Passage 1

Child Saver
Busi Bhembe from Swaziland

Prejudice and stigma remain powerful barriers in Africa’s fight against AIDS. Misinformation, beliefs and indifference can be found everywhere, from tiny villages to presidential offices.

Nowhere is that more so than in Swaziland, a mountainous Southern African country with the world’s highest rate of HIV infection. An astonishing 42.6% of adult Swazis are HIV-positive. It doesn’t help that Swaziland’s ruler, King Mswati, 37, sets such a bad example. Mswati may advocate abstinence and faithfulness, but he hardly practises what he preaches. In September 2005 he chose his 13th wife, a 17-year-old girl he picked out at the country’s annual reed dance festival.

Busi Bhembe, director of the Swaziland Infant Nutrition Action Network, is one Swazi who is trying to change people’s attitudes towards AIDS. She leads a pilot programme to help Swazis better understand how the disease affects pregnant women and babies. “The more mothers know about the virus and what it can do, the better they can take care of themselves,” says Bhembe, 36, who trained in nutrition at the University of Swaziland in Mbabane before entering health management.

In some ways the programme – known as the Prevention of Mother-to-Child Transmission Plus Concept (PORECO) – looks like many such schemes around Africa. Besides educating mothers about the best way to breastfeed their kids, it gives newborn children a protective dose of nevirapine, an AIDS drug proved able to stop transmission of HIV through breast milk. The programme, run in conjunction with the Swaziland Ministry of Health and funded by drug company Bristol-Myers Squibb, goes beyond the usual clinic visits. PORECO offers a large measure of community support and education, the kind of comprehensive care that Bhembe hopes will help slow the rate of infection in Swaziland.

The programme is small – some 150 women have enrolled so far, and there are places for only 50 more. But teaching pregnant women about the need for good nutrition while carrying, and giving those with low viral counts antiretroviral drugs to make them healthier, have produced encouraging results: only 8 of 118 children born so far have tested HIV-positive, a sharp drop from the standard 30% to 40%.

Bhembe helped start the programme after working with breastfeeding mothers, many of them HIV-positive, who were having problems feeding their children. “I just had to help these mothers,” she says. She takes a matter-of-fact approach towards HIV/AIDS that still surprises many Swazis. “I think what has worked for us is to have an attitude that it’s not a special disease. We talk to a patient...
like you would if he or she had cancer or is diabetic,” she says. “Once you introduce it like that, patients begin to say, ‘Oh, yes, my mother is diabetic and takes medication to control it.’”

(Adapted from TIME, November 7, 2005)

In answering questions 1 - 6 write down the number of the question and the correct answer next to it, for example 1.A.

1. The fight against AIDS in Africa is seriously hindered by  
   A the large number of people living in villages.  
   B the high percentage of people being unable to read.  
   C prejudice towards and stigmatisation of AIDS.  
   D 42,6% of adult Swazis being HIV-positive. (1)

2. Misinformation about AIDS is found  
   A in communities that do not suffer from AIDS.  
   B in Swaziland.  
   C in the Swaziland Ministry of Health.  
   D throughout the entire African continent. (1)

3. When King Mswati advocates abstinence and faithfulness he  
   A gets married to another wife.  
   B points out the dangers of abstinence and faithfulness.  
   C wants the Swazis to follow his example.  
   D supports and speaks in favour of abstinence and faithfulness. (1)

4. Nevirapine  
   A carries HIV from the mother to the child.  
   B is an addictive drug.  
   C is medication to assist breastfeeding mothers.  
   D protects the breastfed child from HIV. (1)

5. Bhembe’s programme is supposed to  
   A feed mothers and children.  
   B educate mothers about the virus so that they can take care of themselves.  
   C be another Aids project in Africa like many before.  
   D train mothers in nutrition at the University of Swaziland. (1)

6. A matter-of-fact approach refers to an approach that  
   A expresses sympathy.  
   B does not show emotions.  
   C heavily relies on facts.  
   D is materialistic. (1)
7. Say whether the following statements are **TRUE** or **FALSE** and provide a reason for your answer in each case.
   
   (a) Busi Bhembe’s programme run in Swaziland consists of a visit to a clinic.  
   
   (b) With such a small programme offering help to only 200 women not much can be achieved.

8. Busi Bhembe leads a pilot programme. What is meant by a pilot programme?

9. By quoting from the text show that the Swazis are not used to Bhembe’s approach.

10. King Mswati hardly practises what he preaches. Why is this the case?

11. What is the long-term aim of PORECO?

12. Mention **THREE** ways used by the programme to help pregnant women and their babies.

13. Why does Bhembe talk to her AIDS patients as if they had cancer or diabetes?
SECTION 2

Read the following passage carefully and answer questions 1 - 7. Questions 1 - 6 should be answered in full sentences and in your own words as far as possible.

Passage 2

The passage is an excerpt from Puseletso Mompei’s story I Hate to Disappoint You. The story is about a young woman who is HIV-positive. She does not want to reveal her status as she still feels very healthy. She also sees no reason for being discriminated against because of her status. Yet she has her problems.

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I was a ‘90s teenager, I knew HIV was out there. I knew that it could happen to me. If you realistically look at the situation in my country, you’ll see that chances are someone you know will be HIV-positive. And it just turned out that ‘person’ was me. To say I never saw it coming would be taking denial to a high degree. Like most people I was going on the assumption that HIV was not a real possibility, just like losing a job you love. But I still knew that it could happen to me.

I hate to disappoint you by looking as good as I do. This is not how an HIV-positive person is supposed to look. How are we supposed to look? Are we supposed to suddenly have sunken eyes, dry lips, hollow cheeks and bent, stooping shoulders?

I hate to disappoint you with my arrogance. Yes, I’m facing a serious disease, but so are people carrying undetected brain tumours. Yet they are expected to feel as though they are entitled to a degree of dignity I don’t deserve.

As I said, I’m fundamentally the same woman. But not exactly. There are a few things I struggle with, which is why I felt the need to talk to you. I met this man, his name is... well, let’s just call him T. I was attending a board meeting, standing in for my boss. This tall, commanding figure walked in, but I decided that he was probably used to women falling all over him and that I wouldn’t look at him for a second more than I needed to. But he turned out to be a really nice, down-to-earth man, and that is what I liked about him. Despite my cold reception he was so easy-going and comfortable in his skin that I soon forgot I was supposed to be keeping him at arm’s length. We became friends, and in the month we’ve known each other we had daily chats and had a meal together.

So then we get to the point of my dilemma: having a relationship with a man when you’re HIV-positive. I keep thinking to myself I’m fretting too much, that after he finds out my status he’ll reject me and I won’t have to worry about being a health risk to him. But more than being rejected I worry about having to face this reality with another person. What if he decides he can deal with my status and wants to be with me despite everything? See, I’ve been handling this thing single-handedly, quietly taking care of my health, going to the gym,
eating right, reading up on HIV, vaccines, T-cells, viral loads and all sorts of things. It has been my problem and I have had the freedom to handle it the way I want to. On some days I just don’t want to think about it at all, so I don’t. If I let another person in on my status, that would force me to deal with his reactions, his concerns and whatever emotions he is grappling with. If I let him know I am HIV-positive I’ll have to face his questions, even on days when I don’t want to. I’ll have to hold in my coughs when I have flu so he doesn’t get scared. I’ll have to make sure I never touch his razor blades in case I get my blood onto his blades. I’ll have to tell him when I progress from being HIV-positive to having full-blown AIDS. Basically, this is the part I’m struggling with when it comes to this whole HIV-thing.

So now I’m sitting here, wondering if I will keep spending time with him or if I should end it now. The thing that worries me is that this situation will follow me around for the rest of my life. Suppose I break things off with T before they get serious, what about the next man who likes me, and the one after that? That is the biggest challenge I think I have faced so far concerning my status.

My fighting instinct is as sharp as ever, but I’m still realistic about my status. Just because I refuse to have it define me doesn’t mean I forget that I’m living with HIV. I’m still determined to be filthy rich, to travel the world, just as I’m determined to live as positively with HIV as I can.

I hope I didn’t disappoint you with my lack of remorse, or tears. I hope you start to realise that beautiful women carry HIV as well, that we are socialites and trendsetters. That we grapple with issues in our relationships, but can maintain our strength at the same time. I hope you expand your definition of HIV-positive and stop thinking of us as skinny prostitutes who live in shacks, using candles for light. We are more than that. I hate to think this truth might have disappointed you in any way.

(Excerpt from I Hate to Disappoint You by Puseletso Mompe)
7. Bhembe (in Passage One) has just given a speech about her pilot programme. She stressed that the mothers’ openness about their status was essential for the success of her programme and the only method of countering AIDS. The young lady (Passage Two) has also listened to Bhembe’s speech. As she feels unsure about entering into a relationship with T she catches Bhembe, who is just leaving to go home, and talks to her.

Write the dialogue that takes place between Bhembe and the young lady (to whom you may give a name). Draw on the information of Passages One and Two. You may wish to add one or two of your own ideas. The words of your dialogue should add up to 150-200 words.

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