Elaine Moane is at the heart of a ground-breaking programme that brings hope and compassion to HIV-positive mothers-to-be. Les Auensis watched her inspire self-respect and courage at a Cape Town clinic.

Mother Love

It is Thursday again. A week has gone by since I first met Elaine Moane in a small spartan room at Groote Schuur hospital. I have thought of her almost every day, struck by her animated grin and how contained her body language seemed in contrast. The image that I took with me was that of a young woman with a real fight on her hands, not only against the virus in her blood or the prejudice surrounding it, but for the women she is helping as well.

I don't know whether it is her slight build - she is eye to eye with me at 1,5 metres - or the childlike puffballs of hair that jut from her head, but I want to put my arms around her. We have spoken at length about her work, her life in Lusaka, being a mother, her HIV status and the death of her husband.

In hours I have her life all down on paper. I have the raw facts, but I need to write her story and yet I am here again. I don't feel I can leave it at that.

I am sure I am experiencing the same charisma she displays when she counsels the HIV-positive pregnant women who come to the clinic. Thursday is the day she gently speaks to them of their health and the way they might cope with the potentially deadly virus inside them, the babies they are carrying or have given birth to. She is here to help identify those among them who will become, like her, mentors who will in turn counsel others in their communities. It is all about trust. It is all about risk. And it is Elaine who is at the core of Mothers to Be.

This is the story she told me of her life the first time I met her.

Elaine comes from Lusaka, Zambia. One of 10 children in a stable family, she left her home country soon after finishing school. It was love and the promise of an exciting new life that drew her away.

"I met my late husband who was an exile when I was still at school," she recalls. She hesitates slightly on the "late" as if the idea of his death is still raw, not quite real. It has been seven years.

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"I loved Peter and wanted to be with him wherever he was going. I'm a curious person, always keen to try something new and different. And our first child was on the way."

Although Peter's family lived in KwaZulu-Natal, the couple were expected to make it on their own. Elaine
was undaunted.

"We were both quite creative and decided that we'd go into a clothing partnership. I went back to school to study fashion design, put my son in a crèche and we moved into a home of our own."

And then came the first of many shocks to the relationship.

"In 1993 my husband was arrested. I never knew exactly why, but he was held for months. I had to leave school immediately and support my son and myself."

It was the first of many times that Elaine would find herself left out of her husband's life. But when he was finally released, Elaine decided to have a long-overdue medical checkup. The routine Pap smear revealed abnormal cells in her cervix and Elaine needed an urgent operation. The blood samples taken from her were simply part of the pre-operative procedure.

And then the call came. Elaine was told to see one of her doctors who broke the news that she was HIV positive.

"I can't say I was shocked," she says. "I tried to absorb the information. The first coherent thought I had was, 'What if my child is HIV positive?'" (Elaine's son subsequently tested negative.)

Elaine kept the news to herself. "I went home feeling really bad. I didn't know who to talk to and who not to talk to. I didn't tell my husband then as I was sure we'd end up arguing and pointing fingers."

Elaine hunched forward, elbows on her knees. Through her body language you relive the pain and fear of that moment.

When her husband came to see her before her operation, they joked that he'd have his hands full at home with their son.

It would be one of the last conversations they would ever have.

On the night before her operation Elaine phoned Peter, determined to tell him about her HIV status. "This is very important. I have something to tell you," she said. But Peter simply refused to discuss anything.

Her routine turned out to be much more than a toning exercise. Energetic and looking good after months of working out, Elaine looked to another source of strength. "I felt the need to reach out, find a spiritual core in me. I value prayer highly and wouldn't start a day without one."

When Elaine felt confident enough, she shared the strength she gained with women she met, eventually forming a steady prayer group. She would need those prayers more than she could've imagined.

Even though she felt physically strong, Elaine decided to have a long-overdue gyn - I'd always been athletic at school and I wanted to get fit again."
positive women all she had learnt during the painful years after her husband's death. The most important lesson was self-love.

"You have to come to love yourself in order to love the baby you are carrying. And sometimes that's hard. The most problematic thing is to tell the husband or partner. Women tend to take responsibility and blame themselves. No matter how faithful she has been, there's always the fear of how to say it. How will she tell the hand that feeds her ... that it is poison?"

Elaine's counselling was a welcome antidote for the women she endeavoured to help, and the good feelings began to spread. Recently delivered HIV-positive mothers were employed to return to their antenatal clinics to support and counsel other pregnant HIV-positive women. By late 2001 the counselling and mentoring had grown to the point where Elaine's unusual therapy needed a name. Mothers to Mothers to Be was officially launched in October 2001.

On the Thursday I return to see Elaine, she introduces me to the women she's helped identify as potential mentors. There are now eight women at Groote Schuur's maternity centre who care for a further 85. And the numbers are growing. The support groups meet once a week and from these sessions, a whole new tier of mentors is identified. Two more clinics are about to begin the M2M2B programme.

Eavesdrop on an average antenatal class anywhere in the world and you're likely to hear conversations peppered with good-natured moans about swollen ankles, scan results and the decor planned for the unborn babies. But for HIV-positive pregnant women, it's different. According to Elaine, they often feel utterly isolated as a result of nursing their HIV status in secret. The isolation leads to a sense of helplessness and depression that affects their health and impacts on the status of their unborn children.

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Here there are smiles and shy conversations about personal problems. Talk about nutrition here isn't about food cravings and fad diets. The women share knowledge about healthy eating because, in their circumstances, it is a matter of life and death.

On this Thursday I also meet Professor Mitch Besser of the Department of Obstetrics and Gynaecology, who has been responsible for much of the public awareness and fund raising for this initiative. "The programme is what Elaine has made it," he says. "She radiates ... she's all light. Two-and-a-half years ago we worked under the darkest and grimmest circumstances and what you see here has come about because of her vision and energy."

I feel selfish pulling Elaine away from her group but I need her for a few more moments. I ask her what lifts her spirits. She smiles and tilts her head to one side, the pom-pom ponytails like bristling antennae turned to me. She is silent for a moment.

"What lifts my spirits? When someone accepts me as I am," she says.

One of the most important things she has learnt is to share the burden of being HIV positive. "We try to emphasise that you should notify a husband or partner. If he's gone, tell a mother or sister. Tell someone you trust - not the whole street."

Elaine is about to leave for an Aids conference in Spain where she's to report on the programme. I need to ask her one more question and she grins. I have to laugh, caught out. Honestly, I say, this time it is the last question.

Seeing me hesitate, she anticipates me, filling a potentially awkward moment. "I've never regretted being HIV positive," she offers. "As painful as my road has been, it's been fulfilling and I've reached out to so many people."

I do put my arms around her this time. It Is the strangest thing. I hug her to give her my strength and courage for the road ahead but the strength is all from her. "She radiates light," Mitch Besser said.

For further information about the m2m2b programme, contact Director Dr. Mitch Besser at: m2m2b@iafrica.com or P.O. Box 16624, Vlaebeg, Cape Town, 8018. Tel: (083) 327-7322, Fax: (021) 465-2244.

What It Takes To Be A Mentor

Samantha, who has no medical or formal social work training, is one of Elaine's mentors. She is a good listener, calm, competent and compassionate and makes a fine counsellor. When I sit down with her she tells me the story of a Xhosa woman who went into labour suddenly in the middle of a routine checkup:

"I took her straight up to the maternity ward expecting to leave her there in the care of the nurses, but they all had their hands full so I was left with her. Her contractions were five minutes apart so we didn't have much time. I helped undress her, get her into her gown and rubbed her back gently to help ease the pain. When the doctor came to examine her, I answered his questions because over months of seeing her, I knew her case by heart."

"I just stayed with her," Samantha recalls. "She was so scared. The baby was in foetal distress and in the end the mother was rushed off to have a Caesarian while I waited. Three minutes after that baby was born, I held it. I lifted the baby to her head so she could see him. She held my hand again, kissed it and thanked me. It made me feel that there was sense in what we were doing."