



Pinkie Msibi with her children, Floyd and Nkosinathi. Msibi, a caregiver in South Africa, is HIV-positive.



HIV-positive Sheila Nte (centre) with Pinkie Msibi (right) and another caregiver; in Soweto, where Nte and Msibi live, 700,000 of the 3.5 million people who live there are HIV-positive.



Billboards spread the right message, but political leaders continue to mislead the public.

TALK TO HER

Inside South Africa's AIDS crisis: the women who won't be silenced—and what they're up against. TEXT: ROBERTA STALEY

Pinkie Msibi supports the arm of her patient, Sheila Nte, as she shuffles from her bedroom to her living room. Msibi helps lower Nte—whose deep-blue housecoat hangs off her bony frame—onto the worn corduroy couch. As the 38-year-old woman struggles to speak, her voice hoarse with pain, Msibi sits calmly beside her, ready if Nte's strength fails.

Nte and Msibi live in Soweto, South Africa, the heart of the anti-apartheid movement until white rule was overthrown in 1994. Nte contracted HIV from a boyfriend many years ago. In 2006, she started taking anti-retroviral drugs, which make HIV a manageable—if chronic—condition. But in 2007, she developed tuberculosis of the spine—one of the many opportunistic diseases associated with the virus. Her weight plummeted to less than 100 pounds, and soon she couldn't walk. Msibi began visiting Nte every

day to bathe and massage her crippled body. She works with the Soweto Home-Based Care Givers Co-operative, one of a handful of palliative-care organizations in this city of more than 3.5 million people, 700,000 of whom are HIV-positive.

Thanks to medication and good care, Nte is improving. But she still needs help from Msibi, who doesn't charge for her services. "Pinkie talks to me and brings me food," says Nte. "Sometimes she goes to the hospital with me. Pinkie is my soulmate."

Msibi is also a symbol of the enduring, sagacious strength of South African women, 20 percent of whom are HIV-positive—the largest population in the world. The 29-year-old is herself HIV-positive and has two sons: Nkosinathi, 10, and Floyd, 14 months. They live in a shantytown and survive on a monthly salary of 750 rand—about \$100. Msibi doesn't complain; she embraces her grim vocation with cheerful dedication. >



As of 2005, there were 1.2 million South African children orphaned by AIDS.



THERE ARE SO MANY FUNERALS THAT IN SOME REGIONS, GRAVES ARE OPENED AND FRESH BONES ARE BURIED ON TOP OF OLD ONES.

“I have a drive to help the poor,” she says with a smile.

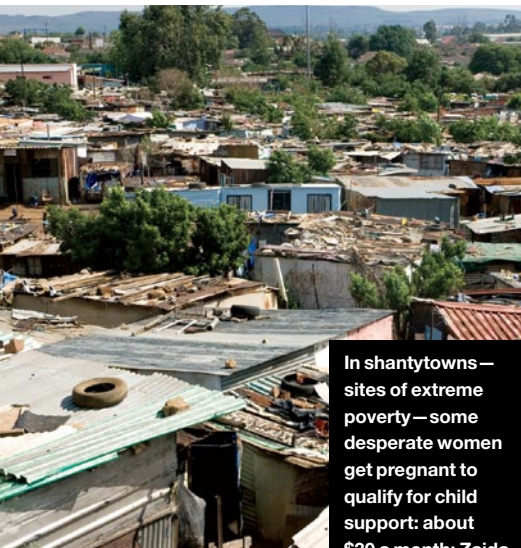
But that drive is being thwarted, says Zaida Bastos, the Toronto-based coordinator for the Primate’s World Relief and Development Fund, a faith-based organization that supports development and HIV/AIDS projects in Africa. Bastos points to South Africa’s poverty, irresponsible leadership and patriarchal traditions—particularly those that value men’s rights above women’s—as the major roadblocks to helping women like Msibi and Nte. “People become despondent because there is no future to look forward to when all you see around you are your friends dying,” says Bastos.

Born in Angola, Bastos immigrated to Canada in 1992 and is also an advisor to the Soweto Home-Based Care Givers Co-operative. She says that the group, which was created in 1998, has formalized what African women have been doing since the AIDS scourge began in the 1980s: helping other women who are suffering. “Women who were too poor to buy medical gloves volunteered to help the sick,” says Bastos. “They put their own lives at risk.”

South Africa’s problems begin at the top. President Thabo Mbeki has repeatedly publicly questioned the link between HIV and AIDS, and last

year he fired the female deputy minister of health, who was creating a five-year plan to accelerate the rollout of free life-saving AIDS drugs. This January, Jacob Zuma, the newly elected leader of the ruling African National Congress party, took another wife, in accordance with the dominant Zulu practice of polygamy. Two years ago, Zuma, 66—who has at least one other wife and many children—was acquitted on charges of raping a 31-year-old family friend. A former head of the South African National AIDS Council, Zuma admitted in court that he’d had unprotected sex with the woman, whom he knew was HIV-positive. He said he’d taken a shower afterwards to avoid catching the virus. Zuma also testified that he believed the woman had wanted sex because she told him she didn’t have a boyfriend and didn’t cross her legs when wearing a short skirt.

“This is a country where the voices of authority have a lot of weight,” says Bastos. “People follow leaders’ behaviour.” Cases like Zuma’s undermine the message of those who are trying to help. “AIDS activists say ‘You have to use protection and take responsibility,’ and then government officials say ‘I’ve never seen anyone die of AIDS.’” Although some women publicly protested Zuma’s most recent marriage▷



In shantytowns—sites of extreme poverty—some desperate women get pregnant to qualify for child support: about \$30 a month; Zaida Bastos (below)



South Africa has the world's largest HIV-positive population.



“WOMEN WANT A PARTNER, AND SOMETIMES THEY JUST CLOSE THEIR EYES TO THEIR MAN'S BEHAVIOUR AND LIVE IN DENIAL.”

and rape acquittal, many South Africans—female as well as male—have polygamous relationships. The result is an interlinking sexual network in which HIV is passed on, as Bastos puts it, like a “relay baton.”

Pheello Shai, 24, is the only man who works at the Soweto Home-Based Care Givers Co-operative. He considers himself a “trailblazer” among South African men for choosing a career in palliative care. “Traditionally, it’s women’s work,” he says, “but I’ve wanted this career since childhood. My mom is diabetic, and I took care of her. Other people say ‘You have sisters to do this.’ But it was inside me—this foundation of love—to be a caregiver.”

Part of the unfortunate foundation of South African culture is the belief that the number of women a man beds determines his masculinity and social standing. Using condoms is considered unmanly. “There’s an expression that’s used a lot: body-to-body contact,” says Bastos. In a society in which image is everything, men are afraid to get tested for HIV—at one Soweto clinic, 15,000 women recently came to be tested; only 1,714 men did the same.

South Africa’s rampant poverty also affects the relentless spread of HIV. The unemployment rate is officially listed as 25 percent, but Bastos says that in many communities, it’s three times that figure. Enter “sugar daddies”—men who are perceived as “protectors.” Sex (unprotected or otherwise) is considered a repayment

from young women in return for food and clothes. “Women will accept behaviour from men that they wouldn’t if they were economically independent,” explains Bastos. With its recent colonial past, South Africa is more exposed to Western influences than its African neighbours. “People watch the shows on TV and want to be part of the consumer pie,” says Bastos. “Teenage girls want to do their hair. But when you come from a very poor background, money doesn’t stretch to that.” In some of the most extreme cases, destitute women get pregnant in order to qualify for child support—part of the social security system created by former president Nelson Mandela. The monthly amount? Two hundred rand, or about \$30. “Still, it’s a question of survival,” says Bastos.

And as strong as many of the women are, they’re still susceptible to dreams of romance and security. “They want a partner, and sometimes they just close their eyes to their man’s behaviour,” says Bastos with a heavy sigh. “They live in denial.”

But as grim as the situation is, there are signs of a new attitude emerging—and, along with it, signs of hope. Bastos points to a new public campaign called One Man Can, which links masculinity to caring for others. “It says that you can be macho and still be a kind person,” says Bastos. “It’s trying to break the cycle of the kinds of relationships that exist now. After all, a real man doesn’t pass on the disease; he teaches others how to prevent it.” ▷

blind spots

South Africa has a history of leaders who keep their citizens in the dark about AIDS.

Player: Nelson Mandela
PRESIDENT (1994 TO 1999)
AND NOBEL LAUREATE

Mandela, 89, is South Africa's national hero, the former leader of the African National Congress (ANC) and the country's first president to be elected in multiracial, democratic elections. Since retiring, Mandela has admitted that he may have failed his country by not paying more attention to AIDS during his presidency. Mandela is now a committed AIDS activist: His foundation, the Children's Fund, raises millions of dollars every year for AIDS orphans, clinics and schools. In 2005, his 54-year-old son, Makgatho Mandela, died of AIDS.

Player: Thabo Mbeki
PRESIDENT (1999 TO PRESENT)

Since succeeding Mandela, Mbeki has been an inflexible AIDS dissident—despite also being a nation-builder who has brought housing, water and electricity to millions. Mbeki has rejected studies proving how HIV is spread, questioned scientific proof linking HIV with AIDS and blocked the distribution of anti-retroviral (ARV) drugs, which help make AIDS manageable. However, there are faint flickers of hope: Since 2004, Mbeki has bowed to mounting pressure and allowed the government to distribute ARVs.

Player: Jacob Zuma
PRESIDENT OF THE AFRICAN NATIONAL CONGRESS
(2007 TO PRESENT)

In 2005, Mbeki fired Zuma as deputy president after the charismatic populist became embroiled in a corruption and fraud case. (Zuma is set to stand trial this August on charges of racketeering, money laundering, corruption and fraud.) In May 2006, after Zuma was acquitted of raping an HIV-positive family friend, Archbishop Desmond Tutu—who received a Nobel Peace Prize for his

anti-apartheid activism—said that the trial reinforced “the stereotype that when a woman accuses a man of rape, she is made out to be the guilty one and her sexual history is brought up, whether true or not.” Last December, Zuma defeated Mbeki as president of the ruling ANC party and is now considered to be the presidential front-runner for South Africa's 2009 elections.

Player: Dr. Manto Tshabalala-Msimang
HEALTH MINISTER
(1999 TO PRESENT)

Tshabalala-Msimang has misled the citizenry and muddled public dialogue with unscientific claims about AIDS treatment. At the 2006 International AIDS Conference in Toronto, South Africa exhibited garlic, lemons and African potatoes as alternatives to ARV drugs, which led Canada's Stephen Lewis, former United Nations special envoy on HIV/AIDS in Africa, to declare the government “obtuse, dilatory and negligent about rolling out treatment.” Tshabalala-Msimang also disputes medical studies indicating that circumcision helps reduce HIV infection in men.

Player: Nozizwe Madlala-Routledge
DEPUTY MINISTER OF HEALTH
(2004 TO 2007)

A women's-rights activist and feminist author, Madlala-Routledge was the deputy minister of health in South Africa until last August, when Mbeki controversially fired her. Madlala-Routledge had counterbalanced the Mbeki administration's inflexible AIDS stance by advocating testing and ARV treatment and openly disparaged the “natural alternatives” of garlic and lemons. During her tenure as deputy minister of defence from 1999 to 2004, Madlala-Routledge introduced ARV treatment to the military and, in 2006, publicly took an AIDS test. □