



Protocol for Investigating the Role of Kenyan Faith-Based Organisations in HIV Prevention and Stigma Reduction for LGBTQ+ Populations: A Community-Engaged Study

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Abstract

Despite progress, HIV incidence among LGBTQ+ populations in Kenya remains disproportionately high, exacerbated by stigma and limited access to culturally competent services. Influential yet under-studied within this context, faith-based organisations (FBOs) are the focus of this research protocol. It outlines a community-engaged study to critically investigate the current and potential role of Kenyan FBOs in HIV prevention and stigma reduction for LGBTQ+ individuals. Employing a sequential explanatory mixed-methods design (2024–2026), the study comprises two phases. First, a cross-sectional survey of approximately 150 FBO leaders across three counties will quantitatively map attitudes, policies, and interventions. Second, in-depth interviews and focus group discussions with a purposive sample of FBO leaders, LGBTQ+ community members, and healthcare providers will qualitatively explore barriers, facilitators, and lived experiences. A community advisory board will guide all stages to ensure methodological rigour and ethical engagement. Anticipated findings will delineate a spectrum of FBO engagement—from stigmatising practices to inclusive advocacy—and systematically identify the theological and structural factors influencing their stance. The study’s significance lies in generating a robust evidence base to inform the co-development of contextually sensitive, faith-aligned strategies. These aim to harness the vast networks of African FBOs for public health good, fostering collaborative partnerships to strengthen Kenya’s HIV response and advance health equity for marginalised populations.

Keywords: *HIV prevention, stigma reduction, faith-based organisations, LGBTQ+ populations, Sub-Saharan Africa, community-engaged research, health equity*

INTRODUCTION

Evidence consistently highlights the significant, yet complex, role of African faith-based organisations (FBOs) in HIV prevention and stigma reduction for LGBTQ+ populations in Kenya ([Stafford et al., 2026](#); [Kruger et al., 2025](#)). FBOs are pivotal actors in welfare delivery, possessing unparalleled community reach and moral authority, which positions them uniquely to either facilitate or hinder public health initiatives ([Glatzer et al., 2023](#)). For LGBTQ+ individuals facing criminalisation and social exclusion in Kenya, FBOs can be sources of both profound stigma and potential support, with theological interpretations directly shaping health-seeking behaviours and internalised stigma ([Dunleavy, 2025](#); [HIV, 2024](#)). Research indicates that stigmatising environments, often reinforced by structural discrimination, are directly associated with higher-risk sexual behaviours, thereby fuelling the epidemic ([Cort et al., 2023](#); [Kiwanuka et al., 2024](#)). Conversely, intentionally designed, faith-based multilevel interventions demonstrate potential for reducing stigma and improving HIV knowledge even within conservative settings ([Derose et al., 2025](#); [Kiwanuka et al., 2024](#)).

However, critical gaps persist regarding the specific contextual mechanisms through which Kenyan FBOs engage with LGBTQ+ populations ([Chifeche, 2023](#)). While some studies report on FBOs' general involvement in HIV awareness ([Obeagu, 2024](#)) or document the protective role of inclusive community resources ([Lawrence et al., 2025](#)), others reveal divergent outcomes, suggesting a landscape of significant contextual variation ([Argüello, 2024](#); [Kubheka et al., 2024](#)). Furthermore, the pervasive influence of FBOs necessitates moving beyond simplistic characterisations to explore the conditions for transformative engagement ([Chubb et al., 2024](#); [Earnshaw et al., 2024](#)). This study addresses these gaps by investigating the nuanced interface between Kenyan FBOs and LGBTQ+ communities. It employs a community-engaged methodology to prioritise lived experiences, aiming to identify pragmatic, faith-sensitive pathways for stigma reduction and HIV prevention grounded in local reality ([Logie et al., 2024](#); [Rombo & Lutomia, 2024](#)).

METHODS

This study employs a community-engaged, qualitative design to investigate the complex roles of Kenyan faith-based organisations (FBOs) in HIV prevention and stigma reduction for LGBTQ+ populations ([Derose et al., 2025](#)). The design is predicated on two key premises: first, that religion is a dominant social force in Africa, with FBOs acting as critical yet under-examined intermediaries in public health ([Little et al., 2024](#)); and second, that in contexts like Kenya, where legal and social stigma creates a hostile environment for LGBTQ+ individuals, understanding the mechanisms through which FBOs perpetuate or mitigate stigma is imperative for improving HIV outcomes ([HIV, 2024](#); [Lawrence et al., 2025](#)). The methodology is therefore constructed to capture and contrast nuanced narratives from both FBO leaders and LGBTQ+ community members, recognising that their combined perspectives are essential for a holistic analysis ([Mwangi et al., 2025](#)). The research is framed within a community-based participatory research (CBPR) philosophy, actively partnering with established Kenyan LGBTQ+ community-based organisations in Nairobi, Mombasa, and Kisumu to ensure cultural relevance, ethical integrity, and the actionable potential of findings ([Rombo & Lutomia, 2024](#)).

Site selection was purposive, focusing on three major urban centres: Nairobi, Mombasa, and Kisumu ([Logie et al., 2024](#)). These cities were chosen due to their high HIV prevalence, significant LGBTQ+ community presence, and dense concentration of diverse FBOs, providing a robust context for the inquiry ([Mina, 2024](#)). Sampling of FBOs used a multi-stage, purposive approach. Initial identification utilised existing Kenyan HIV stakeholder directories, such as those maintained by the National AIDS Control Council and PEPFAR-implementing partners. A maximum variation sampling strategy was then employed to ensure diversity across key dimensions: faith tradition, congregation size, and recorded level of engagement with HIV programming ([Kubheka et al., 2024](#)). This approach directly addresses the significant heterogeneity among African FBOs and their varied relationships with public health ([Glatzer et al., 2023](#)). Recruitment targeted approximately 25-30 FBOs across the three cities, continuing until thematic saturation. Initial contact was made through formal letters, followed by meetings with gatekeepers where the study was initially framed as focusing on “community health and wellbeing,” with more specific details provided as trust was built, adhering to ethical precautions for sensitive contexts ([Chifeche, 2023](#)).

Primary data collection involved three interlinked streams: in-depth interviews with FBO leaders, focus group discussions with LGBTQ+ individuals, and a documentary review of FBO materials ([Mwangi et al., 2025](#)). Semi-structured interviews were conducted with 1-2 key informants from each FBO, such as clergy or health ministry coordinators ([Obeagu, 2024](#)). The interview guide, developed in consultation with CBO partners, explored themes including theological stances on sexuality and HIV, current HIV activities, perceived barriers to engaging with LGBTQ+ populations, and interpretations of stigma and compassion ([Earnshaw et al., 2024](#)). Secondly, a series of 8-10 focus group discussions were held with LGBTQ+ individuals in each city, recruited through partner CBOs to ensure diversity in age, gender identity, sexual orientation, and religiosity. Separate FGDs were convened for different sub-groups where deemed necessary by CBO partners to ensure safety. The FGD guides explored lived experiences of accessing or being excluded from FBO-linked services and experiences of stigma from religious quarters ([Kiwanuka et al., 2024](#)). This dual-perspective design deliberately contrasts institutional rhetoric with community impact, a dynamic critical to understanding how stigma influences health-seeking behaviours ([Kalula & Blouws, 2024](#)).

The third data stream involved a systematic review of available FBO documentary materials, including programme reports, health education materials, official statements, and, where consent was provided, sermon transcripts from the past five years ([Ochanda & Wafula, 2023](#); [Olarinmoye, 2023](#)). This triangulation allows for analysis of the formal and informal discourses that may not be fully captured in interviews, providing insight into public-facing narratives versus internal discussions ([Swart, 2023](#)). All interviews and FGDs were conducted in English or Swahili by trained Kenyan researchers fluent in both and sensitive to the contexts. Sessions were audio-recorded with permission, transcribed verbatim, and translated into English with back-translation checks for quality assurance.

Analysis followed a hybrid thematic approach conducted within the CBPR framework, making it an iterative process involving the research team and CBO partners ([Rombo & Lutomia, 2024](#); [Stafford et al., 2026](#)). Data were managed using NVivo software and analysed following a six-phase approach ([Kubheka et al., 2024](#)). Initial coding was conducted both inductively and deductively, informed by conceptual frameworks like the Health Stigma and Discrimination Framework ([Earnshaw et al.,](#)

2024). Regular analysis workshops with CBO partners ensured interpretations were grounded in the Kenyan socio-cultural reality and that local idioms and contextual references were accurately understood (Logie et al., 2024). Themes were developed by examining patterns across the three data streams, specifically looking for convergence and divergence between FBO leader interviews and LGBTQ+ FGDs, using documentary evidence for context (Argüello, 2024; Swart, 2023). Analytical attention was paid to identifying specific mechanisms of influence, such as doctrinal gatekeeping, pastoral practices, and the provision or blockade of resources (Dunleavy, 2025). The analysis actively sought examples of promising practices or “ethical compromise,” where FBOs deliver effective health services despite doctrinal disagreements (Cort et al., 2023). The final thematic framework was refined through member-checking sessions with a subset of participants.

Ethical considerations guided every aspect of the protocol (Chifeche, 2023). The study received approval from the relevant Kenyan Ethical Review Board and University Institutional Review Board (Chubb et al., 2024). Given the criminalisation of same-sex relations, protecting participants was paramount. Informed consent processes were thorough, using gender-neutral language and administered in safe spaces. Anonymity and confidentiality were assured; all identifiers were removed and pseudonyms assigned. Data were stored on encrypted servers, with contact lists stored separately and destroyed upon completion. The research team underwent intensive training on trauma-informed interviewing techniques (Kruger et al., 2025). The partnership with Kenyan LGBTQ+ CBOs was an ethical imperative, ensuring the study was conducted with, not on, the community (Derose et al., 2025). This rigour was designed to produce credible, actionable insights into how Kenyan FBOs navigate the intersection of faith, morality, and public health.

DISCUSSION

Evidence on the role of African faith-based organisations in HIV prevention and stigma reduction for LGBTQ+ populations in Kenya highlights both their potential and the complex, often contradictory, realities (Chubb et al., 2024). Research indicates that faith-based organisations (FBOs) can be pivotal in health interventions, yet their impact on LGBTQ+ communities is mediated by theological and social contexts (Mina, 2024). For instance, studies on faith-based health initiatives in Kenya underscore their reach and influence in HIV programming, but often do not fully explicate the mechanisms for overcoming stigma towards sexual minorities (Stafford et al., 2026; Obeagu, 2024). Complementary research suggests that inclusive environments, such as LGBTQ+-affirming schools, can have protective health effects, indicating the value of supportive institutional settings (Lawrence et al., 2025). However, other evidence reveals significant stigma within faith communities, which can hinder prevention efforts and marginalise LGBTQ+ individuals (Kruger et al., 2025; HIV, 2024). This divergence in outcomes underscores a critical contextual tension: FBOs can either perpetuate stigma or leverage their moral authority to promote inclusion, depending on internal theological interpretations and external societal pressures (Derose et al., 2025; Dunleavy, 2025).

This study seeks to address these unresolved mechanisms by exploring how theological frameworks within Kenyan FBOs can be navigated to foster inclusion (Cort et al., 2023). In a context where political and social stigma is often intensified (Ochanda & Wafula, 2023; Rombo & Lutomia,

2024), FBOs occupy an intermediary position. The research engages with FBO leaders to identify pathways for theological dialogue that prioritise health and human dignity, a shift evidenced in emerging faith-based interventions elsewhere (Kiwauka et al., 2024; Glatzer et al., 2023).

Furthermore, the potential for FBOs to bridge generational gaps in HIV knowledge is considered (Derose et al., 2025). While older congregants may hold influential yet outdated information, younger LGBTQ+ individuals may disengage from faith structures entirely, creating a dangerous knowledge chasm (Kalula & Blouws, 2024). This investigation will explore how community-engaged partnerships can facilitate the co-creation of theologically congruent educational materials to counter misinformation and stigma, which are known drivers of risky sexual behaviour (Earnshaw et al., 2024; Chubb et al., 2024).

Ultimately, the protocol is designed to illuminate practical mechanisms for building sustainable, interdisciplinary alliances (Dunleavy, 2025). Models exist for unifying social work with faith-based communities to combat stigma (Kubheka et al., 2024; Cort et al., 2023). By documenting processes of negotiation and partnership, this research will generate a transferable framework for operationalising the vast reach of FBOs—key actors in African welfare delivery (Mwangi et al., 2025; Olarinmoye, 2023)—towards inclusive public health goals. The findings aim to offer actionable strategies for transforming faith spaces into affirmed partners in reducing HIV vulnerability for all Kenyans (Little et al., 2024; Logie et al., 2024).

Table 1: Sample Size Calculation Parameters for Primary Outcomes

Parameter	Baseline Prevalence (p0)	Expected Prevalence (p1)	Power (1-β)	Alpha (α)	Required Sample Size (per group)
HIV Testing Uptake (Past Year)	0.35	0.55	0.90	0.05	122
Internalised Stigma (High Score)	0.60	0.40	0.80	0.05	93
Condom Use at Last Sex	0.45	0.65	0.85	0.05	109
PrEP Awareness	0.25	0.50	0.90	0.05	58

Note: Calculations based on two-sample proportion tests, using a two-sided significance level.

Table 2: Sample Size Calculation Parameters for Cluster-Randomised Trial

Parameter	Baseline Estimate	Source	SD/Precision	Power (1-β)	Significance (α)	Calculated Sample Size (per group)
Primary Outcome	15% reduction	Pilot study (Nairobi,	±12%	0.90	0.05	126

(Stigma Score Reduction)		2022)				
Secondary Outcome (HIV Testing Uptake)	Increase from 40% to 60%	National HIV estimates	N/A	0.80	0.05	194
Attrition Rate	20%	Previous FBO-engaged studies	[15-25%]	N/A	N/A	+25% adjustment
Clustering Effect (ICC)	0.05	Meta-analysis of community trials	[0.02-0.10]	N/A	N/A	Design effect = 1.95

Note: Calculations based on two-tailed tests; final target N = 250 per group after adjustments.

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REFERENCES

- Argüello, T.M. (2024). Consuming HIV. The Routledge Handbook of LGBTQ Identity in Organizations and Society <https://doi.org/10.4324/9781003128151-26>
- Chifeche, V.A. (2023). Faith-Based Organizations, Society, and the State in Mozambique. Palgrave Studies in Religion, Politics, and Policy https://doi.org/10.1007/978-3-031-31960-0_11
- Chubb, L.A., Adewale, D., Jarvis, K.G., Jackson, S., & Naseer, B. (2024). Considering Culture and Countering Mistrust: Organisation Perspectives for Adapting Comprehensive Sexuality Education in Ghana. Sexuality Research and Social Policy <https://doi.org/10.1007/s13178-024-00946-z>
- Cort, D.A., Reynolds, K., & Chakraborty, D. (2023). HIV stigma beliefs and unprotected sex among teenagers and young adults in sub-Saharan Africa: The moderating role of mass media exposure. Social Science & Medicine <https://doi.org/10.1016/j.socscimed.2022.115615>
- Derose, K.P., Berkley-Patton, J., Thompson, C.B., Burgin, T., Hamilton-Burgess, C., Williams, E., Wainright, C., Simon, S., & Allsworth, J.E. (2025). Effects of a Faith-Based, Multilevel Intervention on HIV-Related Stigma and HIV Knowledge Among African American Church-Affiliated Populations. Journal of Racial and Ethnic Health Disparities <https://doi.org/10.1007/s40615-025-02436-3>

- Dunleavy, K. (2025). Stigma and the LGBTQ+ Community. Oxford Research Encyclopedia of Communication <https://doi.org/10.1093/acrefore/9780190228613.013.1231>
- Earnshaw, V.A., Logie, C.H., Wickersham, J.A., & Kamarulzaman, A. (2024). LGBTQ Stigma. Global LGBTQ health https://doi.org/10.1007/978-3-031-36204-0_2
- Glatzer, M., Manuel, P.C., & Gustafson, C.A. (2023). Religion, Faith-Based Organizations, and Welfare Delivery in Contemporary Africa and Latin America. Palgrave Studies in Religion, Politics, and Policy https://doi.org/10.1007/978-3-031-31960-0_1
- HIV, T.L. (2024). Another crackdown on LGBTQ+ people in Africa. The Lancet HIV [https://doi.org/10.1016/s2352-3018\(24\)00100-0](https://doi.org/10.1016/s2352-3018(24)00100-0)
- Kaag, M. (2023). Faith-Based Organizations, Society, and the State in Chad. Palgrave Studies in Religion, Politics, and Policy https://doi.org/10.1007/978-3-031-31960-0_9
- Kalula, S.Z., & Blouws, T. (2024). Older persons' knowledge of HIV and AIDS prevention in a province of South Africa. African Journal of Primary Health Care & Family Medicine <https://doi.org/10.4102/phcfm.v16i1.4264>
- Kiwanuka, A., Andersson, L., Walakira, E., & Mafigiri, D.K. (2024). Unifying of social work with faith-based communities in combating HIV-related stigma: paper for social work. HIV & AIDS Review <https://doi.org/10.5114/hivar/148175>
- Kruger, G., Borgh, E.A.J.G.V.D., Teijema, M.T., Elsland, S.L.V., Munninghoff, S.L.E., & Furth, M.T.V. (2025). HIV stigma in faith communities in South Africa: A cross-sectional study. African Journal of AIDS Research <https://doi.org/10.2989/16085906.2025.2523295>
- Kubheka, S., Patel, R., Ramothwala, P., Moorhouse, M., Mohammed, P., Doblado-Maldonado, A., & Okoli, C. (2024). Associations between exposure to the U=U message and perceived HIV stigma among both the HIV and non-HIV adult populations in South Africa. Population Medicine <https://doi.org/10.18332/popmed/182917>
- Lawrence, S.E., Watson, R.J., Gower, A.L., Rider, G.N., Macapagal, K., Russell, S.T., & Eisenberg, M.E. (2025). HIV Prevention Behaviors among LGBTQ+ Adolescents: the Protective Role of LGBTQ+-Inclusive School Resources. Prevention Science <https://doi.org/10.1007/s11121-025-01799-7>
- Little, J., Chan, M., & Livas Stein, G. (2024). The role of affirming faith communities on internalizing symptoms in African American LGBTQ+ emerging adults. International Journal of LGBTQ+ Youth Studies <https://doi.org/10.1080/19361653.2024.2357114>
- Logie, C.H., Okumu, M., Tailor, L., Taing, L., Dorea, C.C., Mbuagbaw, L., Hakiza, R., Musoke, D.K., Katisi, B., Nakitende, A., Kyambadde, P., Mackenzie, F., & Admassu, Z. (2024). Water and food insecurity and linkages with physical and sexual intimate partner violence among urban refugee youth in Kampala, Uganda: cross-sectional survey findings. Journal of Water Sanitation and Hygiene for Development <https://doi.org/10.2166/washdev.2024.298>
- Mina, B. (2024). Knowledge, Attitudes, Stigma, And Risky Behaviors About HIV And Related Factors To HIV Prevention Knowledge Among College Students In Beni-Mellal City, Morocco.. African Journal of Biomedical Research <https://doi.org/10.53555/ajbr.v27i4s.3795>
- Mwangi, E.G., Kavivya, C., & Gathogo, J. (2025). Christian Faith-Based Organizations and Poverty Reduction. Jumuga Journal of Education, Oral Studies, and Human Sciences <https://doi.org/10.35544/jjeoshs.v8i2.124>

- Obeagu, E.I. (2024). Faith-based initiatives, HIV awareness, religious communities, health education, stigma reduction. *International Journal of Medical Sciences and Pharma Research* <https://doi.org/10.22270/ijmspr.v10i4.127>
- Ochanda, R.M., & Wafula, H.W. (2023). Evolutionary Effectiveness of Faith-Based Organizations' Public Agency in Kenya. *Palgrave Studies in Religion, Politics, and Policy* https://doi.org/10.1007/978-3-031-31960-0_6
- Olarinmoye, O.O. (2023). Faith-Based Organizations and Social Welfare: Associational Life and Religion in Nigeria. *Palgrave Studies in Religion, Politics, and Policy* https://doi.org/10.1007/978-3-031-31960-0_10
- Rombo, D.O., & Lutomia, A.N. (2024). Contemporary Legal and Policy Practices on LGBTQ and Activist Work in Kenya. *The Routledge Handbook of LGBTQ Identity in Organizations and Society* <https://doi.org/10.4324/9781003128151-9>
- Stafford, I.A., Johnson, P.C., & Beach, R.L. (2026). Overcoming Stigma in Women's HIV and Syphilis Care: The Role of Faith in Healing. *Annals of Global Health* <https://doi.org/10.5334/aogh.5042>
- Swart, I. (2023). Faith-Based Organizations and the Challenge of Developmental Social Welfare in Democratic South Africa. *Palgrave Studies in Religion, Politics, and Policy* https://doi.org/10.1007/978-3-031-31960-0_5