UNIVERSITY OF SWAZILAND

INSTITUTE OF POST GRADUATE STUDIES

DEPARTMENT OF HISTORY

SECOND SEMESTER EXAMINATION PAPER, APRIL/MAY 2014

TITLE OF PAPER: **TEXT ANALYSIS IN HISTORY**

COURSE CODE: **H626**

TIME ALLOWED: **THREE (3) HOURS**

INSTRUCTIONS: SELECT **ONE (1) TEXT ONLY** FOR ANALYSIS. ALL WORDS, PHRASES AND SENTENCES FOR ANALYSIS MUST BE UNDERLINED.

DO NOT OPEN PAPER UNTIL THE INVIGILATOR HAS GRANTED PERMISSION

TEXT 1

British Colonization of Swaziland and...the Swazi Monarchy

Contact with the British came early in Mswati's reign when he asked British authorities in South Africa for assistance against Zulu raids into Swaziland. It was also during Mswati's reign that the first whites, Transvaal Boers, settled in the country. Following Mswati's death, the Swazis reached agreements with British and South African Republic authorities over a range of issues, including independence, claims on resources by Europeans, administrative authority, and security, though the white parties later reneged on those agreements. Over Swazi protests, the South African Republic with British concurrence established incomplete colonial rule over Swaziland from 1894 to 1899, when they withdrew their administration with the start of the Anglo-Boer War. In 1902 British forces entered the territory, proclaiming British overrule and jurisdiction in 1903, initially as part of the Transvaal. In 1906 Swaziland was separated administratively when the Transvaal Colony was granted responsible government.

Swaziland was indirectly involved in the Second Boer War (1899–1902)....In September, 1899, with war considered imminent, the colonists started evacuating [Swaziland]. Ngwane V of Swaziland (Bhunu) was informed that the area would be left in his care during the absence of the white residents. The Swaziland Police under Sgt Opperman started practicing for war while issuing rifles and ammunition to remaining burghers. On 4 October 1899, Special Commissioner Krogh issued an official notice of evacuation for "all white inhabitants" with the exception of burghers eligible for active service.

It was not long before skirmishes involved the Swaziland forces. On 28 October 1899, the newly formed Swaziland Commando unit moved against a British police post at Kwaliweni. The South African unit counted about 200 burghers, while the outpost only had 20 men. Bhunu managed to warn the police post of the approaching attack. The police retreated towards Ingwavuma, seat of a magistrate. The Commando burned the abandoned post and a nearby shop to the ground. Then Joaquim Ferreira led them towards Ingwavuma. The village was not better guarded and had to also be evacuated. The Swaziland Commando burned it to the ground, while the magistrate and his people escaped to Nongoma.

Bhunu instead found himself unrestricted from colonial authorities for the first time. He soon felt free to settle old scores with political enemies....Indeed, spies reported that Bhunu feared he had been bewitched. He was striking against whomever he suspected of the deed. On 10 December 1899, Bhunu died due to a serious illness. He had blamed it on sorcery, though contemporaries suspect it was alcohol-induced. His mother Labotsibeni Mdluli became regent. She set about eliminating the surviving advisors and favourites of Bhunu....

Queen-regent Labotsibeni was however attempting to maintain neutrality in the wider conflict, pre-occupied with securing the throne. Her grandson Sobhuza II of Swaziland was underage and there were other viable candidates for the throne among the House of Dlamini. In particular, Prince Masumphe. Masumphe was a cousin of Bhunu and a rival candidate for the throne since 1889. His line of the family maintained close relations with the Boers, the Prince himself educated at Pretoria. By May, 1900, the Queen was worried that the Boers would intervene

against her in case of a succession dispute. She opened communications with the restored magistrate of Ingwavuma, arranging to flee to his area if needed.

Frederick Roberts, a high-ranking military officer, was also convinced to start diplomatic contacts with the Queen. His representatives were to persuade the queen-regent of three things. First, the need to prevent the Boers from occupying the mountains of the area. Second, the necessity of formally appealing for British protection. Third, to make clear that the indiscriminate murders in Swaziland would have to end.

Source: Culled from Bonner, Philip (1983). *Kings, Commoners and Concessionaires: The Evolution and Dissolution of the Nineteenth-Century Swazi State*. Cambridge: Cambridge U. Press, pp. 60, 85, *passim*.

TEXT 2

The History of HIV & AIDS in Africa

HIV/AIDS in Africa has had a short but devastating history. In the words of the Chief epidemiologist in Kampala, Uganda, "It all started as a rumour... we found we were dealing with a disease. Then we realised that it was an epidemic. And, now we have accepted it as a tragedy."

It was in Kinshasa in the 1970s that the first epidemic of HIV/AIDS is believed to have occurred. The emerging epidemic in the Congolese capital was signalled by a surge in opportunistic infections, such as cryptococcal meningitis, Kaposi's sarcoma, tuberculosis and specific forms of pneumonia. It is speculated that HIV was brought to the city by an infected individual who travelled from Cameroon by river down into the Congo. On arrival in Kinshasa, the virus entered a wide urban sexual network and spread quickly.

Although HIV was probably carried into Eastern Africa (Uganda, Rwanda, Burundi, Tanzania and Kenya) in the 1970s from its western equatorial origin, it did not reach epidemic levels in the region until the early 1980s. Once HIV was established rapid transmission rates in the eastern region made the epidemic far more devastating than in West Africa, particularly in areas bordering Lake Victoria....

The early 1980s also saw HIV spread further into Western Equatorial Africa and Western African nations. In the Western Equatorial countries of Gabon, Congo- Brazzaville and Cameroon the virus did not cause large epidemics. The long distances between cities, the difficulty of travel, and violence and insecurity meant that there were not the sexual networks that would allow the spread of HIV to epidemic proportions.

West Africa had generally high levels of infection of both HIV-1 and HIV-2, although nowhere near the proportions of East Africa. The HIV-1 epidemic spread across the region beginning with reported cases in Cote d'Ivoire (probably due to rapid urbanisation and immigration). By the end of the decade HIV infection had been identified in all of the West African states.

As the decade of the 1980s progressed so too did the epidemic, moving south through Malawi, Zambia, Mozambique, Zimbabwe, Botswana and Swaziland. Although the virus arrived comparatively late in this region it spurred a devastating epidemic in the general population. By the end of the 1980s the southern African countries of Malawi, Zambia, Zimbabwe, Botswana and Swaziland were on the verge of overtaking East Africa as the focus of the global HIV epidemic.

It is thought that the first case of HIV in South Africa was in a white, homosexual air steward from the USA who died of pneumonia (PCP) in 1982. Blood specimens showed a 16 per cent

infection rate among tested gay men in Johannesburg in 1983. The small-scale epidemic was largely confined to white gay men and remained virtually unheard of in the general population in the mid-1980s. The homosexual epidemic had stopped growing by the end of the decade.

In the 1980s the cause of HIV/AIDS was still unclear although it was 'thought to be an infectious agent, probably a virus'. Very little was known about transmission and public anxiety was high. 'They are all simply bewildered'. Many questions remained unanswered, most significantly what causes AIDS and how it is transmitted. There were numerous misconceptions, with people thinking that 'you can get HIV through an apple or an orange or an injection or anything' or 'a fat person didn't have HIV' or 'HIV can be transmitted just by looking at a person'. Additionally, confusion with other diseases such as malaria led to over-estimations of the transmissibility of HIV and added to the fear surrounding the virus. Fear quickly bred stigma towards those infected with HIV. Stigma was often related to the association of HIV with prostitution, promiscuity and high-risk lifestyles.

Because not much was known about HIV/AIDS in the mid-1980s people were often not aware that they were infected with HIV until they had progressed to the final stages of the disease when death was often imminent. This fact coupled with the lack of any effective preventative therapies or treatment meant that there was a reluctance to be tested for the virus.

With a few notable exceptions, the 1980s were also characterised by an insufficient government response to HIV/AIDS in Africa. Often government capacity was saturated by immediate economic concerns, war or political crisis. As there was no treatment or cure for HIV infection or AIDS in the 1980s, government strategies had to focus on prevention....For this reason prevention efforts in Africa were often confronted with opposition from religious authorities. Both Muslim and Christian leaders found prevention campaigns ... difficult to reconcile with their teachings, despite prevailing evidence that abstinence and mutual monogamy were perhaps not as common as they would like.

Many senior African politicians were reluctant to admit to a generalised HIV/AIDS epidemic in their country for fear of creating panic, or discouraging tourism. South Africa's white leaders refused to install an AIDS education programme in schools and did not begin to take seriously the danger of a large-scale heterosexual HIV/AIDS epidemic until the end of the 1980s. The World Health Organisation was slow to respond to the emerging HIV/AIDS epidemic in Africa as it contended that AIDS was not the primary healthcare concern in the region.

Source: "History of HIV/AIDS" - Wikipedia, the free encyclopedia.
en.wikipedia.org/wiki/History_of_HIV/AIDS (accessed 6 March 2014)