

Sexuality, Identity and Health Challenges Perceptions among High School Adolescents Attending a Cathedral Workshop in Eldoret, Uasin Gishu County

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Abstract

Adolescence is a formative stage where sexuality significantly influence psychosocial development. High school adolescents often face challenges such as identity confusion, limited communication with adults on sexuality and exposure to exploitative relationships. Misconceptions and inadequate support systems exacerbate these issues, leading to adverse health and social outcomes. This study therefore evaluated sexuality, identity and health challenges perceptions among high school adolescents attending a cathedral workshop in Eldoret, Uasin Gishu Count. The research was anchored in Erikson's Stages of Psychosocial Development and employed a cross-sectional descriptive design. A census sampling technique was used to include all 65 eligible high school adolescent attendees. Data were collected using a structured, self-administered questionnaire, which was validated for content and reliability. Data were analyzed using SPSS Version 26, applying descriptive statistics and chi-square tests to examine associations. The study found that 61.6% of participants experienced identity uncertainty with some regularity, with 60.0% citing professional or academic identity as the most affected area. This confusion translated to measurable negative mental health impacts for 66.1% of adolescents. Awareness of sponsors/sugar daddies was high (83.1%), with 72.3% identifying financial support as the primary motivation. Further, 49.3% of adolescents reported being uncomfortable or very uncomfortable discussing sexuality with trusted adults. Chi-square analysis showed significant associations between gender and comfort discussing sexuality ($\chi^2 = 10.87$, $p = .028$), school type and access to LGBTQ support systems ($\chi^2 = 8.41$, $p = .004$), and identity confusion with mental health impact ($\chi^2 = 18.29$, $p = .001$). These results confirm that demographic factors strongly shape

adolescents' perceptions and psychosocial outcomes. It is recommended that schools should strengthen counseling services by training qualified personnel to address identity crises and related mental health challenges, while parents, guardians and faith-based organizations must bridge communication gaps through workshops and mentorship programs.

Keywords: Sexuality, identity crisis, health challenges, adolescence, sponsors/sugar daddies, LGBTQ, Eldoret

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Introduction

Background Information

Adolescence is a critical developmental stage characterized by rapid physical, emotional and social changes (Uktamovna, 2025). During this period, young people develop their sense of identity, values, and health-related behaviours, including attitudes toward sexuality and relationships (Kågesten & van Reeuwijk, 2021). When adolescents lack accurate information, supportive environments, and trusted guidance, these transitions can expose them to heightened health and psychosocial risks (Kara et al., 2025).

Globally, adolescents aged 10–19 years account for more than 1.3 billion people, making up 16% of the world's population (World Health Organization, 2024). Across regions, adolescents face common challenges related to sexual and

reproductive health (SRH), mental health and identity development, often intensified by poverty, gender inequality, and limited access to youth-friendly services. International evidence links inadequate sexuality education and weak psychosocial support to early sexual debut, unintended pregnancy, sexually transmitted infections (STIs), and mental health distress among adolescents (Sidamo et al., 2025).

In Africa, adolescents experience disproportionate SRH and mental health burdens compared to other age groups. Many countries report persistently high rates of adolescent pregnancy, transactional sexual relationships, and untreated mental health problems (Mutahi et al., 2022). Structural factors such as economic vulnerability, gender norms, and social silence around sexuality reduce adolescents' ability to make

informed decisions and seek care. Faith institutions play a major role in adolescents' socialization across the continent, yet their engagement with sexuality and identity issues often remains moralistic rather than health-oriented, with uneven outcomes for adolescent wellbeing (APHRC, 2022; Magezi et al., 2025).

In Kenya, adolescents constitute a large demographic group, with approximately 11.6 million individuals aged 10–19 years, representing nearly one-quarter of the national population (KNBS, NCPD, UNICEF & UNFPA, 2024). National data show that adolescent SRH outcomes remain a public health concern. The 2022 Kenya Demographic and Health Survey reports that about 15 % of females aged 15–19 have ever been pregnant, reflecting early sexual initiation and gaps in prevention and support (KNBS, 2023). Although comprehensive sexuality education has been introduced in policy and school curricula, implementation remains inconsistent due to cultural sensitivities, religious opposition and political debate (CSA, 2023). As a result, many adolescents rely on peers for sexual health information, while dialogue with parents, teachers, or religious leaders remains limited (Ndegwa, 2020).

Economic pressures further shape adolescent sexual experiences in Kenya. Transactional relationships involving “sponsors” or “sugar daddies” persist, particularly among adolescent girls facing financial insecurity. Studies associate such relationships with sexual exploitation, increased HIV and STI risk, and emotional harm (Waruingi, 2023). At the same time, adolescence involves intense identity negotiation. Kenyan adolescents frequently report struggles related to academic pressure, gender expectations, and sexual identity, which are linked to anxiety, depression, and low self-esteem (Kathuri-Ogola & Kabaria-Muriithi, 2024).

The Kenya National Adolescent Mental Health Survey estimates that nearly one in five adolescents has significant mental health challenges, yet access to counselling and psychosocial services remains inadequate (APHRC, 2022).

Sexual and identity-related challenges are more pronounced for marginalized groups. LGBTQ adolescents in Kenya face widespread stigma, discrimination and lack of institutional protection in schools and religious spaces, exposing them to bullying, isolation, and psychological distress (Akon, 2023). Incest and sexual abuse also affect Kenyan adolescents, but disclosure rates remain low because of fear, shame, and limited access to trusted support services (NCPD, 2024).

In Uasin Gishu County, where Eldoret is located, adolescents aged 10–19 years make up about 23 % of the population (AfIDEP, 2017). County-level evidence mirrors national trends of adolescent pregnancy, SRH service gaps, and mental health needs. Eldoret hosts numerous faith-based institutions that attract adolescents for worship, education, and workshops. Religious settings strongly influence young people's moral outlooks and perceptions of sexuality and identity. Church-led programmes may promote abstinence and moral discipline, but research also shows that they can limit access to comprehensive SRH information, stigmatize non-normative sexual identities, and discourage health service use (Magezi et al., 2025). Kenyan studies indicate that church affiliation shapes sexual attitudes, yet religiosity alone does not consistently translate into safer sexual behaviour among adolescents (Kiboi, 2018; Rotich et al., 2024).

Faith based workshops offer structured spaces where adolescents gather for spiritual formation and social learning. Despite their reach, there is

limited empirical evidence on how adolescents attending such workshops perceive sexuality, identity, and health challenges. Most existing research prioritizes school-based or secular community programmes, leaving faith-based adolescent spaces underexplored (Magezi et al., 2025). Understanding adolescents' perceptions within these settings is important because moral teachings, identity formation and health decision-making intersect strongly in religious contexts. This study aims to fill this gap by investigating the perceptions of high-school adolescents attending the cathedral workshop concerning sexuality, identity and health challenges.

Theoretical Framework

This study was guided by Erikson's Stages of Psychosocial Development theory introduced in the 1950s by the psychologist and psychoanalyst Erik Erikson. It built upon Freud's theory of psychosexual development by drawing parallels in childhood stages while expanding it to include the influence of social dynamics as well as the extension of psychosocial development into adulthood (Carrey, 2010). It posits eight sequential stages of individual human development influenced by biological, psychological, and social factors throughout the lifespan. This bio-psychosocial approach has influenced several fields of study, including gerontology, personality development, identity formation, life cycle development, and more (Kivnick & Wells, 2014). This study applies Erikson's Psychosocial Development Theory, with particular focus on the identity versus role confusion stage, which characterizes adolescence. Erikson explains that during this stage, individuals actively seek to define who they are, what they value, and how they fit within society. Successful navigation of this stage leads to a coherent

sense of identity, while difficulty results in confusion, insecurity, and vulnerability to external pressure (Erikson, 1968).

In high school adolescents, the theory helps explain how social environments shape perceptions of sexuality, identity, and health. Adolescents interact with multiple social agents faith leaders, peers, parents and teachers whose expectations and messages influence identity formation. Cathedral workshops function as structured social spaces where moral teachings, religious norms, and expectations about sexuality are communicated and reinforced. According to Erikson's framework, adolescents internalize or resist these messages as they attempt to reconcile personal experiences with socially prescribed roles. The theory further clarifies why adolescents may experience psychological tension when religious teachings conflict with lived realities such as sexual curiosity, peer pressure, economic vulnerability, or diverse sexual identities. When adolescents lack supportive dialogue and affirmation, they may experience role confusion, which can manifest as risky sexual behaviour, secrecy, mental distress, or reluctance to seek health services. Conversely, environments that provide guidance, acceptance, and open communication support healthy identity development and informed decision-making. Erikson's theory is therefore useful in interpreting adolescents' perceptions expressed during the workshop. It frames sexuality education, identity negotiation, and health decision-making as integral components of psychosocial development rather than moral failings. The theory guides analysis of how faith-based settings can either support positive identity resolution or contribute to confusion when sexuality and health concerns remain unaddressed.

Methodology

Research Design

This study employed a cross-sectional descriptive as it allowed for the collection of data at a single point in time. The cathedral setting was appropriate as it regularly hosts youth-focused programs, making it a natural venue for engaging high school adolescents in discussions on sexuality, identity, and health challenges.

Target Population and Sample Size

The target population for this research strictly comprised all high school adolescents, aged between 14 and 19 years, who were currently enrolled in secondary schools in Uasin Gishu County and attended the sexuality and life skills workshop at the Cathedral in Eldoret. This population included students from all four

form levels (Form 1 through Form 4) and both public and private schools. The final sample size consisted of 65 high school adolescents.

Sampling Procedure

A census sampling technique was employed for this study. Given the specific focus on the outcomes and characteristics of this single, well-defined event, every eligible attendee for whom data was available was included in the sample. This total inclusion of the population eliminated sampling error and ensured that the findings are entirely representative of this specific group of workshop participants.

Inclusion and Exclusion Criteria

The following criteria governed participation in the study.

Table 1: Inclusion and exclusion criteria

Criteria Type	Description
Inclusion Criteria	Must be an adolescent. Must have been actively enrolled in a secondary school. Must have been present at the workshop. Must have provided personal assent, alongside parental or guardian consent. Individuals who are not regarded as adolescent.
Exclusion Criteria	Adolescents not currently enrolled in secondary school. Those who declined assent or lacked parental/guardian consent.

Research Instruments

The primary research tool employed for data collection was a structured, self-administered questionnaire. The questionnaire was organized into several key thematic sections: demographics relationship and sexuality, sponsors and sugar daddies, identity crisis, LGBTQ issues and incest.

Pilot, validity and Reliability

The instrument's quality was rigorously established prior to its final deployment. Content Validity was achieved through expert review, where the questionnaire items were assessed by seasoned researchers or specialists in youth counseling to confirm that all sensitive and relevant concepts were appropriately and comprehensively covered. Reliability was ascertained

through a pre-test (pilot study), where the draft instrument was administered to a small group of adolescents from a similar church youth program in the region. The pre-test served to ensure clarity, cultural appropriateness, and ease of understanding, after which minor necessary adjustments were implemented. The data collected during this pilot study were then used to compute Cronbach's Alpha (α) to statistically guarantee the internal consistency and dependability of the scales used for measuring constructs like comfort and satisfaction.

Data Collection procedures

The data collection phase was executed immediately following the workshop to capture fresh responses while ensuring all ethical standards were upheld. Formal permission to conduct the survey was secured from Cathedral administration. Informed consent was obtained from all participants and parents. They were clearly briefed on the study's purpose, the voluntary nature of their participation and the strict assurance of confidentiality and anonymity, essential for encouraging honest responses on

highly sensitive subjects. The completed questionnaires were collected immediately on-site, contributing to a perfect response rate for the target group.

Data analysis

Collected quantitative data were subjected to robust analysis using Descriptive Statistics within the Statistical Package for Social Sciences (SPSS) Version 26. The initial step involved thoroughly cleaning and coding the raw data for seamless entry. The descriptive analysis then proceeded to calculate frequencies and percentages to characterize the sample and provide a clear distribution of responses across all variables. Chisquare test was applied to examine relationships between key variables.

Results and Discussion

Demographic Characteristics

This study examined the demographic profile of adolescents who attended the sexuality workshop at the Cathedral in Eldoret, Uasin Gishu County. The findings are summarized in Table 2.

Table 2: Demographic Characteristics of Study Participants

Demographic Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	30	46.2
	Female	35	53.8
Age	14 years	7	10.8
	15 years	18	27.7
	16 years	15	23.1
	17 Years	14	21.5
	18 Years	6	9.2
	19 years	2	3.1
School Level	Form 1	23	35.4
	Form 2	18	27.7
	Form 3	15	23.1
	Form 4	10	15.4
School Type	Public	45	69.2
	Private	20	30.8

The demographic data reveal that the study achieved a near-balanced representation across gender, with slightly more females (53.8%) than males (46.2%) participating in the workshop. The age distribution showed that the participants spanned the secondary school age bracket (14 to 19 years). The largest single cohort was the 15-year-olds, accounting for 27.7% of the sample. Following closely were the 16-year-olds (23.1%, and the 17-year-olds (21.5%). The 14-year-olds represented 10.8%, while older adolescents (18 and 19 years) together constituted the smallest portion at 12.3%. In terms of form level, the highest participation was recorded among Form 1 students (35.4%), indicating strong engagement from younger adolescents who are at the beginning of their

secondary school journey. Form 2 students accounted for 27.7%, while Form 3 and Form 4 students represented 23.1% and 15.4% respectively. This distribution suggests that younger students were more actively involved in the workshop compared to their senior counterparts. Finally, in terms of school type, the majority of the participants were from public schools, representing 69.2% of the total sample, while 30.8% attended private schools.

Relationship Dynamics

The study assessed the adolescents' current relationship status, satisfaction and comfort levels as a component of their overall relationship dynamics. The findings are presented in Table 3.

Table 3: Relationship status and satisfaction

Variable	Category	Frequency (n)	Percentage (%)
Current Relationship Status	Single	32	49.2
	In a relationship	18	27.7
	Prefer not to say	14	21.5
Satisfaction with Status	Neutral	28	43.1
	Very Satisfied/Satisfied	34	52.3
	Dissatisfied	4	6.2

The assessment revealed that nearly half of the participants, 49.2%, identified as single. however, 27.7% reported being in a relationship, while 21.5% chose the option to prefer not to say. Regarding their satisfaction with their current relationship status, the largest group, at 43.1%, reported a neutral stance. however, a majority, cumulatively 52.3%, reported being very satisfied or satisfied. Only a small minority of 6.2% expressed being dissatisfied with their current status. The high percentage of students reporting a neutral position suggests a significant proportion of the young people are either ambivalent about

their relationship status or unsure of how to gauge their satisfaction. A study conducted in Mombasa County found that secondary school students often experience relationship breakups due to peer pressure, financial constraints and lack of communication, which in turn affects their coping strategies (Akida Munyi, 2021).

Communication on Sexuality

Figure 1 present the findings on how comfortable adolescents are discussing relationships and sexuality with their peers versus trusted adults.

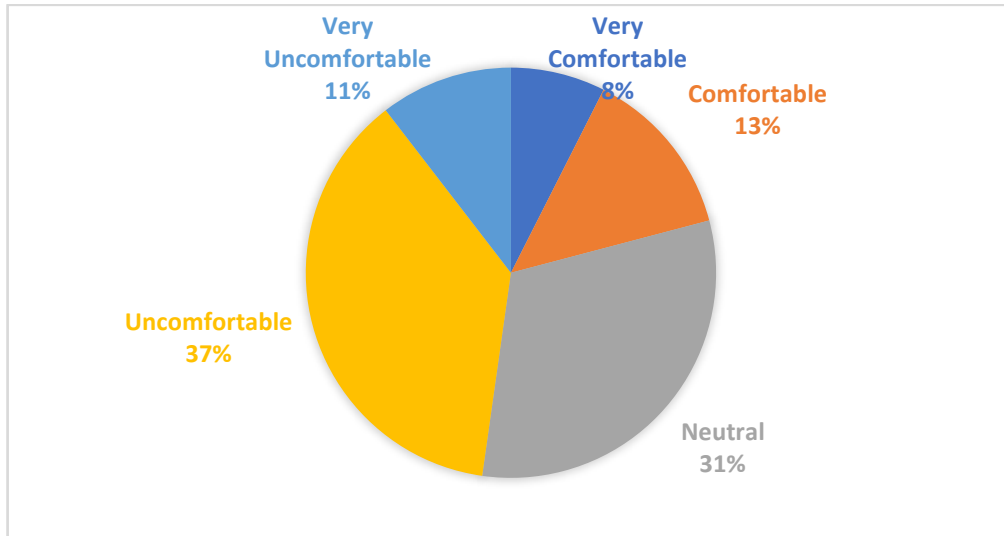


Figure 1: Comfort levels discussing sexuality with a trusted adult

The findings revealed that adolescents generally experienced low levels of comfort when discussing sexuality with trusted adults such as parents, teachers, or counselors. Out of the 65 participants, only a small proportion reported feeling very comfortable (7.7%) or comfortable (13.8%), while nearly one-third (32.3%) expressed neutrality. However, the majority indicated discomfort, with 38.5% reporting that they felt uncomfortable and a further 10.8% stating that they were very uncomfortable. These results reveal a significant communication gap between adolescents and adults, suggesting that many young people may lack access to reliable, supportive, and adult-guided information on sexuality. These findings are consistent with Kenyan studies that have documented limited parent–child communication on sexual and reproductive health. Kabiru and Orpinas (2009) found that cultural taboos and fear of encouraging sexual activity often prevent parents from openly discussing sexuality with adolescents. Similarly, the National Council for Population and Development (NCPD, 2024) reported that adolescents frequently rely on peers or media for information, as adult guidance

is often absent or judgmental. This reliance on informal sources contributes to misconceptions and risky behaviors.

Awareness and Perception of Sponsors and Sugar Daddies

The study also investigated the prevalence of awareness regarding "Sponsors and Sugar Daddies" (transactional relationships) and the underlying motivations.

According to the findings, majority of participants (83.1%), had heard about sponsors or sugar daddies. Furthermore, 27.7% reported knowing someone in their school involved in such dynamics. The perception of motivation was clear: financial support was cited by nearly three-quarters of respondents as the primary driving factor. Critically, 73.8% perceived these relationships as being unbalanced, indicating an awareness of the exploitative power dynamics. The awareness expressed by adolescents in this study mirrors findings by Zamudio-Haas et al. (2021), who reported that Kenyan youth recognize the risks associated with transactional sex but often feel constrained by poverty and limited opportunities.

Table 4: Perception on sponsors and sugar daddies

Variable	Category	Frequency (n)	Percentage (%)
Awareness of Sponsors Knowledge of Peer Involvement	Yes	54	83.1
	Yes	18	27.7
Primary Motivation	Financial Support	47	72.3
	Social Status/Emotional Support/Others	18	27.7
Perceived Fairness	Somewhat/Completely Unbalanced	48	73.8
	Neutral/Balanced	9	13.8

Similarly, the National Council for Population and Development (NCPD, 2024) reveals that transactional relationships remain a significant challenge in adolescent sexual and reproductive health, particularly in urban and peri-urban settings where economic disparities are pronounced.

Identity Crisis and Mental Health Impact

The study also evaluated adolescents' experiences with identity confusion, the areas of life most affected by this uncertainty and the resulting impact on their mental health. The findings are presented in Table 5.

Table 5: Identity confusion and mental health impact among adolescents

Variable	Category	Frequency (n)	Percentage (%)
Frequency of Identity Confusion	Sometimes	33	50.8
	Often / Always	7	10.8
	Never / Rarely	25	38.5
Area Affected by Confusion	Professional or Academic Identity	39	60.0
	Gender/Sexual/Cultural Identity	14	21.5
	None	9	13.8
Mental Health Impact	No Impact	22	33.8
	Minimal Impact	20	30.8
	Moderate Impact	15	23.1
	Significant / Severe Impact	10	15.4

The study found that a significant majority of adolescents experience some degree of identity uncertainty. Specifically, 50.8% reported feeling confused or uncertain about their identity sometimes. When combined with those who reported feeling confused often or always (10.8%), a substantial 61.6% of the

participants experienced identity uncertainty with some regularity.

Regarding the areas of life most impacted by this confusion, the results clearly pointed toward professional or academic identity. This area was cited by 60.0% of the respondents, far exceeding concerns related to gender, sexual, or

cultural identity combined (21.5%). This suggests that career path, future direction, and academic performance were the most pressing concerns related to self-definition for this group.

The confusion over identity translated into measurable mental health impacts for the majority of the adolescents. While 33.8% reported no impact, a combined 66.1% reported some level of negative effect. Specifically, 30.8% reported a minimal impact, 23.1% reported a moderate impact, and a worrying 15.4% reported a significant or severe impact on their mental health. This demonstrates that identity confusion is a prevalent issue with considerable psychosocial consequences for the students. These finding is consistent with

research by Khasakhala et al. (2012), who found that identity crises among Kenyan adolescents were strongly associated with anxiety, depression, and poor coping mechanisms. UNICEF (2024) further emphasizes that adolescents in Kenya often lack access to mental health support services, leaving identity-related stress unaddressed and exacerbating psychosocial consequences.

LGBTQ Issues

The study sought to understand levels of awareness and experiences related to sexual orientation and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ identity and access to support systems within schools. The findings are presented in Table 6.

Table 6: LGBTQ issues among adolescents

Variable	Category	Frequency (n)	Percentage (%)
Identify as part of LGBTQ	Yes	3	4.6
Comfort with Sexual Orientation	Very Comfortable/Comfortable	48	73.8
Experienced Discrimination/Bullying	Never	52	80.0
Access to Support System in School	No	43	66.2

The results revealed that only a small proportion of adolescents (4.6%) identified as part of the LGBTQ community, indicating limited representation within the sample. Despite this, the majority of participants (73.8%) reported feeling very comfortable or comfortable with their sexual orientation, suggesting a generally positive sense of self-acceptance among the group. Experiences of discrimination or bullying based on sexual orientation or gender identity were relatively rare, with 80.0% reporting that they had never encountered such incidents. However, a

critical institutional gap was identified: 66.2% of adolescents reported that their schools did not provide access to support systems for LGBTQ students. This lack of structured support reveals the vulnerability of adolescents who may be struggling with identity issues and underscores the need for inclusive policies and programs within educational institutions. These findings resonate with Kenyan studies that highlight the invisibility and marginalization of LGBTQ adolescents in educational settings. A study by Nduta (2023) noted that while overt bullying is not always widespread,

the absence of institutional support structures leaves LGBTQ youth vulnerable to isolation and psychosocial stress.

Incest Awareness and Support

Table 7 presents adolescents' awareness and experiences of incest within their families or communities, as well as its impact on mental health and the extent to which support was sought. The

results showed that 23.1% of adolescents reported awareness of incest cases within their families or communities, while the majority (76.9%) indicated no such awareness. When asked about personal experience or knowing someone affected, 20.0% acknowledged involvement, 75.4% denied it, and 7.7% preferred not to disclose.

Table 7: Incest awareness, experience and impact among adolescents

Variable	Category	Frequency (n)	Percentage (%)
Awareness of incest in family/community	Yes	15	23.1
	No	50	76.9
Personal experience/knowing someone	Yes	13	20.0
	No	49	75.4
	Prefer not to say	5	7.7
Mental health impact of incest	No impact	54	83.1
	Minimal impact	3	4.6
	Moderate impact	3	4.6
	Significant impact	3	4.6
	Severe impact	3	4.6
Sought help or support	Yes	2	3.1
	No	63	96.9

In terms of mental health impact, 83.1% of respondents reported no impact, which may suggest underreporting or minimization of the issue. However, 4.6% each reported minimal, moderate, significant, and severe impacts, indicating that while incest may not be widely disclosed, its effects can be profound for those directly affected.

Finally, when asked whether they had sought help or support, only 3.1% of adolescents reported doing so, while an overwhelming 96.9% had not. This finding underscores a critical gap in access to or willingness to utilize support systems, suggesting that stigma, fear, or lack of resources may prevent adolescents from seeking assistance when confronted with incest-related experiences. These findings

are consistent a study by Machariah (2025) found that adolescents often underreport incest and sexual abuse due to stigma, fear of reprisal, and cultural taboos surrounding family honor. Similarly, the National Council for Population and Development (NCPD, 2024) emphasized that sexual violence within families is frequently minimized or silenced, leaving victims without adequate psychosocial support.

Association Between Adolescent Demographic Factors, Sexuality, Identity and Health Perceptions

Chi-square test was used examines the relationships between selected demographic characteristics and adolescents' perceptions and experiences

related to sexuality, identity formation, and health challenges. Table 8 presents the Chi-square test results showing the

associations between key independent and dependent variables in the study.

Table 8: Chi-square test results for associations among key study variables

Variables Tested	χ^2 value	df	p-value
Gender and comfort discussing sexuality with trusted adults	10.87	4	.028
School type and access to LGBTQ support systems	8.41	1	.004
Awareness of sponsors and knowledge of peer involvement	12.63	1	< .001
Identity confusion and mental health impact	18.29	3	.001
Relationship status and satisfaction with status	9.14	4	.028
Awareness of incest and seeking help or support	1.03	1	.310

The chi-square analysis revealed several significant associations among key study variables. First, there was a statistically significant relationship between gender and comfort discussing sexuality with trusted adults ($\chi^2 = 10.87$, $df = 4$, $p = .028$). This suggests that male and female adolescents differed in their levels of comfort, with gender playing an important role in shaping communication dynamics around sexuality. A strong association was also observed between school type and access to LGBTQ support systems ($\chi^2 = 8.41$, $df = 1$, $p = .004$). Adolescents in public schools were less likely to report access to LGBTQ support compared to those in private schools, highlighting disparities in institutional support structures. The results further showed a highly significant relationship between awareness of sponsors and knowledge of peer involvement ($\chi^2 = 12.63$, $df = 1$, $p < .001$). Adolescents who were aware of sponsor relationships were more likely to know peers engaged in such arrangements, underscoring the interconnectedness of awareness and peer influence in risky relationships. Another critical finding was the association between identity confusion and mental health impact ($\chi^2 = 18.29$, $df = 3$, $p = .001$). Adolescents reporting identity crises were significantly more likely to experience moderate to severe mental health challenges, confirming the

psychosocial burden of unresolved identity issues. In addition, relationship status and satisfaction with status were significantly associated ($\chi^2 = 9.14$, $df = 4$, $p = .028$). This indicates that adolescents' relationship situations influenced their satisfaction levels, with those in relationships or preferring not to disclose showing different patterns compared to those who were single.

Conclusion

The study shows that adolescents attending the sexuality and identity workshop face significant gaps in communication, guidance and support as they navigate issues tied to sexuality, identity and health. Many participants struggled to talk to trusted adults about sensitive topics, which limits their access to accurate information and emotional support. Awareness of transactional relationships was perceived high and adolescents recognised the unequal power dynamics involved, pointing to economic pressure and peer influence as key drivers. Identity confusion emerged as a major concern, particularly in academic and career direction, and this uncertainty often influenced mental health. Although cases of LGBTQ identification were few, most students perceived that schools lacked support systems for students dealing with orientation-related concerns.

The findings also revealed low disclosure and perceived help-seeking in cases involving incest, signalling deep stigma and fear.

Recommendations

1. Schools must strengthen their counseling services by increasing the number of qualified personnel and equipping them with specialized training to proactively manage identity crises and their resulting mental health impacts.
2. Parents, guardians, and organizations like the Cathedral hold a crucial role in bridging the communication and guidance gaps identified in the study. To address the pervasive discomfort adolescents feel in discussing sexuality with trusted adults, these groups should design and implement specialized workshops for parents, teachers, and youth leaders. These sessions must focus on developing effective, non-judgmental communication strategies concerning sexuality and identity, ultimately aiming to increase the comfort and confidence of adults in initiating and managing these difficult conversations.
3. Faith-based organizations should provide structured, positive identity mentorship programs by leveraging existing youth platforms. This mentorship should be designed to help adolescents explore and articulate their academic, professional and personal identities in a supportive environment. Such initiatives should intentionally emphasize principles of self-acceptance and teach healthy, constructive coping mechanisms for managing the

confusion and stress that naturally accompany the adolescent stage of development.

References

- African Institute for Development Policy (AfIDEP). (2017). *Adolescent sexual and reproductive health in Uasin Gishu County* (fact sheet). https://afidep.org/publication/adolescent-sexual-and-reproductive-health-in-uasin-gishu-county/?utm_source=chatgpt.com
- African Population and Health Research Center (APHRC). (2022). *Kenya – National Adolescent Mental Health Survey (K-NAMHS): A Report on Key Findings*. Retrieved from https://aphrc.org/wp-content/uploads/2022/10/K-NAMHS-report_2022.pdf
- Akida Muniyi, M. (2021). *Causes of Close Relationship Breakups and Coping Strategies among Secondary School Students in Mombasa County, Kenya* (Doctoral dissertation, Kenyatta University). <https://ir-library.ku.ac.ke/items/d0f69c92-6b46-4aac-b96d-5cece8f7b623>
- Carrey N. The Two Ericksons: Forgotten Concepts and what Constitutes an Appropriate Professional Knowledge Base in Psychiatry. *J Can Acad Child Adolesc Psychiatry*. 2010 Nov;19(4):248
- Centre for the Study of Adolescence (CSA). (2023). *Comprehensive Sexuality Education in Kenya: What Works and What Does Not Work*.
- Erikson, E. H. (1968). On the nature of psycho-historical evidence: In search of Gandhi. *Daedalus*, 695-730.
- Kabiru, C. W., & Orpinas, P. (2009). Factors associated with sexual activity among high-school students in Nairobi, Kenya. *Journal of adolescence*, 32(4), 1023-1039.
- Kågesten, A., & van Reeuwijk, M. (2021). Healthy sexuality development in adolescence: proposing a competency-based framework to inform programmes and research. *Sexual and Reproductive Health Matters*, 29(1), 104-120. <https://doi.org/10.1080/26410397.2021.1996116>
- Kara, B., Scharf, N., McCormick, K. C., Bhreathnach, L., Currie, C., & Symonds, J. (2025). Adolescent Anxiety During the COVID-19 Pandemic: A Qualitative Systematic Review of Risk and Protective Factors.

- Journal of Adolescence*.
<https://doi.org/10.1002/jad.70038>
- Kathuri-Ogola, L., & Kabaria-Muriithi, J. (2024). *Family Structure, Adolescent Identities, and the Crisis of Transition into Early Adulthood in Kenya*. In *Global Perspectives on Adolescents and Their Families*. Springer. Retrieved from https://link.springer.com/chapter/10.1007/978-3-031-49230-3_14
- Kenya National Bureau of Statistics (KNBS), National Council for Population and Development (NCPD), United Nations Children's Fund (UNICEF), & United Nations Population Fund (UNFPA). (2024). *Situation of Adolescents in Kenya 2024: An Infographic Snapshot*. Nairobi, Kenya. <https://www.unicef.org/kenya/media/4176/file/Situation%20Analysis%20of%20Kenyan%20Adolescent%20FINAL.pdf>
- Kenya National Bureau of Statistics. (2023). *Kenya Demographic and Health Survey 2022: Key indicators report*. KNBS. [Kenya National Bureau of Statistics https://www.knbs.or.ke/reports/kdhs-2022](https://www.knbs.or.ke/reports/kdhs-2022)
- Khasakhala, L. I., Ndeti, D. M., Mutiso, V., Mwayo, A. W., & Mathai, M. (2012). The prevalence of depressive symptoms among adolescents in Nairobi public secondary schools: association with perceived maladaptive parental behaviour. *African journal of psychiatry*, 15(2), 106-113. <https://www.ajol.info/index.php/ajpsy/article/view/75574>
- Kiboi, J. (2018). *Relationship between religiosity and sexual behavior among Christian high school students in Kiambu County, Kenya* [Unpublished master's thesis]. Kenyatta University. <http://ir-library.ku.ac.ke/handle/123456789/19359>
- Kivnick HQ, Wells CK. Untapped richness in Erik H. Erikson's rootstock. *Gerontologist*. 2014 Feb;54(1):40-50.
- Machariah, L. W. (2025). Kenya: Manifestation of Domestic Violence in the Central Highlands. *Conflict Studies Quarterly*, (51).
- Magezi, V., Hoffman, J., & Leeson, G. W. (2025, April). Understanding Church-Led Adolescent and Youth Sexual Reproductive Health (AYSRH) Interventions Within the Framework of Church Beliefs and Practices in South Africa: A Qualitative Study. In *Healthcare* (Vol. 13, No. 8, p. 907). MDPI. <https://doi.org/10.3390/healthcare13080907>
- Mutahi, J., Larsen, A., Cuijpers, P., Peterson, S. S., Unutzer, J., McKay, M., ... & Kumar, M. (2022). Mental health problems and service gaps experienced by pregnant adolescents and young women in Sub-Saharan Africa: A systematic review. *EClinicalMedicine*, 44. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00019-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00019-0/fulltext)
- National Council for Population and Development (NCPD). (2024). *Situation of Adolescents in Kenya*. Retrieved from <https://ncpd.go.ke/wp-content/uploads/2024/08/Situation-Analysis-of-Kenyan-Adolescent-Report.pdf>
- Ndegwa, F. (2020). *Sexuality Communication between Teachers and Adolescents in Nakuru County, Kenya*. Retrieved from https://www.academia.edu/65055925/Sexuality_Communication_between_Teachers_and_Adolescents_in_Nakuru_County_Kenya
- Nduta, H. (2023). *Influence of Psychosocial Factors on Homosexuality in Same Sex Boarding Secondary Schools: A Case of Kikuyu Sub-County, Kenya* (Doctoral dissertation, KeMU).
- Raju Akon. (2023). *Homosexuality in Kenyan Secondary Schools: A Complex Issue*. Retrieved from <https://rajuakon.com/homosexuality-in-kenyan-secondary-schools/>
- Rotich, M. C., Gecaga, M., & Gitome, J. (2024). Role of church affiliation and the sexual behaviour choices of students in selected universities in Nairobi County, Kenya. *International Journal of Humanity and Social Sciences*, 2(1), 1-16. <https://doi.org/10.47941/ijhss.1641>
- Sidamo, N. B., Hebo, S. H., Chukwudeh, S. O., & Tsala Dimbuene, Z. (2025). Intersection of adolescent sexual, reproductive, and mental health in Sub-Saharan Africa. *Frontiers in Reproductive Health*, 7, 1614317. <https://doi.org/10.3389/frph.2025.1614317>
- Uktamovna, R. Z. (2025). The transformative journey of adolescence: a study of the physical, cognitive, emotional, and social changes during the teenage years. *Spanish Journal of Innovation and Integrity*, 39, 169-172.

- <https://www.sjii.es/index.php/journal/article/view/270>
- Waruingi, E. (2023). *Why Many Young Women Are Dating Sponsors*. The Standard. Retrieved from <https://www.standardmedia.co.ke/entertainment/relationships/article/2001483583/why-many-young-women-are-dating-sponsors>
- World Health Organization. (2024). *Adolescents in a changing world: the case for urgent investment*. World Health Organization.
- Zamudio-Haas, S., Auerswald, C., Miller, L., Amboka, S., Agot, I., Kadede, K., ... & Truong, H. H. M. (2021). Seeking a "Sponyo": insights into motivations and risks around intergenerational transactional sex among adolescent boys and girls in Kenya. *Journal of Adolescent Health, 68*(5), 930-936. <https://doi.org/10.1016/j.jadohealth.2020.09.027>