

Mission from the Margins in the Context of HIV/AIDS: Grandmothers' Narratives of Transforming Religious Communities in Maai Mahiu, Kenya

Author/s

Dr. Pauline Wanjiru Njiru

Affiliation/s

St. Paul's University, Theology Department, Nairobi

ORCID link

<https://orcid.org/0000-0001-6316-6655>

Correspondence to

Dr. Pauline Wanjiru Njiru

E-mail

revwanjiru2017@gmail.com

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Abstract

Using the narratives of grandmothers in Maai Mahiu, Kenya, this article demonstrates how the grandmothers from different Christian denominations and ministries were stigmatized within their religious communities, how they responded to the stigma meted on them, and their contributions towards the transformation of the religious communities in the context of HIV and AIDS. By revisiting the theme of HIV and AIDS in religious communities, the article affirms that it is still one of the biggest challenges facing the world. The situation of children orphaned by AIDS continues to be a serious issue in high prevalent areas – 80% of these children are found in Sub Saharan Africa. When AIDS kills parents, the grandparents, specifically grandmothers usually assume the parenting role of the orphans. This article utilizes the data collected for my unpublished Ph.D. thesis, which was conducted to examine the source of strength, faith, and hope exhibited by the grandmothers parenting grandchildren orphaned by AIDS amidst the intense stigma they faced. The study employed qualitative and grounded theory research approaches. In particular, 16 people were recruited as study participants (15 grandmothers and one health worker) and later into the study three pastors were recruited. The article points out that the grandmothers' responses to the stigma from their religious communities resulted in them gaining and promoting more accurate knowledge on HIV and AIDS, positive living, improved standards of living, and more importantly, the transformation of religious communities. The grand-mothers largely responded in a way that positively transformed their own lives, as well as those of their community and their religious leaders. Based on these, the article concludes that by being proactive in their responses to the stigma and ostracism meted on them, the grandmothers were practically engaging in mission, but doing it from the margins of the community where they had been pushed by religious communities.

Significance: The article offers scholarly and practical contributions of women who, initially marginalized due to HIV and AIDS transformed their experiences of stigmatization to become agents of change within religious communities.

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Keywords: Stigma, grandchildren, grandmothers, HIV and AIDS, mission, margins, pastors, religious leaders

Introduction

Globally HIV and AIDS remain among the greatest practical and moral challenges, specifically in sub-Saharan Africa (SSA), where silence and stigma exacerbate the crisis (Lewis, 2003). Over the past three decades, many families in SSA have lost primary caregivers to AIDS, often during childbearing years, resulting in a growing population of orphaned children (Hajizadeh *et al.*, 2014). By 2001, 13.4 million children under 15 had lost one or both parents to AIDS, 80% of whom were in SSA (Mutiso and Mutie, 2018). In 2000 alone, 2 million children became orphans – roughly one every 14 seconds (Copson and Salaam, 2003). UNAIDS reported that by 2017, 17 million children and adolescents globally had lost one or both parents to AIDS, with SSA remaining the most affected region (UNAIDS, 2017; Olanrewaju *et al.*, 2015). For example, in Zimbabwe, 74% of orphans are AIDS-orphaned, 63% in South Africa, and over 50% in Uganda (Seeley, Dercon and Barnett, 2010; AVERT, 2018; Satzinger, Kipp and Rubaale, 2012; UNAIDS, 2019). Kenya's orphan rate stands at 17%, with over 1.1 million children orphaned by AIDS, most aged 10-14 (Gethaiga and Williams, 2015; Copson and Salaam, 2003). Across SSA, grandmothers often assume the caregiving role, over 40% in Tanzania, 50% in Kenya, and 60% in Namibia and Zimbabwe (Callister, 2011). Forced to become mothers again, the grandmothers face immense burdens, particularly stigma (Cowling, Seeman and Göpfert, 2015).

This article is contextualized in Maai Mahiu, Kenya, where the grandmothers were not stigmatized for being HIV-positive themselves, but rather because their children had died from AIDS and they chose to parent their orphaned grandchildren. This exposed them to 'courtesy stigma', a form of stigma experienced through the association with those affected by HIV and AIDS (Ku *et al.*, 2013). The very religious leaders and communities from whom they expected compassion and refuge compounded this stigma. Therefore, this article explores how these grandmothers responded to the stigma inflicted on them from within their religious communities, the transformative effect of their responses, and how, from the margins, they enacted a grassroots mission that ultimately reshaped the religious community in Maai Mahiu. The article unfolds by briefly conceptualizing the key terms and highlighting the analytical framework and methodology before delving into the emerging narratives of the grandmothers in the context of stigma and HIV/AIDS within their Christian religious communities.

Conceptualizing HIV and AIDS: Stigma and Grandmothers

As terms like HIV, AIDS, stigma, grandmothers, grandchildren, and religious leaders are common, it is sufficient to state that within the context of this article, Acquired Immunodeficiency Syndrome (AIDS) is regarded as a collection of ill conditions resulting from the Human Immunodeficiency Virus (HIV) infection and develops when HIV destroys the infected individual's immune system cells, reducing them to levels that cannot provide adequate immune protection to the body against opportunistic infections (Center for Disease Control and Prevention, 2016). As opposed to concentrating on the medical aspect of HIV and AIDS, this article focuses on its social aspects and the related stigma. Stigma is here taken to mean the social process of marking people due to a trait considered to be undesirable and thus possessing it reflects deviance from the social norm. In this regard, stigma is the act of labeling grandmothers because their children died of AIDS and they parent these grandchildren orphaned by AIDS.

In relation to grandchildren, while this generally relates to children born by one's children, in the context of this article, grandchildren will be limited to those who were left behind by the children of the grandmothers who succumbed to AIDS and are being parented by the grandmothers. Similarly, the notion of grandmothers which refers to women who gave birth to or nurtured other people's parents and to other individuals, and that they can be paternal (in case they parented male parents; fathers) or maternal (in case they parented female parents; mothers) (Rempel, Neufeld and Kushner, 2007; Zhavoronkov and Cantor, 2011), it is limited to women aged 40 years and above, parenting grandchildren (their son's and/or daughter's children) orphaned by AIDS. In the African indigenous worldview, grandmothers are usually older than other people's parents and their age accords them

maximum respect in the society. As such, they form part of the traditional extended families and often take on the role of giving primary care to children whose parents are unable or unwilling to adequately care for them. The concept of religious leaders is related to pastors who are ordained or leaders of Christian congregations who also give advice and counsel to people from the community or congregation. The term ‘pastors’, used synonymously with ‘religious leaders’ in this article, refers specifically to those who have spiritual and pastoral oversight of a congregation, either within an established denomination or as part of an independent ministry in Maai Mahiu. Importantly, the stigma experienced by the grandmothers is contextualized in the religious communities of different Christian denominations in Maai Mahiu. As described above, Maai Mahiu is a settlement in Kenya’s Rift Valley province and the name means ‘hot water’ in the Kikuyu language (Njiru, 2021). Historically, Maai Mahiu has been a major stop over for long distance truck drivers on one of the major Eastern African transport corridors and the town has been known as a sex hub, due to the rampant transactional sex that takes place there resulting in the high rate of new HIV infections and AIDS deaths in the community (Njiru, 2021).

Mission from the Margins as Analytical Framework

This article adopts the concept of *mission from the margins* as its guiding framework as rooted in the reformist thinking of John Calvin. This approach affirms that theological insight and missional praxis often arise from the lived experiences of marginalized communities. The Reformation emphasized that mission is not solely the domain of sending churches; receiving communities also possess spiritual agency that can profoundly reshape the understanding and direction of mission. As Roderick Hewitt (2017) argues, reformed identity must be continually re-interpreted through engagement with those at the margins, where God’s presence and purpose are most powerfully revealed. Building on this foundation, the article centers on the experiences of grandmothers in Maai Mahiu, who, through stigmatized, grieving, and burdened devotion embody a form of mission that challenges ecclesial assumptions. Their caregiving and community leadership reoriented religious communities and demonstrated that transformation can emerge from those traditionally viewed as passive recipients of mission. This supports the article’s quest to explore how agency, suffering, and spiritual leadership intersect at the grassroots level of African ecclesial life.

Methodology

This article is informed by a qualitative research study which utilized 16 narratives collected from 15 grandmothers and one health worker in Maai Mahiu. The grandmothers came from both mainline denominations and neo-Pentecostal churches commonly referred to as ministries. These narratives were gathered as part of a qualitative grounded theory study conducted between August and September 2019 by the author, aiming to explore the impact of stigma on grandmothers parenting grandchildren orphaned by AIDS. In addition to the 16 in-depth narratives, interviews were conducted with three purposively selected long-serving members of the Maai Mahiu Interdenominational Pastors’ Fellowship. This was formed by voluntary choice and willingness to join after the pastors interacted with the grandmothers and they came to the realization that their actions towards people living with or affected by HIV was a result of a lack of adequate knowledge. They hoped to attract education through this fellowship.

The collected data were thematically analyzed. The study also paid attention to ethical considerations and was approved by the National Commission for Science, Technology, and Innovation (NACOSTI) in Kenya. Voluntary informed consent was also obtained from all the participants prior to data collection. To ensure confidentiality and protect participant identity, pseudonyms were used in all recorded narratives, as mutually agreed upon by the researcher and participants. Some of the names given to the grandmothers were Wambui, Wangeci, Wangari, Wanjiru, Wanduma, Wairimu, Waceke, and Angel the health worker.

Nature of Stigmatization towards Grandmothers in the Christian Communities

The grandmothers experienced stigma within their religious communities which ranged from exclusion from Christian fellowship for ailing children, to withdrawal of support and stigmatizing sermons.

Exclusion from Christian Fellowship for Ailing Children

One of the emerging narratives was centered on the grandmothers' experiences of stigma relating to exclusion from Christian fellowship for ailing children. In this case, the grandmothers recounted that some pastors deliberately avoided visiting the homes of grandmothers caring for children living with AIDS. For instance, Wambui recounted that when her daughter, who was critically ill, expressed a desire to receive a pastoral visit, she relayed this request directly to the pastor. Despite the urgency and sincerity of the appeal, the pastor did not visit and neither did he delegate any minister to offer Christian fellowship or pastoral care to Wambui's ailing daughter as narrated by Wambui:

A week before my daughter died, she called me to her dying bed, and she whispered to me that she wanted to go to heaven and she had confessed all her sins to God. She begged me to call for her a pastor so that he would pray for her. I was so scared and I ran to church in tears and so much grief. Her condition continued to worsen and she showed no chance of surviving. At the church, the pastor refused to come to my home claiming that he was so busy the whole week. After my daughter died, the church was the first place I ran to. I needed them to help me in organizing her burial and I thought this would really help her reach heaven. The same pastor told me that the church could not participate in her funeral because she was not an official member of the church. This was unbelievable! They would have done it for me because that is the church I was attending for a very long time and they really knew I was a committed member.

This account could be related to the religious community's act in keeping with the fact that they did not participate in the funeral rites for those suspected of having succumbed to AIDS. This was contrary to the practice of offering pastoral accompaniment to bereaved families irrespective of whether the family members were Christian or not. The pastoral accompaniment was exercised through visitation, offering counselling, spiritual encouragement, and physical and material support. However, not all grandmothers received this kind of support.

Further, some grandmothers recounted that their caring for grandchildren orphaned by AIDS led to their exclusion from Christian fellowship by both fellow congregants and their pastors once it was known that they were parenting grandchildren orphaned by AIDS. For example, one grandmother, Wangeci, noted that the grandmothers were no longer allowed to host home fellowships, an activity that typically rotated among church members. Despite the established practice of shared hosting, these grandmothers were silently removed from the rotation.

Withdrawal of Support

Apart from experiencing exclusion from fellowship, some grandmothers also lost their church's financial and material support for survival in cases where the church community learnt that the grandmother's children were ailing from or had succumbed to AIDS. Even those who used to fundraise for the support of such grandmothers suddenly gave up on this good practice. The grandmothers' homes were also labeled as homes of contagion, witchcraft, and devil worshippers. As Wangeci recounted, 'I became a laughing stock in the community and people labeled my home "the devil's house".'

This was extended to associating the grandmothers parenting grandchildren orphaned by AIDS, with a negative influence in the church as they were perceived to be people who had failed God in one way or another and their children succumbing to AIDS was one way the grandmothers were being punished by God. Others had negative feelings towards the grandmothers' act of parenting grandchildren orphaned by AIDS. To them, such children deserved nothing else other than suffering and death and looked at the grandchildren as agents capable of passing on their parents' promiscuity to the next generation.

Stigmatizing Sermons

The grandmothers also experienced stigma in the form of the sermons which were delivered. For example, some grandmothers repeatedly alluded to sermons that urged people to keep away from sexual

promiscuity and sinful ways that could cause them divine punishments like HIV and AIDS as pointing to the sinful nature of their children and the resulting punishment of HIV and AIDS. Wanjiru narrated that '[t]o make matters worse, the disease had no cure, and it was always preached in church that it is a punishment from God for the prostitutes'.

Such sermons had the potential to make the grandmothers parenting grandchildren orphaned by AIDS very vulnerable to societal condemnation and judgment, thus greatly propagating the stigma they experienced. The grandmother's experiences of stigma highlight the missiological implications of HIV-related stigma, as experienced by marginalized Christians in SSA and in particular the grandmothers parenting grandchildren orphaned by AIDS in Maai Mahiu. These experiences of stigma also align with regional patterns identified by scholars such as Chitando (2007). Kalichman and Simbayi (2003), Fatoki (2016), as well as Aggleton and Parker (2003), who link the HIV-related stigma to perceptions of immorality, danger, and divine punishment. Such stigma leads to social alienation and reinforces negative binaries of 'us' versus 'them', creating deep psychological, emotional, and social wounds (Stangl *et al.*, 2013).

Additionally, the grandmothers' exclusion through withdrawal of fellowship, material support, and being labeled with derogatory terms, reflects pastoral complicity in perpetuating stigma. By distancing themselves from the grandmothers, the pastors contradicted the inclusive mission of Christ, which upholds the dignity of all people and calls for compassionate accompaniment. This breach of pastoral care deepened the grandmothers' suffering. Such actions if unchecked could hinder both the fight against HIV and the church's witness. Many scholars (Skinner and Mfecane, 2004; Kinsler *et al.*, 2007; Audet *et al.*, 2014) have pointed out that stigma hinders testing, treatment adherence, and health-seeking behaviors, and can exacerbate risky practices that further increase the spread of the virus (Kumarasamy *et al.*, 2005; Donnelly *et al.*, 2016; Chitando and Gunda, 2007).

The Grandmothers' Responses to the Stigma

In response to the stigma which the grandmothers experienced within their religious communities, they devised numerous strategies to navigate the stigma. This was largely through the themes centered on, creating fellowship groups and income generating activities, searching for more knowledge on HIV and AIDS, promoting HIV and AIDS education for religious leaders and providing public education on HIV and AIDS.

Creating fellowship, Prayer Groups, and Income Generation

The grandmothers reached out to each other and shared their stories and feelings of grief, anger, sadness, and regret. Having so much in common, they easily bonded and became friends. As they shared their painful stories, they were able to comfort one another and grieve their losses together. Having bonded together as well as discovering that they were all thirsting for the word of God, they formed a fellowship that would regularly meet for worship and Bible study. They were supported by an organization called Comfort the Children International (CTC) which set up for them a support group called Grandmothers against Poverty and AIDS (GAPA) to sustain their fellowship. Whenever the grandmothers met for fellowship, they would share testimonies and words of encouragement. For example, Angel the health worker who was interviewed for having collaborated with the grandmothers clearly stated,

The grandmothers expressed themselves fully, opened up by narrating their experiences to each other, expressing their feelings and sharing about their challenges, fears, and strengths. Whenever a new member joined the group, each one would share their story and testimonies. The new member would also get the energy to share her story and this was their culture.

Within their fellowship, the grandmothers hosted the staff from the World Council of Churches – Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA) who taught them how to conduct contextual Bible studies. With this knowledge, they re-read the Bible, specifically those scriptures that their churches used to stigmatize them. They were able to find a different meaning from those scriptures and began using these texts to make their faith stronger. The grandmothers began to perceive the Bible as a text which calls them by name and also speaks hope into their reality. The fellowship also provided the much-needed safe space for the grandmothers to pray together. Wairimu revealed that she never

stopped praying to God even when she could not go to church for Sunday worship. To her and many other grandmothers, prayer was the only thing they envisioned as a solution to their struggles.

Some days, the grandmothers would invite CTC staff to teach them about HIV and AIDS. They also used their fellowship time to acquire skills that would improve their livelihood such as making soap, bead work, goat rearing, and poultry keeping, among others. These skills also enabled the grandmothers to venture into various income generating activities to support themselves and their grandchildren. For example, some of them decided to hawk food for longer distances.

Within their fellowship, the grandmothers began supporting each other financially. They conducted table banking whereby every week, they would fundraise money for one member. This money was meant to help the recipient to boost their income generating activities, meet medical bills, pay rent, or buy household requirements.

According to Angel, the grandmothers shared their experiences with people interested in hearing from them to tap into their empathy and attract support. Sharing experiences continued in workshops, seminars, church services, and community gatherings with the intention of helping other people to learn from the experiences of the grandmothers parenting grandchildren orphaned by AIDS in Maai Mahiu. It also provided an opportunity for the grandmothers to reveal their feelings of pain inflicted by the way people behaved towards them and to attract support and empathy from the listeners.

Searching for more Knowledge

The grandmothers also recognized their limited knowledge about HIV and AIDS, hence pursuing information on HIV prevention and treatment. Additionally, they sought guidance on e.g., parenting grandchildren affected by HIV and counseling techniques. Their goal was not only to physically care for their grandchildren, but also to offer informed guidance and emotional support. To achieve this, they invited knowledgeable individuals to speak during their fellowship meetings and participated in various training and workshops organized by CTC. The grandmothers' thirst and search for knowledge were extraordinary in that even when they were asked to suggest ways through which the WCC-EHAIA could support them, they asked for platforms that they would use to educate the religious communities on matters of HIV and HIV stigma. Wangari stated that her desire was to educate her pastor with the knowledge she had gained: 'I was trained on HIV and I realized that my pastor had been wrong throughout. He was preaching and teaching the wrong message all this time. So, I began praying to God for courage so that I could be able to educate him'. Angel confirmed that during a needs assessment, the grandmothers were asked how they wanted to be supported and 'they said that they wanted to be given a platform to interact with their pastors about HIV and educate them on matters of HIV'.

Promoting HIV and AIDS Education for Religious Leaders

Having been exposed to HIV and AIDS information by the health authorities and other stakeholders, the grandmothers realized that their religious communities, including the religious leaders lacked accurate knowledge on HIV and AIDS which was exhibited through stigmatizing the grandmothers. The knowledge that the grandmothers obtained, enabled them to realize that the pastors' claims of HIV and AIDS being a punishment for sin were based on misconceptions. Wangari was concerned that the pastor was preaching the wrong things:

Whenever the pastor preached about the way God punished people, he would emphasize that HIV was the major way the sexually immoral were punished. He would emphasize that whoever had HIV was going to hell. I did not believe him because I thought that God cannot just be sending everyone with HIV to hell, yet there were young children born with the virus like the children born from my first child. Slowly but surely I became close to the pastor's wife and I started sharing with her about what happen at CTC. I invited her for the training on HIV organized by the WCC and CTC, and by God's grace, she came with the pastor.

When the WCC-EHAIA was invited to the grandmothers' fellowship, the staff pledged their commitment to offer them the help they needed. To clearly understand how best the grandmothers wanted to be supported, the WCC-EHAIA staff consulted them and the end result was the desire of the grandmothers for information about HIV and AIDS by creating forums to educate their religious

leaders. Out of this, the grandmothers freely shared their stories and knowledge with the religious leaders during the provided forums.

Providing Public Education

The grandmothers found themselves in a better position to work with CTC, WCC-EHAIA, and the Upendo sisters in public education and HIV programs organized in Maai Mahiu. They had been eye witnesses of how AIDS manifests and kills, had been victims of stigma, and were willing to use their experiences to create an awareness and sensitize their communities. One of the grandmothers narrated that she always participated in community education because she wanted to prove to her village mates that she had the ability to nurse her granddaughter. The grandmothers also shared their experiences during workshops and other social gatherings like prayer meetings. They sought platforms to educate people in their local churches and communities.

These responses to stigma indicate that despite rejection, the grandmothers did not respond with bitterness or withdrawal. Instead, they embodied a deeply Christian response marked by forgiveness, compassion, and resilience. Their decision to care for their ailing children, reject stigmatizing narratives, and offer support even to the pastors who had failed them, demonstrates their profound resilience and Christian maturity and discipleship. Their actions exemplify what Rueda *et al.* (2016) and Porter *et al.* (2017) describe as transformative responses to stigma responses that heal rather than wound further.

Grandmothers' Contributions to Transformation within Religious Communities

The grandmothers' contributions to transforming their religious communities were at both individual and community level. At the individual level, the responses to stigma from their religious communities and leaders enabled the grandmothers to gain and promote accurate knowledge about HIV and AIDS to reduce stigma. For instance, they promoted positive living, improved living standards, and positively impacted on the pastors' ministry in Maai Mahiu. The grandmothers acquired knowledge about HIV in terms of how the virus is transmitted from one person to another, prevention and treatment of HIV and AIDS, positive living, and HIV counseling and guidance. With this knowledge, they were able to challenge the myths about HIV and AIDS among the people in Maai Mahiu. For example, Wanduma affirmed, 'At CTC, we were asked to invite our pastors to some of the trainings and I gladly did an invitation which my pastor accepted. From the time our pastor attended trainings organized by CTC and WCC, his approach to HIV has changed'.

Similar narratives were recounted by other grandmothers and as they engaged in community outreach programs, they were able to expand other people's understanding of HIV and AIDS. The grandmothers attracted their pastors and other community members to workshops and health camps which enriched the community's knowledge about HIV and AIDS. They also acquired knowledge about other health issues that were common in the Maai Mahiu community such as cancer, diabetes, hypertension, and nutrition deficiency diseases, among others. The workshops attended by the religious leaders on the grandmothers' invitations enabled these leaders to collaborate with the grandmothers in educating congregations about HIV and AIDS and this increased the awareness of HIV and AIDS issues among congregants and the community at large.

By undergoing HIV testing alongside their grandchildren, the grandmothers gained an awareness of their own and their grandchildren's HIV status and developed an informed understanding of the implications of being HIV-positive or HIV-negative. This empowered them to make informed decisions that promoted their wellbeing and the wellbeing of their grandchildren. Some of the orphaned grandchildren grew to adulthood, thereby influencing people who initially lived in denial to enrol into HIV care and support systems. By promoting HIV and AIDS treatment enrolment and adherence, the grandmothers could be stated to have contributed to reducing the occurrence of AIDS related deaths in Maai Mahiu.

Additionally, as the grandmothers engaged in income generating activities, they were able to have financial capacity to purchase necessities for their households and support their less privileged community members. For example, Wangeci reported having benefited financially: 'I kept in touch with Angel and I could attend every other training organized by CTC. I expanded my business and started hawking vegetables and onions in addition to the tomatoes in the nearby market'. Wairimu added

to this: ‘Angel introduced me to a fellowship of other grandmothers that CTC was supporting called GAPA where we were taught how to make detergents. I started this as a business and God has blessed us through this project’.

This improved the quality of their lives as it reduced the extent to which the grandmothers depended on food donations from other people. The grandmothers also made tremendous contributions towards uplifting their communities’ living standards. Some of the items they produced, such as liquid soap, were used to improve sanitation and hygiene. Some people purchased from the grandmothers in wholesale and then sold at retail prices – this enabled them to make a profit and meet their needs.

At religious community level, the grandmothers’ actions catalyzed a transformation in attitudes and practices. For example, pastoral repentance emerged as a theme which depicted the transformation of the religious community. One of the pastors who participated in the study recounted an incident during a seminar with the grandmothers. A pastor, whom a grandmother had previously identified as having helped his son send away her HIV-positive daughter along with her children, whom the grandmother later cared for until her death and was now raising the grandchildren she left behind publicly acknowledged his wrongdoing. Following the seminar, he took responsibility and went to retrieve the grandchildren from the grandmother, pledging to care for them himself, recognizing that he was in a better position to do so. This marked a profound reconciliation between two estranged families.

Additionally, the interviewed pastors in the study confirmed that because of the pastors’ meeting with the grandmothers and subsequent trainings on HIV and AIDS, they had formed the interdenominational fellowship to share knowledge and support HIV responses in Maai Mahiu. Angel noted:

The workshop held between the grandmothers and church leaders resulted into the formation of the Maai Mahiu pastors’ fellowship where the member pastors are trained on myths versus facts on HIV, safer practices, access, and availability of treatment, voluntary stigma free counselling, and testing and empowerment (SAVE) as well as shame, stigma, denial, discrimination, inaction, and misaction (SSDDIM) and other issues concerning HIV and its impact. These pastors’ fellowship invited health professionals to educate them on health issues and how they can address them. Pastors in this fellowship now hold activities that address HIV at their churches.

One of the grandmothers, Wairimu stated,

In the past years, most pastors and church goers never liked us because they thought of us as people cursed by God. This was because all they knew about HIV was that contracting it or losing family members to AIDS was a punishment from God. These pastors and our fellow Christians now accept us, work with us, support and love us together with the grandchildren which is a great testimony to me.

Waceke, another grandmother added, ‘The pastors became very supportive with time and now work with us in whatever possible way. They speak well about us, invite us to church meetings and functions, and give us time to share our experiences with the people’. This is an indication of the pastors’ commitment to enhance their churches’ involvement in addressing HIV and AIDS related concerns and support the grandmothers’ efforts. The fellowship also acted as a platform for the pastors to exchange knowledge and information about HIV and other issues affecting members of their congregations.

The grandmothers’ endeavors to have the pastors equipped with accurate knowledge and information about HIV and AIDS transformed the religious communities. For example, the pastors repented from their harmful and life-denying practices and learnt the facts about HIV and AIDS which influenced them to give up the myths and misconceptions that were informing their responses to the pandemic. They were challenged to separate HIV and AIDS from sin, to read scriptures with an open mind and to apply them in a way that is relevant to the struggles of the people they shepherd. Some pastors committed themselves to render as much support as possible to the grandmothers to help them address their challenges and some reinstated the church’s support which they had withdrawn from the grandmothers. Wangari reflected, ‘These days, “the same pastor” advises people to test and love people

who are living with HIV. The way he preaches changed a lot and our church is really a place to call home. When the grandchild died, my pastor and his wife were so supportive'. Wairimu added,

In the past years, most pastors and church goers never liked us because they thought of us as people cursed by God. This was because all they knew about HIV was that contracting it or losing family members to AIDS was a punishment from God. These pastors and our fellow Christians now accept us, work with us, support and love us together with the grandchildren which is a great testimony to me.

Importantly, the contributions of the grandmothers to the transformation of their religious communities demonstrate that from their marginal position, they became agents of ecclesial renewal. By seeking knowledge about HIV, parenting, scripture, and by lobbying for HIV and AIDS education for their religious leaders, the grandmothers redefined the locus of mission. Their example challenges traditional hierarchies and confirms that mission innovation can emerge from the margins. As missionaries, they invited religious leaders into spaces of listening and learning, offering testimony that reshaped attitudes and restored broken relationships. Thus, their work in the context of HIV and AIDS stands as a compelling embodiment of mission from the margins, echoing the call for a church that is inclusive, healing, and grounded in the lived experiences of her congregants.

Conclusion

The HIV-related stigma perpetuated within the religious communities in Maai Mahiu inflicted deep wounds upon the grandmothers, pushing them to the margins of both church and society. Yet from these margins, the grandmothers mounted a transformative response, one not of resentment, but of resilient compassion as they fostered HIV and AIDS education which contributed to the transformation of the community. Through their courage and faith, the grandmothers did not merely survive marginalization, they redefined it as a site of mission. Their witness challenged religious misconceptions, fostered community healing, and reshaped the religious community. This article affirms that a religious mission is not confined to the center but often flourishes most powerfully on the margins through those overlooked, dismissed, and wounded. In embodying 'mission from the margins', the grandmothers of Maai Mahiu remind the church that the heart of religious communities lies not in status or places of perceived power, but in acts of radical love, truth-telling, and restorative justice. Their legacy is a compelling testament to how the despised can become the vessels of transformation, lighting the way for a more compassionate, informed, and inclusive church.

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