Understanding the Effects of Religion on Public Health and Development Practice in Kenya

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Background:
Religion can either be an asset to successful public health initiatives or it can increase vulnerability to infection for people most at risk of acquiring HIV/AIDS. Kenya provides an excellent context for understanding how faith-based organizations can further public health efforts in the context of HIV/AIDS.

Project Partners:
• Children of God Relief Institute
• Christian Health Association of Kenya (CHAK)
• St. Paul’s University
• Nyumbani Village

Populations/Communities Served:
• Nyumbani Village: a community that provides a permanent home for 1000 children and adolescents orphaned by HIV and AIDS and over 100 grandparents whose adult children have died from AIDS. The village is located approximately 120 miles southeast of Nairobi in a rural area of Kitui County.
• Three comprehensive care clinics in CHAK’s network.
• Children and their families in Nairobi’s informal settlements.

Project Goals
We pursued our goal of understanding religion’s effects on public health efforts through working closely with faith-based organizations, specifically those focused on capacity building, program management, and service delivery.

Activities:
• Formed after-school group for teenage girls.
• Monitored nutrition and growth status in young children.
• Participated in day to day workings of our organizations.
• Conducted interviews with social workers and clinic staff on issues of stigma in the church, clinic, and community.
• Undertook qualitative research with 26 staff and clients at three HIV clinics.
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Expected Outcome:
Our team’s work produced the following:
• Ideas for nutritional health improvement, HIV and AIDS education and stigma reduction, as well as sexual and reproductive health programs embedded within the ethos of a faith-based environment.
• Plans for reducing stigma in the community surrounding HIV care clinics serving adolescents in informal settlements in Nairobi.
• A detailed map of the data reporting structures in HIV clinics, as well as an in-depth understanding of the relationship between the clinics’ health workers and clients.

Progress to Date:
• Qualitative data analysis in progress

Next steps:
• HIV and AIDS education curriculum development in progress

Timeframe
May through July 2013