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Unfolding Religiosity and Spirituality: Towards an Integrated Theology of Holism in the Advent of New HIV Infections in Africa

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Abstract:

Although the fight against HIV/AIDS seems to be far from being over, subjective behavioural choices have been blamed for the new HIV infections, because of the decline in morality. Religious leaders and Faith Based Organizations have an important role to play in curbing the transmission of HIV infection through their advocacy for change in sexual behaviour. The religious normative approach in shaping human persons' behaviour has failed in mitigating the behavioural modes of transmitting HIV infections. The exercise of religiosity (the outward expression of beliefs as exhibited by behavioural practices and rituals focusing on the core system of doctrines, morals and norms as obligations) has failed to inculcate the value in the inner person of the moral agent. However, the drives of moral choices and hence action towards Christian wholeness and perfection go beyond obligations to that which adds value/worth to their being. Thus, internalization of valued religious normative foundations, which guide the sexual behavior of the moral agent, is important towards the perfection of moral Christian life. Spirituality (the inner experience of being in a position to define one's identity in terms of what is of value and worth in ones' life towards Christian perfection) directs the self towards practice. This paper adopts a hypothetical deductive paradigm to build a model that describes the relationship between application of learned religious normative directives and spiritual humanistic approach in ethical decision making with regard to an individual's health and well-being. The model proposes a valued internalization of learned religious norms. Spiritual internalization, though subjective permeates through the communal relational experience that defines our identity. This model identifies the practice of religiosity as the single factor accounting for the highest proportion of the causes of unethical behavior with regard to our sexuality. It therefore calls for subjective practice of internalized spirituality (spiritual theology) in ethical decision-making. In this model, spiritual capital influences positively the processes of moral decision making within a relationship network based on a high degree of virtue rather than on strict obligations. The paper enhances the understanding and practice of the ethical processes of sexual behaviors, as well as holding to the premise that religion positively influences the moral behavior of the society. It concludes with a research agenda that may prove beneficial not only to the Christian organizations but also to the behavioral approaches to HIV interventions.

Keywords: Religiosity, spirituality, holism, HIV and AIDS

1. Introduction

Human Immuno-deficiency Virus (HIV) infection and Acquired Immuno-deficiency Syndrome (AIDS) has continued to claim human lives globally. Sub-Saharan Africa comprising only 10 per cent of the world population is home to 70 per cent of (2.3 million) the total world new HIV positive population.¹ Further, by the end of 2013, 3.2 million children were reported to be living with HIV in the whole world. Of these, 91 per cent live in Sub-Sahara Africa.² It is thus clear that Africa bears the burden of HIV and should be at the forefront fighting the deadly disease.

Different modes of transmission of the deadly pandemic include casual sex, sex workers, men who have sex with men (MSM), and people who inject drugs among others. However, Heterosexual transmission is responsible for the majority of the new HIV infections.³ The Modes of Transmission study, attributed majority of new infections to varying heterosexual partnerships at 44.1 per

¹UNAIDS, *Global AIDS Response Progress Reporting*. Geneva: Joint United Nations Programme on HIV/AIDS, (2013).

²UNAIDS, *Global AIDS Response*, 2013

³Gouws, Eleanor, P. J. White, J. Stover, and T. Brown. "Short Term Estimates of Adult HIV Incidence by Mode of Transmission: Kenya and Thailand as Examples," *Sexually Transmitted Infections* 82, no. 3 (2006): 51-55; UNAIDS, *Report on the Global AIDS Epidemic*. Geneva: Joint United Nation Programme on HIV/AIDS, (2012).

cent.⁴With the passage of time, scientists have discovered the complexity of sexual transmission of the HIV pandemic, hence the multiplicity of prevention methods. Key of the HIV prevention methods leans towards sexual behavior change.⁵There has been a shift in approaches to HIV prevention, from entirely conventional to those that target social structures and collective behavioural practices that shape sexual experiences.⁶

Religion is a major contributor in shaping the moral behaviours of human persons both at the personal and social levels.⁷One's level of involvement in religion informs the healthy moral choices and action undertaken. According to Smith's theory of religious effects,⁸ religion often serves as a factor in promoting healthy outcomes in the lives of human persons. Religious teachings exert constructive and positive effects on the human person's behavior. For instance religious teachings on values of chastity and fidelity are worth guidelines in the prevention of HIV and AIDS.⁹

However, owing to the increase in new HIV infections, and more precisely in Africa, one can easily fault the role of religion and Faith Based Organizations(FBO) in inculcating moral values, especially those that undergird sexuality. However, sexuality is a subjective moral issue that the moral agent goes through informed by several determinants of which religion is a key factor. Religion plays the guiding role through offering the normative directives of abstinence before marriage and fidelity in marriage. Religion is thus foundational in shaping the moral sexual behaviours of human persons, and especially Christians. Religion generally has a stabilizing influence on the lives of the adherents. This is because religion is personal, subjective and an experiential path, which respects the institutional teachings, beliefs and practices of human persons in action.¹⁰

The contention therefore arises between the application of the moral agent's religiosity; which refers to an outward expression of beliefs as exhibited by behaviors, practices, and rituals, which focus on a core system of doctrines, morals, and norms; and the internalized value emanating from the religious norms.¹¹The exercise of religiosity expresses behaviour through the inculcated value in the inner person of the moral agent, which should incline to obedience. In an event where the exhibited behaviour fails to portray moral values in one's actions, then the moral agents' adherence to the religious normative teachings on sexuality is questionable.

Further, with the introduction of Antiretroviral therapy treatment (ART) in 2003,¹²most of the children born with the HIV infections are currently in their adolescent stage. This is a stage, which is marred by complexities of rampant biological body development and desire for freedom, aspects that can jeopardize not only adherence to the religious sexual norms but also their psychosocial well-being. With Sub-Sahara Africa, bearing the major burden of HIV infected adolescents; a swift approach towards holistic health is needed. Due to the realization that religion, religious leaders and FBO have a special group of congregants that need a positive outlook of life, hence a need of change in paradigm (integrated theology of holism) in inculcation of moral values, a paradigm that is relevant to Africans.

The unfolding of the concepts of religiosity and spirituality, with regard to the internalized cognitive values and their significance in moral decision-making, forms a viable ground for an integrated theology of wholeness of human persons. Religiosity and spirituality are concepts that are relevant to the understanding of personality and uptake of sexual behavior. Tsevat Joel observes that religion and spirituality are pertinent issues for patients dealing with chronic degenerative illnesses.¹³They are connected to affections and emotions that are not only relevant to moral choices regarding human persons' sexual behavior but also to the uprightness and righteousness called upon by the ultimate concern. Feeling of guilt, fear, reverence, hope, and faith among others emanate from ones'

⁴ Hollingsworth, T. Déirdre, Roy M. Anderson, and Christophe Fraser. "HIV-1 Transmission, by Stage of Infection." *Journal of Infectious Diseases* 198, no. 5 (2008): 687-693.

⁵Asiimwe-Okiror, Godwil, Alex A. Opio, Joshua Musinguzi, Elizabeth Madraa, George Tembo, and Michel Carael. "Change in Sexual Behaviour and Decline in HIV Infection Among Young Pregnant Women in Urban Uganda." *AIDS* 11, no. 14 (1997): 1757-1763.

⁶McGrath, Janet W., Margaret S. Winchester, David Kaawa-Mafigiri, Eddy Walakira, Florence Namutiibwa, Judith Birungi, George Ssendegeye et al. "Challenging the Paradigm: Anthropological Perspectives on HIV as a Chronic Disease." *Medical Anthropology* 33, no. 4 (2014): 303-317.

⁷Trinitapoli, Jenny, and Alexander Weinreb. *Religion and AIDS in Africa*. Oxford University Press, (2012).

⁸Smith, Christian. "Theorizing Religious Effects Among American Adolescents." *Journal for the Scientific Study of Religion* 42, no. 1 (2003): 17-30. The theory of religious effects holds that religious foundations exert constructive and positive effects on the human person's behaviour.

⁹ See, Stoneburner, Rand L., and Daniel Low-Beer. "Population-level HIV Declines and Behavioral Risk Avoidance in Uganda," *Science* 304, no. 5671 (2004): 714-718.

¹⁰Hall, M. Elizabeth Lewis, and Todd W. Hall. "Integration in the Therapy Room: An Overview of the Literature." *Psychology and Christianity Integration: Seminal Works That Shaped the Movement* 25 (2007): 280.

¹¹Phelps, Andrea C., Paul K. Maciejewski, Matthew Nilsson, Tracy A. Balboni, Alexi A. Wright, M. Elizabeth Paulk, Elizabeth Trice et al. "Religious Coping and Use of Intensive Life-Prolonging Care Near Death in Patients with Advanced Cancer." *Jama* 301, no. 11 (2009): 1140-1147.

¹²Ijumba, Petrida, Colwyn Poole, Gavin George, and Andy Gray. "Access to Antiretroviral Therapy," *South African Health Review* (2003): 319-324.

¹³Tsevat, Joel. "Spirituality/Religion and Quality of Life in Patients with HIV/AIDS," *Journal of general internal medicine* 21, no. S5 (2006): 1-2.

religiosity and spirituality. The moral choices to adherence of these emotive dictates govern our inner needs and desires such as diet, future expectations, sexual behaviour and health care behaviours.¹⁴

1.1. Religiosity and Morality of Obligation

Religiosity is one of the psychosocial determinants of health.¹⁵ According to Koenig et al, religion affects health by promoting healthy practices, which enhance social support and offer comfort in distressing situations.¹⁶ As such, human actions/behaviours do not take place in a vacuum. These behaviours thus involve a human person, in a particular life situation/circumstances and consequent motives and intentions, which might be good/right or evil/wrong. The religious norms, the societal expectations and the value of the relations are considered in the process of moral decision making towards self-actualization. Self-actualization is always geared towards that which is good, right, worth and valuable like healthy living. Religiosity makes it easier for Christians to conform to the religious norms, which add value to their lives.¹⁷

Gordon Allport however distinguishes two extremes of religiosity, that is, extrinsic and intrinsic religiosity.¹⁸ These are key orientations in determining the Christians' adherence to religious norms regarding sexuality. Extrinsic oriented human persons make use of religion as a means to achieve their desired end. In extrinsic religiosity, religion is held in a utilitarian way; it is oversimplified, self-centered and not well integrated in the deeper life of the subject.¹⁹ Whereas in intrinsic religiosity, religion and hence its norms are considered as the ultimate end in themselves. Religion becomes to them the guiding motive/intention in life. In intrinsic religiosity the religious norms, values and beliefs are internalized 'without reservations' such that the other human desires and needs are meant to bow to the religious contexts.²⁰ Christians have a moral obligation of adhering to religious norms, though being a subjective discipline, the moral agent attains primacy in making his/her choices depending on the moral end he/she intends to achieve.

With the extrinsic orientation depicting subjective utilitarianism and the failure to integrate the religious values into a Christian's life, the chances of adhering to the religious norms especially on matters of sexuality stands challenged. The search for happiness and freedom of will in moral decision-making will dictate an extrinsic oriented Christian to pursue his/her passions. Such that one's desires to engage in high-risk sexual behaviour override one's moral obligation ensuing from the religious norms (abstinence/fidelity). Extrinsic religiosity is thus a risky orientation especially dealing with sexual issues in the wake of HIV/AIDs pandemic.

The integration of the religious values by the intrinsic oriented people to their deeper lives is thus promising in dealing with sexual norms that inform moral choices of practice. The internalization of religious norms forms a foundation of analysis in the process of moral decision-making. Intrinsic oriented persons will therefore adhere to the religious teaching on abstinence before marriage and fidelity in marriage, a fact that can slow the transmission of HIV/AIDS. Even though Allport was challenged for categorizing religiosity as though the two orientations of religiosity, that is, extrinsic and intrinsic exist as two separate categorization of religious persons, it is worth noting that both orientations can exist in one person.²¹ The argument rests on the circumstances or life situation of the moral agent in making a moral choice. In other words, religiosity exists in a continuum.

Rest affirms the continuum existence with an argument that moral sensitivity can be situational, where a person highly sensitive in one situation might be relatively insensitive in another.²² This is guided by the value and the motive that the moral agent wishes to attain as his/her end. This means that, an extrinsic oriented person can still depict intrinsic integrated values in moral behaviour in other life situations. Further, the intrinsic oriented moral agent may have a challenge of focusing too much on the godly expectations and norms and ignore our relations in this world. Moral behaviour is undertaken not for its own sake, but reasons of a particular undertaking flow from the subject's well-being, to moral justice of his/her relations that conforms to the will and justice of God.²³

¹⁴Vanderpool, Harold Y., and Jeffrey S. Levin. "Religion and Medicine: How are They Related?," *Journal of Religion and Health* 29, no. 1 (1990): 9-20.

¹⁵Kagimu, Magid, David Guwatudde, Charles Rwabukwali, Sarah Kaye, Yusuf Walakira, and Dick Ainomugisha, "Inter-religious Cooperation for HIV Prevention in Uganda: A Study among Muslim and Christian Youth in Wakiso District." *Religions* 2, no. 4 (2011): 707-728.

¹⁶Koenig, Harold G., Judith C. Hays, David B. Larson, Linda K. George, Harvey Jay Cohen, Michael E. McCullough, Keith G. Meador, and Dan G. Blazer. "Does Religious Attendance Prolong Survival? A Six-Year Follow-up Study of 3,968 Older Adults." *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences* 54, no. 7 (1999): 370-376.

¹⁷Beit-Hallahmi, Benjamin, and Michael Argyle. *The Psychology of Religious Belief, Behaviour and Experience*. London: Routledge (1997) 123; Walter, Tony, and Grace Davie. "The Religiosity of Women in the Modern West." *British Journal of Sociology* (1998): 640-660.

¹⁸Allport, Gordon W. *The Individual and His Religion: A Psychological Interpretation*. New York: Macmillan Press (1950), 53.

¹⁹Allport, *The Individual and His Religion*, 59.

²⁰Allport, Gordon W. "The Religious Context of Prejudice." *Journal for the Scientific Study of Religion* (1966): 447-457.

²¹Neyrinck, Bart, Willy Lens, Maarten Vansteenkiste, and Bart Soenens. "Updating Allport's and Batson's Framework of Religious Orientations: A Reevaluation from the Perspective of Self-Determination Theory and Wulff's Social Cognitive Model." *Journal for the Scientific Study of Religion* 49, no. 3 (2010): 425-438.

²²Rest, James R. *Moral Development: Advances in Research and Theory*. New York: Praeger Publishers, (1986), 45-78.

²³Kellenberger, James. *Relationship Morality*. Penn State Press, (2005), 167 -234.

Thus, the sexual choices that human persons make are guided by not only their passion, but also the wellbeing of our immediate relations (society) as well as the justice and will of God. The intertwining of the necessity and value of the three players is important in understanding the complexity of human sexual behaviours in the time and context of HIV and AIDS. The understanding our inner self and self-identity calls for the interplay of relationships that make us who we are and wish to become by virtue of our behaviours. Relationships are the context within which the person develops an 'inner self'. The quality of relationships will be seriously influential to the depth or quality of the development of one's inner consciousness, which in turn affects the final decisions that we make. Once human relationships have been established, we remain affected by them and are caught up in between the intricate network of those relationships through our own mechanisms of memory, awareness, imagination, anticipation, and estimation (evaluation and prioritization). The web of relations challenges the morality of obligation, since our choices are not only shaped by rules, norms and regulations, but also by who we are, who we want to become and to be to our relations.

The relationships that persons experience as not being tied to the physical presence of others might be described as psychological or mental. Nevertheless, in order to differentiate these psychological concerns from pure fantasy, we may like to search for an alternative term to describe the experience. In the same vein, we eventually begin to realize that we experience 'relationships' with non-personal things that are genuinely real in the sense that they have significance for our own personhood. For instance, the death of ones' parent may have a great impact in his/her ethical processes of decision making, with intentions of pleasing/not hurting/disobeying the parent. The physical absence of the parent does not erase the guiding morals that the parent inculcated in the subject. Every person's world is populated with ephemeral entities, all of which must be related to other ephemeral entities in order to make any sense. Some have called this a spirit world; others refer to it as spirituality. It can also be called an ideology or a philosophy.

The spiritual experiences form an inescapable link with, if not the basis of, culture. Human civilization could not exist without it. They provide a blueprint for negotiating our way around the 'world' as well as a reasonable level of expectation for believing 'what might happen next'. We all need a certain degree of predictability to order our lives, predictability about ourselves as well as about others, about events and about our future. The interconnectedness of our life to the past, present and to the future, all playing a part in our moral decision making is a fact that can usher us into new interactive ways of curbing the spread of HIV/AIDS in a holistic way.

1.2. Spirituality and Ethical Reflections

Spirituality refers, at least in part, to the 'inner' experience of being able to define one's identity in terms of what is of value and worth to one's life towards Christian perfection. Froma Walsh defines spirituality as an 'internal set of meanings, inner wholeness and connection with others.'²⁴This insinuates that the concept of spirituality goes beyond the subject's mere factual data of daily life to encompass a connection with others. John Blando affirms the connectivity of spirituality and identifies its three main components. He notes that 'spirituality is focused on interconnections: connection to someone or something beyond oneself; a sense of compassion for others; and the desire to contribute to the good of others.'²⁵

Spirituality insists on higher and inner degree of virtues of value that give meaning and purpose to life. It is from these religious or ethical virtues of value that are internalized and concretized as attitudes that guide human person's actions. The human person's identity and personhood is only knowable flowing from the actions depicted by the moral agent on a day-to-day living. In the majority of cases, we know 'who we are' in terms of our physical and material surroundings. I have an identity that can be verified by documents, possessions, recognition by those who know me, and even physical traits. This physical and social identity, however, does not exhaust the sum total of factors that determine 'who I am'. Most of these factors can be identified as roles that one plays in their daily existence. But who is the person playing those roles? Is there an 'inner self', an experience of an 'ego', an 'I', who is even capable of reflecting on those roles and how does he/she arrive at the choices depicted in action?

The personality of a human person is knowable through ones actions and his/her social connectedness. The actions undertaken defines ones selfhood/identity which are for purposes of wellbeing and common good are always linked to some notions of human good or at least specific good-making characteristics of action or ends.²⁶ These characteristics of desires for human good serve integrative functions in life, which in turn offer great satisfaction in holistic livelihood and subjective wellbeing. Responsible selfhood, which is defined by acceptable identity by personal, social and transcendental realms, is an important component of spirituality. As Richards and Potts assert, a healthy spiritual identity involves feeling connected to God's love, feeling self worthy, having meaning and purpose in life, and being able to fulfil ones greatest potential.²⁷

The greatest potential in humanity is the desire to live a valuable life that is constituted by not only health and wellbeing but also by standards of success. Thus, the moral choices arrived at, and hence undertaken should work towards valued self-actualization and recognition. In matters relating to HIV/AIDS infections, human persons could coherently care about their survival since an opportunity to be healthy is of utmost value to all human persons. The fundamental characteristic of humanity is the power to set our own ends. Every human person has an obligation of preserving the intrinsic worth of life by upholding the culture of life. Thus, we have to care about wholeness of health since we have a physical life, which is not only our end but also a God-given moral duty.

²⁴Walsh, Froma. *Beliefs, Spirituality, and Transcendence: Keys to Family Resilience*. Guilford Press (1998), 72.

²⁵ Blando, John A. "Spirituality, Religion, and Counseling." *Counseling and Human Development* 39, no. 2 (2006): 1

²⁶ Robert Pippin, "The Conditions of Value," in *The Practice of Value*, ed. Joseph Raz (Oxford: Oxford University Press, 2003), 86-105.

²⁷ Richards, P. Scott, and Richard W. Potts. "Using Spiritual Interventions in Psychotherapy: Practices, Successes, Failures, and Ethical Concerns of Mormon Psychotherapists." *Professional Psychology: Research and Practice* 26, no. 2 (1995): 163.

The internalization of values emanating from the Christian norms of abstinence and fidelity goes beyond the morality of obligation once approached ontologically. This is where the role of spirituality comes in. For it is in the context of our inner self that we recognize things as valuable. Who we are, how we relate 'values' to the meaning of our lives and the goals we are intent upon achieving is much more persuasive than the force of an external norm. If we fail to address that in our discourse about values and the norms that profess to protect or promote them, we will fail in convincing others about the importance of what we are suggesting is valuable. To eliminate anything 'spiritual' from public discourse is to open the door to a social structure ruled only by norms (laws) – norms that will have no force to convince people of their importance other than the reward or punishment that may be attached to their fulfillment or defiance. Without addressing human goals and purposes, we fail to address the inner self that will ultimately direct the life, and hence the particular behaviors, of our fellow human beings. Without a thought out 'spirituality', without the sharing of stories that describe genuine human commitment and flourishing, public discourse becomes a legalistic hollow and in need of 'enforcement', which is definitely bound to fail.

1.3. Bases of Religiosity and Spirituality for Holistic African theology on Healing

Patrick Thawale among other scholars emphasize that a holistic pastoral approach is viable in combating the HIV/AIDS pandemic in Africa.²⁸ This is because African holistic understanding of healing follows the cosmotheandric philosophy, which holds that, the universe is a conglomeration of three worlds of spirit, human beings and of nature.²⁹ The African understanding of holistic conception cannot be understood without the interaction and interconnection that is deeply believed to exist and affect the three worlds. Charles Nyamiti exemplifies the interconnection and participation with an assertion that,

- ...the healing of a sick individual is considered to be truly effective if it affects not only the physical condition of that individual, but also his/her moral-spiritual, psycho-emotional, social and ecological dimensions. This is because physical sickness is believed to affect all these dimensions in the sick person. Conversely: morbidity or disorder in one of these areas is supposed to affect adversely the other dimensions with which the human individual is organically linked.³⁰

The African concept of interconnectedness and participation though lauded within the African scholarship, needs to acknowledge the participation of an individual subject especially in sexual moral choices. For instance, John Mbiti's famous clause, *I am because we are and we are because I am*,³¹ and Laurent Magesa's conceptions of African oneness in seeking divine intervention in issues affecting the wellbeing of the society,³² highlight with passion the interconnectedness of the African people which is vital in fighting the HIV and AIDS pandemic. However, failure to acknowledge the subjectivity and internalization of values by an individual Christian challenges the practicality of the holistic approach. In the words of Patrick Thawale, HIV and AIDS "challenges all people to inner transformation," which is entirely subjective.³³ However, the resulting morality of the actions undertaken affects the public. As a result, the subjective component in sexual moral decision-making becomes an issue of concern in the public square.

The components of religiosity and spirituality insist on higher degree of internalization and practice of value in the processes of ethical decision-making. They thus transcend the strict moral obligations dictating adherence such as those of abstinence and fidelity. The intrinsic spiritual direction follows contextuality of the responsible spiritual subject/self and the moral action performed, crowned by life experiences described by the moral subject. This casuist-focused ethic, which is fixed on specific circumstances, appreciates the 5 component as well as the valued primacy of the self in moral uprightness. The interrelated experience is usually attentive not only to the subject's wellbeing, but also to the transcendent grace of experience with God as the theological source. An integrated African theology is therefore called upon to appreciate the subjectivity of the moral agent in his/her interconnectedness especially in the fight against HIV and AIDS.

The intertwining of internalized values guiding ones actions as flowing from the transcendent grace of God, acted upon interrelatedness and interconnectedness of humanity is a viable basis for integrated African theology on wholeness. Thus, the inclination of moral choices that are upright will not only safeguard one's life and wellbeing but also the wholeness of the three worlds of spirits, fellow human beings and nature. Thus, the primacy of the moral agents' selfhood/subjectivity in religiosity and spirituality deserves further exploration as a foundation for an integrated African theology on holistic healing.

²⁸ Patrick Thawale, 'African Anthropology and Holistic Pastoral Approach to HIV/AIDS,' *In Theological challenges of HIV/AIDS to Eastern Africa: Developing an Integrated Approach in Fighting Against HIV/AIDS for Deeper Evangelization*, ed. Clement Majawa and John Lukwata (CUEA Press, Nairobi, 2013) 84-94. See also Marco Moerschbacher, Joseph Kato and Pius Rutechera ed, *A Holistic Approach to HIV and AIDS in Africa*. Paulines Publications Africa, Nairobi.

²⁹ Charles Nyamiti, 'An African Theology of Holistic Healing and the Problem of HIV/AIDS: A Dogmatic Reflection with Reference to the AMECEA Region,' in *Theological Challenges of HIV/AIDS to Eastern Africa: Developing an Integrated Approach in Fighting against HIV/AIDS for Deeper Evangelization*, ed. Clement Majawa and John Lukwata (CUEA Press, Nairobi, 2013), 19-31.

³⁰ Charles Nyamiti, "An African Theology of Holistic Healing and the Problem of HIV/AIDS: A Dogmatic Reflection with Reference to the AMECEA Region," in *A Holistic Approach to HIV and AIDS in Africa*, eds. Moerschbacher, Marco, Joseph Bitole Kato, and Pius Rutechura (Paulines Publications Africa, 2008), 19-31.

³¹ John Mbiti, *African Religions and Philosophies* (New York: Doubleday and Company, 1970), 141.

³² Laurent Magesa, *African Religion-The Moral Traditions of Abundant Life*, Nairobi, Paulines Publications, 1998, 175.

³³ Patrick Thawale, "HIV/AIDS as a Spiritual Challenge," in Moerschbacher, Marco, Joseph Bitole Kato, and Pius Rutechura eds. *A Holistic Approach to HIV and AIDS in Africa*. Paulines Publications Africa, (2008), 137-152.

1.4. Conclusion

Behavioural interventions informed by internalized religious values demands a thorough exploration on caustic ethic that turns self into a spiritual capital in spiritualized indoctrination, as a way of addressing the issues of HIV and AIDS in our world. The idea of responsible spiritual self opens a space for valued decisions regarding sexual behaviours, a fact that demands a paradigm shift in inculcation of moral values governing sexual behavior. Major efforts and enormous resource spiritual capital ought to be taken up in the religious sector. An understanding of the subjectivity of the moral agent in line with the internalized values on the levels of religiosity and spirituality would go a long way in framing an integrated African theology of holist in the face of HIV and AIDS pandemic.

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