



# Portraits of AIDS in Africa

Tales of Two Villages

Robert H. Miller  
Andrew Wakeford  
Joe Fab

Petelelo Metlhalens

Safhare, Botswana



Waking to the sounds of roosters crowing in anticipation of dawn's first light, Petelelo Metlhalens, thirty-three, wishes she had more time to sleep. Metlhalens, who has never married, is a single parent with seven young children under the age of ten. Her nature is kind and caring, and she always puts the needs of others before herself. Adding to the strain of her daily life are her sister's three children, who live with her and their seven cousins in a one room house the size of a small bedroom. Due to health issues, Metlhalens's sister lives elsewhere.





Some years ago Metlhalens was able to scrape enough money together to build her house. Without it, she would be living on the street or with another family. Metlhalens's parental responsibilities are enormous and challenging and securing enough food to feed her family is a major problem. Because they live in poverty, obtaining the nutrition-packed foods she needs to properly feed her family is almost impossible. They are forced to live off sorghum and porridge, and on top of all of her other struggles, in 2003 Metlhalens tested positive for the AIDS virus.



Every night Metlhalens tries to ignore the cockroaches that scurry between her and the children on their prowl for food. When daylight approaches, the roaches quickly crawl up the walls and hide in the cracks near the ceiling. The inside walls of the house are drab and brown, and the room is dark and uninviting. There are no cupboards, shelves, or storage areas, and everything the family owns is on the floor. A rickety old table tucked into the corner serves as the food pantry. Several cans of baby formula and a few bags of dried beans sit on top of the table, and they are the meals to come for this family.



The early morning light is now filling the room, and Metlhalens's small surroundings have become visible to her. She listens to the gentle breathing of the ten sleeping children scattered around her on the floor. Metlhalens's youngest child is under two years old. She and the child sleep on well-worn stained sheets on a broken-down bed in the corner of the room. Metlhalens's thoughts are on the amount of food that will be available this morning for the children to eat.



**M**etlhalens's world revolves around her extreme poverty. With no income, caring for her family is a daunting task that is further complicated by her illness. Metlhalens is not sure how she contracted HIV and has yet to experience any outward symptoms of the infection, but she knows it's only a matter of time before she does. Most likely it came from one of the several partners who fathered her children. When these men discovered she was infected, they disappeared never to be seen again.

Metlhalens's sister, Tshgbo, is also infected with HIV and now has full-blown AIDS. Sores cover her body and she suffers from extreme fatigue. This is why Metlhalens is taking care of her children. Both sisters are on government-supplied anti-viral medication that they take weekly, but it makes them sick. The ticking time bomb is the lack of good nutrition to keep the virus in check. If Metlhalens could eat properly, her disease might never progress. It is already a miracle that she has remained symptom-free for so long. Her sister has not been so fortunate. The dilemma these two women face is a chronic one throughout Africa.





Because Metlhalens is not sick, she has absorbed her sister's children into her family and is raising them as her own. Metlhalens's worst fear is that the HIV virus inside her will suddenly spring to life and she will become too ill to care for the children. Amazingly, her seven children do not have the virus. She fights hard to suppress the fears that her children will become infected and that AIDS might kill her, leaving her children to be raised by someone else. But it may be only a matter of time before Metlhalens's compromised immune system makes her sick. But until that happens she chooses to put these thoughts out of her mind.





As the morning comes on, Metlhalens is negotiating how she will get up without disturbing the sleeping children. Opening the only door, she immediately notices how fresh and pure the air is compared to the stench of urine that is coming from the two youngest children who are wearing stained cloth towels instead of diapers. It is the beginning of May and autumn is slowly showing its colors in the surrounding area. Very soon winter will bring colder temperatures and even frost to this small village of Sefhare in Botswana.

Stepping between the sleeping children, Metlhalens moves to her outside kitchen that is on the left side of her house. She gathers some wood and lights a fire to reheat last night's leftover porridge. The scorched cast-iron pot is heavy and she has placed a large brick on the top to keep stray animals from gaining access to the meager food inside. A rusty old refrigerator that long ago stopped working is on its side and serves as a counter for meal preparation. The plates and utensils are scratched, bent, and worn and look as if they were used for digging in the dirt.





While Metlhalens is heating up the porridge, two of the youngest children are awake and moving about inside. With every step they fall on top of the other children, waking them up. Within moments the small room fills with smiles and laughter. Thin blankets are strewn about the floor and the walls are covered with the children's scribblings. They have used small rocks to draw anything that fancies them in their efforts to kill the boredom from suffering another long day of poverty. The family has no access to television, radio, or the Internet.

The table in the corner of the house is covered with roach droppings. Cans of powdered formula are stacked on the table; Metlhalens receives the formula monthly from the local hospital. Last night's baby bottle is still half filled and will be topped off with fresh formula for breakfast. Formula must be refrigerated within four hours of mixing, but with no refrigerator available this is not an option. Metlhalens frequently adds additional water to make the formula last until the end of the month. Dilution of baby formula is a chronic problem with poor Botswana families. It dramatically compromises the nutritional health of growing babies.



What can this family hope for? Their future is pretty grim. If Metlhalens gets sick and can no longer care for her children, the family will be fractured. Because it is a large one, the children will have to be split up and placed in several different homes. Many families in Africa are separated and divided due to the repercussions of the AIDS virus.



According to government figures, 60 percent of the population in Botswana and other areas of Africa are now suffering the effects of the AIDS virus. It is a smoldering epidemic complicated by culture, old beliefs, and the lack of infrastructure, food, and medicine.



**M**etlhalens's only wish for her children is that they be well educated and learn how not to contract the AIDS virus. She is already starting to talk to them openly about this deadly disease. It is her prayer they will listen and be AIDS-free throughout their lives. "God only knows-but I do know he is a great God," says Metlhalens.

