The Zoe Project

A Beacon of Hope and Joy for African Mothers

By Samantha Brabeck

In the Western Cape of South Africa, tucked away in the back corner of the Retreat Day Hospital, lies a maternal health clinic. From the front gates of the hospital, the clinic is completely hidden from view. At first glance, you would never even know it was there. Instead, your eyes are immediately drawn to the long lines of individuals and families that wait to be seen at the hospital, most of them there since six o'clock in the morning. Many individuals in line lack shoes on their feet, their frail bodies barely standing straight in protest against the limited food they are able to find. Most mothers sacrifice their warmth in the cool morning hours to keep their newborns wrapped in a blanket, and the majority of patients can be found smoking as they wait for hours in the sun. The scene is far from quiet; outside the guarded gates of the hospital, people beg for food, arguments spark, and security guards hope that there are no gunshots today. This story begins in the Cape Flats of the Western Cape in South Africa. A country haunted by its history without the means to alter its course, people struggle to survive and take care of their own. This maternal health clinic, founded by a woman named Tracey Aitken, at first glance might seem insignificant, but it is slowly changing the landscape of maternal healthcare throughout the Western Cape.

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> *"After going through apartheid, we think there is no racism in South Africa now, but there definitely still is. We also think of Black or white, but it's actually not that, it's colour upon colour. It's language upon language. So South Africa is actually a very diverse country where we have 11 official languages, so the culture is different, colours are different, backgrounds are different, but it's an amazing country. We've been through so many hardships over the years… and the challenges we've been through have created very strong people."*

South Africa, a country largely defined by its history, is still finding its identity in a post-apartheid era. The Western Cape specifically is newly established, only formed as one of nine provinces created after the abolishment of apartheid. From 1948 - 1994, racial segregation under the influence of an all-white South African government dictated that non-white South Africans were to be completely separated from white South Africans. Though apartheid seemingly ended in 1994, the damage is long-lasting. Remnants of apartheid still stifle the South African economy and landscape, and innocent families are unable to escape the systemic racism that plagues the country. Elders who lived through apartheid, parents born during apartheid, and children who only hear the stories of apartheid all pay the price for their country's history. In the Western Cape, 42% of the population describes themselves as "coloured," while 39% describe themselves as "Black African," and 16% identify as "white" ("South Africa"). South Africa is

home to individuals of many different races, ethnicities, and nationalities, so the term "coloured" is commonly used in South Africa to distinguish themselves from Black Africans. In the post-apartheid era, many coloured and Black families still find themselves geographically isolated by race, pushed to the outskirts of the city where resources and support are minimal. These areas, most commonly referred to as townships, force families into single-room homes that are packed one after the other to condense as many individuals as possible into a designated, segregated area. Here, poverty is at its highest, and there is an increasingly high rate of unemployment. For those fortunate enough to find work, there are still large discrepancies in treatment and pay based on race. Because of the unemployment problem, there is a high number of gangs in the area, leading to increased gun and domestic violence. It's clear that the legacy of slavery still haunts South African society today, and it affects the economic, social, and physical well-being of South African residents and the country as a whole. Twenty-two years ago, South Africa, a country with so much potential and home to so many people, had yet to find a way to pull themselves out of the trenches, and maternal health practices and outcomes seemed to be only getting worse.

The current healthcare laws in South Africa promise access to sexual and reproductive healthcare for all individuals, but these promises are rarely kept. The government, which is commonly labeled as "corrupt" by South Africans, lacks the skills and resources to properly enforce these policies. For example, in 1996, South Africa implemented the Choice of Termination of Pregnancy Act, which legalized abortion access if the mother was under 12 weeks pregnant ("Terminate Pregnancy"). While this legislative decision has decreased the number of unsafe abortions drastically, the underlying root

causes of *why* abortions are so frequently sought remain unaddressed. From 2015 - 2019, a reported 65% of all pregnancies in South Africa were unplanned, and 36% resulted in abortion. The most common reason for unintended pregnancies was consensual or coerced sexual activity without the use of effective contraception ("Neglected Crisis"). While the commitment to accessible sexual and reproductive healthcare looks promising on paper, the reality is that the needs of the general population, specifically those living in the townships, remain unmet. Likewise, the country still maintains an alarmingly high maternal mortality rate, HIV transmission is dangerously high, and there are many obstacles preventing women from receiving quality maternal care in an efficient manner. The current policies hint at goals of better maternal health outcomes without addressing how the crisis rapidly developed and why the government can't enforce worthwhile solutions.

> *"Being exposed to [war and violence] from such a young age, you can either say it forms resilience or it opens your eyes to be grateful for what you have… You don't just start a project just because. There's always a reason and a journey of your own life to get there."*

The founder of the maternal health clinics, Tracey Aitken, found herself in South Africa at the young age of sixteen. Far from home as she had known it in Zimbabwe, Tracey's life was far from easy. She grew up in Zimbabwe during the time of the Rhodesian Bush War, a civil conflict for independence and power (Kiesel). Her father, a high-ranking prison officer,

received many serious threats to his life, and her family fled Zimbabwe to Johannesburg, South Africa. Exposure to great levels of hate and violence at a young age forced Tracey to grow up quickly, and soon after moving to Johannesburg, she made the decision to move to the Western Cape in hopes of better opportunities for herself and her future family. Cape Town was very different from any other place she had ever lived; the city was modern, bustling, and materialistic, and the streets were filled with ambitious entrepreneurs. Overwhelmed by the complexities and differences of life in this new environment, she struggled to find her place in the Western Cape. It wasn't until after she gave birth to her first son that she thought she had found her purpose.

> *"I qualified as a preschool teacher that specialized in special needs because of the situation I found myself in. I thought that was my journey, but it was really just the beginning."*

Tracey had her first child as a young adult, and at the time, she wasn't married. Her son was born with special needs (a term used in South Africa to refer to a child born with a disability), and Tracey was left to figure out how to support herself and her child in a new environment with minimal support. As her son grew up, Tracey studied to become a preschool teacher who specialized in working with children with disabilities as a way to better understand and connect with her son and his situation. Though her time with preschoolers was rewarding, she realized that her passions called her elsewhere. Having experienced a young pregnancy herself, Tracey realized that she wanted to better support

teenage mothers in the Western Cape who didn't have the education and resources needed to have a happy, healthy pregnancy. Her vision focused on addressing the need for better support for teenage mothers as they navigate the complexities of pregnancy and motherhood, specifically targeting their physical and emotional well-being. Her life had once again taken a turn, but she trusted in God to follow His plan to reach young, vulnerable mothers in a way that no one had been able to reach her.

> *"I saw the great need. Moms were really wrapping their babies in newspaper 22 years ago… [and] the shootings are just so bad. We [have] taxi riots, so clinics [get] destroyed as well."*

Tracey was determined to change the narrative of maternal healthcare in the Western Cape. Entering her late thirties at the time and undeterred by the challenge ahead, Tracey - a white female herself - navigated the complexities of changing the maternal healthcare landscape from the inside of an institution founded on systemic racism. Her goals were ambitious, and there were inherent risks in stepping into coloured communities because of her subject position as a white person. There were no guarantees that her efforts would be considered and appreciated given her inability to truly understand the people she aimed to help, but nevertheless, she charged relentlessly forward to address Western Cape's maternal health crisis.

At a time when teenage pregnancy was on the rise, Tracey realized there was a critical need for sex education and pregnancy intervention at a young age. School systems lacked

any type of meaningful sex education, and young mothers began to rapidly fill the maternity wards at local hospitals. Daily violence filled the streets, and shootings became too common for women to comfortably walk to critical pregnancy appointments. This led to either delayed or ignored healthcare visits, and new mothers were left vulnerable in a dangerous, unstable environment for both herself and her child. If mothers were able to get to the Clinics for their appointments by way of escort or taxi, most women could not afford the costs associated with medical scans. In the Retreat Day Hospital, ultrasound machines were available, but there was no one qualified to conduct the scans as part of a medical appointment. Instead, if women could afford it, they were forced to go to private hospitals to have tests done to determine the health and safety of both herself and the baby. It was all too common for mothers to never have scans completed, sometimes until it was too late. Even if women were able to overcome all the obstacles during their pregnancy and carry their child to term, they were often met with inadequate support within the hospital walls. The hospitals were extremely short-staffed, and qualified doctors were scarce. Similarly, there were very few midwives available to support moms who did not have assistance or those who were experiencing their first and/or a difficult pregnancy. Most mothers were given the bare minimum quality of care and were typically in and out of the hospital in approximately six hours. These issues, compiled together to create the perfect storm of vulnerability for young mothers, drove Tracey to reach out to mothers who needed more guidance and care than the communities and healthcare systems were able to provide.

> *"It's not easy and joyful to be pregnant in areas like this, and that's why it's very*

> *important for these moms to be around people that are encouraging and people that can go into the communities and do what we do."*

The journey to creating maternal healthcare centers across the Western Cape started with one educational talk. Tracey was determined to insert herself into government hospitals to instruct women on the basics of pregnancy and childcare. She was constantly denied access to the maternity ward, but she didn't back down. Recognizing the vulnerability of most mothers in the townships and the need for increased support, Tracey continued to advocate for her programming. After months of convincing, Tracey was finally allowed into a government-funded hospital to speak to the newly pregnant mothers waiting for their intake appointments. She knew this work was important, but she had also faced many obstacles to get to where she stood in front of these women. Prepared but with no clear direction, staring at a room packed with tired, confused women, she spoke from the heart.

> *"The door opened 22 years ago when I made the decision to go into government hospitals… I decided to use this opportunity to educate the moms: what's happening to their tummies, how they fell pregnant, contraceptives when they're finished having babies, basic things like that, while also being there as a support."*

Tracey became the light in a tunnel of darkness for so many women in the Western Cape. Her willingness to be

vulnerable and share her story, along with her wisdom, allowed mothers to finally feel like they had someone who would look out for them. Her talks, lighthearted but informative, touched so many women that government hospitals requested she return for weekly talks. Even as these women battled with the emotional complexities of their pregnancies and the decisions that were ahead, each woman left the maternity ward with a smile on her face after listening to Tracey talk about the support she was willing to give each one of them. Still balancing her job as a preschool teacher and her duties as a mom to her children, Tracey managed to give weekly talks in the hospitals. She taught women the dos and don'ts of pregnancy, what steps are needed to ensure a healthy birthing process, and how to prepare in advance for a child on the way. Regardless of her history, Tracey became a model for what it means to be a good mother, a good citizen, and a good person. She never dreamed the turns her life would take because of her decision to give these talks to women in need of support; all she knew was she recognized the dangers of living in the Western Cape, how the odds were stacked against women in the outskirts of the city, and that she had the power to create change one conversation at a time.

> *"22 years ago, they called me in to counsel one of the ladies who wanted a termination of pregnancy... I walked the walk with her."*

In the months following the implementation of her educational talks, Tracey got a call from the government hospital that even she didn't know she had been waiting for. A young woman, who mistakenly fell pregnant, was having an internal battle as to whether or not she wanted to have an

abortion - commonly referred to in South Africa as a "termination of pregnancy (TOP)." Tracey's heart skipped a beat. Her first case. This was the challenge that she had prepared for, but it was still a blind leap of faith to trust her passion and wisdom as a mother herself.

Without barely a moment's hesitation, Tracey answered the call with a resounding "yes." Recognizing that this was potentially her calling, she entered the hospital to assist the young woman considering an abortion. As the story of the case slowly unfolded, Tracey knew this is what she was meant to do. The young woman fell pregnant with her boyfriend who was a member of a violent gang. As the client began feeling increasingly uncomfortable and unsafe, Tracey rushed the young woman to her car to hide from the boyfriend long enough to talk things through. One of Tracey's greatest assets is her ability to listen intently, validate an individual's experiences and emotions, and make a concrete action plan. She took the young woman to a safe home to ensure that she could have the time to make the right decision for herself without the added pressure of her boyfriend clouding her judgment. Without anything other than her own personal experience to guide her, Tracey recognized that the long-term effects of any decision that a mother makes can determine the outcome as a person moving forward in life. Only with time and space to process and heal can a decision be clearly made for the right reasons.

After a long process of self-reflection and pseudo-counseling with Tracey, the young client decided to continue the pregnancy with plans to give her child up for adoption. Tracey's guidance provided the young client with the support and safety necessary to decide whether or not she could carry the child to term. In the end, the young woman made a very

different decision than she had anticipated just a week prior, and it was Tracey's selflessness and kindness that was the biggest reason why the young client felt safe enough to change her mind. Tracey stuck with her the whole way; she was instrumental in not only the young woman's decision-making, but also protecting her long-term mental and emotional well-being.

Tracey didn't know it at the time, but this one case she willingly took on after only giving educational talks would change the trajectory of her life and would positively help change the narrative of maternal healthcare experiences in the Western Cape. After giving birth to her daughter, the young mother named her "Zoe," which means "life." That's where the Zoe Project, the Western Cape's first maternal health support system, originated from, and the rest is history.

> *"The stories - how it's impacted these women, how it's changed their lives - encourages us to carry on."*

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