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Tradition, Hybridity, and the Quest for Healing: Representing HIV/AIDS in Meja Mwangi's *The Last Plague*

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Abstract

This study examines Meja Mwangi's *The Last Plague* through the lens of postcolonial criticism, drawing on the theoretical frameworks of Lois Tyson and Homi Bhabha to explore how the narrative depicts the human and societal impacts of HIV/AIDS. Mwangi portrays illness not merely as a biological crisis but as a profound social and emotional upheaval that destabilizes communal life. The novel highlights how inherited traditions and cultural practices inadvertently contribute to the spread of HIV/AIDS, while religious figures, both Christian and Muslim, emerge as sources of healing, solace, and moral support. In this way, Mwangi underscores the tensions between tradition, hybridity, and faith, presenting HIV/AIDS as a human tragedy unfolding within a postcolonial society caught between indigenous customs, colonial legacies, and spiritual resilience.

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Introduction

Meja Mwangi's *The Last Plague* deals with the social and cultural consequences of HIV/AIDS, portraying the epidemic as a profound threat to the fictional community of Crossroads. The insecurity brought about by the disease drives infected people to seek remedies and healing by all possible means. This situation raises pressing questions: Which factors fuel the spread of HIV/AIDS? What are the implications of this spread of HIV/AIDS for individuals and communities? Is there any way to fight an incurable disease such as HIV/AIDS?

Scholars have approached Mwangi's novel from different angles. Madete et al. are much more concerned with the traditional African conception of women and marriage, noting how men perceive women as possessions because of dowry practices. Muindu interprets the actions of Broker as symbolic of infected individuals' efforts to correct mistakes made while healthy, reading this as a form of atonement. Ndumba, affirms that those affected by HIV/AIDS, recognizing the absence of a cure, often undergo a change in behavior patterns and prepare for their eventual death, while also facing social stigma (86). Bossoli also observes that the cultural customs and ways of life in Crossroads facilitate the spread of HIV/AIDS (305).

However, these studies remain generally descriptive and do not fully deal with how the novel simultaneously represents the tragedy of the epidemic and the communal role of prayer as a symbolic source of healing and resilience. This gap in scholarship therefore motivates the present study titled: "Tradition, Hybridity, and Spiritual Resilience in Meja Mwangi's *The Last Plague*." The aim is to analyze how certain traditional practices are represented as contributing to the spread of HIV/AIDS, to explore the social impact of the disease on the people of Crossroads, and to investigate how Christian and Muslim prayers are portrayed as sources of spiritual support and resilience. This paper argues that *The Last Plague* that depicts the tensions between the cultural practices that unconsciously perpetuate the epidemic and religious discourses that provide spiritual resilience, thereby redefining illness as a medium through which cultural practices and resilience are negotiated.

The paper is grounded in Tyson's and Bhabha's postcolonial theories. Tyson's framework explains how colonial and anticolonial ideologies still shape social realities, while Bhabha's concepts of hybridity and ambivalence

illuminate the overlapping presence of indigenous traditions, colonial modernity, and religious institutions in Mwangi's narrative. Both theoretical orientations of postcolonial criticism help shed light on the tensions between local cultural practices and contemporary health challenges in Crossroads.

In this regard, Mwangi's *The Last Plague* can be read as a postcolonial novel, where the lingering colonial presence manifests in the coexistence of biomedical discourse, religious institutions, and indigenous customs. Approaching the novel from this perspective, this article highlights how tradition plays a significant role in the spread of HIV/AIDS, how the epidemic devastates the population, and how religious practices contribute to mitigating the disease and restore peace and security. The discussion draws on passages from Mwangi's novel and secondary sources such as articles, books and dictionaries. In order to carry out the set objective, this study is broken into three main sections. The first examines Mwangi's representation of traditional practices and their role in the spread of HIV/AIDS. The second section discusses the disastrous impacts of HIV/AIDS on characters in Mwangi's narrative. The third section discusses the portrayal of Christian and Muslim prayers as a source of healing for victims in *The Last Plague*.

1. Traditional Practices and the Spread of HIV/AIDS in Crossroads

Mwangi's *The Last Plague* significantly foregrounds how cultural practices, while central to community identity, inadvertently contribute to the spread of HIV/AIDS. The novel situates the epidemic within everyday practices, showing how customs that once sustained social cohesion now become vectors of vulnerability. Three practices are concerned in this section: marital infidelity, levirate marriage, and circumcision.

1. 1 Infidelity, Postcolonial Dislocation, and the Spread of HIV/AIDS in *The Last Plague*

Mwangi depicts marital infidelity not simply as a personal moral failure but as a significant sociocultural phenomenon that heightens the spread of HIV/AIDS within the postcolonial community of Crossroads. As Jeanfreau et al. define it, "marital infidelity is having a sexual relationship outside of the marriage" (3), a definition that perfectly matches Mwangi's representation of conjugal betrayal. From a postcolonial perspective, infidelity connotes broader social instability and moral ambiguity, both embodiments of postcolonial

societies. The weakening of marital commitment in the novel reflects the erosion of traditional social structures under the pressures of urbanization, colonial legacies, and patriarchal privilege. These conditions create an environment contributing to risky sexual behavior which, in turn, facilitates the transmission of HIV/AIDS.

This dynamic is represented through Broker and his wife Janet. Although married, Broker indulges in multiple extramarital relationships, exposing himself and Janet to infection. Janet confronts him: "Where you found your fat barmaid… Do you have to keep bringing that up?" (Mwangi 174). Broker's repeated visits to Highlife Lodge suggest habitual infidelity rather than isolated lapses. From a postcolonial standpoint, such behavior epitomizes the internalization of urban modernity, characteristic of postcolonial city life. Highlife Lodge itself symbolizes a hybrid social environment where the traditional responsible husband is replaced by the careless husband shaped by leisure cultures associated with colonial and global modernity. In this hybrid space, sexual relationships turn out to be transactional and detached from social responsibility, heightening vulnerability to HIV/AIDS.

Mwangi's use of hyperbolic imagery, Janet's reference to "rats" and "snakes" (174), deserves closer attention. These metaphors are mentioned by Janet I moments of confrontation, and they play both emotional and ideological role. On the one hand, they express her anger and disgust. On the other hand, they connote the stigmatization of women, especially prostitutes, within Crossroads community. In addition, it could be argued at this level of the discussion that the two metaphors uncover the fear and the subsequent moral anxiety surrounding contaminated sexuality. In Christian symbolism, the snake recalls the fall of Adam and Eve, while the rat evokes nocturnal secrecy. Both metaphors reinforce the sense of moral degradation associated with Broker's lifestyle, but most importantly, they unmask the gendered dynamics of stigma and blame.

Broker's masculinity, marked by numerous sexual relationships, increases his vulnerability to HIV infection. It could be argued that Broker's sexual excesses exemplify what Wedgwood et al. define as "hegemonic masculinity" namely "the configuration of practices … that represents the most honored way of being a man in a given social context, distinguished from less respected masculinities and providing legitimacy for the overall

subordination of women in the society" (3). It is important to stress that, while "hegemonic masculinity" can be applied here, it should be understood as a way of describing how Mwangi depicts male privilege and sexual entitlement in Crossroads. Highlife Lodge, presented as part of Westernized leisure practices, becomes a symbol of imported culture where men and women freely engage in extramarital encounters. In this context, Mwangi suggests that the spread of HIV/AIDS in *The Last Plague* is facilitated by cultural and social practices in Crossroads. Broker's life thus exemplifies Mwangi's critique of both African and Western cultural influences. His repeated visits to Highlife Lodge and numerous affairs dramatize how infidelity accelerates the epidemic. Ultimately, Broker contracts HIV and dies, dramatizing how infidelity accelerates the epidemic. Mwangi also portrays levirate marriage as another tradition that, in the era of HIV/AIDS, becomes a dangerous channel of transmission.

1.2 Levirate Practices and the HIV/AIDS Transmission

Mwangi's *The Last Plague* shows how levirate practices, once meant to preserve family continuity, become dangerous in the era of HIV/AIDS. In many African societies, when a man dies, his brother inherits the widow to care for her and the children. Traditionally, this ensured protection and stability, especially in poor households (Ogolla 290). Yet Mwangi highlights the risks of this custom in a specific epidemic context in Crossroads. If the deceased husband was infected, the widow may also carry the virus, and inheritance without medical awareness spreads HIV further. In the novel, Kata tries to take his brother Solomon's wife, a situation emphasized in Grandmother's words: "He must take his brother's wife. She belongs to him now. That is the law" (Mwangi 56). This exchange shows how deeply entrenched the practice is in Crossroads, elevated almost to the level of law. Mwangi's narrative thus represents a particular version of levirate marriage, shaped by the pressures of HIV/AIDS, rather than a fixed or homogeneous tradition.

While levirate once offered social stability, in the context of HIV/AIDS it becomes perilous, especially since men often have other sexual partners. Beyond solidarity, some men also claim widows because they have paid bride price and do not want them to remarry outside the family. As Madete et al. note, "In some instances women are seen as items to be owned by men because they are paid for dowry" (10). This reinforces women's lack

of agency and perpetuates patriarchal control. A recent study of public health curricula in sub-saharan Africa has a similar view when it argues that women are reduced to reproductive roles while broader issues of sexuality and power relations are marginalized. As the study concludes, "curriculum and the production of gender knowledge are sites of struggle that result in multiple understandings of gender manifest in dominant and marginalized discourses" (Mwaka). This interpretation corresponds with Mwangi's depiction of Crossroads, where cultural practices such as levirate marriage reproduce gender inequalities that worsen HIV transmission. The biblical citation from Leviticus, "If a man marries his brother's wife, it is an act of impurity; he has dishonoured his brother" (20:21) is significant not as a moral judgment but as part of the recreated world of Mwangi, where Christian teaching collides with cultural practices. Mwangi's narrative thus portrays the tension between religious condemnation and cultural approval. As Said observes, "culture in this sense is a source of identity, and a rather combative one at that, as we see in recent 'returns' to culture and tradition (vix). This insight highlights how Mwangi depicts culture as a contested field, where inherited customs and religious discourses intersect to engender risk and resilience in the era of HIV/AIDS.

Another striking example occurs when the witch doctor inherits the preacher's wife: "Now the witch-doctor inherits the preacher's wife" (Mwangi 32). From Bhabha's postcolonial perspective, this moment symbolizes hybridity and ambivalence: the preacher, representing imported Christianity, dies, and his wife is inherited by the witch doctor, representing indigenous belief. By opposing these two important figures of Christianity and ingeneous beliefs, Mwangi highlights their roles in the spread of the epidemic. What this episode suggests is that hybridity can engender both resilience and risk, as Crossroads community struggles to reconcile the two opposing cultural logics. As a result, communities have grown cautious about entering levirate marriages during the epidemic, particularly when it is feared that the deceased may have been infected as revealed by Ogolla (291). Mwangi's narrative demonstrates how cultural practices, once protective, can become dangerous in times of infectious disease. Mwangi further shows that circumcision, especially when performed unsafely, poses another serious risk of HIV/AIDS transmission in Crossroads.

1.3 Circumcision Practices and HIV/AIDS Transmission

Mwangi's *The Last Plague* shows how unsafe circumcision practices can facilitate HIV/AIDS contamination. Mwangi depicts the pathogenic dimension of circumcision through the characters he creates and the unsafe conditions in which the rite is performed. The novel demonstrates how traditional circumcision ceremonies, when conducted without hygiene, inadvertently increase the risk of HIV infection.

In Crossroads, boys undergo circumcision as a rite of passage into manhood. Mwangi illustrates this through Kata who performs mass circumcisions with the same knife: "He had been circumcising boys over that ridge there, and now he was going to cut some more over the next hill. Tomorrow he would be over at Ligare making men out of boys and, by the end of the season, not a single boy would be left whole" (Mwangi 32). The repeated use of unsterilized instruments exposes all initiates to infection. Janet denounces this practice, warning: "I'm here to thwart you… to stop you killing them all with this so-called initiation" (Mwangi, 103). Her protest highlights the danger of continuing unsafe circumcision in the era of HIV/AIDS.

Viewed through postcolonial lens, Janet represents Africans who understand both their cultural traditions and the health challenges of modern society. Her resistance reflects the struggle to adapt customs to new realities. Mwangi shows that rejecting circumcision outright risks reproducing colonial attitudes that dismissed African practices as barbaric. Instead, he suggests reimagining culture through dialogue and pedagogy. The World Health Organization supports this approach, noting that male circumcision in clinical, hygienic conditions can reduce HIV transmission from women to men (WHO), but this differs fundamentally from the unsafe ritual circumcision represented in the novel under study. As Gazimbi et al. emphasize, "medical circumcision reduces HIV acquisition from women to men by about 50- 60 %. However, factors such as risky sexual behavior, surgical safety, and whether circumcision is medical or traditional significantly affect its protective efficiency" (Gazimbi et al.). Mwangi's narrative emphasizes that hygiene, sterilizing blades and disinfecting hands, is essential.

The novel also portrays female circumcision, showing its harmful impact through Hanna's testimony: "Though her very soul was on fire… it burned worse than the circumcision blade she had endured, because her grandmother had convinced her that it was the true and only path to

womanhood" (Mwangi 393). Hanna recalls her circumcision after testing HIV positive, suggesting that unsafe practices may have contributed to her infection. The narrative implies that many girls of her generation faced similar risks, as circumcisers reused blades without sterilization. Even though Mwangi links unsafe female circumcision to danger, the text does not explicitly establish direct causation; instead, it shows how such practices involve the risk of infection in Crossroads, a community that is already struggling with HIV/AIDS. Mwangi's depiction of circumcision, both male and female, underscores how traditional practices, when performed unsafely, become channels for HIV/AIDS transmission. Alongside infidelity and levirate marriage, circumcision emerges as a key factor in the epidemic, reinforcing the novel's broader critique of cultural practices that, without adaptation, endanger the health of Crossroads society.

2. HIV/AIDS, Hunger, and the Politics of Survival

Mwangi's *The Last Plague* portrays a society devastated by HIV/AIDS, an affliction whose quick spread is exacerbated by traditional practices and limited medical awareness. The devastating impacts of this uncommon disease are catastrophic: high death rate, hunger, social disintegration, and economic collapse. These conditions compel people to seek means and measures to alleviate or eradicate their plight.

2.1 Hunger as a Consequence of HIV/AIDS

In Crossroads, hunger appears as a direct consequence of illness and frailty. It implies that at the time diseases disturb people, the victims are not in good health to do any job. Thus, in this novel, Mwangi articulates this situation of hunger in Crossroads through the presentation of Jemina's family where only children have survived. These children suffer from the outcomes of the disaster of HIV/AIDS on their family. This situation places them in a state where hunger terrifies them. This argument is articulated in Mwangi's *The Last Plague* in the following terms:

> A scrawny milk goat, with twisted horns, leaped out of the hut, startling Broker half to death, and bolted. 'Who lives here?' Broker asked, of the padlocked huts. 'Grandmother lives here,' said the boy. She had gone to the church to look for food, the boy said. So this was what it all added up to, Broker thought. One poor grandmother and

her dozens of mouths to feed. (Mwangi 301)

It can be seen from the passage above that the writer describes the negative effects of poverty on Jemina's family, which ultimately exposes them to severe hunger. The narrator reveals that Jemina has died leaving behind only her mother and many grandchildren.

The remaining people in Jemina's family also suffer from hunger. In the writer's description of hunger in the family, even the milk goat suffers from hunger. It is described as a "scrawny milk goat, with twisted horns." This description shows that both humans and animals are afflicted by hunger. Moreover, in the passage, one of the grandchildren says that their grandmother goes to the church to look for food. This shows the role of Christian institutions in alleviating suffering. Yet, hunger in Mwangi's narrative is beyond mere physical depravation; it can connote social abandonment, and institutional incapacity or unwillingness to protect all the citizens in Crossroads. Jemina's death leaves children and their grandmother struggling alone to cope with the difficulties created by HIV/AIDS which dismantled family bonds and revealed the inadequacies of the social support systems.

From a postcolonial standpoint, hunger as a consequence of HIV/AIDS, reveals how colonial legacies of inequality exacerbate poverty and food insecurity. Mwangi's depiction of Jemina's family situates this suffering within a broader global imbalance: epidemics are more acute in the fragile economies and weak infrastructures. As Scobie and Whitehead observe, "the severity of the disease and because the most affected countries were low income, had a poor health infrastructure and often experienced concurrent conflicts and famines" (8). Mwangi's narrative illustrates this reality, showing how Crossroads epitomizes the intersection of the epidemic and structural inequality. Hunger thus becomes a local tragedy and a sign of global historical forces that render communities such as Crossroads vulnerable to untimely or tragic death.

2.2 Tragic Deaths and Social Loss

The worst impact of diseases on people as Mwangi depicts it in *The Last Plague,* is the early and tragic death. When the people of Crossroads are infected by HIV/AIDS, they die after some short moments of sufferance. Mwangi represents this fact of HIV/AIDS killing people in his narrative through so

many disastrous events of quick deaths in Crossroads. Everywhere in Crossroads, there are many deaths. The narrator has it:

> People were dying in droves, in spite of good parenting. People of all ages, and of all sexes and of all social status, were dying daily. Plagues had never been respecters of human life, but this plague had outdone them all. A whole people were about to be wiped off the face of the earth and they themselves did not care. (Mwangi 134)

This extract shows that the disease kills indiscriminately, affecting young and old people alike. Crossroads experiences the most destructive impact of HIV/AIDS which threatens the survival of its entire community. The narrator puts it:

> There were too many funerals to attend to and the Pastor could not go to all the burial places. Now the funerals came to the Pastor, or rather by his gate on the way to the interment. Though he was aware that most of the people had died from Aids, a disease of sinners, the pastor could not refuse to pray for anyone who claimed to be Christian. So, he let them queue at the gate and did for them the only thing he could do (Mwangi 94-95).

The Pastor cannot go to burial places because there are so many funerals at the same time. It is important to argue that the pastor's description of AIDS as "a disease of sinners" is one of the most revealing episodes in the novel. It shows how religious discourse echoes with stigma and morality, presenting illness not as a biomedical condition but also as a consequence of a spiritual failing. This moral interpretation perpetuates social exclusion, when patients are marked by sin and disease.

From a postcolonial perspective, the epidemic symbolizes both biological devastation and cultural trauma. There have been deaths of people in Crossroads before the outbreak of HIV/AIDS, but some of the diseases that cause these deaths are curable. In the novel, the discourse of HIV/AIDS as incurable is framed within a biomedical understanding associated with colonial modernity, which deepens the sense of despair in Crossroads. This knowledge has integrated African civilization after its encounter with the Western world. The devastating impacts of the disease are evident in the high death rate, widespread hunger, and economic collapse within the community. This situation compels people to seek means and measures to alleviate or eradicate their plight. It is in this perspective of solution-seeking to the

incurable HIV/AIDS that spiritual care from Christian and Muslim religious believers stands.

3. Religious Responses to the Pandemic: Christian and Muslim Prayers

In *The Last Plague*, Mwangi vividly portrays Christian and Muslim assistance to those who are afflicted by HIV/AIDS through prayers. Particularly in moments of suffering and despair, Christian and Muslim believers offer spiritual supports through prayers and faith-based encouragement to the victims. These practices are presented in the novel as pathways to healing, not forcefully in a biomedical sense, but as part of the symbolic and communal universe of Crossroads. The encouragement to pray reflects shared beliefs in divine intervention and signals a collective reliance on spiritual frameworks to endure and even overcome the disease. As Bhabha argues, "the social articulation of difference … seeks to authorize cultural hybridities that emerge in moments of historical transformation" (3). Mwangi's narrative shows how spiritual responses to HIV/AIDS epitomize such hybrid negotiations of both identity and survival.

In addition, Mwangi's depiction of faith-based healing reflects socio-historical realities in Africa, where prayer functioned both as expression of belief and as a communal response to incurable diseases. The novel suggests that characters who remain faithful to Christianity or Islam, and believe in their prayers, may find spiritual and emotional relief from the plague. The definition of prayer proposed by Qidwai et al, "an active process of appealing to a higher spiritual power, specifically for health reasons; it includes individual or group prayer on behalf of oneself or others" (182-183) helps situate Mwangi's narrative, but the emphasis remains on how the novel represents prayer. In Mwangi's text, prayer is far from being simply a ritual act, but a narrative device that depicts faith, fear, and resilience.

It is important to note that Mwangi also uses such narrative clues as names to position characters within specific religious discourses, thereby shaping how readers interpret their actions and beliefs. For instance, Musa embodies Muslim faith, relying on prayer against evil spirits: "His religion … and his faith were the only weapons that Musa could muster against the *majinis*… Only true believers would weather out the plague" (Mwangi 48). Musa's conviction is that only genuine faith functions as both spiritual defense and psychological strength, even as the epidemic overwhelms Crossroads

community. These prayers for the healing of sick people are purely a divine and a spiritual arrangement for them. Scholars such as Yucel confirm that Islamic prayer can reduce stress, lower blood pressure, and provide emotional strength, thereby aiding patients in coping with illness (3). Similarly, Bousso et al. highlight how families interpret recovery as evidence of prayer's efficacy, strengthening their faith and optimism (160–161).

In addition to Muslims and their prayers for spiritual healings, *The Last Plague* also reveals the Christian religion and its practices that help people endure and even heal the disease. Uncle Mark insists that only a miracle could save Crossroads:

> Only a miracle could arise her from this death; the kind of miracle that moved mountains and turned cold-hearted monsters into angels and altered the path of time. A miracle as was unthinkable among the heathens of Crossroads. Since no one would listen to him, Uncle Mark had stopped telling them about it. (Mwangi 6)

Mwangi's choice of the name "Mark" explains the character's strong attachment to Christian Scripture, showing how he uses character identity to signal religious frameworks. The author refers to the Christians and their spiritual calls upon God for the sick to have divine healing. Uncle Mark's assertion here echoes biblical teaching: "… Truly I tell you, if you have faith as small as a mustard seed…Nothing will be impossible for you"' (Matthew 17: 20). With the prayers, it is the spiritual sanity that exists between the person and his God that saves him/her. Pastor Ba similarly links prayers to spiritual care: "I pray that you will one day see the light and be saved" (Mwangi 260). Through these depictions, Mwangi highlights the ambivalent yet powerful role of religion in epidemic times. While prayer may not cure HIV/AIDS biologically, it provides spiritual comfort, strengthens communal solidarity, and offers hope in the face of despair

Pastor Ba's prayer for Broker is not a medical treatment but spiritual intervention. Mwangi portrays prayers as addressing the moral, psychological, and spiritual dimensions of the illness which affects the whole person. When Pastor Ba tells Broker that he will "see the light and be saved," he says to the man of God: "Thanks for your prayers" (Mwangi 260). Broker's full adherence to Pastor Ba's prayers shows that he has an interest in these particular prayers. The prayers of Pastor Ba have given strength and hope to Broker for the acquisition of his spiritual salvation.

Christian prayers, in this context, are depicted as vital contributions to the healing process. They provide comfort, resilience, and a kind of divine presence for patients of incurable diseases. Archibong et al. affirm this role, noting that ministers and church leaders such as Chris Oyakilome, Ernest Angely, T.B. Joshua, and Oral Roberts have gained recognition for their healing ministries, often through prayer and faith practices (26). These examples from real societies reinforce Mwangi's fictional portrayal of prayer as a meaningful response to illness.

From a postcolonial perspective, Mwangi's emphasis on both Christian and Muslim prayers reflects the hybridity of African societies, where indigenous traditions coexist with imported religious practices. Tyson's framework helps us see how Mwangi infuses his narrative with elements of Christianity as Western religious culture, while Homi Bhabha's concept of hybridity highlights the ambivalence of faith and modernity. In this regard, *The Last Plague* metaphorically represents Kenya and Africa's reliance on both Christianity and Islam in confronting HIV/AIDS, staging faith as both a cultural resource and an ideological position.

Furthermore, this narrative may be interpreted as an encouragement to readers to view faith as a meaningful resource for resilience in times of crisis. Mwangi's text also encourages its readers to rely on their faith in case of incurable diseases such as HIV/AIDS. Additionally, *The Last Plague* may be a call upon the responsibility of Christians and Muslims to be fully committed to Christianity or Islam, and to maintain a deep attachment to their faith in their God. It is only through these concrete qualities, Mwangi suggests, that their prayers for healing and hope can be truly effective.

Conclusion

This study has examined Mwangi's *The Last Plague* through the lens of postcolonial criticism, drawing on Tyson's and Bhabha's perspectives to analyze the narrative portrayal of HIV/AIDS and prayer as a spiritual response. It has shown that the spread of HIV/AIDS is facilitated by traditional practices such as marital infidelity, levirate marriage, and unsafe circumcision. The analysis also revealed the devastating impacts of the epidemic on the population, including widespread hunger, tragic deaths and social collapse.

In addition, the study has explored the role of Christian and Muslim

prayers in responding to HIV/AIDS. Mwangi represents faith-based practices as sources of spiritual resilience, communal solidarity, and interpretative meaning in the face of an incurable disease.

Taken together, these findings highlight Meja Mwangi's *The Last Plague* as a significant literary contribution to social awareness of HIV/AIDS. Mwangi uses fiction not only to sensitize and educate Kenyans and the wider world about the cultural factors that enable the spread of HIV/AIDS, but also to emphasize its human consequences. Finally, the novel does not offer any crude solution to the epidemic. Rather, it proposes a postcolonial negotiation between tradition, modernity, and faith, suggesting that survival depends on the ethical reimagining of cultural and spiritual resources. Religious practice, in this context, is represented not as a cure as such but as a source of resilience, consolation, and communal meaning in a devasted postcolonial setting.

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