Religion’s Impact on HIV Service Provision with Stigmatized Groups and Developing Models that Draw on Religion’s Positive Contributions

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Project Background

- Kenya’s HIV epidemic is both generalized and concentrated among the general population. The HIV prevalence is estimated at 5.6% (2012), while among “key populations” (as defined by PEPFAR) it is much higher.¹ Among sex workers the HIV prevalence is estimated at 29.3% (2010), among men who have sex with men, 18.2% (2010), and among people who inject drugs, 18.3% (2011).² Comprehensive HIV programs have been negatively affected by laws, policies, and cultural norms around key populations, and religious teachings have often been invoked to support such positions.² In this context, PEPFAR and CDC are striving to identify partners in civil society who can work effectively with key populations.

- CDC/PEPFAR asked the Interfaith Health Program (IHP) at Emory University to identify core elements of faith-based organizations (FBOs) that work with well with key populations as the first step to creating a curriculum and platform through which other FBOs could be trained.

- A partnership between St. Paul’s University (Limuru, Kenya), the Christian Health Association of Kenya (CHAK) and the Interfaith Health Program (IHP) at Emory University allowed for the creation of our collaborative GHI project.

- Data collection took place from June – August 2015 in Nairobi, Kisumu, Mai Mahiu, and Naivasha, Kenya. Our partners in Kenya are continuing data collection as of today.

Objectives

- To identify the common elements that exist among faith-based organizations (FBOs) or non-governmental organizations (NGOs) that provide effective HIV services to one or more key populations

- To gain knowledge on the effects of religion in relation to cultural norms, laws/policies, and barriers to HIV services in relation to key populations.

- To identify tangible and intangible religious health assets that lead to effective service delivery to key populations

Methodology

- **Study Design**: Qualitative in-depth interviews and focus groups

- **Study Population**: HIV service providers who work with key populations and members of key populations

- **Data Collection**: In-depth interviews were conducted with 26 participants

  - Nine focus groups were conducted with members of key populations

  - Participants were identified through snowball techniques, networking with organizations involved in HIV services, and through our existing Kenyan partners

Progress to Date

- **Completed phase 1 of data collection**

  - Began analysis of emerging themes

  - Compiled contacts for future interviews

Summary

Partnerships with FBOs could be an important resource when working with key populations because they have the potential to provide support and reduce stigma. Also, feeling accepted by one’s religious tradition is very important for improving mental health within the communities. Maximizing these benefits requires identifying supportive FBOs that challenge predominant religious norms that contribute to stigma.

In certain cases, key population service networks work best when not expressly affiliated with a single tradition. Hierarchies of religious groups make it difficult for leaders to work explicitly and efficiently with key populations. Moreover, religious organizations that effectively addressed needs of key populations often had enough diversity of funding and leadership that they were not directly accountable to a single group.

Next Steps

- **Continue to compile data from partners in Kenya**

  - Analysis of themes and potential tools

  - Present findings at local/international conferences

  - Prepare manuscripts for publication

Preliminary Findings

Religious Health Assets Supporting Key Populations

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<tr>
<th>Tangible</th>
<th>Intangible</th>
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<tr>
<td>Presence on the Margins</td>
<td>Belonging</td>
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<td>Employment/Leadership Skills</td>
<td>Prayer/Holistic Support/Health-Seeking Behavior</td>
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<td>Medical/Clinical Services</td>
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