Role of Africa Inland Church Based Outreach Interventions in Resolving Domestic Gender-Based Violence in Baringo Central Region, Kenya

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ABSTRACT

Domestic Gender-Based Violence (DGBV) remains a significant concern in Baringo Central Region, Kenya, affecting both women and men, despite the Africa Inland Church (AIC) being the dominant Christian denomination. This study investigated the role of church-based outreach interventions in addressing and mitigating DGBV in the region. Guided by the Triangular Theory of Love and Family Systems Theory, the study adopted a descriptive research design with a target population of 1,500 respondents and a sample of 306, determined using Krejcie and Morgan's (1970) formula. Data were collected through questionnaires, in-depth interviews, and focus group discussions, and analyzed using content, narrative, and thematic techniques, with findings presented via frequency tables, charts, and verbatim excerpts. The study provides insights into the effectiveness of pastoral programs in reducing DGBV within church communities and highlights strategies for strengthening church-led interventions.

Keywords: Domestic Gender-Based Violence, Africa Inland Church, Pastoral Programs, Christian Families, Baringo Central Region

Background of the Study

Domestic Gender-Based Violence (DGBV) is a pervasive global problem that threatens the family as the foundational unit of society (Musune, 2015). This menace transcends social, cultural, and religious boundaries, occurring even within Christian homes, churches, and intimate relationships. Christianity, grounded in the belief that humans are created in God's image (Gen 1:27), emphasizes human dignity, non-violence, and respect for one another (Bonevac, 2010). Yet, despite these teachings, DGBV persists in Christian families and church communities, highlighting a gap between doctrinal values and lived realities. Globally, statistics indicate that women remain disproportionately affected, though men also experience DGBV, often underreported due to social stigma (World Bank, 2018; Manzanga, 2020). The church's silence or limited engagement in addressing the vice sometimes perpetuates a "culture of silence," leaving victims without pastoral support or guidance (Tracy, 2007; Nason Clark & Clark Kroeger, 2001).

Faith-based interventions have been explored worldwide, including campaigns, counseling, and community engagement. In countries such as Australia, New Zealand, and Jamaica, faith leaders actively participate in awareness, reporting, and rehabilitation programs for victims of DGBV (Pepper & Powell, 2022; Ah Siu-Maliko, 2016). In Africa, studies indicate high DGBV prevalence, affecting men and women alike, with systemic cultural and institutional factors contributing to the problem (Manzanga, 2020; Gouws, 2021; Mahlori et al., 2018). Churches in South Africa, Zambia, and Zimbabwe have initiated doctrinal teachings, pastoral counseling, and advocacy programs, yet gaps remain in effectively addressing all genders, integrating multi-sectoral interventions, and tackling structural and cultural barriers to reporting and prevention (Chitando & Chirongoma, 2013; Mushanaweni, 2017; Mutata & Magasu, 2021).

In Kenya, despite government legislation such as the Protection against Domestic Violence Act (2015) and civic campaigns, DGBV remains widespread (KDHS, 2015; Onwumere, 2012). Studies on the role of churches, including the Anglican Church, highlight contributions in education, pastoral care, and advocacy, but also

indicate gaps in practical mechanisms to address cases within church membership and to include male victims (Wanjiru et al., 2013; Nkaabu, 2023). Research in Uasin Gishu focused largely on women and did not examine doctrinal influences or challenges faced by churches in curbing DGBV (Ronoh et al., 2024).

Baringo County, predominantly Christian, experiences high DGBV prevalence, with 64.7% of cases reported nationally (National Crime Research Centre, 2020). The Africa Inland Church (AIC), the leading denomination in the region (KNBS, 2019), has an opportunity to intervene through outreach programs, yet little is documented regarding its practical role, challenges, or strategies in addressing DGBV inclusively among its members. This study, therefore, sought to fill the gap by investigating the role of church-based outreach interventions in resolving domestic gender-based violence in the Africa Inland Church in Baringo Central Region, Kenya.

Statement of the Problem

Domestic Gender-Based Violence (DGBV) remains a serious concern in Baringo Central Region, Kenya, affecting both women and men, despite the Africa Inland Church being the dominant Christian denomination in the area. Cultural stigma and the "culture of silence" often prevent victims from reporting abuses, while existing church teachings on love, respect, and human dignity have not fully translated into practical actions to curb the vice. This gap leaves many victims without support and allows DGBV to persist within Christian families and communities.

There is a critical need for structured church-based outreach programs that actively engage the community, raise awareness, and provide support for victims. While previous studies focus mainly on general awareness, doctrinal teachings, or female victims, little is known about how the Africa Inland Church implements practical interventions to prevent and respond to DGBV. This study sought to examine the church's outreach strategies, assess their effectiveness, and identify challenges in addressing DGBV among its members, highlighting the urgent need for proactive and inclusive programs.

LITERATURE REVIEW

Church-based outreach programs have been recognized as vital tools in addressing Domestic Gender-Based Violence (DGBV), particularly through sensitization and awareness campaigns that educate communities on the harmful consequences of violence (Musodza et al., 2015). Such initiatives often include local engagement methods like community conversations, drama, and action groups, as well as media advocacy and training programs, which extend the church's influence beyond its immediate membership (Mathew 5:14–16). Nkaabu (2019) emphasizes that effective outreach requires adequate resources, human capital, and modern communication networks to create an integrated support system for victims while reinforcing zero tolerance for DGBV. Despite these recommendations, many churches lack the capacity, information, or connections to implement structured outreach programs, leaving communities and victims inadequately supported.

Collaborative partnerships have emerged as a critical strategy for enhancing church outreach programs. Studies indicate that engaging local authorities, traditional leaders, NGOs, and international faith-based organizations (FBOs) can promote multi-sectoral interventions that are culturally appropriate and contextually relevant (Parsitau, 2011; McMullen et al., 2013). Faith leaders, as moral authorities, play a key role in holding offenders accountable, advocating for victim support, and providing spiritual guidance that counters harmful interpretations of sacred texts (Le Roux, 2015; Chynoweth, 2017). However, gaps remain in the literature: few studies examine how churches in Kenya, particularly the Africa Inland Church, operationalize outreach programs, integrate multi-sectoral partnerships, or address DGBV affecting both men and women. Furthermore, much of the existing research focuses on theoretical advocacy rather than practical implementation, leaving questions about effectiveness, sustainability, and the challenges faced by church-based programs unanswered. Addressing these gaps is crucial to inform more inclusive and action-oriented church interventions that can prevent and respond to DGBV within Christian communities.

METHODOLOGY

The study used the Triangular Theory of Love to show how imbalances in intimacy, passion, and commitment can contribute to DGBV, guiding AIC outreach programs to promote healthy relationships. It also used Family Systems Theory which frames DGBV as a result of dysfunctional family interactions, helping AIC design interventions that improve communication, roles, and relational patterns within households. The target population, sample size, and sampling tools are as presented in table 1.1.

Table 1: Target Population, Sample Size and Sampling methods

Target group	**Target Population**	**Sampling procedure**	**Sample Size**	**Percentage**
Church leaders	150	Purposive	45	14.7%
Victims of DGBV	700	Snowballing	140	45.8%
Family Members	600	Simple Random	100	32.7%
Government Officials	50	Purposive	21	**6.9%**
Total	**1500**		**306**	**100%**

Source: Researcher (2026)

Data were dully collected from 292 respondents, yielding a response rate of 95.4%, while 14 sampled individuals did not participate. Its collection involved multiple methods to ensure comprehensive insights into DGBV. Questionnaires were distributed to church and family members to gather broad, measurable information on their experiences and perceptions. In-depth interviews were held with church leaders and government officials to obtain detailed perspectives, expert knowledge, and contextual understanding of institutional responses. Focus Group Discussions were conducted with DGBV victims to explore personal experiences, shared challenges, and collective viewpoints. Findings from these methods were triangulated to enhance reliability and validity. Quantitative data were analyzed using a Likert scale, while qualitative data were examined thematically and reported verbatim.

RESULTS AND DISCUSSIONS

The study discussed the study findings on the Africa Inland Church (AIC) outreach initiatives and their role in addressing and resolving domestic and gender-based violence (DGBV) in Baringo Central Region, Kenya. The questionnaire field results are as shown in table 1.2.

Table 2: Africa Inland Church outreach initiatives in Baringo Central Region, Kenya

Item	**D**	**SD**	**N**	**A**	**SA**	**Total**
Church organizes meetings and workshops with the local leadership of other religions, political and traditional authorities to condemn and punish perpetrators of DGBV	R-12 %-12.2	54 55.1	6 6.1	18 18.4	8 8.2	98 100%
Church takes a leading role in capacity enhancement in collaboration with other stakeholders in the communities and the society at large	R-36 %-36.7	9 9.2	15 15.3	32 32.7	6 6.1	98 100%

The church lobbies for the inclusion of gender and empowerment strategies in the national policies and programs that are Gender responsive	R-11 %-11.2	28 28.6	33 33.7	21 21.4	5 5.1	98 100%
The church participates in advocacy programs organized by other organizations, government and churches	R-16 %-16.3	10 10.2	8 8.2	50 51.0	14 14.3	98 100%

Key: R – Respondents, %-Percentage

Source: Field Data, (2026)

Table 2 presents respondents' views on various themes relating to AIC outreach initiatives in addressing domestic and gender-based violence. With regard to the church's leadership in capacity enhancement through collaboration with other stakeholders, the findings reveal divided perceptions. While a substantial proportion of respondents expressed skepticism about the AIC's leading role, a notable minority affirmed its involvement, and others remained undecided. These mixed quantitative responses were further reflected in the interview data, where participants articulated differing experiences and assessments of the church's collaborative engagement.

I find it had to determine whether AIC takes a leading role in the fight against domestic gender based violence or not. Internally, the church is making significant strives, but in regard to collaboration with other stakeholders, it is hard to tell since there are aspects of collaboration (KINF 30).

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The findings indicate that 38.8% respondents, supported by interview data, recognize some level of AIC engagement in capacity enhancement but question the depth, consistency, and leadership of its involvement. This suggests a common challenge in faith-based interventions, where churches may participate in multi-stakeholder initiatives without assuming a clearly visible leadership role, thereby limiting recognition of their strategic influence. Factors such as resource constraints, competing pastoral priorities, and cultural sensitivities may further restrict the church's capacity to lead complex community programs, leading congregants to perceive its role as peripheral or reactive rather than proactive.

The 15.3% undecided respondents reflect uncertainty regarding the church's actual engagement in capacity enhancement, likely stemming from limited visibility of collaborative efforts, inconsistent communication, or ambiguity in defining leadership within such initiatives. When considered alongside earlier findings of limited advocacy programs, inadequate community dialogue forums, and perceived weaknesses in anti-DGBV interventions, this neutrality points to constrained reach and integration of the church's community-level efforts. Although the AIC possesses institutional credibility and moral authority to mobilize collective action, its capacity-building initiatives may remain fragmented or largely internal to church activities, underscoring the need for clearer leadership, sustained engagement, and deliberate resource allocation in multi-stakeholder collaborations.

The findings therefore suggest that although the AIC in Baringo Central Region has the potential to assume a leading role in capacity-building initiatives through collaboration with external stakeholders, this role is not yet fully realized or widely acknowledged by its members. Strengthening the visibility, consistency, and leadership of such partnerships could enhance community resilience, support sustainable social development, and reaffirm the church's position as a moral and social agent in addressing DGBV. Moreover, deliberate strategic planning, clearer communication of collaborative initiatives, and systematic evaluation of outcomes may help bridge

existing perception gaps and build greater congregational confidence in the church's leadership in community capacity enhancement.

Regarding the AIC's role in lobbying for the inclusion of gender and empowerment strategies in gender-responsive national policies and programs, the findings reveal a largely skeptical perception in Baringo Central Region, Kenya. Questionnaire data show that 39.8% of respondents disagreed that the church actively engages in such lobbying, 33.7% were neutral, and only 26.5% affirmed the claim. A participants in the interviews added:

The church is not significantly involved in political, national, or empowerment strategies, often appearing to address the issue in isolation. There are no strategic plan on this, no church-led campaigns to sensitize members about government policies on DGBV. To strengthen efforts against this vice, the church should actively engage in the implementation and promotion of relevant and available resources that support government policies (KINF 17).

These findings indicate that the AIC's influence on national or policy-level gender initiatives is perceived as limited, insufficiently visible, or poorly communicated to its members, revealing a gap between the church's moral authority and its engagement in policy advocacy. Although lobbying for gender-responsive legislation is vital for achieving structural change beyond internal church interventions, the results suggest that the church's participation in national policy discourse remains minimal or unrecognized. This aligns with studies by Chitando and Chirongoma (2019) and Le Roux and Loots (2017), which note that churches often prioritize community-level actions while national advocacy is constrained by limited expertise, fear of political involvement, and resource challenges.

The relatively high proportion of neutral responses (33.7%) indicates uncertainty among congregants about the church's advocacy role, likely due to limited awareness, irregular communication, or unclear definitions of effective lobbying. This highlights the need for the AIC to actively engage in gender-responsive policy processes while ensuring members understand the impact of its efforts.

The minority of respondents supporting the church's lobbying role (26.5%) and interview insights suggest that some initiatives exist, but their impact is localized or not widely publicized. While supporters may have noted participation in advocacy forums or collaborations with NGOs, the low proportion of positive responses indicates that these efforts are neither widespread nor consistently recognized as leadership in gender advocacy.

When triangulated with other findings such as the church's strong internal pastoral counseling programs and reliance on men's and women's groups, but limited advocacy and community engagement, the results reveal a broader pattern in which the AIC is more active internally than in influencing external policy frameworks. While internal initiatives are important for prevention and support, meaningful change in gender relations and empowerment requires sustained advocacy at societal and policy levels. The perceived inactivity in lobbying contributes to congregants' sense that the church's efforts against gender-based violence and gender inequities are incomplete or insufficiently transformative. These findings suggest that the AIC in Baringo Central Region has untapped potential to influence national gender policies and programs, and that enhancing its role in policy advocacy would require strategic planning, leadership capacity building, alliances with civil society and governmental actors, and clear communication to members. Such engagement could extend the church's impact beyond the congregation and reinforce its position as a moral and social agent in promoting gender justice, empowerment, and the reduction of DGBV.

On the aspect of the church participating in advocacy programs organized by other organizations, government and churches, The findings show that a majority of respondents (65.3%) perceive the AIC as actively participating in advocacy programs organized by other organizations, government agencies, and fellow churches in Baringo Central Region. A participant in the FGDs informed:

I have severally participated in interfaith community enhancement programs that are engaged in the fight against gender violence. It is the members of the church that are not so much active in joining and participating in the available advocacy programs. People, including affected persons should come and make their voices heard in those programs (FGD 30).

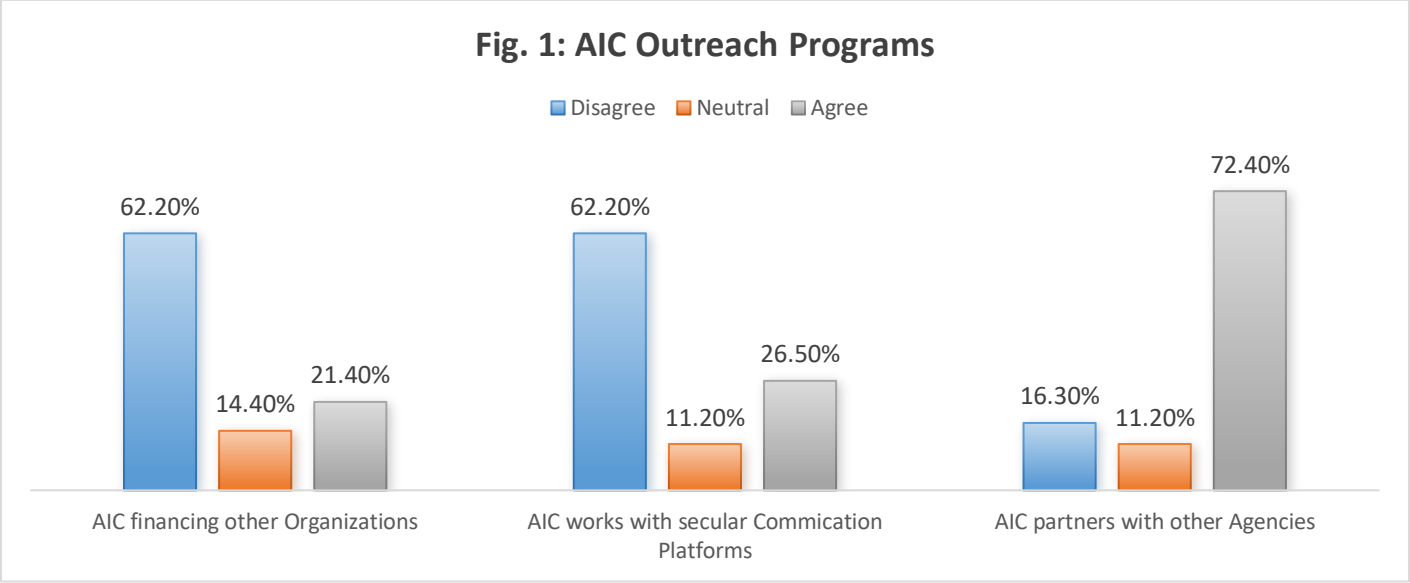
In contrast, 26 (26.5%) disagreed, while 8 (8.2%) remained undecided. These results suggest that, while the AIC may not consistently lead advocacy efforts at the national or policy level, it is recognized by congregants as an active participant in multi-stakeholder initiatives aimed at addressing DGBV and its related factors.

The strong affirmative response highlights the AIC's capacity to engage in collaborative approaches that leverage external expertise, resources, and networks. Such participation complements internal pastoral interventions, aligns the church with broader strategies, and enhances its effectiveness in addressing DGBV. Collaboration also strengthens the church's credibility and demonstrates commitment to social justice and gender equality, consistent with findings by Phiri (2008) and Chitando and Chirongoma (2019).

However, the 26.5% who disagreed and 8.2% who were undecided indicate that participation is not consistently visible across congregations. This suggests that while collaborative programs exist, the church may not fully communicate or sustain its involvement in external advocacy initiatives.

The findings highlight a contrast between the AIC's visible participation in externally organized advocacy programs and its limited influence in lobbying for gender-responsive policies at the national level. While the church is active in community and inter-church initiatives, its impact appears stronger in practical, localized interventions than in shaping structural or legislative reforms. Nonetheless, engagement in these collaborative programs offers opportunities to build capacity, learn from other actors, and gradually extend influence into policy arenas.

In general, the AIC in Baringo Central Region demonstrates a clear willingness to collaborate with organizations, government bodies, and other churches in addressing domestic and gender-based violence. Strengthening these partnerships through consistent communication, regular engagement, and documentation of outcomes could enhance congregational awareness and institutional credibility, while strategically leveraging such collaborations could position the church to assume more proactive leadership in shaping gender-responsive policies alongside its internal pastoral and advocacy efforts. The study continued to discuss the AIC outreach programs and the results as illustrated in figure 1.



Source: Field Data, (2026)

The findings in figure 1 reveal a predominantly negative perception of the AIC's financial support for organizations mobilizing community-based efforts against DGBV in Baringo Central Region. Quantitative data show that 62.2% of respondents reported no financial support, 14.4% were undecided, and only 21.4% affirmed that the church contributes financially.

The church is not a financial institution; its major role is to sensitize the people and preach the message of the gospel. To expect the church to finance organizations is to stretch its role beyond its core mandate (KINF 36).

The findings indicate that, despite its moral and social influence, the AIC's material support for community-level anti-DGBV initiatives is perceived as limited, revealing a significant gap in resource mobilization and structural backing. Financial contributions are essential for sustaining programs such as awareness campaigns, training local leaders, establishing support services, and partnering with governmental and non-governmental agencies. Without such material support, the church's capacity to facilitate broader community-based responses is constrained, limiting the impact of its advocacy and preventive efforts, a pattern consistent with Chitando and Chirongoma (2019) and Le Roux and Loots (2017), who emphasize that faith-based organizations need both moral authority and material investment to drive meaningful social change.

The 14.4% of respondents who were undecided further underscores ambiguity or limited awareness regarding the church's financial engagement. Neutrality may indicate irregular or ad hoc funding, insufficient communication about the church's contributions, or a perception that available support is minor relative to the scale of community needs. This suggests that even where the church provides financial resources, the impact or visibility of such support may not be effectively communicated to congregants, reducing perceived involvement.

The minority of respondents, 21 (21.4%), who affirmed that the AIC provides financial support, may be reflecting specific instances of targeted contributions or partnerships with local organizations. These positive perceptions indicate that the church has engaged in informal financial backing in some contexts, but the limited proportion suggests that such efforts are not widespread, systematic, or recognized as a central strategy in the fight against DGBV.

When viewed alongside strong internal pastoral counseling programs, use of men's and women's groups, and participation in externally organized advocacy programs, the lack of substantial financial support suggests that the AIC's engagement with DGBV is primarily moral, educational, and pastoral rather than materially supportive. Strengthening financial contributions to community-based initiatives through consistent funding mechanisms, strategic resource allocation, and clear communication to congregants could enhance the church's visibility, effectiveness, and sustainability, allowing it to adopt a more holistic approach that combines moral, pastoral, advocacy, and material support in addressing domestic and gender-based violence.

The findings reveal a predominantly negative perception of the AIC's support for secular communication platforms that raise awareness of DGBV. Quantitative data show that 62.2% of respondents disagreed, 11.2% were neutral, and only 26.5% affirmed that the church engages with such channels.

Whether formal or informal, it is rare to see the church involved in social media programs aimed at combating DGBV. In fact, when a church member reports an incident of DGBV within its membership through social media, the responses from both fellow members and church leadership are often negative (FGD 5).

The findings suggest that the AIC's engagement with mass communication and public media in addressing DGBV is minimal, poorly visible, or not effectively recognized by its members, highlighting a gap in the church's external communication strategy. By not actively supporting or leveraging secular media platforms such as radio, television, social media, and print, the church limits the reach of its awareness efforts and its ability to influence societal attitudes and behaviors regarding DGBV. This aligns with Phiri (2008) and Chitando and Chirongoma (2019), who emphasize that effective interventions against gender-based violence require both moral authority and strategic communication across multiple societal channels.

The 11.2% of respondents who were neutral reflect uncertainty or limited awareness of any church engagement with secular communication platforms. Neutrality may indicate that such support is sporadic, informal, or restricted to local initiatives with low visibility, leading congregants to be unsure about the church's actual role. It may also suggest a lack of clear communication from church leadership regarding partnerships with media organizations or the church's involvement in public awareness campaigns.

The minority of respondents, 26 (26.5%), who agreed that the church supports secular communication platforms, may reflect isolated instances where the church collaborates with media outlets, participates in public forums, or contributes content for awareness campaigns. While these positive perceptions indicate some level of

engagement, the limited proportion demonstrates that such efforts are neither systematic nor sufficiently visible to shape widespread recognition of the church's role in public advocacy on DGBV.

When considered alongside the church's internal counseling programs, participation in advocacy initiatives, and engagement with men's and women's groups, the findings indicate that the AIC is more active in local, interpersonal interventions than in mass or public communication strategies. While these internal efforts are important, broader social transformation requires strategic use of secular media to reach wider audiences, challenge societal norms, and promote DGBV prevention. The AIC in Baringo Central Region thus has untapped potential to enhance its impact by partnering with media platforms, participating in public campaigns, and integrating messaging with church-led programs to amplify its voice on gender justice and reinforce its leadership in combating DGBV.

Finally, on the postulate of the AIC partnering with other agencies, NGOs, international FBOs and the local community in the fight against DGBV, the study findings disclose a predominantly positive perception. Quantitative data demonstrate an overwhelming majority of respondents, 71 (72.4%) affirming that the church actively partners with external actors in addressing DGBV.

We often organize joint programs, especially community-level prayer platforms, to address and pray over cases of violence, particularly DGBV. Some church members also participate in these efforts alongside local NGOs. However, a major challenge remains the limited level of preparedness within the local community to effectively address DGBV (KINF 7).

In contrast, 16.3% of respondents disagreed and 11.2% were undecided, yet the findings indicate that the AIC is widely recognized by its members for leveraging inter-organizational and community-based collaborations to strengthen its anti-DGBV initiatives. The high level of affirmative responses highlights the strategic value of such partnerships, which provide access to expertise, funding, training, and broader advocacy platforms, enabling the church to combine moral authority with practical resources for a more comprehensive approach to prevention, support, and awareness. This aligns with Le Roux and Loots (2017), who emphasize that inter-organizational collaboration is key to enhancing the reach, legitimacy, and effectiveness of faith-based interventions against gender-based violence.

The 16.3% of respondents who disagreed and the 11.2% who were undecided suggest that some members are either unaware of existing partnerships, perceive them as ineffective, or experience gaps in collaboration, highlighting the importance of visibility and transparency in the church's external engagements. Increasing congregational awareness can enhance credibility, foster collective ownership of anti-DGBV efforts, and strengthen support for the church's collaborative initiatives.

When considered alongside the church's participation in externally organized advocacy programs, engagement of men's and women's groups, and utilization of pastoral counseling, the findings suggest that collaboration with external partners is one of the AIC's strongest areas of perceived effectiveness. These partnerships complement internal initiatives by bridging pastoral care with broader community and societal interventions, addressing both the immediate needs of DGBV survivors and the structural factors that perpetuate gender-based violence. The results indicate that the AIC in Baringo Central Region has effectively positioned itself as a collaborative actor in combating DGBV, and that strengthening coordination, joint planning, outcome evaluation, and communication to congregants could further enhance the impact and recognition of its leadership in both local and broader anti-DGBV efforts.

CONCLUSION

The study reveals that the AIC in Baringo Central Region demonstrates strong pastoral programs and collaborative partnerships, yet gaps remain in visibility, leadership, financial support, and engagement with broader societal mechanisms. While the church is recognized for internal capacity-building and participation in community-level advocacy, its role in policy lobbying and mass communication is limited, constraining its potential to influence structural change. Strengthening leadership, strategic planning, resource allocation, and

communication across both internal and external initiatives could enable the AIC to maximize its moral and social impact in preventing and addressing DGBV in the region.

RECOMMENDATIONS

The AIC should strengthen leadership in community capacity-building by taking a visible, proactive role in coordinating programs with local leaders, community groups, and agencies, while clearly communicating objectives and outcomes to congregants. The church should enhance policy advocacy by building leadership capacity, participating in legislative consultations, forming alliances with civil society, and keeping members informed to reinforce its moral authority and influence on gender-responsive policies. And finally, the AIC should increase material support for community initiatives and expand public outreach by funding programs and leveraging media platforms to raise awareness, strengthen collaborations, and enhance the visibility and impact of its anti-DGBV efforts.

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