatric factors, especially in high-risk groups, to more effectively reduce risky behaviours among adolescents with ADHD and other mental health challenges. The present study focused on physiological health as an outcome variable.

Hertz et al. (2022) investigated the impact of ADHD on sexual behaviours. The study, which was conducted in Germany, involved 206 German participants with confirmed ADHD diagnoses. Conducted through online in-depth interviews, the study revealed that people diagnosed with ADHD, regardless of gender, engaged in risky sexual behaviour. The study additionally established that women diagnosed with ADHD experienced more sexual abuse compared to men with the same condition, suggesting that ADHD in women with ADHD are more vulnerable to situations where boundaries are crossed, or risks are harder to recognize. Additionally, the study identified hyperactivity as a predictor of increased risky sexual behaviours, highlighting that ADHD-related impulsiveness may be a contributing factor. Consequently, there is a need for targeted interventions and preventive measures to help individuals with ADHD, particularly young women, navigate social and sexual situations safely. The present study did not interview youths with confirmed ADHD conditions.

Isaksson et al. (2018) investigated the impact of ADHD risk on sexual behaviours (SRB) in a study conducted in Russia with 537 teenage students recruited through stratified sampling. The findings indicated that with male adolescents, ADHD symptoms showed a higher propensity for engaging in SRB, potentially reflecting social or cultural norms that encourage risk-taking among boys. Additionally, the study revealed that teenagers with behavioural issues, such as aggression and defiance, were also inclined to take part in risky sexual activities, suggesting a broader pattern of risky behaviours. Substance use emerged as a significant risk factor, indicating that adolescents who underestimate the dangers associated with sexual activity were more prone to engage in risky behaviours. These results highlight the importance of understanding the interconnectedness of ADHD symptoms, gender, behavioural issues, and substance use in predicting SRB among teenagers. The present study used youths, thus offering a different perspective from children diagnosed with ADHD.

Emotional Symptoms of Risky Sexual Behaviours

Sassover and Weinstein (2022) examined SRB as a symptom of compulsive sexual behaviours disorder (CSBD) through a synthesis of secondary data, including articles and journals. Conducted in Israel, the study found that individuals with CSBD often struggle with emotional issues, frequently manifested as heightened levels of suicidal ideation, social disorders, and anxiety disorders. Additionally, individuals with CSBD were found to be more susceptible to various forms of addiction, particularly sexual addiction and substance abuse. By focusing on people with confirmed CSBD cases, the study highlights the complex interplay between compulsive sexual behaviours, emotional distress, and addiction, suggesting that emotional support and targeted interventions may be necessary to address these

intertwined challenges. To compensate for this gap, the present study used youth who are not diagnosed with CSBD.

Badillo-Viloria et al. (2020) investigated the relationship between SRB and associated psychological problems among 235 law students. The findings of the study conducted in Colombia indicated that male students were more exposed to risky sexual practices than their female counterparts. Furthermore, the study demonstrated that younger individuals often lacked the necessary knowledge, experience, or emotional maturity to navigate sexual situations safely. Interestingly, it was also found that older students exhibited higher total sexual risk scores compared to their younger counterparts, suggesting that as individuals mature, they may become more inclined to engage in riskier behaviours. Overall, the study focused on understanding SRB within the student population, highlighting the need for targeted sexual health education and interventions. The present study was conducted among the youth, some of whom may not be students.

Langa and Kay (2020) conducted a study in Kenya to explore the correlation between emotional symptoms and sexual behaviours. The research involved 367 student participants, along with input from 12 counsellors, 10 peer counsellors, and 2 student counsellors. Utilizing a correlational study design demonstrated that self-efficacy helped students overcome the temptation to engage in risky sex. Specifically, those who believed they could refuse sexual advances, make informed decisions regarding substance use, effectively communicate about condom use, and advocate for safe sexual practices demonstrated a significant reduction in risky behaviours. This suggests that fostering self-efficacy among students can be an effective strategy for mitigating SRB within the university context. The present study was conducted

among young people, some of whom are not students and therefore face different challenges.

Conduct Problems and Risky Sexual Behaviours

Bozzini et al. (2020) studied the effect of risk behaviours among adolescents on their predisposition to engage in unacceptable sexual behaviours. The study was conducted in the UK, and 249 participants were surveyed. The researchers found that conduct problems were closely linked to the family context of adolescents, significantly impacting their mental health. These mental health issues manifested as externalizing behaviours, including antisocial actions, drug and substance abuse, and engagement in risky sexual activities. The study highlighted that conduct problems, such as tendencies toward depression and violent behaviours, contributed to increased participation in risky sexual behaviours. Overall, this research underscores the importance of addressing familial and mental health factors in understanding adolescent behaviours. The present study swapped relationships, so that SRB was deemed to affect the youth's psychological well-being.

Maina et al. (2020) conducted a study in Kenya that examined the impact of SRB on psychological problems. The study recruited 263 girls living in slum areas. The findings revealed that 13% of the girls were involved in risky sex, while 60% reported experiencing symptoms of depression. The study demonstrated that depression predicted irresponsible sexual behaviours, suggesting that mental health issues influenced such behaviours. Furthermore, it highlighted that teenage girls from dysfunctional households, particularly those who had witnessed violence at home, were more prone to risky sexual Behaviours. The focus of this research was on girls growing up in slum environments, with an emphasis on the unique challenges they

face. However, the present study focused on youth in a church setting, so that they may have come from diverse social and economic backgrounds.

Peer Problems and Risky Sexual Behaviours

Sejati and Olimpia (2023) studied the impact of adolescent peer Behaviours and irresponsible sexual behaviours among 30 college students in Indonesia. The findings indicated that peer behaviours significantly influence the sexual behaviours of adolescents. This underscores the importance of considering social contexts and peer relationships when addressing adolescents' sexual behaviours. Interventions designed to promote healthy sexual practices can benefit from incorporating peer group dynamics, emphasizing positive influences while addressing risky Behaviours that may be reinforced within these social circles. Additionally, educators, parents, and policymakers should be aware of how peer group decision-making processes impact the sexual health of adolescents. However, the study is limited to a small sample of students from vocational schools.

Tegegne (2022) investigated the impact of peer pressure and sexual irresponsibility on psychological well-being. The study, conducted in Indonesia, recruited 343 students. The findings demonstrated that students' sexual behaviours were significantly associated with feelings of inadequacy and social comparison, suggesting that these emotional states could further shape their choices and behaviours in relationships. Additionally, the study indicated that students experienced elevated levels of peer pressure, implying that their social circles exert substantial influence over their sexual decision-making. This underscores the crucial role of peer dynamics in shaping attitudes toward sex and the potential for engaging in irresponsible sexual behaviours. The study was limited to student participants, underscoring the importance of peer interactions in educational settings. The present

study was conducted among youth; therefore, it may attract participants with a unique set of challenges distinct from those of students.

Psychological Well-Being among Male Youth

Rice et al. (2021) investigated the impact of mental health and SRB among male students in an exploratory study, synthesizing various sources of literature to draw conclusions. The study, which was conducted in the USA, found that masculinity itself serves as a source of psychological stress, as societal expectations place heavy demands on males. They are often expected to project strength, compete, maintain control in all situations, and avoid displaying vulnerability. To cope with these pressures, males may resort to antisocial behaviours as a form of compensation. While Rice et al.'s study was primarily qualitative, the present study built on these findings by employing a correlational design to more rigorously explore relationships.

Gbordzoe et al. (2023) studied the impact of SRB on the psychological well-being of young male adolescents in Benin. The study focused on teenagers aged 13 to 17. The study analyzed previously collected data from 2,436 participants. The study findings revealed that male adolescents engage in more multiple sexual liaisons than females. This trend was also observed in relation to sedentary lifestyles and substance abuse among young men. The study suggests that interventions aimed at increasing parental involvement and reducing risky behaviours could help lower irresponsible sexual behaviours. While Gbordzoe et al. (2023) utilized secondary data, the present study relied on primary data collection. The present study filled the gap by using primary data.

Psychological Well-Being among Female Youth

Kågesten et al. (2021) studied the psychological well-being of 4,309 adolescents in Indonesia in relation to their sexual behaviours. The study found that

early sexual debut hurt teenagers' mental health, though the extent of this impact varied based on several factors. The study revealed that girls reported feeling more connected to their parents than boys, suggesting that stronger family bonds and communication may contribute to greater emotional support and guidance for girls. Additionally, girls exhibited higher aspirations for university education than boys and showed greater discipline and motivation, with fewer external factors affecting their school attendance. In contrast, boys were more vulnerable at school, indicating they faced more challenges related to safety, bullying, or conflict. The study found that 92% of youth had access to social media, underscoring its significant role in their lives. While the study provided valuable insights into gender differences in psychological well-being and educational aspirations, it also highlighted a conceptual gap in understanding how these factors interact with sexual behaviours.

Olaleye (2024) investigated irresponsible sexual behaviours in Nigeria using 100 female participants. Descriptive statistics concluded that the participating students engaged in risky sexual behaviours, which were linked to low self-esteem rooted in their parental backgrounds. Additionally, the study attributed these behaviours to high levels of poverty, suggesting that economic hardship plays a significant role. Peer pressure, particularly through arranged hookups, was also identified as a contributing factor, indicating a lack of self-regulation or the inability to maintain discipline consistent with personal values. While Olaleye's study relied on descriptive statistics, the current study employed both descriptive and inferential statistics to provide a more comprehensive analysis. In addition to descriptive statistics, the present study used inferential statistics to conclude.

Relationship between SRB and Psychological Well-Being

SRB refers to actions taken by individuals with an uncontrollable desire for sex, leading them to engage in unsafe practices (Tekletsadik et al., 2021). In more conservative societies, these Behaviours may also include premarital or underage sex, both of which are deemed socially and culturally unacceptable (Khumalo et al., 2020). While SRB are often associated with a lack of sexual education, they can also occur among individuals who are aware of the risks but still choose to engage in such practices (Khumalo et al., 2020). Factors like substance abuse can exacerbate the situation, impairing judgment and self-control and thus increasing the likelihood of risky sexual Behaviour (Tekletsadik et al., 2021). The causes of SRB are varied, but central issues often stem from underlying sexual problems linked to dysfunctional family dynamics and higher levels of poverty (Srahbzu & Tirfeneh, 2020). Family values and upbringing play an important role in shaping young adults' Behaviours, particularly as they transition away from parental supervision (Khumalo et al., 2020).

Again, people who engage in SRB are often influenced by alcohol and drug abuse, which lowers inhibitions and impairs judgment (Tekletsadik et al., 2021). Other contributing factors include the surrounding community and peer pressure, both of which significantly influence young people's engagement in risky sexual activities (Tekletsadik et al., 2021). In recent times, social media has provided unrestricted access to inappropriate sexual content, further encouraging young people to experiment with sex (Uzobo & Enoch, 2020). This easy access, combined with a lack of proper guidance, can lead to unhealthy sexual Behaviours. To achieve the study's objective, the researcher used sexual Knowledge/ Interest, Sexual risk/misuse, and concerns about appearance as constructs of SRB.

Sexual Knowledge and Interest

Vân De Bongardt and de Graaf (2020) examined SRB settings among youth in the Netherlands using secondary data from 7,841 individuals aged 12 to 25 years. The study found that sexual knowledge predicted poor psychological health. Furthermore, the research indicated that individuals with higher levels of education tended to form more casual relationships, potentially reflecting distinct social or relational dynamics within this group. The study also highlighted that romantic relationships involved more frequent and in-depth communication about sex compared to casual relationships, with this trend becoming more evident as individuals aged. By focusing on risky sexual Behaviours, the research highlighted a conceptual gap in understanding the complexities of sexual relationships and communication. The present study sought to determine the impact of SRB on the psychological health of youth.

Lin et al. (2020) investigated the relationship between media consumption and adolescents' irresponsible Behaviours. The study, which was conducted in Taiwan, synthesized literature covering 10 years ending in 2010 and established that adolescents' social media consumption exposed adolescents to SRB and poor mental Well-being. The study revealed that early exposure to Sexually Explicit Material (SEM) strongly influenced SRB among older adolescents, leading to poor psychological outcomes. The study's focus on explicit media as the sole cause of SRB highlights a conceptual gap, as it does not account for other potential influences. The present study was cross-sectional, so it captures participants' feelings at a particular point in time.

Odimegwu and Ugwu (2022) investigated irresponsible sexual Behaviours in South Africa using 3,886 youth aged 15 to 24 years, with 67.4% of them being

female. The study found that sexual knowledge and interest improved the psychological well-being of the participants. The study highlighted that high educational attainment and educational outreach regarding sexual decision-making are predictive of lower engagement in risky sexual behaviours. Additionally, exposure to media promoting contraceptives was linked to higher engagement in risky behaviours, which might indicate inadequate messaging or a paradoxical effect where increased awareness leads to experimentation without sufficient understanding. The sample included only those who engaged in risky sexual behaviours, which introduces contextual gaps in understanding the broader population. The present study offers an alternative, as the researcher had no prior knowledge of whether the participants engaged in SRB.

Alhassan et al. (2021) examined the psychological impact of premarital sex among female youths in Ghana, involving 14,609 women aged 15 to 49 years. The study found that younger women, particularly those aged 15-24 years, engaged in early sexual activities compared to older women. Education also protected adolescents from early sexual activities, suggesting that such teenagers have psychological well-being. There was also a lower likelihood of early sexual initiation in urban areas compared to rural ones. Being married or cohabiting was associated with early sexual initiation, suggesting that individuals in committed relationships tend to have had sexual experiences earlier. The study also established that access to information empowers individuals to make informed sexual health decisions. However, the study was conducted among women, suggesting the findings may not address the psychological needs of men, thereby limiting their applicability.

Sexual Risk/Misuse

Chan (2021) investigated irresponsible sexual Behaviours. The study, conducted in Hong Kong, recruited 1,171 participants via simple random sampling. The study found a positive correlation between paraphilic interests and SRB. The findings indicated that sex misuse was associated with increased SRB, especially among female students who are manipulated into sex to get favours. The study highlights the importance of gender-specific interventions that address the distinct factors influencing non-penetrative SRB in males and females. Strategies that reduce substance use, enhance religious or moral guidance, and improve community environments could effectively mitigate risky Behaviours. The focus on university students creates a contextual gap, which the present study addressed by using youths in a church context.

Ngoc et al. (2020) investigated sexual Behaviours among young people in Vietnam, using a convenience sampling technique to recruit 1,200 participants. found that a staggering 73.5% had engaged in sexual activity at some point in their lives. Interestingly, the study found that sexual abuse negatively impacted the well-being of the participants. Furthermore, the study highlighted that promiscuous behaviour was equally prevalent among both genders, leading to psychological problems. This disparity may reflect differences in access to sexual health education and resources, as well as cultural attitudes, between urban and rural settings. However, the study was not conducted in a church context, where young people face diverse and distinct challenges.

Rizkianti et al. (2020) examined SRB among adolescents in Indonesia using a sample of 11,110 students from 75 schools. The study found that 3.8% of female students and 6.9% of male students had engaged in sexual activity. Among those who

were sexually active during this period, 90.5% of the female students and 72.7% of the male students aged 15 years were sexually active. The study revealed the impact of substance use (smoking, alcohol, and drugs) on risky sexual intercourse, indicating that these behaviours are interconnected.

Additionally, the link between suicidal ideation and an increased likelihood of sexual intercourse emphasizes the impact of mental distress on adolescent sexual behaviours. Truancy was also associated with increased sexual activity, suggesting that disengagement from school and lack of supervision during school hours may contribute to risky behaviours. The study highlighted that peer support and parental supervision were linked to a decreased likelihood of sexual activity, underscoring the protective role these factors play. The study's reliance on secondary data to conclude points to a methodological gap that the present study filled by using primary data.

Brewu (2022) conducted a study on the sexual behaviours of adolescents in Ghana, focusing specifically on sexting behaviours among youths attending several Ghanaian Baptist churches. A total of 244 participants were enlisted for the study. The study established that most participating adolescents were addicted to social media, many using the platform to send sexual messages. The study also established that the pattern of sexting frequency varied by age and gender, negatively impacting their mental well-being. These differences may reflect underlying disparities in social norms, cultural expectations, or attitudes toward sexting between genders. For instance, males might be more inclined to initiate sexting, while females may face different societal pressures or consequences. The study’s focus on sexting highlights a conceptual gap, suggesting a need for further exploration of this topic in the context of boundary setting. The present study focuses on sexual use and misuse, therefore offering a broader perspective.

Srahbzu and Tirfeneh (2020) investigated SRB among adolescents in Ethiopia, with a sample of 659 secondary school students selected through systematic sampling. The study found that adolescents with strong familial attachment were less likely to engage in irresponsible sexual behaviours, highlighting the protective role of parental involvement. The study also established that rape and other forms of sexual abuse negatively impacted psychological well-being. Additionally, the study identified a connection between substance abuse and irresponsible sexual behaviours. However, it introduces a contextual gap by failing to address other potentially influential factors beyond the school environment. The current study addressed this gap by focusing on youths in a church context.

Harrington et al. (2023) examined SRB among teenagers in Kenya through a qualitative study involving 55 participants aged 16 to 23 years. The study found that many young people believed they could not control their sexual desires, often resulting in unprotected sex despite being aware of the risks of sexually transmitted diseases. In addition, the study highlighted that due to poverty, young women frequently engaged in unprotected sex with older, wealthier men who could provide financial support. The study attributed the liberal attitudes toward sex among youths to African cultural norms, which discourage parents from discussing sex with their children. However, the study used qualitative data, and the researcher did not examine the relationship between variables.

Concerns about Appearance

Nowicki et al. (2022) investigated the effect of body appearance on sexual desires and their collective impact on psychological well-being. Conducted in the USA, the study focused on minority groups and synthesized findings from 136 articles. The research established that concerns about appearance, which are closely

linked to self-esteem, expose individuals to risky sexual behaviours. Additionally, the study demonstrated that people with low self-esteem were more likely to exhibit inappropriate sexual behaviours. The study also revealed that people with low self-esteem had eating disorders and were likely to be alcoholics and drug abusers, exacerbating societal stigma and, in turn, predicting engagement in risky sexual behaviours. The article's synthesis specifically highlighted the experiences of minority groups. The present study was open to youth members of CITAM churches who were selected to participate.

Longobardi et al. (2021) investigated the relationship between concerns about appearance and psychological well-being. The study was conducted using university students in Italy, with a sample size of 7,840 participants. The study demonstrated that personal body perception contributes to confidence, which can lead to healthier sexual practices for both males and females. However, it also revealed a concerning trend: men who desire intense body sensations engaged in unsafe sexual behaviours. This suggests that such desires can be a significant risk factor, as they may lead to impulsive decisions and a disregard for safety during sexual encounters. The study suggested promoting safer sexual practices; it is crucial to foster a positive body image among men while also addressing the risks associated with sensation-seeking behaviours. Again, the study noted that for women, understanding the broader social and psychological contexts that influence body image. This study highlights the different factors that expose males and females to varying risks regarding their body image and sexual Behaviours.

Mahama et al. (2024) conducted a comparative study on body appearance and self-esteem. The comparative study was conducted in Ghana and Kenya, and a total of 86 adolescents were recruited from urban centres. The study revealed that Ghanaian

adolescents exhibited higher self-esteem than their Kenyan counterparts. Furthermore, it found an interesting age-related pattern: younger male adolescents in Kenya tended to have higher self-esteem, whereas older female adolescents showed higher self-esteem with age. The implications of these findings suggest that Kenyan adolescents, in contrast to their Ghanaian peers, experience lower self-esteem. This low self-esteem may predispose them to engage in antisocial Behaviours as a compensatory mechanism, including risky sexual Behaviours. This study highlights the differences in self-esteem and its effects on Behaviours between Ghanaian and Kenyan adolescents. The present study was conducted in Kenya and sought to establish the role of SRB on youths' psychological health.

Sexual Risk Behaviour on Psychological Well-being among Male Youths

Musindo et al. (2023) explored the psychological impact of SRB on young men with confirmed cases of HIV/AIDS. This study, conducted in the USA, synthesized data from 38 sources in the literature. The findings emphasized that men who experienced stronger family connections, improved parenting skills, and greater social support are better equipped to manage the challenges associated with living with HIV, which ultimately leads to better health outcomes and an improved quality of life. The study highlights the critical role of family-centered interventions in supporting adolescents facing serious health conditions like HIV/AIDS. While Musindo et al. (2023) relied on a literature review, the present study offered an alternative perspective by directly collecting primary data in the field.

Thepthien and Celyn (2022) examined unprotected sexual behaviours among teenagers. The study was conducted in Bangkok, and a total of 872 study participants were involved. The study found that unprotected sexual activities signaled that the participating teenagers had psychological issues. Specifically, teenagers who smoked

cigarettes or used cannabis engaged in irresponsible sexual behaviours. This finding is buttressed by the fact that substance abuse often impairs judgment and lowers inhibitions. Similarly, those who engage in gambling were found to have a higher risk for risky sexual behaviours, likely due to their propensity for impulsive decision-making and risk-taking. Furthermore, the study highlighted that victims of child abuse predicted sexual abuse, possibly because of trauma, impaired boundaries, or difficulties in establishing healthy relationships later in life. While Thepthien and Celyn's study focused on sexually active young people, the present study differentiated participants based on their sexual activity, providing a broader understanding of these Behaviours across different groups.

Sexual Risk Behaviour on Psychological Well-being among Female Youths

Laird et al. (2020) explored the impact of IRB on the psychological health of female youths' irresponsible sexual Behaviours. Conducted in the USA, the study synthesized data from 112 sources, encompassing 67,453 young girls. The study concluded a meta-analysis of the relevant literature. The findings revealed that the risks for young girls are more pronounced than for males, as girls face the possibility of pregnancy, and the stability of families and future generations is closely linked to the well-being of women. The study also identified multiple sexual partners and past trauma as significant predictors of vulnerability to sexual exploitation among women. However, this study relied on secondary data, thereby creating a methodological gap that the present study sought to fill by utilizing primary data.

Sekoni and Dania (2024) investigated the effect of irresponsible sexual behaviours on the psychological health of young women in Nigeria, focusing on university students. The study employed convenience sampling techniques to select 395 participants. The study found that females who experienced childhood trauma

were more likely to engage in SRB than their male counterparts. The study revealed that females who had experienced childhood trauma had a higher likelihood of engaging in SRB than their male counterparts. Additionally, the research revealed that a significant number of participants had experienced some form of child abuse, with 'condomless' sex being the most prevalent behaviour among them. While this study employed a convenience sampling technique, the present study utilized simple random sampling to enhance the rigor of the findings.

Impact of SRB on Psychological Well-Being of Christian Youth

Estrada et al. (2019) investigated the nexus between SRB and the psychological well-being of Christian youth in Japan. Based on a review of several pieces of literature, the study concluded that religion significantly shapes societal values, thereby contributing to adolescents' resilience against social ills such as SRB. It was also found that religious beliefs can mitigate the impact of stressors that might otherwise lead young people to SRB. Moreover, the study established that religious connectedness fosters accountability among youth, as engaging in risky behaviours is often discouraged by peers within these communities. While this study draws on existing literature, the present research aims to provide fresh insights based on primary data collected in the field.

Travis (2024) investigated the impact of irresponsible sexual behaviours on the psychological health of teenagers in the USA, and conclusions were drawn by synthesizing journals and articles. The study found that, although religiosity is associated with SRBs during adolescence, its influence is relatively minor compared with other factors. Additionally, although adolescent religiosity correlated with higher levels of Sexual Health Knowledge (SHK) and increased SRBs, SHK did not alter the relationship between the variables. The findings also indicated that adolescent

religiosity does not significantly affect SRB in emerging adulthood, challenging the assumption that higher religiosity during adolescence leads to lower risk behaviours in adulthood. Furthermore, the study revealed that adolescent religiosity does not predict SRB in emerging adulthood, and SHK does not mediate this relationship. By using secondary data, the study provided valuable insights, and the current research aimed at supplementing these findings by collecting primary data.

Ojiambo (2021) examined the effectiveness of the Catholic church in instilling sexual values among youth in Kenya. The study purposefully selected 12 girls as participants, revealing that the youth represent a vulnerable demographic. The success of imparting values to this group largely hinges on their perception of the church as a supportive ally in matters of sexuality. Furthermore, the research indicated that these young individuals often display assertiveness and independence, which presents challenges for implementing programs designed to address sexual issues. Additionally, the researcher found that the church's teachings on sexuality frequently conflicted with deeply rooted African traditional values, particularly in rural areas of Kenya. These findings highlight the study's rural context, where such values remain influential. Moreover, the limited number of participants and their specific experiences restrict the applicability of the findings.

A study by Nyakina (2022) investigated sexual chastity and its impact among Seventh-day Adventist (SDA) church members in Nyamira County, Kenya, focusing on the church's emphasis on chastity as a virtue traditionally taught by parents and reinforced through biblical doctrine. While SDA teachings advocate for sexual purity, Nyakina's study revealed a decline in chastity practices within the community, largely due to social media's influence and extensive internet exposure among youth. The study highlighted challenges in SDA families where children's technology use often

surpasses parental oversight, affecting family dynamics and leading to psychological risks. Consequently, the SDA Church leaders are urged to adapt by integrating technology into their teachings to address these influences. This study also noted a gap in research around boundary setting and its links to SRB and psychological well-being among youth.

The Mediating Role of Boundary Setting on Sexual Risk Behaviours and Psychological Well-being

Boundary settings refer to the social and cultural protections established to ensure individuals operate within societal norms (Kinsella, 2020). They can also be seen as a form of self-care, helping individuals create clear rules and limits regarding how they wish to be treated (Brennan, 2021). These boundaries are shaped by the community's understanding of right and wrong and encompass three dimensions: physical, affective, and social (Furman & Shaffer, 2020). In the context of young people and their sexuality, society serves as the first line of defence, guiding them through both formal and informal educational and mentorship relationships (Davis, 2022). This framework allows young individuals to either embrace these boundaries or choose to deviate from them, depending on how beneficial they perceive these limitations to be for their personal development and WELL-BEING (Hoffman et al., 2021). This objective was addressed by examining constructs such as sex intention, attitude, social Norms, and self-efficacy.

Relationship between Boundary Setting and Sex Intention

Budde (2022) investigated boundary setting in social media communication among secondary school students in Germany. This qualitative study found that sexting has contributed to the lowering of sexual boundaries among youth. Since sexting does not require the physical presence of another person, young people often

view it as mere entertainment or a way to pass the time, without recognizing the potential risks of bullying and addiction. The study revealed that sending messages to girlfriends or boyfriends via social media is considered a normal behaviour among adolescents, with acceptance of these messages serving as a form of validation. However, this sometimes occurs without the recipient's consent, prompting them to block the sender to formally end the conversation. The study aimed to address boundary setting through sexting, highlighting a conceptual gap in the research.

Jennifer (2021) investigated sex education as a boundary-setting among secondary school youths in Ghana. The study involved 40 secondary school students. The research identified cultural inhibition as the greatest obstacle preventing young people from accessing the relevant information needed to navigate the dangers of irresponsible sexual escapades. The findings established that sex education played a crucial role in raising awareness and helping young people avoid engaging in irresponsible sexual Behaviours. The study's use of purposive sampling and in-depth interviews highlights a conceptual gap, suggesting the need for broader exploration and understanding of the topic.

Relationship between Boundary Setting and Attitude Toward Sex

DeLago et al. (2020) investigated sexual risk behaviours among children and young people by analyzing 986 medical records from various healthcare facilities, covering data from 2002 to 2013. The study, which was conducted in the USA, found that many children were exposed to sexual content at a young age through the internet, and this exposure often influenced their peers, even those who had not directly accessed explicit material. Additionally, the study found that males were more frequently exposed to these behaviors than females were. The findings suggest that by the time children reach adolescence, their perceptions of sexual behaviours

may be significantly influenced by early exposure, impairing their ability to set appropriate sexual boundaries. The study focused on how social media use influenced sexual behaviours, highlighting a conceptual gap, while its reliance on secondary data collected over a decade introduces a methodological limitation.

Hielscher et al. (2021) examined the impact of education on healthy sexual boundaries among adolescents. Conducted in Australia, the study systematically synthesized 27 relevant empirical studies to draw its conclusions. The research found that targeted educational programs positively impact adolescent development, underscoring the need to consider social, cultural, and environmental factors when promoting healthy behaviours. Despite the positive outcomes, the findings suggest that further efforts are required to design interventions that comprehensively address adolescent relationship beliefs and attitudes. This may involve combining longer-term initiatives, culturally sensitive approaches, and engagement with broader social influences. The qualitative nature of the study, focusing on education as a deterrent for unhealthy boundary setting among youth, highlights a methodological and conceptual gap.

Too (2020) explored sexual information as a deterrence to early sexual activity among high school students in Kenya through a mixed-method study involving 264 participants, which included 24 guidance and counselling teachers and the remainder being students. The study established that creating sexual awareness helps in shaping adolescents' sexual attitudes. Additionally, it found that premarital sex was prevalent in secondary schools, and guidance and counselling teachers often focused on discussing safe sex practices rather than promoting abstinence. While the study demonstrated that sexual education effectively influences students' understanding and management of sexual development, it may not significantly alter attitudes toward

unconventional sexual practices. Furthermore, as the study was conducted in a school setting, it introduces a contextual gap that may limit the generalizability of the findings. The present study was conducted in a church context, which may attract students outside school.

Relationship between Boundary Setting and Social Norms

Narushima et al. (2020) studied boundary setting among young people, involving 47 participants. The study, which was conducted in Canada, found that peer groups were the primary source of information about sex for adolescents, making them a key reference point for young people's understanding and decision-making regarding sex. Additionally, the study confirmed that sex education and moral lessons received in schools significantly influence how adolescents manage their sexual lives. Social media consumption behaviours also play a role, as the actions and attitudes of celebrities and respected figures shape young people's worldview. The study further found that religious exposure contributes to shaping young people's worldviews, serving as a strong deterrent against early sexual activity and other unexpected sexual behaviours. Most importantly, the study confirmed that the home environment, particularly parenting styles and skills, is a crucial predictor of adolescents' sexual outcomes. The study was primarily qualitative, using focus interviews, which presents a conceptual gap and suggests the need for further research using varied methodologies.

Vanwesenbeeck et al. (2021) examined sexual boundaries among adolescents, drawing on existing studies to reach their conclusions. Conducted in the Netherlands, the study established societal norms and the social context as the foundational boundary for regulating dysfunctional sexual Behaviours. However, as adolescents grow older, they often challenge these societal boundaries, feeling more informed and

capable of navigating dangerous sexual activities. The study highlighted the importance of education, particularly peer education, as a significant factor in setting sexual boundaries. Peer education allows young people to discuss issues and collectively establish boundaries. Education also plays a crucial role in empowering girls, helping them become more assertive and in control of their bodies. The study adopted a broad approach to sexual boundaries, revealing a conceptual gap, and relied on various sources of literature to conclude, indicating a methodological gap.

Hegde et al. (2022) investigated sexual boundaries among adolescents in India. This qualitative study relied on empirical research to draw its conclusions. The study established that culture shaped children's Behaviours, with the microculture created by parents at home providing the primary context for their sexual boundaries. In addition, the educational journey, during which children learn about sex, adopt values, and interact with peers, also plays a crucial role. Peer groups within their immediate neighbourhood further influence sexual boundaries. The study highlighted that healthy sexual boundaries are often influenced by gender typing, where boys are encouraged to be expressive and proactive, while girls are taught to be more reactive to sexual advances. The study was conceptualized to trace the sexual developmental stages of children, which presents a conceptual gap. Additionally, since the study relied on existing literature to conclude, it also presents a methodological gap.

Eyiah-Bediako (2020) conducted a study in Ghana to investigate boundary settings among adolescents. The study found that discipline significantly reduces sexual intentions and encourages cautious attitudes toward sex among adolescents. This implies that structured environments and clear guidelines can help adolescents make informed decisions. Interestingly, the study revealed that parental supervision and emotional support did not significantly impact adolescents' sexual intentions or

attitudes. Peer pressure, however, emerged as a powerful predictor of sexual Behaviours, shaping adolescents' intentions, attitudes, and ability to make the right choices on adolescent sex. The study also discovered that male adolescents exhibited more positive attitudes toward dangerous sexual activities compared to their female counterparts. Additionally, the results suggested that as adolescents grow older, their communication about sex becomes more pronounced, especially in romantic relationships. The study was conceptualized to trace sexual boundaries from parenting, highlighting a conceptual gap in understanding the broader influences on adolescent sexual behaviours.

Relationship between Boundary Setting and Self-Efficacy

Kågesten and van Reeuwijk (2021) explored healthy sexual development as an effective tool for establishing sexual boundaries in children. The study, conducted in the Netherlands, synthesized relevant empirical literature to draw its conclusions. It found that parental attachment predicted the development of healthy sexual boundaries. This foundation is further strengthened by providing children with age-appropriate information, which helps them form lasting moral values and make informed decisions. However, the findings indicate that these boundaries are shaped by social contexts, including peers, schools, colleges, and religious institutions. Children whose peers exhibit positive sexual behaviours are more likely to adopt similar behaviours. The study used secondary data, revealing a methodological gap in the research.

Oyadeyi et al. (2024) examined protective influences among adolescents in Nigeria, involving 327 participants. The research found that adolescents with greater confidence in handling sexual situations and those experiencing heightened peer pressure tended to engage more frequently in risky sexual activities. In contrast,

supportive relationships served as a protective barrier, reducing the likelihood of involvement in such behaviours. Both peer pressure and family attachment were highlighted as separate factors influencing risky sexual conduct. Interestingly, although self-efficacy emerged as a key predictor, the study found a direct association: higher self-efficacy was associated with a greater propensity to engage in risky behaviours. This implies that individuals with higher self-efficacy may feel better equipped to navigate risk, thereby increasing their willingness to take risks. Conversely, the inverse association between family attachment and SRB highlights the protective role of strong family bonds, with robust family connections associated with a lower likelihood of risky conduct. The present study was conducted among youths, whereas Oyadeyi et al. (2024) focused on adolescents.

Duby et al. (2022) explored the role of parental sexual communication with teenagers as a deterrent to risky sexual behaviours, focusing specifically on communication between mothers and their teenage daughters. The study was conducted in South Africa, and 185 participants were involved in focus group discussions and in-depth interviews. The study found that mothers' lack of efficacy, often due to insufficient knowledge and confidence, was a major barrier to effective communication. Many mothers also feared that their daughters were too young to understand sexual matters and worried that discussing these topics might encourage promiscuity. Additionally, cultural nuances and generational gaps were identified as obstacles to healthy communication between mothers and daughters. The study's focus on communication between mothers and daughters highlights conceptual and contextual gaps in understanding how to improve sexual communication within families.

Relationship between Boundary Setting and SRB of Males

Closson et al. (2020) investigated boundary setting among young men living in South African urban settlements, involving a sample of 449 participants. The study found that young men in poverty often use sex as both an outlet and a means to assert male dominance, treating women as sexual objects rather than as individuals (Closson et al., 2020). Furthermore, the research found that men with stable, sustainable incomes tended to enter into long-term relationships, in contrast to their poorer counterparts. Economic power emerged as a significant factor in enhancing men's self-esteem, enabling them to make healthier decisions regarding their sexual Behaviours (Closson et al., 2020). The findings also indicated that economic class helped in protecting children from dangerous sexual activities. Additionally, young men exhibiting restricted emotionality were less satisfied with their sexual partners (Closson et al., 2020). While this study focused on urban informal settlements, the current research explored similar issues among church youth, offering a different perspective on boundary setting and its implications.

Relationship between Boundary Setting and SRB of Females

Holmström et al. (2020) investigated sexual boundaries among female university students in Sweden, using focus group discussions with 44 participants. The main topic centered on how young women consent to sex. The study revealed that the cultural norm of women being passive and waiting for men to initiate sexual conversations remains prevalent. This dynamic often leads to the misinterpretation of young women's communication in favour of men. The situation is further complicated when both genders return to the same apartment after partying, especially when alcohol is involved. Alcohol consumption was found to blur the boundaries of sexual consent, with going out with a male friend sometimes being interpreted as an implicit

agreement to sex. While Holmström et al.'s study focused primarily on issues of consent, the present study expanded on these findings by exploring SRB and their impact on psychological well-being. Furthermore, whereas Holmström et al. (2020) relied on focus group discussions to draw their conclusions, the present research used quantitative data to provide a broader perspective.

Mwau (2021) investigated sexual boundaries among teenage girls in the Kibra slums of Nairobi City County, Kenya, on a sample of 100 teenage girls. The study found that the surrounding environment significantly influenced the extent to which adolescents engaged in sexual activity. Poverty was identified as a major factor, with many girls engaging in premarital sexual activities in exchange for money and food. Additionally, the study revealed that early sexual knowledge was often acquired due to the living conditions, where many girls shared small rooms with their parents. Mwau's study highlighted that the most effective deterrent for teenagers was guidance and counselling. The second most effective approach was meeting the girls' basic needs, which helped reduce their vulnerability. While Mwau's study focused on adolescents in impoverished neighbourhoods, the present research complemented these findings by gathering data from young people in a church setting.

Boundary Setting and Psychological Well-being

Modern social trends have emerged among urban youth, involving gatherings characterized by heavy alcohol consumption followed by sexual encounters with multiple, often random, partners Centres for Disease Control and Prevention (CDC, 2020). A significant portion of these groups comprises new university students, who have recently experienced independence from parental oversight. This environment serves as a breeding ground for the transmission of sexually transmitted infections (STIs), including HIV and AIDS (Braun-Courville & Rojas, 2020). For young

women, engaging in unprotected sex frequently results in unplanned pregnancies; some terminate these pregnancies, while others face the challenge of balancing their educational pursuits with raising children. The consequences of such high-risk lifestyles lead to enduring psychological trauma, affecting not only the individuals involved but also impacting future generations (CDCP, 2020). Establishing clear boundaries around these Behaviours is crucial, as it reduces exposure to these risks, fosters healthier relationships, and supports the psychological well-being of young people (Braun-Courville & Rojas, 2020).

The absence of clear sexual boundaries often results in emotional distress, guilt, and long-term mental health challenges (Holmström et al., 2020b). Young people who engage in irresponsible sexual Behaviours without understanding the significance of boundaries are more susceptible to issues such as depression, anxiety, and diminished self-worth (Blake et al., 2020). Addressing these concerns requires proactive measures, such as fostering open discussions on sexual boundaries and providing access to counselling. Early intervention is key; conversations about boundaries and healthy relationships should ideally start before sexual desires are fully activated, typically at home. Community groups, such as churches, can play a critical role by promoting youth engagement in settings where topics such as sexuality and boundaries are openly discussed (Carey et al., 2021). These spaces allow young people to reflect on these issues, process the information, and shape their paths toward healthier, informed decisions.

For young males, societal pressures often lead to risky sexual behaviours, which blur their ability to set personal boundaries (Hunt et al., 2022). Cultural norms encourage promiscuity and experimentation, which can lead to STIs and emotional consequences, such as guilt or anxiety (Dariotis et al., 2020). This pressure, combined

with emotional suppression commonly found among males, can worsen mental health outcomes (Kim et al., 2020). Young males who fail to set clear sexual boundaries are often more susceptible to reckless behaviours, negatively impacting their mental health. However, when males are taught to assert healthy boundaries, they exhibit greater self-control and responsibility, thereby improving psychological well-being (Hensel et al., 2020). Those who understand their sexual boundaries engage in healthier relationships and reduce impulsive decisions that could lead to emotional harm (Hensel et al., 2020).

Young females often face heightened emotional and psychological risks related to sexual behaviours due to societal pressures and unequal power dynamics in sexual relationships. Engaging in SRB predicts anxiety in young girls (Nobles et al., 2020). These risks are further exacerbated by issues such as unintended pregnancies and STIs, which contribute to emotional stress and a sense of helplessness (CDCP, 2020). Additionally, societal norms around passivity in sexual encounters may prevent females from asserting sexual boundaries, making them more vulnerable to coercion or exploitation (Holmström et al., 2020b). This lack of control leads to lower self-esteem. However, when young females are encouraged to set boundaries, they feel more empowered to assert their needs, which improves their mental health outcomes (Braun-Courville & Rojas, 2020).

Boundary setting around SRB helps in promoting the psychological well-being of teenagers (Karle et al., 2021). Each gender faces unique societal and emotional challenges related to sexual risk behaviours, and tailored solutions can address these differences effectively (Ssewanyana et al., 2021). When communities recognize the distinct needs and experiences of each gender, they can develop interventions that foster clear, healthy boundary setting. By emphasizing sexual

education and counselling that incorporates boundary-setting, society can empower young people to protect themselves from both physical risks, such as STIs and unintended pregnancies, and emotional harm, like guilt or low self-esteem (Thoma & Huebner, 2021). Furthermore, peer support and mentorship programs can provide young adolescents with the guidance needed to navigate these issues and avoid risky sexual behaviours. These programs offer opportunities for open dialogue, in which adolescents can share their experiences and learn from peers and mentors about setting boundaries. Boundary setting improves resilience and enhances their general mental well-being by promoting informed, responsible decision-making (Blake et al., 2020).

Theoretical Framework

The theory will be explained using two theories, including Bronfenbrenner's ecological systems and structural theory.

Bronfenbrenner Ecological Systems Theory

The study was grounded on the Urie Bronfenbrenner Ecological Systems Theory, which describes how various environmental influences collectively shape an individual's development and Behaviours (Honickman, 2023). Developed by Bronfenbrenner in the 1970s, this theory outlines multiple layers of environmental systems that interact to impact personal growth (El Zaatari & Maalouf, 2022). The theory is built on three premises: contextual development, the interconnectedness of systems, and the dynamic role of the environment. Contextual context holds that individuals grow and develop within specific contexts, which may be informed by social, cultural, and historical factors, collectively shaping their experiences and development (O'Keefe et al., 2022). This implies that the CITAM assemblies environment influences the youth's value system, shaping their life outcomes.

Interconnectedness refers to how systems communicate; a change in one system may have ripple effects across others (Malherbe, 2024). The last system, the environment, shows that development is not static but continuously shaped by interactions between the individual and their surroundings over time (O'Keefe et al., 2022).

A study by Agajie et al. (2020) in Ethiopia applied Bronfenbrenner's Ecological Systems theory to examine how various environmental factors influence adolescents' SRB and psychological well-being. Findings revealed that each dimension of the ecological model plays a unique role. Within the microsystems, family support and peer relationships were critical; open family communication tended to reduce risk Behaviours, while peer influence sometimes increased them. The mesosystems, which link school and family contexts, also had a significant effect: students with strong family-school connections reported receiving better guidance and engaged in fewer risky Behaviours. In exosystems, economic conditions, such as family income and access to health services, indirectly shape adolescents' Behaviours by influencing parental involvement and the availability of youth-friendly resources. On a broader level, the macrosystems of societal and cultural norms around gender and sexuality affected adolescents' perceptions, with restrictive cultural expectations sometimes leading to higher-risk behaviors due to limited open communication. This research underscores the importance of a multidimensional approach to designing interventions that promote safer sexual practices and enhance well-being among youth, emphasizing that addressing environmental factors across multiple levels is essential for creating effective, context-sensitive programs (Agajie et al., 2020).

As depicted in Figure 1, CITAM youth are positioned at the centre. At the innermost level, they are directly influenced by family, church, and peers. The mesosystem encompasses interactions among these groups, whereas the exosystem

encompasses community resources and the parental workplace. At the outermost level, the macrosystem shapes youth through cultural values, social norms, and economic conditions. This framework provides critical insights into the interrelationships among sexual risk Behaviours, boundary setting, and psychological well-being across diverse environmental contexts.

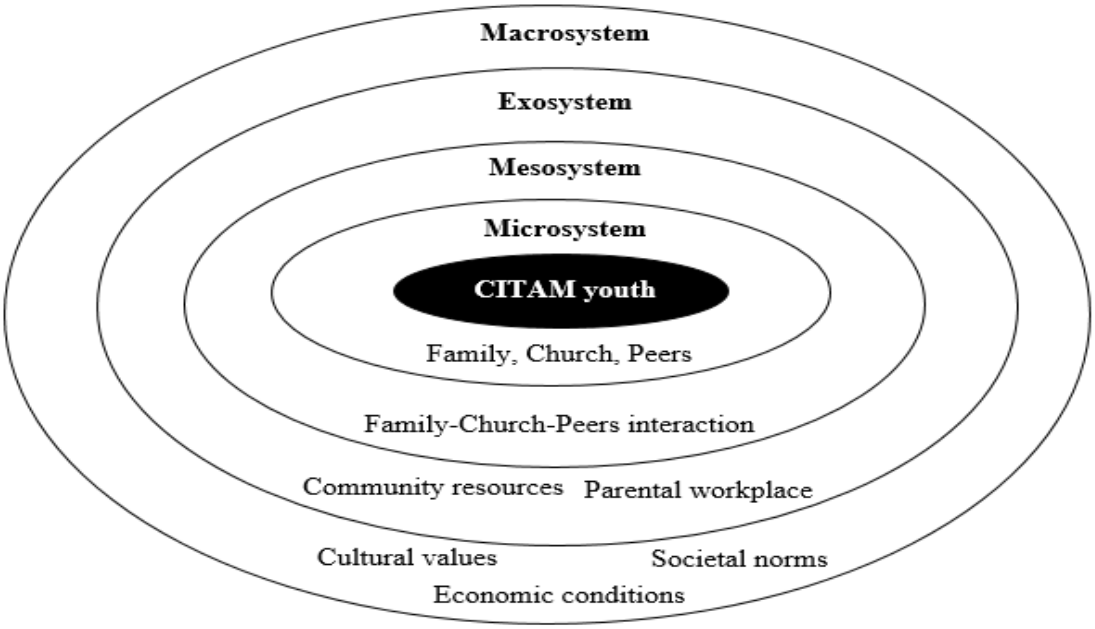


Figure 1: *Ecological Systems Theoretical Framework*

Source: El Zaatari and Maalouf (2022).

The microsystem, as indicated in Figure 1, encompasses the most proximal environment in which youth operate directly, including family, school, and peer groups (Jackman et al., 2022). For youth in CITAM assemblies, this microsystem includes their family dynamics, church community, and peer relationships (Anwar, 2023). The quality of these relationships can significantly affect their boundary-setting and psychological well-being. For instance, supportive family environments and positive church interactions can reinforce healthy sexual behaviours and effective boundary setting (Allsop et al., 2021). Conversely, negative experiences such as

family conflict or peer pressure predict SRB and affect psychological well-being (Kaestle et al., 2021).

The mesosystem refers to the relationships and interactions between microsystems, such as those between family and educational institutions, or between peers and church activities, that collectively influence youth Behaviours (Jackman et al., 2022). This level of analysis examines how these interconnected environments affect adolescents (Crawford, 2020). For instance, when the church and family consistently convey aligned messages about sexual health and boundary setting, adolescents are more likely to develop and uphold healthy sexual boundaries. On the other hand, mixed messages or breakdowns in communication between these environments can create confusion and increase the likelihood of engaging in risky behaviours.

The exosystem comprises external microsystems that interact with one another, but at least one microsystem does not directly affect the person at the centre, the youth. For example, community resources and parental workplaces do not directly interact with youth, although the workplace can affect youth by determining salary, position, and even occupational stress (Crawford, 2020). In Nairobi City County, Kenya, factors such as the availability of sexual health education programs, community outreach initiatives, and local media portrayals of sexuality can impact youth. Limited access to comprehensive sexual education or negative media portrayals may exacerbate SRB and negatively affect psychological well-being. On the other hand, positive community resources and supportive local policies can enhance boundary setting and psychological health (Mirbahaeddin & Chreim, 2022).

The macrosystem encompasses broader societal and cultural contexts, including cultural values, economic conditions, and societal norms (Jackman et al.,

2022). It results from the interaction between the microsystem, the mesosystem, and the macrosystem, acting together to shape youth (Crawford, 2020). The macrosystem in Kenya includes traditional thoughts toward sexuality, religious beliefs, and socioeconomic factors. In CITAM assemblies, the church's cultural and religious values shape attitudes toward sexual behaviours and boundary setting (Clarke et al., 2021). Socioeconomic conditions, such as poverty or economic instability, may also influence youth's access to resources and support systems, affecting their SRB and psychological well-being (Ssewanyana et al., 2021).

The study on the mediating role of SRB in boundary setting and psychological well-being among youth in selected CITAM assemblies in Nairobi City County is framed within the Ecological Systems Theory, which emphasizes how various environmental systems interact to shape youth experiences. This theory underscores the importance of understanding how factors across different environmental layers, such as family, church, peers, and broader societal influences, collectively shape youth Behaviours and well-being.

Structural Family Theory

The Structural Family Systems Theory, developed by Salvador Minuchin in the 1960s, posits that individual psychological outcomes result from family dysfunction (Sauceda-Garcia, 2025). The theory holds that the family is an interconnected system, and psychological problems arise from imbalances or dysfunction within the family structure (Diaz & Vitola, 2025). Such factors entail maladaptive interactions, unclear boundaries, and disrupted hierarchies (Dülek, 2023). The dimensions of the study include subsystems that detail how family members interact with one another (Diaz & Vitola, 2025). Hierarchy, which defines family authority structure, with parents typically holding more power, and alliances and

coalitions, which are the patterns within the family structure, may either stabilize or destabilize the family (Sauceda-Garcia, 2025). The last dimension, which will be used in this study to explain the moderating variable, is boundaries, which may be enmeshed or rigid, thereby affecting communication (Altenburger, 2023).

Within structural family theory, boundary is organized into three subconstructs: clear, rigid, and diffuse boundaries (Baroncelli et al., 2024). Clear boundaries help encourage healthy relationships and maintain individual autonomy (Kurt & Uzun, 2023). Scholars suggest that children from homes with clear boundaries are less likely to engage in maladaptive behaviours, including SRB (Baum & Pender, 2023). The rigid boundary is characterized by emotional distance and disengagement between children and their caregivers, while the diffuse boundary is characterized by excessive involvement and enmeshment (Tura, 2022). Researchers have noted that children from homes with rigid boundaries and diffuse boundaries display psychological problems (Lee & Ahn, 2022).

Researchers have raised several issues with the theory, including that it does not account for individual characteristics such as personality and temperament (Medina, 2022). The theory has also been highlighted as oblivious to external factors, such as peer pressure, the community, social media, and prevailing economic conditions (Gebel et al., 2023). Again, the theory seems not to be cognisant of the fact that family structures have changed significantly, including single-parent families, blended families, and grandparent-led households (Baum & Pender, 2023). Furthermore, the theory seems to have disregarded family members' ability to develop personal agency and resilience, even in the face of family dysfunction (Gebel et al., 2023). Again, Medina (2022) noted that the theory focuses heavily on family interactions while paying less attention to broader societal influences.

However, theory is preferred as it has been empirically supported, showing that strong family functioning stabilizes adolescent behaviour, and the inverse is also true: poor communication predicts behavioural problems (Huang et al., 2022). Again, studies have also demonstrated that family cohesion protects adolescents against risk Behaviour (Dehghani & Bernards, 2022). The theory also provides a framework for explaining youth behaviour through family boundaries and for mitigating adverse psychological outcomes, such as SRB (Zhang et al., 2023). The theory also draws on observable family concepts, including parental authority, enmeshment, unclear boundaries, and disengagement, which are familiar in family contexts (Dehghani & Bernards, 2022). Lastly, theory is highly relevant to African culture, where family bonding, parental authority, and extended family are important (Dehghani & Bernards, 2022).

Conceptual Framework

The conceptual framework depicts a cause–and–effect relationship between independent and dependent variables and may accommodate moderating and mediating variables, depending on how the study is conceptualized (Van der Waldt, 2020). The conceptual framework is shown in Figure 2.

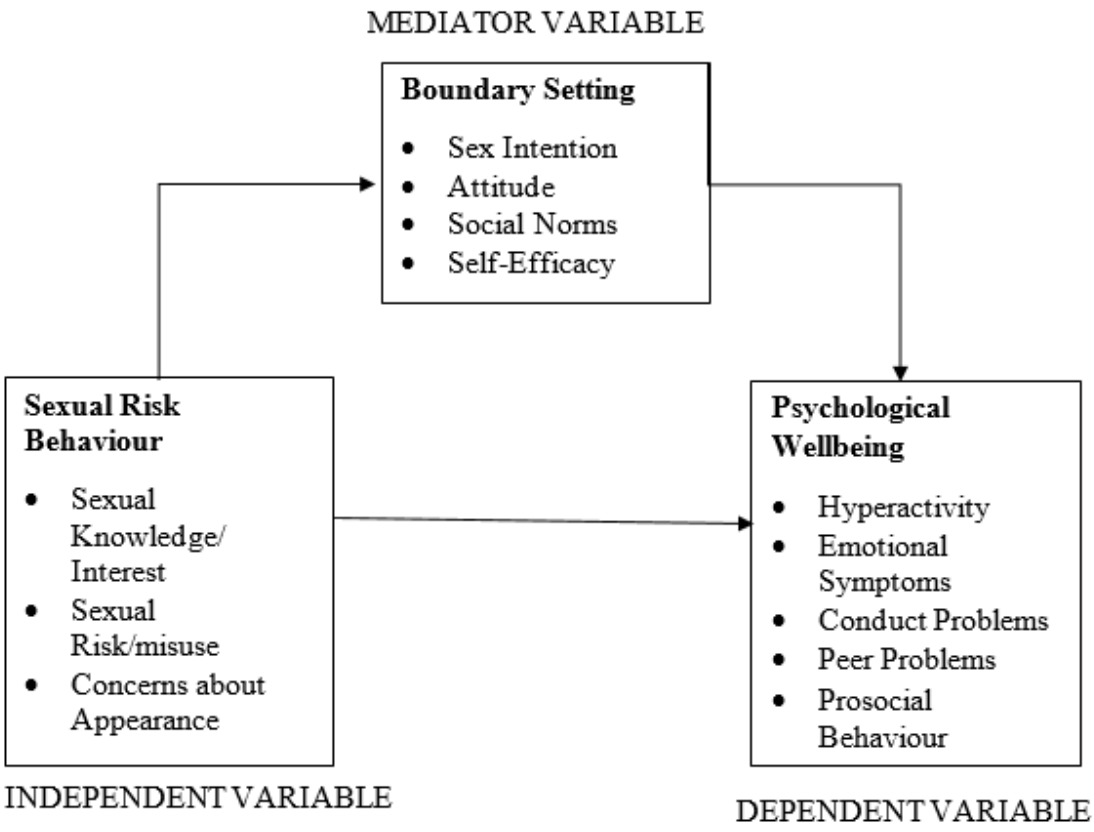


Figure 2: *The Conceptual Framework*

Source: Researcher (2026)

As shown in Figure 2, each variable is decomposed into specific dimensions that align with the study's objectives. The independent variable is SRB, which is envisioned to relate to psychological well-being through boundary setting. As shown in the figure, the independent variable has dimensions such as sexual knowledge/interest, sexual risk/misuse, and concerns about appearance. The mediating variable, boundary setting, on the other hand, has dimensions such as sex intention, attitude, social norms, and self-efficacy. The dependent variable Psychological Well-being has dimensions such as hyperactivity, emotional symptoms, conduct problems, peer problems, and prosocial behaviour.

Author	Title	Findings	Literature gaps	How gaps were filled
Muturi (2020).	Assessment of psychosocial factors influencing sexual orientation among students in tertiary institutions in Thika Sub-County, Kiambu County, Kenya	SRB negatively impacted the psychological well-being of students.	The study treated psychological well-being as the predictor variable and sexual well-being as the criterion variable.	SRB was the independent variable, and psychological well-being the dependent variable.
Ssewanyana et al. (2021)	The occurrence of SRB and its association with psychological well-being among Kenyan adolescents.	Students who did not engage in SRB showed higher levels of optimism, which in turn led to better academic performance. Humility	The study was done among teenagers from poor backgrounds.	The present study was done in CITAM; therefore, the population is likely to be urban middle-class youth
Langa and Kay (2020)	Influence of self-efficacy on SRB among undergraduate students: a case of Egerton and Kabarak main campuses in Nakuru County, Kenya	The study showed that young people who were assertive and had self-efficacy could decline sexual advances, meaning they were not likely to avoid SRB.	The study was conducted among students.	The gap was closed by conducting the study in a church setting, which may have included an older youth population.
Mahama et al. (2024)	Pubertal status and body image: An inquiry into experiences of adolescents in Ghana and Kenya.	The comparative study found that Kenyan youth had lower self-esteem than their Ghanaian counterparts. Therefore, Kenyan youth were more likely to engage in SRB than their Ghanaian counterparts.	This was a comparative study of Kenyan and Ghanaian youth.	The present study was done in Kenya; the findings may therefore be more applicable to Kenya.

Author	Title	Findings	Literature gaps	How gaps were filled
Too (2020)	Influence of sexuality education on students' Behaviours and attitudes towards sexuality issues in secondary schools in Kosirai division, Nandi County Kenya	The study revealed that though Kenyan teachers found it hard to teach students on SRB, sexual education alters attitudes on SRB.	The study was conducted among students.	The study was conducted in a church setting and recruited youth who had recently graduated from school.
Mwau (2021)	Social environmental factors contributing to sexual debut among adolescent girls living in informal settlements: A case of Kibra, Nairobi County.	The study established that the surrounding environmental contexts affected children's upbringing and, therefore, their propensity to engage in SRB.	The study was conducted in the Kenyan peri-urban context.	The present study was conducted in a church context.
Closson et al. (2020).	Gender role conflict and sexual health and relationship practices amongst young men living in urban informal settlements in South Africa	The study established that boys from a poor background often used sex as an outlet for their frustration. The study also found that socioeconomic status helped protect youth from SRB.	The study was conducted among male youth in the informal settlement areas of Nairobi.	The present study was conducted among church youth.
Oyadeyi et al. (2024)	Perceived self-efficacy, peer group pressure, and family connectedness as psychological determinants of sexual risk Behaviours.	The study found that having supportive relationships helped protect youth from SRB.	The study was conducted among adolescents.	The present study was conducted among the youth.

Table 1: *Synthesis of Research Gap*

Chapter Summary

The chapter has synthesized the relevant literature informing the study. It began with an empirical literature review, structured around the study's objectives. This review provided insights into previous research findings, identifying gaps and trends relevant to the current investigation. Following the literature review, the chapter has explored the study's theoretical framework and concludes with a discussion of the conceptual framework. The next chapter discusses the research methodology.

CHAPTER THREE: RESEARCH METHODOLOGY

INTRODUCTION

This chapter explains the research design followed by an in-depth discussion of the study's design. Subsequently, the chapter addresses the sampling procedure and the determination of sample size. Moreover, the chapter examines data size, data type, and data collection methods. This is followed by research on reliability and validity, as well as pilot testing. The chapter then discusses research procedures, including a detailed data analysis plan. Ethical considerations are carefully considered, and the chapter concludes with a summary.

Research Paradigm

This study employed a positive research design, which enabled the researcher to examine the dynamic relationship between the variables (Dehalwar & Sharma, 2023). Positivism acknowledges that, although objective reality exists, it can be approximated only through empirical investigation and statistical analysis (Kumatongo & Muzata, 2021; Mahmoudi-Dehaki & Nasr-Esfahani, 2025). Given that the study sought to examine the mediating role of boundary setting on SRB and psychological well-being among youth, a postpositivist approach was chosen a enables hypothesis testing and causal inferences (Irshaidat, 2022; Muzari et al., 2022). This is appropriate because it emphasizes measurable variables, structured data collection, and the use of statistical techniques to establish relationships among constructs, thereby ensuring rigor and replicability of findings (Kumatongo & Muzata, 2021).

Research Design

In this study, a correlational design was used. Correlational research design, a type of non-experimental research, enables researchers to investigate correlations

among variables within a study (Mekonnen, 2020). The primary aim is to understand how these variables are interconnected, thereby elucidating the nature of their relationships, including whether changes in one variable influence another and, if so, in what direction. Consequently, correlational researchers abstain from manipulating or controlling the variables (Hünermund & Louw, 2025). Instead, they rely solely on statistical tools to ascertain and characterize the relationships within the study. Given that a correlational study design facilitates the establishment of statistical relationships, the researcher investigated the mediating effect of SRB on the association between boundary setting and psychological well-being among youth in selected CITAM assemblies in Nairobi City County, Kenya.

Study Site

The researcher interviewed the youth from CITAM assemblies situated in Nairobi City County. Currently, according to the CITAM Strategic Plan (2022), CITAM is a church that began in 1959 in Valley Road, Nairobi City County, and has since spread to various parts of Kenya and other parts of the world, including the USA, East Timor, and Romania. The church operates 29 assemblies in Kenya; 9 of these are in Nairobi City County. The assemblies in Nairobi include CITAM Valley Road, CITAM Buruburu, CITAM Thika Road, CITAM Parklands, and CITAM Woodely. Others include CITAM Parklands, CITAM Embakasi, CITAM Karen, and CITAM Kangundo Road.

Population of the Study

This study involved 3995 youths across nine CITAM assemblies in Nairobi City County, and the distribution of the population is shown in Figure 1 (CITAM Head Office Database, 2025). The assemblies are: CITAM Valley Road (n = 650, 16.3%), CITAM Woodley (n = 575, 14.4%), CITAM Karen (n = 550, 13.8%),

CITAM Kagundo Road (n = 280, 7.0%), CITAM Buruburu (n = 630, 15.8%), CITAM Embakasi (n = 200, 5.0%), CITAM Parklands (n = 130, 3.3%), CITAM Thika Road (n = 600, 15.0%), and CITAM Clay City (n = 380, 9.5%). Within this population, there were 1,550 males (38.8%) and 2,445 females (61.2%), indicating a higher proportion of females across the assemblies.

Assembly	Male	Female	Population	Percent
CITAM Valley Road	217	433	650	16.3%
CITAM Woodley	278	297	575	14.4%
CITAM Karen	183	367	550	13.8%
CITAM Kagundo Road	140	140	280	7.0%
CITAM Buruburu	210	420	630	15.8%
CITAM Embakasi	67	133	200	5.0%
CITAM Parklands	65	65	130	3.3%
CITAM Thika Road	200	400	600	15.0%
CITAM Clay City	190	190	380	9.5%
Total	1,550	2,445	3,995	100.0%

Table 2: *Population Distribution*

Sampling Procedure

The sampling procedure is the method used to select participants for a study and is commonly classified into two main approaches: scientific and non-scientific (Berndt, 2020). Scientific or probability sampling methods rely on predetermined scientific formulas to determine study participants. These methods aim to ensure that every potential participant has an equal chance of being selected for the study (Rahman et al., 2020). On the other hand, nonprobability sampling methods, also known as non-scientific methods, use subjective criteria to select participants, which

may introduce bias into the sample (Mahat & Kandel, 2023). In this study, both scientific methods, such as stratified and random sampling, and a nonprobability sampling method, namely purposive sampling, were employed to select the final study participants. This combination of methods allows for a comprehensive and balanced approach to participant selection, ensuring both representativeness and relevance to the research objectives (Verma et al., 2024).

For this study, a stratified random sampling method was used to select CITAM assemblies in Nairobi City County that participated in the research. This method was chosen because it ensures that youth in each assembly have an equal opportunity to be selected for participation in the study. Following the selection of churches, the study deployed simple random sampling techniques to select participants within each gender and assembly (Pace, 2021). This approach enables proportional representation based on the number of youth attending worship services in CITAM assemblies (Pace, 2021). Additionally, purposive sampling techniques were used to select participants and informant interviewees. This method was selected to ensure that only individuals familiar with youth issues within the church were included in the study (Campbell et al., 2020; Gill, 2020). Three criteria were used to select participants, including youth pastors and leaders of various aspects of youth ministry.

Sample Size

The sample size is the optimal number of participants that a researcher recruits from the entire study population (Lakens, 2022). The sample size was determined using Yamane's formula (Umar & Wachiko, 2021). The formula and its calculation are as follows:

$$n = \frac{N}{1 + Ne^2}$$

Where n is the sample size,

N = The population of the study, which is 3995 youths.

e. is the degree of error = .0.5

Therefore, the sample size is calculated as follows:

$$n = \frac{3{,}995}{1 + 3{,}995(0.05^2)}$$

n = 3,995 / (1 + 3,995 × 0.0025)

n = 3,995 / (1 + 9.9875)

n = 3,995 / 10.9875

n = 363.6 rounded off to 364. This was distributed as shown in Table 3.

Assembly	Male	Female	Population	Sample size	Percentage
CITAM Valley Road	217	433	650	59	16.3%
CITAM Woodley	278	297	575	52	14.4%
CITAM Karen	183	367	550	50	13.8%
CITAM Kagundo Road	140	140	280	26	7.0%
CITAM Buruburu	210	420	630	57	15.8%
CITAM Embakasi	67	133	200	18	5.0%
CITAM Parklands	65	65	130	12	3.3%
CITAM Thika Road	200	400	600	55	15.0%
CITAM Clay City	190	190	380	35	9.5%
Total	1,550	2,445	3,995	364	100.0%

Table 3: *Sampling Matrix*

Data Type

Secondary data entails information previously collected and stored in a secure database for future use (Taherdoost, 2021). Typically historical in nature, secondary data enables the study of phenomena that occurred in the past (Mohajan, 2020). Consequently, findings derived from secondary data may not always be directly applicable to present or future events (Taherdoost, 2021). However, this type of data is valuable as it provides a broad overview over a period, especially when it covers a large sample of the population. Secondary data is readily available, making it potentially more cost-effective and quicker to access compared to primary data collection methods (Mohajan, 2020).

Primary data refers to data collected by a researcher for the first time, specifically for a particular study (Mazhar et al., 2021). Primary data is therefore tailored to provide information for a specific study. Hence, the findings accurately mirror the current circumstances at the time of the study, making them timely and readily applicable for addressing the ongoing situation. While primary data collection can be costly and challenging, it often yields up-to-date findings since the data is gathered contemporaneously with the study. The present study utilized primary data, thereby ensuring the availability of current findings for CITAM assemblies and other stakeholders.

Data Collection Methods and Procedures

A standardized questionnaire was used to collect data. The questionnaire is preferred because it offers all participants an equal opportunity to respond to the same set of questions (Aithal & Aithal, 2020). This standardized approach facilitates easier data analysis by ensuring consistency in responses across the participant pool (Pandey & Pandey, 2021). The questionnaire was structured to align with the study's

objectives. The first section, labelled Section A, focused on gathering background information from the participants. It included questions on participants' gender, age, educational level, marital status, employment status, income level (if employed), and whether they reside with their parents or in their own accommodation. As part of quality assurance measures, regular check-ins and reviews of the collected data were conducted to promptly identify and address inconsistencies or irregularities, thereby ensuring the integrity and reliability of the research findings.

Psychological Well-being Scale

Section B contains a questionnaire designed to assess the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya, using a scale developed by Goodman (1997). This instrument is divided into five domains, each with a specific number of items and corresponding validity scores. The hyperactivity component of the questionnaire includes items with a validity score of .82, featuring questions such as "restless, overactive, cannot stay still for long" and "constantly fidgeting or squirming'' (Goodman, 1997). The second part of the questions tests the emotional symptoms component and contains items with a validity score of .78, including questions like "often complain of headache, stomach-ache, or sickness" and "often fights with other children or bullies them (Goodman, 1997). The third set of questions assesses the conduct problem component and comprises 5 items with a validity score of .78 (Goodman, 1997). Examples of the questions for this domain include: 1) Often has temper tantrums or hot tempers, 2) Many worries, often seems worried. The peer problems scale has 5 items. Examples of the questions for this domain include: 1) Rather than solidarity, tends to play alone. 2) Picked on or bullied by other children. These domains collectively measure various aspects of psychological well-being among participants, ensuring comprehensive assessment.

Boundary Setting

The questionnaire used to investigate the relationship between boundary setting and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya, is presented in Section C. The objective was validated by an instrument developed by Muhammad et al. (2017). This section comprises 20 items divided into four domains: social norms, sexual intention, self-efficacy, and attitude. The items in each domain explored different aspects of sexual boundaries among youth. Specifically, the sexual intention items assessed participants' intentions or willingness regarding sexual Behaviours and activities, with a validity score of .93 (Muhammad et al., 2017). This domain included questions such as: “I expect to have sex with my partner” and “I want to have sex with my partner”.

The attitude items assessed attitudes and beliefs regarding sexual Behaviour and boundaries, with a validity score of .89 (Muhammad et al., 2017). Some of the questions used in this domain include, “I believe a sexual encounter that lasts only once is all right” and “I believe youths who have never been involved in sexual intercourse before marriage is old-fashioned”. The social norms items examined participants' perceptions of societal or peer norms regarding sexual Behaviour, with a validity score of .94 (Muhammad et al., 2017). Some of the questions from this domain included, “Most of my friends are practicing sex before marriage”, and “Most of my friends think it is mature to practice sex at my age”. Lastly, the self-efficacy items measured participants' confidence in asserting and maintaining their sexual boundaries, with a validity score of .90 (Muhammad et al., 2017). Some of the questionnaires in this domain are “I know when I can have sex” and “I know where I can have sex”. The use of this validated questionnaire ensures the reliability and

validity of the data collected on sexual boundaries among youth participants (Appendix II).

Scale for Assessing SRB

Section D of the questionnaire assessed SRB using a standardized questionnaire adapted from Wherry et al. (2009). This section comprises 28 items categorized into three domains: sexual knowledge/interest, concerns about appearance, and sexual risk/misuse. The sexual knowledge/interest domain consisted of 16 items with questions such as, “Know more about sex than others my age”, and “Flirt with other teens or adults”. The sexual risk/misuse domain included 8 items, which comprised questions such as: “Use phone sex lines/sex chat rooms”, and “Flirt with other teens or adults”. Finally, the concerns about the appearance domain comprised 4 items. Examples of questions in the last domain included “Unhappy with my looks” and “Uncomfortable with my own body”. These items have undergone validation, with validity scores ranging from .65 to .84 (Wherry et al., 2009), ensuring the reliability and validity of the data collected on SRB among youth participants.

Reliability

Data reliability refers to the extent to which an instrument accurately measures what it is intended to measure (Sürücü & Maslakçı, 2020). It reflects whether the instrument consistently yields similar results when applied repeatedly under varying conditions. Put simply, reliability measures an instrument's stability, indicating its ability to produce consistent outcomes. The Cronbach’s alpha score of 0.7 or higher is generally considered acceptable for research purposes. To ensure the accuracy of the study findings, the study used validated instruments, including the psychological well-being scale with a Cronbach score ranging between .78 to .82 (Goodman, 1997); the boundary setting with a Cronbach score between .89 to .93 (Muhammad et al., 2017);

and the risky sexual risk Behaviours scale with a Cronbach score of .65 to .84 (Wherry et al., 2009).

In this study, the researcher further assessed the instrument's reliability through a pilot study. The Cronbach's alpha was calculated using the Statistical Package for the Social Sciences (SPSS) version 27. Table 4 shows the reliability statistics.

Variable	Cronbach's Alpha	N of Items
Psychosocial Well-being	.809	22
Boundary setting	.825	19
Sexual risk-taking	.796	27

Table 4: *Reliability Statistics*

The reliability of the instrument was examined using Cronbach's alpha coefficients, and the results indicated that all scales had acceptable to high reliability. Psychosocial well-being, measured with 22 items, yielded a Cronbach's alpha of .809, indicating strong reliability and suggesting that the items coherently captured aspects of participants' psychosocial health. Similarly, boundary setting, measured with 19 items, demonstrated the highest internal consistency (Cronbach's alpha = .825), indicating that the items consistently assessed individuals' ability to establish and maintain healthy sexual boundaries. Sexual risk-taking, measured with 27 items, also demonstrated satisfactory reliability (alpha = .796), suggesting that the items effectively reflected participants' engagement in sexual risk Behaviours.

Validity

Validity concerns the accuracy of the meaning conveyed by the instrument's items (Sürücü & Maslakçı, 2020). Validity is achieved when the instrument's content accurately reflects the researcher's intentions and when respondents interpret it

consistently. In this study, content validity was assessed by administering the instrument to respondents to ensure that it adequately captured the intended content. This process helps establish whether the instrument effectively measures the constructs of interest. Ambiguous items in the questionnaire were revised to improve face validity. Specifically, three out of five items on sexual intentions under Section C: Boundary setting were found to be ambiguous and were revised as follows: “I expect to have sex with my partner even without marriage”, “I want to have sex with my partner even if we do not get married”, and “I intend to have sex with my partner before marriage”.

Instrument Pretesting

Pilot testing, conducted before the main study, aims to replicate the conditions of the primary investigation (Pearson et al., 2020). This approach seeks to ensure that the results obtained closely mirror those of the actual study. Additionally, pilot studies enable researchers to assess the suitability of the instruments used in the study (Lewis et al., 2021). Should the instruments' validity fall below an acceptable threshold, pilot testing enables corrective actions. Moreover, pilot testing helps identify potential challenges that may arise during field study, thereby enabling researchers to proactively address them (Pearson et al., 2020). A pilot test was carried out with 37 from a sample of 365 youth at CITAM Kikuyu. This choice is made because CITAM Kikuyu is located near Nairobi City County and shares characteristics with other CITAM churches in the city. Conducting the pilot study at CITAM Kikuyu helped with practical knowledge of the research conditions in a relevant context.

Research Procedures

The research procedure outlines the steps for obtaining data from study participants (Khan et al., 2023). The study began by securing written consent from

Pan Africa Christian University. The university's Institutional Scientific and Ethics Review Committee (ISERC) issued an introductory letter, which was attached to subsequent correspondence. Upon approval, the researcher applied for a research permit from NACOSTI. With both the university's introductory letter and the NACOSTI permit, the researcher formally requested permission from CITAM to conduct the study in its assemblies. This request, along with copies of the required documents, was delivered to the targeted CITAM senior pastors. The researcher personally delivered the letters to facilitate discussions on scheduling the study.

The researcher engaged research assistants to help administer questionnaires and enter data. These research assistants were trained to ensure familiarity with the research instruments and the study protocol. They underwent training in ethical data collection, proper questionnaire administration, and accurate data entry into SPSS to minimize errors and bias. Before administering the questionnaire, participants were provided with the consent form to ensure they understood what the study entailed and could make an informed decision about whether to participate. The research protocol allowed prospective participants who declined to participate to leave the study hall while the researcher administered the questionnaire to those who had agreed.

Data Analysis

Data analysis provides a rigorous framework for researchers to draw conclusions from their research. In this study, SPSS version 27 was employed for data analysis (Khan et al., 2023). Descriptive statistics were used to provide an overview of participants' psychological well-being. This involved calculating means, standard deviations, and frequencies to characterize the sample's overall psychological health. Descriptive analysis provided a detailed snapshot of well-being levels, facilitating a better understanding of the psychological state of youth in the study population. To

investigate the relationship between SRB and psychological well-being, correlational analysis was employed. This technique examined the strength and direction of the relationship between the two variables using Pearson's correlation coefficient. This approach helped determine whether SRB is a significant predictor of psychological health among youth in the selected CITAM Assemblies. Mediational analysis was performed using regression techniques. This analysis allowed the researcher to test whether boundary setting acts as a mediator between SRB and psychological well-being. Mediational analysis provided insight into how boundary setting influences the relationship between SRB and psychological well-being, thereby explaining the underlying processes that shape youth well-being. The model used is as follows;

$$PsyW=\beta0+\beta1(SK/I) +\beta2(SR/M) +\beta3(CAA)+\beta4(BS)+\varepsilon2$$

Where:

- Sexual Knowledge/Interest (SK/I)
- Sexual Risk/Misuse (SR/M)
- Concerns about Appearance (CAA)
- Boundary Setting (BS)
- Psychological Well-being (PsyW)

Mediation was undertaken using Baron and Kenny (1986) as a guide in the Statistical Package for the Social Sciences (SPSS). The first step was to establish whether there is a significant relationship between SRB and psychological well-being. This was done by running a regression analysis with psychological well-being as the outcome variable and SRB as the predictor. The purpose of this step was to determine the total effect of SRB on psychological well-being before considering the mediator. A significant result indicated that SRB is associated with psychological well-being and suggests a relationship that may be mediated by boundary setting.

The second step examined whether SRB significantly predicts the mediator, boundary setting. This involved conducting a regression analysis where boundary setting was treated as the dependent variable and SRB as the predictor. The purpose was to determine whether changes in SRB were associated with changes in youths' ability to set boundaries. If SRB significantly influenced boundary setting, this would provide evidence that the independent variable affected the mediator, a necessary condition for mediation to occur.

In the third step, both SRB and boundary setting were entered simultaneously into a regression model predicting psychological well-being. This allowed the researcher to determine whether boundary setting significantly predicts psychological well-being and whether the effect of SRB on psychological well-being is reduced after controlling for boundary setting. If boundary setting significantly predicted well-being and the SRB effect became weaker, this suggested that part of SRB's influence on well-being operated through boundary setting. However, if the SRB effect disappeared, this demonstrated full mediation.

Ethical Consideration

Ethical considerations ensured that study participants were not harmed or exploited (Drolet et al., 2023). Organizational permissions needed to recruit participants include an ethical clearance certificate from PAC University's Institutional Scientific and Ethics Review Committee (ISERC), a research permit from the National Commission of Science, Technology, and Innovation (NACOSTI), and a research permission letter from CITAM.

The prospective participants were fully informed about the study's purpose, procedures, risks, and benefits, and written consent was obtained before participation. The researcher personally administered the consent process during data collection,

ensuring that all participants had adequate time to read and understand the consent form. Participants were informed of their right to voluntarily participate and their ability to withdraw at any stage without penalty. In instances involving minors or their legal guardians, third-party consent was obtained from the parents or legal guardians prior to participation, in addition to obtaining assent from the youth. The researcher explained the study to participants verbally, ensuring they understood all aspects, including the voluntary nature of participation and their right to withdraw at any time. The researcher confirmed verbal consent by asking participants to acknowledge their understanding and agreement before proceeding with data collection. This process was documented to ensure ethical transparency and full compliance with ethical standards.

Since the research involved adolescents who may not be able to provide full informed consent, stakeholder engagement included obtaining parental or guardian consent where necessary, in accordance with ethical guidelines. The researcher also engaged youth pastors and other relevant church leaders within the selected CITAM Assemblies to facilitate access and to ensure that the study aligned with church protocols. Adolescents were provided with age-appropriate information about the study, and their voluntary participation was secured through an assent process.

Participants could withdraw from the study at any time before or during data collection, without penalty or consequence, by informing the researcher. If a participant decided to withdraw, they could either withdraw entirely or request that their data be excluded from the study. However, this right would lapse once the data collection stage was complete. Any data collected before withdrawal may be unretrievable if it has been processed, as it would no longer be directly traceable to

the individual. The researcher ensured that participants were fully aware of this limitation during the informed consent process.

The participants did not receive monetary compensation; however, they were given free pens as a token of appreciation for their time and effort in completing the questionnaires. These pens were theirs to keep after the study. If a participant did not complete the study, they were not entitled to the pens. Participants incurred no expenses because the research was conducted during the assemblies they attended. The anticipated risks for participants in this study were minimal but may have included psychological discomfort when responding to questions related to SRB and psychological well-being. These risks were considered unlikely and were mitigated by assuring participants that their responses would be kept confidential, that participation was voluntary, and that they could skip any questions that made them uncomfortable. Additionally, questionnaires were administered anonymously in a private setting to protect participants' privacy. No third-party or community risks were anticipated.

To ensure privacy and confidentiality, all participant data were securely stored in password-protected files accessible only to the researcher and authorized research assistants involved in data entry and analysis. The data was stored on a secure, encrypted hard drive, and any physical copies, such as consent forms, were kept in a locked cabinet. Participant identities were anonymized using unique identifiers, and no personal identifying information was linked to the data in the final analysis. Data is retained for 1 year after the study's completion, after which it is to be shredded and securely disposed of to prevent any breach of confidentiality.

Study results would be shared with participants in a summarized and accessible format after data analysis was complete. This included a brief, easy-to-understand PowerPoint summary highlighting key findings and their implications,

presented as a PDF, sent via email, or shared through the church administration of the respective CITAM Assemblies. Additionally, participants were informed during data collection that they could request a copy of the summary results if they were interested. The researcher also intended to disseminate research findings through conference presentations. When research results are shared, participant confidentiality is strictly protected by ensuring that no names or identifying information are included in any reports, presentations, or publications. Participants were not identified directly or indirectly, and all data were presented in aggregate form.

Chapter Summary

This chapter has outlined the study's foundational elements, beginning with the theoretical framework and followed by a description of the study site. The chapter then discussed the population study and the sampling procedures. The chapter further details how the final study participants were selected, followed by a discussion of the preferred data collection methods and procedures. Next, the chapter has outlined the instruments employed for data collection and explained the steps taken to ensure their reliability and validity. The chapter has also included information on the pretests conducted before the main study to assess the feasibility and clarity of the instruments. The chapter concludes with a detailed data analysis plan and an ethical consideration. Introduce the next chapter.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

INTRODUCTION

This chapter presents, analyses, interprets, and discusses the research findings. The chapter is organized into four sections. The first section presents the interpretation and discussion of the study's response rate and demographic results. The remaining sections align with the study objectives. Accordingly, the section presents a descriptive analysis of youth psychological well-being. The third section presents inferential analysis and discussion of the relationship between SRB and the psychological well-being of youth. The last section analyses and discusses the mediating role of boundary setting on the relationship between SRB and the psychological well-being of youth.

Response Rate

The proportion of respondents who completed and returned the questionnaires among all administered questionnaires constitutes the response rate (Holtom et al., 2022). A total of 365 questionnaires were administered, out of which 278 successful responses were obtained. Table 5 presents the response rate.

Response category	Frequency	Percent
Successfully filled and returned questionnaires	278	76.2%
Unreturned questionnaires	87	23.8%
Total	365	100.0%

Table 5: *Response Rate*

Table 5 shows the response rate. The response rate was 76.2%. This compares favourably with similar studies on SRB among youth, such as those by Tekletsadik et al. (2022), which reported response rates exceeding 70%. The obtained response rate is in line with Schumm et al. (2025), who argued that response rates above 70 percent

are considered excellent for analysis. Therefore, the response rate obtained was considered adequate for survey research and provided a sufficient basis for reliable data analysis and interpretation. What is the acceptable response rate in the University research handbook?

Gender Distribution of Respondents

Figure 3 presents the gender distribution of the respondents.

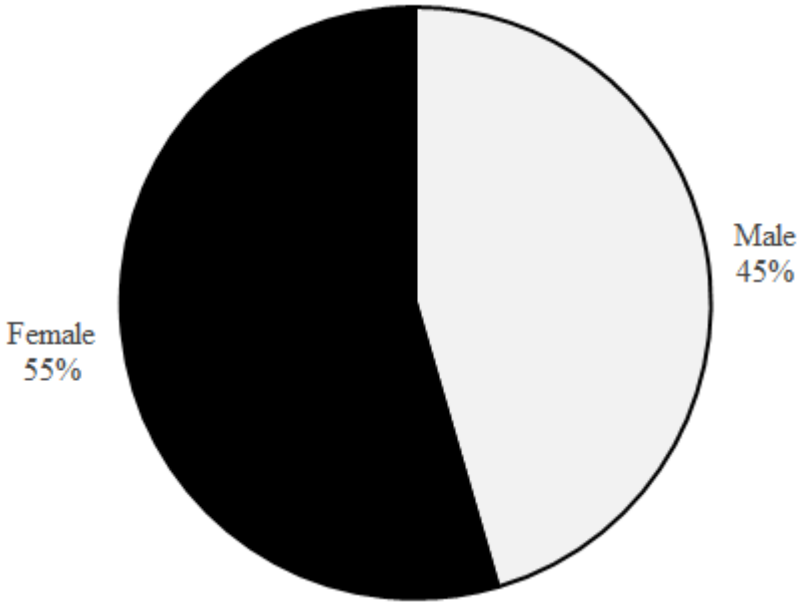


Figure 3: *Gender Distribution of Respondents*

Figure 3 shows that female respondents accounted for 55% of the sample, whereas male respondents accounted for 45%. This distribution indicates a relatively balanced gender representation, indicating that both genders were adequately represented in the study. The finding is consistent with a study by Closson et al. (2020), which reported that female participants comprised 57% of the sample, whereas male respondents comprised 43%.

Age Distribution of Respondents

Figure 4 presents descriptive statistics for respondents' age.

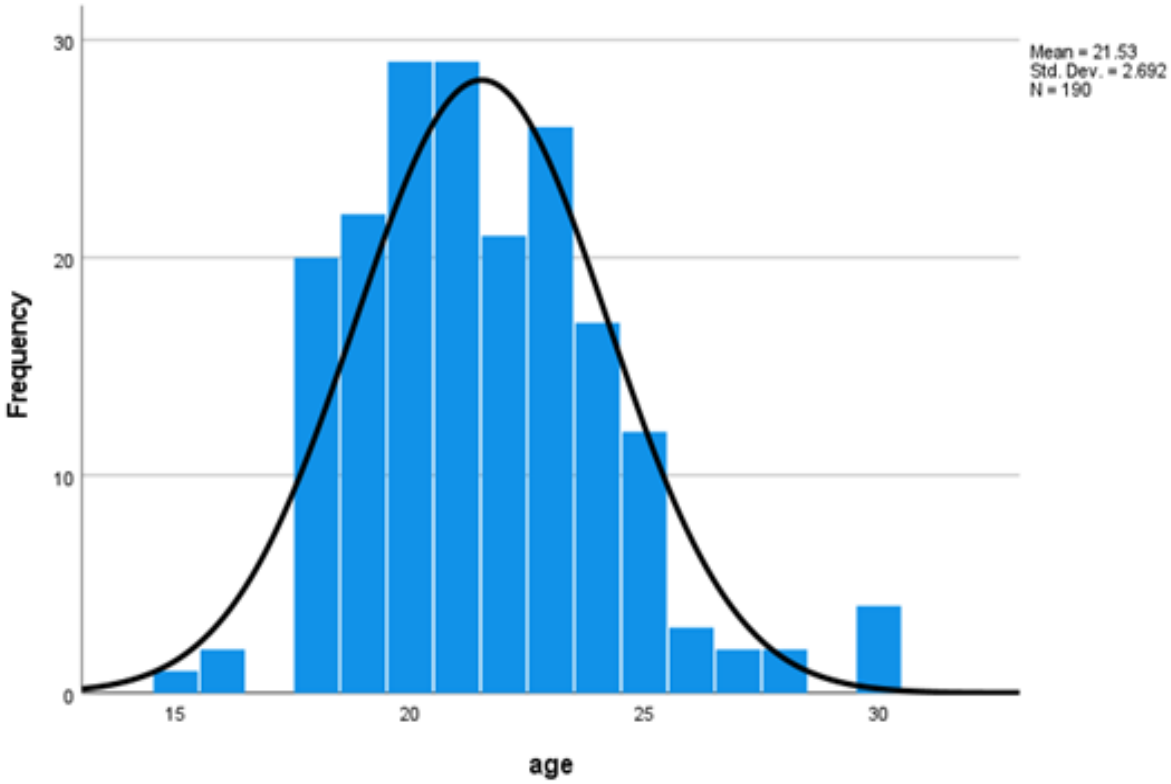


Figure 4: *Distribution by Age*

Present the findings first, then interpret. The results indicate that the mean age of the respondents was 21.53 years (SD = 2.69). The ages ranged from 15 to 30 years. This finding agrees with the age distribution in a study of sexual behaviour and contraceptive use among unmarried Sri Lankan youth conducted by Kumarasinghe et al. (2022), which drew participation from the youth in the age range of 15 – 24 years. The age distribution indicates that most respondents were aged 18-25, suggesting that the majority were young adults who had already attained the age of consent.

Education Level of Respondents

Table 6 presents the distribution of respondents by educational level.

Education level	**Frequency**	**Percent**
No education	0	0.0%
Primary school level	0	0.0%
Secondary school level	16	5.8%
Undergraduate level	227	81.6%
Graduate/masters level	35	12.6%
Total	278	100.0%

Table 6: *Distribution of Respondents by Education Level*

Table 6 shows the Distribution of Respondents by Education Level. Start presenting how they appear on the table. You have started with the highest, yet it is not the first on the table. The majority of respondents were at the undergraduate level, comprising 227 (81.6%). This was followed by those at the graduate or master's level, comprising 35 respondents (12.6%), while a smaller proportion had attained secondary school-level education, totaling 16 respondents (5.8%).

The results indicate that the sample was predominantly composed of respondents with university-level education, reflecting a high level of literacy among the sampled youth. This finding is consistent with the study conducted in South Africa by Closson et al. (2020), who reported that most participants had attained a postsecondary level of education.

Salvation Status

Respondents were asked whether they were born again. Table 7 presents the respondents' salvation status.

Are you born again?	Frequency	Percent
Yes	269	96.8%
No	9	3.2%
Total	278	100.0%

Table 7: *Salvation Status*

Table 7 presents Salvation Status. The results indicate that the majority of respondents (269, 96.8%) reported being born again, whereas only 9 (3.2%) reported not being born again. The findings show that most participants identified as born again, reflecting a high prevalence of salvation commitment among the respondents. This signifies a high potential for the influence of religious and spiritual values on SRB youth, aligning with research by Rotich (2024), which identified church affiliation as a salient determinant of sexual attitudes and behaviors among youth.

Levels of Psychological Well-being of Youth in Selected CITAM Assemblies

The first objective of the study was to assess the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. In this section, a descriptive analysis of the findings regarding psychological well-being indicators is presented and discussed. These are: hyperactivity, emotional symptoms, conduct problems, peer problems, and pro-social orientation.

Hyperactivity

Table 8 presents the percentage distribution of the responses to selected hyperactivity items as indicators of psychological well-being.

Hyperactivity items		Not True	Somewhat True	Certainly True	Total
Restless, over-reactive, cannot stay still for long	f	140	102	36	278
	%	50.4%	36.7%	12.9%	100%
Often has temper tantrums or hot tempers	f	196	61	21	278
	%	72.5%	21.9%	7.6%	100%

Table 8: *Percentage Distribution of Respondents by Hyperactivity Items*

Table 8 presents the percentage distribution of respondents by hyperactivity items. With regard to restlessness and over-reactivity, half of the respondents (50.4%) indicated that this was not true of them, while 36.7% reported that it was somewhat true, and 12.9% stated that it was certainly true. However, most respondents (72.5%) reported that they did not often have temper tantrums or hot tempers, whereas 21.9% indicated that this was somewhat true, and 7.6% reported that it was certainly true. Collectively, the findings suggest that most youth exhibited moderate levels of hyperactivity-related Behaviours. This finding suggests a moderate change in hyperactivity that contributes to SRB, in line with research by Hertz et al. (2022), which links SRB to youth temperament.

Emotional Symptoms

Table 9 presents the distribution of respondents' emotional symptoms as indicators of psychological well-being.

Emotional symptoms items		Not True	Somewhat True	Certainly True	Total
Often complains of headaches, stomach aches, or sickness	F	180	68	30	278
	%	64.7%	24.5%	10.9%	100%

Emotional symptoms items		Not True	Somewhat True	Certainly True	Total
Rather solitary, stands to be alone	F	88	109	81	278
	%	31.7%	39.2%	29.1%	100%
Many worries often seem worried	F	106	109	63	278
	%	38.1%	39.2%	22.7%	100%
Constantly fidgeting or squirming	F	96	81	101	278
	%	34.5%	29.1%	36.3%	100%
Often unhappy, down-hearted, or tearful	F	203	56	19	278
	%	73.1%	20.1%	6.9%	100%
Easily distracted, concentration wanders	F	102	116	60	278
	%	36.7%	41.8%	21.7%	100%
Nervous or clingy in new situations, easily loses confidence	F	116	108	54	278
	%	41.4%	38.8%	19.4%	100%
Many fears easily scare	F	168	78	32	278
	%	60.4%	28.1%	11.5%	100%

Table 9: *Distribution of Respondents by Emotional Symptoms*

Table 9 shows the distribution of respondents by emotional symptoms. The findings show that the majority of respondents reported low levels of several emotional difficulties. 64.7% indicated that frequent physical complaints such as headaches or stomach-aches were not true of them, and 73.1% reported that they were not often unhappy, downhearted, or tearful. Similarly, most respondents reported few fears (60.4%) or nervousness and loss of confidence in new situations (41.4%). However, relatively higher proportions of respondents reported emotional challenges to some extent, including being rather solitary or preferring to be alone (68.3% somewhat or certainly true), having many worries (61.9% somewhat or certainly true), constant fidgeting or squirming (65.4% somewhat or certainly true), and being easily distracted (63.5% somewhat or certainly true). The results suggest a mixed

pattern of emotional symptoms among the youth, with generally low levels of severe emotional distress but notable moderate emotional problems. This finding is consistent with Arslan (2023), who identified the psychological well-being of young people as a pressing concern.

Conduct Problems

Table 10 presents the distribution of respondents' conduct problems as indicators of psychological well-being.

Conduct problem items		Not True	Somewhat True	Certainly True	Total
Often lies or cheats	F	175	79	24	278
	%	62.9%	28.5%	8.6%	100%
Steals from home, school, or elsewhere	F	142	56	80	278
	%	51.0%	20.0%	29.0%	100%

Table 10: *Distribution of Respondents by Conduct Problems*

Table 10 shows the distribution of respondents by conduct problems. The findings show that a majority of respondents (62.9%) reported that lying or cheating was not true of them, while 28.4% indicated that it was somewhat true, and 8.6% reported that it was certainly true. Similarly, 51.0% indicated that stealing from home, school, or elsewhere was not true of them, while 20.0% reported that it was somewhat true, and a substantial proportion (29.0%) stated that it was certainly true. The results suggest that while most respondents reported low levels of conduct problems, suggesting that some of the youths had conduct problems, which is in keeping with the study by Bozzini et al. (2020) in the UK, which observed the presence of conduct problems among the youth and linked it to their family context.

Peer Problems

Table 11 presents the distribution of respondents' peer problems as indicators of psychological well-being.

Peer problems items		Not True	Somewhat True	Certainly True	Total
Often quarrel with other youths, siblings, classmates, colleagues, or bullies them	f	226	38	14	278
	%	81.3%	13.7%	5.0%	100%
Picked or bullied by others	f	217	43	18	278
	%	78.1%	15.5%	6.5%	100%
Gets on better with adults than with other children	f	88	122	68	278
	%	31.7%	43.9%	24.5%	100%

Table 11: *Distribution of Respondents by Peer Problems*

Table 11 shows the distribution of respondents by peer problems. The findings indicate that the majority of respondents reported positive peer relations. 81.3% reported rarely quarrelling with or bullying other youths, and 78.1% reported not being picked on or bullied by others. However, a notable proportion of respondents reported some level of peer-related difficulty, particularly in relating to age-mates, as 43.9% indicated that getting on better with adults than with other youths was somewhat true, and 24.5% reported that it was certainly true. Together, the results suggest generally low levels of overt peer conflict and victimization, alongside moderate challenges in peer socialization for some respondents. This is in contrast to the study by Sejati and Olimpia (2023), which identified problems with peers as a key factor to SRB. This may be explained by the fact that the research was conducted in the church context, where godly values are promoted.

Pro-social Behaviour

Table 12 presents the distribution of respondents' pro-social Behaviours as indicators of psychological well-being.

Pro-social items		Not True	Somewhat True	Certainly True	Total
Consideration of other people's feelings	f	8	66	204	278
	%	2.9%	23.7%	73.4%	100%
Shares readily with other youth members, siblings, classmates, colleagues, etc.	f	44	140	91	278
	%	16.9%	50.4%	32.7%	100%
Generally obedient, usually does what adults request	f	20	132	124	278
	%	7.2%	48.2%	44.6%	100%
Helpful if someone is hurt, upset, or feeling ill	f	12	58	208	278
	%	4.3%	20.9%	74.8%	100%
Generally liked by other youths, siblings, classmates, colleagues	f	19	145	114	278
	%	6.8%	54.1%	41.0%	100%
Kind to other youths	f	12	54	278	278
	%	4.3%	19.4%	76.3%	100%
Often volunteers to help others (parents, teachers, other children)	f	20	96	162	278
	%	7.2%	34.5%	58.3%	100%
Sees tasks through to the end, good attention	f	35	114	129	278
	%	12.6%	41.0%	46.4%	100%

Table 12: *Distribution of Respondents by Pro-social Behaviour*

Table 12 shows the distribution of respondents by pro-social behaviour. The findings indicate a high level of prosocial orientation among respondents, with a large majority reporting that positive Behaviours were certainly true of them. In particular, most respondents reported strong consideration for other people's feelings (73.4%), being helpful when others are hurt, upset, or ill (74.8%), kindness to other youths

(76.3%), and willingness to volunteer to help others (58.3%). Additionally, substantial proportions indicated that they were generally obedient (44.6%), generally liked by others (41.0%), and able to see tasks through to completion with good attention (46.4%). The results suggest that the respondents demonstrated strong pro-social tendencies, reflecting positive social functioning. This finding may be explained by the church's social context, in which social norms are likely to encourage prosocial behaviour. This aligns with Mason et al. (2020), who argued that social norms shape whether SRB are accepted or discouraged within communities, whereas self-efficacy pertains to young people's confidence in engaging in behaviours that lead to desired outcomes, shaped by their value systems. The high levels of kindness, helpfulness, obedience, and social acceptance suggest that supportive relationships and positive social norms within the church environment foster healthy social development and reinforce desirable behaviours. This reflects Bronfenbrenner's ecological systems theory, which holds that human development is influenced by reciprocal interactions between individuals and the multiple systems around them, with immediate social contexts playing a critical role in shaping behaviour and well-being.

Relationship between SRB and Psychological Well-being

The second objective of the study was to investigate the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. This section presents descriptive analysis of sexual risk behaviours, followed by correlation analysis between SRB and the psychological well-being of the youth.

Descriptive Analysis of Sexual Knowledge/Interest

Respondents were asked to indicate whether they agreed or disagreed with statements related to their sexual knowledge/interest on a 5-point scale from strongly disagree to strongly agree. Table 13 presents the output.

Sexual Knowledge/Interest items	Mean	Std. Deviation
I know when I can have sex	4.07	1.369
I know where I can have sex	4.03	1.326
I can decide on my sexual activity	4.27	1.196
Whether I have sex or not is entirely up to me	4.03	1.457
I know more about sex than others of my age	2.78	1.310
Flirt with other teens or adults	2.46	1.394
Make comments to my friends	2.12	1.335
Stand too close to others	2.21	1.267
I don't prefer to socialize with the opposite sex	1.95	1.242
Talk about sexual Behaviours	2.54	1.341
Wear clothes that show off underwear or skin	1.79	1.194
Quickly become sexual in relationships	1.78	1.156
Others are worried about my sexual Behaviours	1.50	1.039
Make sexual comments to adults	1.55	1.038
Very interested in the opposite sex	3.27	1.502
Interested in media with sexual content	1.71	1.021
Show of my skin or body parts	1.69	1.111
Get used sexually by others	1.35	.904
I am shy about undressing	2.77	1.505
Have one boyfriends and girlfriends	2.89	1.745

Table 13: *Mean and Standard Deviation Scores for Sexual Knowledge/Interest Items*

The findings indicate that respondents generally reported a high level of personal sexual knowledge and autonomy, with mean scores above 4.0 for items such as knowing when to have sex (M = 4.07, SD = 1.37), knowing where to have sex (M

= 4.03, SD = 1.33), and being able to decide on their sexual activity (M = 4.27, SD = 1.20). This finding contrasts with the results of a study by Duby et al. (2022), which reported that lack of knowledge was a variable in the equation for sexual risk Behaviours. This finding indicates that, in the present study, a high level of awareness and knowledge regarding sexual matters was observed. This may be explained by the respondents' high level of education.

Lower mean scores were observed for behaviours reflecting risky or overt sexual interest, such as being used sexually by others (M = 1.35, SD = 0.90), showing off body parts (M = 1.69, SD = 1.11), and engaging with sexual media (M = 1.71, SD = 1.02). Moderate levels of sexual curiosity and social interest were reported for items such as being very interested in the opposite sex (M = 3.27, SD = 1.50), having one boyfriend or girlfriend (M = 2.89, SD = 1.75), and being shy about undressing (M = 2.77, SD = 1.51). Together, the results suggest that respondents demonstrate considerable knowledge and personal agency regarding sexual matters, alongside generally cautious or moderate sexual Behaviours and interests. This finding contradicts the results of a study by Ngoc et al. (2020), which found that risky sexual Behaviour remained consistent across different age groups among the youth. This finding may be explained by the church's social context, aligning with Bronfenbrenner's Ecological Systems Theory, which links Behavior to the environmental context that either prohibits or enables it.

Descriptive Analysis of Sexual Risk/Misuse

Table 14 presents the mean and standard deviation scores for respondents' sexual risk and misuse Behaviours.

Sexual Risk/Misuse	Mean	Std. Deviation
I know when I can have sex	4.07	1.369
I know where I can have sex	4.03	1.326
I can decide on my sexual activity	4.27	1.196
Whether I have sex or not is entirely up to me	4.03	1.457
Use phone sex lines/ sex chat rooms	1.39	.952
Push others into having sex with me	1.25	.792
Have had a sexually transmitted disease	1.20	.761
Run away to an unsafe place	1.51	1.118
Afraid of males	1.90	1.349
Watch pornography	1.71	1.192
Masturbate	1.72	1.227

Table 14: *Mean and Standard Deviation Scores for Sexual Risk/Misuse Items*

Table 14 presents Mean and Standard Deviation Scores for Sexual Risk/Misuse Items. The findings indicate that respondents generally reported high levels of sexual knowledge and autonomy, with mean scores above 4.0 for items such as knowing when to have sex (M = 4.07, SD = 1.37), knowing where to have sex (M = 4.03, SD = 1.33), being able to decide on their sexual activity (M = 4.27, SD = 1.20), and feeling that whether they have sex or not is entirely up to them (M = 4.03, SD = 1.46). In contrast, low mean scores were observed for risky or unsafe sexual Behaviours, including using phone sex lines or chat rooms (M = 1.39, SD = 0.95), pushing others into sex (M = 1.25, SD = 0.79), having had a sexually transmitted disease (M = 1.20, SD = 0.76), running away to unsafe places (M = 1.51, SD = 1.12), and watching pornography (M = 1.71, SD = 1.19). Masturbation and fear of males showed slightly higher but still moderate mean scores (M = 1.72, SD = 1.23; M =

1.90, SD = 1.35, respectively). The results suggest that while respondents exhibit strong knowledge and control regarding their sexual activity, engagement in risky or unsafe sexual Behaviours is generally low.

Concerns about Appearance

Table 15 presents the descriptive analysis of respondents' concerns about appearance.

Concerns about Appearance	Mean	Std. Deviation
Unhappy with my looks	1.73	1.177
Uncomfortable with my own body	1.84	1.231
Concerned about looking just	3.01	1.445
Spend a lot of time in front of the mirror	2.90	1.566

Table 15: *Descriptive Analysis of Concerns about Appearance*

Table 15 presents Descriptive Analysis of Concerns about Appearance. The findings indicate generally low levels of negative self-perception, with mean scores indicating that respondents were largely not unhappy with their appearance (M = 1.73, SD = 1.18) and did not feel uncomfortable with their bodies (M = 1.84, SD = 1.23). Moderate concern was reported regarding looking "just right" (M = 3.01, SD = 1.45) and spending time in front of the mirror (M = 2.90, SD = 1.57). The results suggest that, although respondents show some attention to their appearance, negative body image concerns are relatively low among youth.

Correlation between Sexual Risk Behaviour and Psychological Well-being

Spearman's rank correlation coefficient was used to analyze the relationship between sexual risk Behaviour and psychological well-being of the youth. Table 16 presents the output.

			Psychological Well-being	Sexual Risk Behaviour
Spearman's rho	Psychological Well-being	Correlation Coefficient	1.000	-.231**
		Sig. (2-tailed)	.	.000
		N	278	276
	Sexual Risk Behaviour	Correlation Coefficient	-.231**	1.000
		Sig. (2-tailed)	.000	.
		N	278	276

**. Correlation is significant at the 0.01 level (2-tailed).

Table 16: *Correlation of Psychological Well-being and Sexual Risk Behaviour*

The results in Table 16 indicate a significant negative correlation between psychological well-being and sexual risk behaviour. ($\rho = -0.231$, $p < 0.01$), suggesting that lower engagement in SRB was associated with higher psychological well-being. This finding implies that youth who were less likely to participate in risky sexual activities were more likely to experience high psychological well-being. This finding is consistent with the study by Tegegne (2022), which investigated the impact of sexual irresponsibility on psychological well-being among students in Indonesia and reported that students' sexual Behaviour was significantly associated with feelings of inadequacy and social comparison, which signifies negative psychological well-being.

Mediating Role of Boundary Setting

The third objective of the study was to determine the mediating role of boundary setting on the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. A

descriptive analysis of boundary-setting dimensions is first presented and analyzed, followed by a mediation analysis.

Descriptive Analysis of Sex Intention

Respondents were asked to indicate their level of agreement with sex intention statements, where 1 represents strongly disagree, 2 represents disagree, 3 represents neutral, 4 represents agree, and 5 represents strongly agree. Table 17 presents the descriptive analysis of respondents' sex intentions as an indicator of boundary setting.

Sex intention items	Mean	Std. Deviation
I expect to have sex with my partner without marriage	2.01	1.351
I want to have sex with my partner even if we do not get married	1.92	1.331
I intend to have sex with my partner before marriage	1.97	1.346
I would like to have sex to see what it is like	2.21	1.404
I would have sex now if I could find a partner who would do it with me	1.76	1.310

Table 17: *Mean and Standard Deviation of Sex Intention Items*

Table 17 shows the mean and standard deviation of sex intention items. The findings show that respondents reported low expectations of having sex with a partner without marriage (M = 2.01, SD = 1.35) and low desire to have sex even if marriage did not occur (M = 1.92, SD = 1.33). Similarly, intentions to have sex before marriage were low (M = 1.97, SD = 1.35), as were immediate intentions to engage in sex if a willing partner were available (M = 1.76, SD = 1.31). Although relatively higher, interest in having sex to see what it is like also remained low (M = 2.21, SD = 1.40). Collectively, the findings suggest strong boundary setting characterized by low sexual intention among the respondents. This finding supports Urie Bronfenbrenner's Ecological Systems Theory which suggests that positive social environments and

social norms reinforcement can shape youths' attitudes and intentions toward healthy sexual Behaviour.

Descriptive Analysis of Sex Attitude

Table 18 presents the mean and standard deviation scores for respondents' attitudes towards sex as an aspect of boundary setting.

Attitude towards Sex Items	Mean	Std. Deviation
I believe a sexual encounter that lasts only once is all right	1.78	1.250
Youths should have sex before their marriage to see whether they are suited to each other	1.68	1.136
Youths can have sex provided they use methods to stop pregnancy	1.95	1.282
Youths can have sex if they are unable to control their sexual desire	1.76	1.224

Table 18: *Mean and Standard Deviation Scores for Attitude towards Sex Items*

The findings indicate generally low acceptance of permissive sexual Behaviours, with mean scores ranging from 1.68 (SD = 1.14) for the statement that youths should have sex before marriage to see if they are suited to each other, to 1.95 (SD = 1.28) for the view that youths can have sex provided they use methods to prevent pregnancy. Similarly, respondents disagreed that a one-time sexual encounter is acceptable (M = 1.78, SD = 1.25) or that youths may have sex if unable to control sexual desire (M = 1.76, SD = 1.22). The results suggest that respondents hold conservative attitudes towards sexual activity, reflecting strong adherence to sexual boundaries. This may be explained by the fact that the study sample was drawn from church-going youth, and hence, could be influenced by moral values espoused by the church as a social context. This is consistent with Estrada et al. (2019), whose investigation of the nexus between SRB and psychological well-being of Christian youth in Japan found that religion significantly shapes societal values, contributing to

the resilience of adolescents against social ills such as risky sexual behaviours. This finding underscores the importance of boundary setting, which, according to Hegde et al. (2022), is an important skill that influences the way young people approach issues about their sexuality.

Descriptive Analysis of Social Norms

Table 19 presents the mean and standard deviation of respondents' perceptions of social norms regarding sexual behaviour.

Social norms	Mean	Std. Deviation
Most of my friends are practicing sex before marriage	3.33	1.473
Most of my friends think it is mature to practice sex at my age	3.13	1.466
Most of my friends think that female youths do not have to maintain their virginity	2.84	1.435
Most of my friends believe that male youths are allowed to practice sex before marriage	2.89	1.493
Most of my friends think that you can have sex before marriage if you are in love	3.12	1.531
Most of my friends think that youths who have never been involved in sexual intercourse before marriage are old-fashioned	2.68	1.551

Table 19: *Mean and Standard Deviation Scores for Social Norms Items*

The findings indicate moderate agreement with statements reflecting peers' engagement in or approval of premarital sex, with mean scores ranging from 2.68 (SD = 1.55) for the view that youths who have never had sexual intercourse before marriage are old-fashioned, to 3.33 (SD = 1.47) for the perception that most friends are practicing sex before marriage. Other items, including beliefs that it is mature to practice sex at their age (M = 3.13, SD = 1.47), that female youths do not have to maintain virginity (M = 2.84, SD = 1.44), that male youths are allowed to have sex

before marriage (M = 2.89, SD = 1.49), and that sex before marriage is acceptable if in love (M = 3.12, SD = 1.53), also indicate moderate peer influence. Collectively, the results suggest that respondents perceive peers as somewhat supportive of premarital sexual activity. This finding aligns with the argument advanced by Guilamo et al. (2020) that peers provide the primary social framework through which young people perceive the world – when peers engage in risky sexual Behaviours, others within the same social circle are likely to adopt similar patterns.

Descriptive Analysis of Sexual Self-Efficacy

Table 20 presents the mean and standard deviation scores for respondents' sexual self-efficacy.

Self-efficacy	Mean	Std. Deviation
I know when I can have sex	4.07	1.369
I know where I can have sex	4.03	1.326
I can decide on my sexual activity	4.27	1.196
Whether I have sex or not is entirely up to me	4.03	1.457

Table 20: *Mean and Standard Deviation Scores for Sexual Self-Efficacy Items*

The results indicates high levels of perceived control over sexual activity, with mean scores above 4.0 for all items: knowing when to have sex (M = 4.07, SD = 1.37), knowing where to have sex (M = 4.03, SD = 1.33), being able to decide on their sexual activity (M = 4.27, SD = 1.20), and feeling that whether they have sex or not is entirely up to them (M = 4.03, SD = 1.46). The results suggest that respondents demonstrate strong sexual self-efficacy, reflecting confidence in their ability to make autonomous and informed decisions regarding sexual Behaviour. This finding agrees with the definitive meaning of self-efficacy as explicated by Mason et al. (2020), who noted that it pertains to young people's confidence in executing Behaviours that lead to desired outcomes, shaped by their value systems.

Mediation Analysis

To test the mediating role of boundary setting on the relationship between SRB and psychological well-being of youth, Baron and Kenny (1986) used a regression analysis process as follows: Firstly, psychological well-being was first regressed on SRB to establish whether there was a significant effect using the following simple linear regression equation:

Psychological Well-being=$\beta_0+\beta_1$*(Sexual Risk Behaviours) +ε

Table 21 presents the findings:

Model Summary

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.182[a]	.033	.030	5.44471

a. Predictors: (Constant), sexual risk Behaviour

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	277.458	1	277.458	9.359	.002[b]
	Residual	8122.701	274	29.645		
	Total	8400.159	275			

a. Dependent Variable: Psychological Well-being

b. Predictors: (Constant), Sexual Risk Behaviour

Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	T	Sig.
1	(Constant)	35.846	1.426		25.142	.000
	Sexual Risk Behaviour	-1.956	.639	-.182	-3.059	.002

a. Dependent Variable: Psychological Wellbeing

Table 21: *Regression of Psychological Well-being on Risky Sexual Behaviours*

Table 21 shows the regression of psychological well-being on risky sexual behaviours. The model summary shows that sexual risk behaviours significantly explained 3.3% of the variability in psychological well-being of the youth; F (1) =

9.359, R^2=.033, p<.01. An examination of the coefficients reveals that there was a statistically significant negative association between sexual risk Behaviour and psychological well-being (β=-1.956, t=-3.059, p<.01). The final equation is as shown below:

Psychological well-being =35.846-1.956*(Sexual Risk Behaviours) +ε

Secondly, the mediator variable – boundary setting – was also regressed on SRB to test for a significant effect. The following regression formula was used:

Boundary Setting=β_0+β_1*(Sexual Risk Behaviours) +ε You need to interpret and discuss

The output is presented in Table 22.

Model Summary

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.461[a]	.213	.210	.72869

a. Predictors: (Constant), Sexual Risk Behaviour

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	39.009	1	39.009	73.465	.000[b]
	Residual	144.428	272	.531		
	Total	183.437	273			

a. Dependent Variable: Boundary setting

b. Predictors: (Constant), Sexual Risk Behaviour

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.030	.191		5.389	.000
	Sexual Risk Behaviour	.735	.086	.461	8.571	.000

a. Dependent Variable: Boundary setting

Table 22: *Regression of Boundary Setting on Sexual Risk Behaviours*

The findings show that sexual risk behaviors significantly explained 21.3% of the variability in psychological well-being of the youth; F (1) = 73.465, R^2=.213, p<.01. Sexual risk Behaviour was positively and significantly associated with boundary setting (β=.735, t=8.571, p<.01). The final equation is as follows:

Boundary Setting=1.030+.735*(Sexual Risk Behaviours) +ε Interpret and discuss the findings

Thirdly, psychological well-being was regressed on both SRB and boundary setting to test whether there was a statistically significant effect after accounting for sexual risk Behaviours. Table 23 displays the output.

Model Summary

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.220[a]	.048	.041	5.42607

a. Predictors: (Constant), Boundary setting, Sexual Risk Behaviour

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	403.883	2	201.941	6.859	.001[b]
	Residual	7978.851	271	29.442		
	Total	8382.734	273			

a. Dependent Variable: Psychological Well-being

b. Predictors: (Constant), Boundary setting, Sexual Risk Behaviour

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	36.794	1.497		24.580	.000
	Sexual Risk Behaviour	-1.271	.719	-.118	-1.768	.078
	Boundary setting	-.936	.452	-.138	-2.073	.039

a. Dependent Variable: Psychological Well-being

Table 23: *Regression of Psychological well-being on SRB and Boundary setting*

Table 23 presents the regression of psychological well-being on SRB and boundary setting. The findings show that the regression model significantly explained 4.8% of the variability in psychological well-being of the youth; F (2) = 6.859, R^2=.048, p<.01. However, only boundary setting was significantly associated with psychological well-being (-.936, t=-2.073, p<.05) while the effect of sexual risk Behaviour on psychological well-being was no longer significant (β=-1.271, t=-1.768, p>.05). This means that boundary setting fully mediated the relationship between SRB and psychological well-being.

The final equation is as follows:

$$\text{Psychological Well-being} = 36.794 - 1.271*(\text{Sexual Risk Behaviours}) - .936*(\text{Boundary Setting}) + \varepsilon$$

The full mediation effect of boundary setting between SRB and psychological well-being is consistent with prior research by Eyiah-Bediako (2020), who conducted a study in Ghana and found that the discipline of boundary setting significantly reduced sexual intentions and encouraged cautious attitudes toward sex among adolescents. It means that boundary setting is the primary mechanism by which SRB affects the youth's psychological well-being.

Chapter Summary

This chapter has presented the analysis and interpretation of the research findings. This comprised the generation of descriptive statistics such as percentage frequencies, mean, and standard deviation scores. The relationship between the variables has been tested using Spearman's rank correlation technique. The chapter included a demonstration of the mediation test. All the results have been presented in figures and tables as appropriate. In the next chapter, the key results are summarized and final conclusions drawn.

CHAPTER FIVE: SUMMARY OF FINDINGS, RECOMMENDATIONS, AREAS FOR FURTHER RESEARCH, AND CONCLUSIONS

INTRODUCTION

This final chapter begins by summarizing the study's major findings. The key findings are summarized for each specific objective, and implications are discussed. The study's key contribution is also explained in this chapter. Subsequently, recommendations are proposed, followed by suggestions for further research areas.

Summary of Findings

The first objective of the study was to assess the level of psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. The study found that most respondents reported low levels of hyperactivity 50.4% indicated they were not restless or overreactive, and 72.5% reported no frequent temper tantrums. Emotional symptoms were largely low in severity, as 64.7% did not frequently experience physical complaints and 73.1% were not often unhappy or tearful; however, notable proportions reported moderate challenges such as being rather solitary (68.3% somewhat or certainly true), worrying frequently (61.9%), constant fidgeting (65.4%), and being easily distracted (63.5%). In the conduct domain, the majority (62.9%) did not often lie or cheat, but a substantial proportion reported stealing behaviours, with 30.8% indicating this was certainly true.

Peer relations were generally positive: 81.3% reported not often quarrelling or bullying others, 78.1% reported not being bullied, and 68.4% reported getting along better with adults than with peers. Pro-social behaviour was particularly strong, with high proportions reporting consideration for others' feelings (73.4%), kindness to other youths (76.3%), helpfulness when others were distressed (74.8%), and

willingness to volunteer to help others (58.3%), indicating robust social functioning despite the presence of moderate emotional and conduct-related concerns.

The second objective of the study sought to investigate the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. Respondents reported strong sexual self-agency, with high mean scores for knowing when to have sex (M = 4.07, SD = 1.37), knowing where to have sex (M = 4.03, SD = 1.33), deciding on their sexual activity (M = 4.27, SD = 1.20), and feeling that sexual involvement was entirely their choice (M = 4.03, SD = 1.46). In contrast, risky and unsafe sexual Behaviours were uncommon, as reflected by low mean scores for being used sexually by others (M = 1.35, SD = 0.90), using phone sex lines or chat rooms (M = 1.39, SD = 0.95), pushing others into sex (M = 1.25, SD = 0.79), having had a sexually transmitted disease (M = 1.20, SD = 0.76), and watching pornography (M = 1.71, SD = 1.19). Concerns about appearance were also relatively low, with respondents largely not unhappy with their looks (M = 1.73, SD = 1.18) or uncomfortable with their bodies (M = 1.84, SD = 1.23), although moderate attention was given to appearance, such as wanting to look "just right" (M = 3.01, SD = 1.45). Correlation analysis revealed a significant negative relationship between sexual risk behaviour and psychological well-being ($\rho = -0.231$, $p < 0.01$), indicating that lower involvement in SRB was associated with higher levels of psychological well-being among the youth.

The third objective of the study was to determine the mediating role of boundary setting in the relationship between SRB and psychological well-being among youth in selected CITAM Assemblies in Nairobi City County, Kenya. Descriptive analysis revealed that respondents reported low intentions to engage in premarital sex, with mean scores ranging from 1.76 (SD = 1.31) to 2.21 (SD = 1.40),

and held conservative sexual attitudes, as reflected by low agreement with permissive sexual norms (M range = 1.68–1.95). However, perceptions of peer social norms showed moderate support for premarital sex, with mean scores ranging from 2.68 (SD = 1.55) to 3.33 (SD = 1.47), indicating notable peer influence.

At the same time, sexual self-efficacy was high, with all items recording mean scores above 4.0 (e.g., ability to decide on sexual activity: M = 4.27, SD = 1.20), suggesting strong perceived control over sexual decisions. Mediation analysis showed that sexual risk Behaviour initially had a significant negative effect on psychological well-being ($\beta = -1.956$, $t = -3.059$, $p < .01$), accounting for 3.3% of the variance ($R^2 = .033$). Sexual risk behaviour also significantly predicted boundary setting ($\beta = .735$, $t = 8.571$, $p < .01$), accounting for 21.3% of its variance ($R^2 = .213$). When both sexual risk Behaviour and boundary setting were entered into the model, the overall regression remained significant ($F(2) = 6.859$, $R^2 = .048$, $p < .01$), but sexual risk Behaviour was no longer a significant predictor of psychological well-being ($\beta = -1.271$, $p > .05$). At the same time, boundary setting remained significant ($\beta = -.936$, $t = -2.073$, $p < .05$), indicating that boundary setting fully mediated the relationship between SRB and psychological well-being.

Implications

The results of the study provide strong support for the Ecological Systems Theory premise that development is shaped by immediate environmental influences, particularly the microsystem of family, church, and peers (El Zaatari & Maalouf, 2022; Pitri et al., 2024). Youth in CITAM assemblies demonstrated strong pro-social Behaviour, low engagement in risky sexual behaviours, and high sexual self-efficacy, suggesting that supportive interactions within their microsystems reinforce psychological well-being and healthy boundary setting. This aligns with findings by

Agajie et al. (2020), and Allsop et al. (2022), who emphasized the critical role of positive family and community support in reducing sexual risk Behaviours.

The findings also illustrate the relevance of the mesosystem and exosystem in shaping youth outcomes, consistent with the Ecological Systems Theory's principle of interconnectedness (O'Keefe et al., 2022; Malherbe, 2024). The study suggests that interactions among family, church, and peer groups (mesosystem) can strengthen or weaken boundary-setting practices, depending on message consistency and relational alignment, supporting the literature of Jackman et al. (2022) and Crawford (2020). Similarly, exosystem factors – such as access to community resources, sexual health education, and local media – indirectly influenced youth psychological WELL-BEING and sexual decision-making, corroborating Mirbahaeddin and Chreim (2022). These findings emphasize that environmental systems interact in complex ways: supportive mesosystem and exosystem structures can buffer youth against negative peer influences, whereas gaps in these systems may increase vulnerability.

At the macrosystem level, the study confirms that religious norms and broader societal expectations significantly impact youth Behaviour, consistent with Bronfenbrenner's (1979) emphasis on the dynamic environmental context (Clarke et al., 2021; Jackman et al., 2022). The strong sexual self-efficacy, conservative sexual attitudes, and low-risk sexual Behaviours observed among CITAM youth reflect the influence of church teachings and cultural norms that prioritize moral conduct, supporting prior research in Kenyan contexts (Ssewanyana et al., 2021). However, the moderate peer support for premarital sex indicates that macrosystem influences are tempered by social interactions within closer systems, showing that religious norms alone are insufficient to ensure appropriate Behaviour. Collectively, the findings underscore the theoretical implication that youth development and well-being are

shaped by multilevel, interacting environmental systems, and highlight the importance of considering both protective and risk factors across ecological layers when designing interventions.

In a nutshell, the main contribution of this study to the knowledge base is the elucidation of the complex interplay among sexual risk behaviours, boundary-setting, and psychological well-being among youth in a faith-based context, which has received limited empirical attention. The identification of boundary setting as a full mediator between SRB and psychological well-being offers novel insight into the mechanisms through which youth can maintain psychological health despite peer pressures or exposure to risky sexual contexts. Thus, the study extends theoretical frameworks on youth development and provides practical guidance for interventions in faith-based settings.

Recommendations

The following recommendations are proposed:

1. Given that boundary setting fully mediated the relationship between SRB and psychological well-being, psychosocial interventions should include boundary-setting skills such as assertiveness training, decision-making, impulse control, and values clarification. Furthermore, the strong prosocial Behaviours observed among psychotherapists should be leveraged in therapy to reinforce positive identity formation, moral reasoning, and social responsibility.
2. While youth demonstrated generally positive well-being, the presence of moderate emotional and conduct concerns suggests the need for intentional psycho-spiritual support systems within churches. Pastors and church leaders

should establish regular mentorship, counselling, and support groups that address emotional regulation, peer relationships, and ethical conduct.

3. Since the study found that boundary setting fully mediated the relationship between SRB and psychological well-being, church leaders should emphasize biblical and practical teachings on sexual boundaries, self-control, and personal agency, reinforcing the strong sexual self-efficacy already evident among the youth.
4. Despite conservative personal attitudes toward premarital sex, peer norms supporting premarital sex were evident as some of the youth acknowledged having peer problems. Therefore, churches should counteract negative peer influence by promoting peer-led discipleship and positive role modelling that normalizes healthy boundaries and values.
5. Since boundary setting was shown to be a key protective mechanism for psychological well-being, youths should intentionally practice setting and maintaining clear boundaries in relationships, including resisting negative peer pressure. Instead, given the influence of peer norms on sexual attitudes, youths should intentionally align themselves with peer groups that reinforce positive values, healthy behaviours, and emotional growth.
6. Since churches play a significant role in youth development, policy frameworks should encourage collaboration between educational institutions, faith-based organizations, and mental health professionals to provide coordinated and holistic youth support services.

Conclusions

The first objective of the study was to assess the levels of psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. Conclusion was drawn that youth in the selected CITAM Assemblies generally maintain a stable and functional psychological state, demonstrating strong social skills and pro-social tendencies that serve as protective factors. However, the presence of moderate emotional and conduct difficulties among some youth, such as worry, distractibility, and occasional stealing, indicates that even in predominantly positive environments, vulnerabilities persist that could compromise long-term well-being if left unaddressed.

The second objective of the study was to investigate the relationship between SRB and the psychological well-being of youth in selected CITAM assemblies in Nairobi City County, Kenya. Youth in the study demonstrated strong sexual self-agency and low engagement in risky sexual behaviours. Engagement in SRB undermined psychological well-being among youth, whereas strong sexual self-agency and responsible sexual decision-making enhanced psychological well-being. Youth who exercised control over their sexual choices experienced greater emotional stability, demonstrating that sexual behaviour is a significant determinant of psychological well-being.

The third objective of the study was to determine the mediating role of boundary setting on the relationship between SRB and the psychological well-being of youth in selected CITAM Assemblies in Nairobi City County, Kenya. Boundary setting served as an essential mechanism through which SRB influence psychological well-being, effectively offsetting the negative impact of risky sexual involvement

when boundaries are maintained. boundary setting thus emerged as a key protective factor for psychological well-being among youth.

Areas for Further Research

Three areas for future research are proposed as follows:

1. A conceptual limitation of the study was its focus on psychological well-being, sexual risk behaviors, and boundary setting, without incorporating other potentially influential factors such as family dynamics, socioeconomic status, or exposure to media. While the study established important relationships among the selected variables, it did not account for broader ecological or systemic influences that could affect youth behavior and well-being. Future research should adopt a more comprehensive conceptual framework that integrates individual, family, peer, and community-level determinants to better understand sexual behavior as a phenomenon.

2. The study was contextually limited to youth attending selected CITAM Assemblies in Nairobi City County, Kenya, which may not represent the experiences of youth in other religious, cultural, or geographic settings. Future studies should therefore examine similar relationships across different religious denominations to assess the generalizability of the findings and identify contextual factors that may influence the links between sexual behavior, boundary setting, and psychological well-being.

3. Methodologically, the research relied exclusively on a quantitative survey design, which limited the depth of understanding of the underlying processes and experiences of youth. Future research should therefore consider employing mixed-methods or qualitative designs to complement quantitative findings, allowing for richer, in-depth exploration of youth experiences, perceptions, and motivations.

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APPENDICES

APPENDIX I: INFORMED CONSENT FORM

Dear Participant,

My name is Elsie Kagimbi, a graduate student pursuing a Master's degree in Marriage and Family Therapy at Pan Africa Christian University. I am writing to invite you to participate in a research study titled "Mediating role of boundary setting on SRB and psychological well-being of youth in selected CITAM Assemblies, Nairobi City County, Kenya."

Purpose of the Study: The purpose of this study is to explore the relationship between boundary setting, sexual risk Behaviours, and psychological well-being among youth attending CITAM assemblies in Nairobi City County. By participating in this study, you will contribute valuable insights that can inform interventions and support systems aimed at promoting healthy relationships and emotional well-being among youth in our community.

Study Procedures: If you agree to participate, you will be asked to complete a questionnaire that will gather information about your experiences with boundary setting, sexual risk Behaviours, and psychological well-being . Your responses will be confidential, and your anonymity will be maintained in the final report.

Voluntary Participation: Participation in this study is entirely voluntary. You have the right to decline to participate or to withdraw from the study at any time without any consequences. Your decision will not affect your relationship with CITAM or any services provided by the church.

Confidentiality: All information collected during this study will be kept strictly confidential. Your name and any identifying information will not be disclosed in any reports or publications resulting from this research. Only the researcher will have access to the data, and it will be stored securely.

Benefits and Risks: While there may be no direct benefits to you personally, your participation will contribute to the advancement of knowledge in the field of youth sexual health and psychological well-being. There are minimal risks associated with participation, such as discomfort or emotional distress when answering sensitive

questions. However, measures will be in place to ensure your comfort and well-being throughout the study.

By signing this consent form, you acknowledge that you have read and understood the information provided above and agree to participate in the study.

Consent Form:

I have read and understood the information provided in the consent letter for the research study titled "mediating effect of SRB on the relationship between boundary setting and psychological well-being of youth in selected CITAM assemblies, Nairobi City County, Kenya." I voluntarily agree to participate in this study and understand that I have the right to withdraw at any time without any consequences.

Participant's Signature: _____ Date: _____

APPENDIX II: ASSENT FORM FOR UNDERAGE RESPONDENTS

Purpose of the Study: The purpose of the study is to investigate the mediating role of boundary setting on SRB and the psychological well-being of youth in selected CITAM assemblies, Nairobi City County, Kenya. You are being asked to take part because you are a youth attending one of the selected CITAM Assemblies. If you agree to take part, you will be asked to fill out a questionnaire. It will ask you about your thoughts, feelings, and Behaviours. It will take about 30–45 minutes. No names will be written on the questionnaire, and your answers will be kept private.

Your Rights: You do not have to take part in this study if you do not want to. You can say no now or stop later. You can also skip any question you are not comfortable answering. Saying no or stopping will not get you in trouble or affect you in any way.

Risks and Benefits: There is little risk to you, but some questions may feel personal or make you think about sensitive topics. If you feel upset, you can stop at any time. We hope this study helps others understand how to better support young people like you.

Voluntary Participation: Taking part in this study is your choice. If you agree, please sign below.

Your Signature: _____ **Date:** _____

Researcher's Name: Elsie Kagimbi.

Signature: _____ **Date:** _____

APPENDIX III: QUESTIONNAIRE

SECTION A: DEMOGRAPHIC PROFILE OF RESPONDENTS

Please indicate by ticking the box which best describes you from number 1 to 3.

1. Please, indicate your gender: Male ☐ Female ☐ Age ☐
2. Please indicate your educational level:
   Secondary School level ☐
   Undergraduate/level ☐
   Graduate/master level. ☐
3. Please indicate whether you are born again Yes☐ No ☐

SECTION B: PSYCHOLOGICAL WELL-BEING

Please, indicate your level of agreement with the statement below by either ticking O, which means “Not true”, or 1, which means “Somewhat true” or 2, means “Certainly True”.

		0	1	2
1	Considerate of other people's feelings			
2	Restless overactive. cannot stay still for long			
3	Often complains of headaches, stomach-aches, or sickness			
4	Shares readily with other youth members, siblings, classmates, colleagues etc.			
5	Often has temper tantrums or hot tempers			
6	Rather solitary, tends to be alone			
7	Generally obedient, usually does what adults request			
8	Many worries, often seems worried			
9	Helpful if someone is hurt, upset or feeling ill			
10	Constantly fidgeting or squirming Has at least one good friend			
11	Often quarrel with other youths, siblings, classmates, colleagues, or bullies them			
12	Often unhappy, downhearted, or tearful			
13	Generally liked by other youths, siblings, classmates, colleagues.			
14	Easily distracted, concentration wanders			
15	Nervous or clingy in new situations, easily loses confidence			
16	Kind to other youths			
17	Often lies or cheats			
18	Picked on or bullied by others			
19	Often volunteers to help others (parents, teachers, other children)			
20	Thinks things out before acting Steals from home, school or elsewhere			
21	Gets on better with adults than with other children			
22	Many fears easily scared			
23	Sees tasks through to the end. good attention span			

SECTION C: BOUNDARY SETTING

Please indicate your level of agreement with the statements below, where 1 represents strongly disagree, 2 represents disagree, 3 represents neutral, 4 represents agree, and 5 represents strongly agree.

	1	2	3	4	5
Sex intention					
1. I expect to have sex with my partner even without marriage					
2. I want to have sex with my partner even if we do not get married					
3. I intend to have sex with my partner before marriage					
4. I would like to have sex to see what it is like					
5. I would have sex now if I could find a partner who would do it with me					
Attitude					
1. I believe a sexual encounter that lasts only once is all right					
2. Youths should have sex before their marriage to see whether they are suited to each other					
3. Youths can have sex provided they use methods to stop pregnancy					
4. Youths can have sex if they are unable to control their sexual desire.					
Social norms					
1. Most of my friends are practicing sex before marriage					
2. Most of my friends think it is mature to practice sex at my age					
3. Most of my friends think female youths do not have to maintain their virginity					
4. Most of my friends think that male youths are allowed to practice sex before marriage.					
5. Most of my friends think that you can have sex before marriage if you are in love.					
6. Most of my friends think that youths who have never been involved in sexual intercourse before marriage are old-fashioned.					
Self-efficacy					
1. I know when I can have sex					
2. I know where I can have sex					
3. I can decide on my sexual activity					
4. Whether I have sex or not is entirely up to me					

SECTION D: RISKY SEXUAL BEHAVIOURS

Please indicate your level of agreement with the statements below, where 1 represents strongly disagree, 2 represents disagree, 3 represents neutral, 4 represents agree, and 5 represents strongly agree.

		1	2	3	4	5
Sexual Knowledge/Interest						
1	Know more about sex than others my age					
2	Flirt with other teens or adults					
3	Make sexual comments to my friends					
4	Stand too close to others					
5	I don't prefer to socialize with the opposite sex					
6	Talk about sexual Behaviours					
7	Wear clothes that show off underwear or skin					
8	Quickly become sexual in relationships					
9	Others are worried about my sexual Behaviour					
10	Make sexual comments to adults					
11	Very interested in the opposite sex					
12	Interested in media with sexual content					
13	Show off my skin or body parts					
14	Get used sexually by others					
15	I am shy about undressing					
16	Have one boyfriends and girlfriends					
Sexual Risk/Misuse						
1	Use phone sex lines/sex chat rooms					
2	Push others into having sex with me					
3	Have had a sexually transmitted disease					
4	Run away to unsafe places					
5	Afraid of males					
6	Watch pornography					
7	Masturbate					
Concerns about appearance						
1	Unhappy with my looks					
2	Uncomfortable with my own body					
3	Concerned about looking just right					
4	Spend a lot of time in front of the mirror					

APPENDIX IV: ETHICS CLEARANCE CERTIFICATE



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P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

REF: PAC/ISERC/86/05/25 Date: 86/05/2025
TO: Elsie Wangui Kagimbi,

Dear Madam,
RE: MEDIATING ROLE OF BOUNDARY SETTING ON SEXUAL RISK BEHAVIOURS AND PSYCHOLOGICAL WELL-BEING OF YOUTH IN SELECTED CITAM ASSEMBLIES, NAIROBI COUNTY KENYA

This is to inform you that PAC_ *ISERC* has reviewed and approved your above research proposal. Your application approval number is PAC/ISERC/86/05/25. The approval period is 16th MAY 2025 – 16th April 2026.

This approval is subject to compliance wth the following requirements;

i. Only approved documents including (informed consent and study instruments,) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *PAC_ISERC*.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *PAC_ ISERC* within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or the welfare of study participants and others or affect the integrity of the research must be reported to *PAC_ISERC* within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to *PAC_ ISERC*.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Jane Kinuthia

Chair, ISERC

APPENDIX V: MAP OF STUDY AREA



APPENDIX VI: NACOSTI PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 361211

Date of Issue: 22/January/2026

RESEARCH LICENSE



This is to Certify that Ms. Ebie Wangui Kaginbi of Pan African Christian University College, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: MEDIATING ROLE OF BOUNDARY SETTING ON SEXUAL RISK BEHAVIOURS AND PSYCHOLOGICAL WELLBEING OF YOUTH IN SELECTED CITAM ASSEMBLIES, NAIROBI COUNTY KENYA for the period ending : 22/January/2027.

License No: NACOSTI/P/26/4178212

361211

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions