

# Fetal alcohol spectrum disorders in South Africa

Citation for published version (APA):

Olivier, L. (2017). *Fetal alcohol spectrum disorders in South Africa: A 20-year journey*. [Doctoral Thesis, Maastricht University]. Datawyse / Universitaire Pers Maastricht. <https://doi.org/10.26481/dis.20171212lo>

## Document status and date:

Published: 01/01/2017

## DOI:

[10.26481/dis.20171212lo](https://doi.org/10.26481/dis.20171212lo)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

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## Valorization

Eleven Fetal Alcohol Spectrum Disorders (FASD) prevalence studies in 4 of the 9 provinces in South Africa have reported rates ranging between 27 to 282 per 1000 of the population. Global meta-analyses and systematic reviews indicate that the country has the highest reported FASD rate in the world. No FASD studies have been done in the remaining 5 provinces, therefore the extent of the problem in these areas and the FASD rate for the country are still unknown. In a developing country with limited resource, it is essential to collect empirical data as this can be used to guide government on policy formulation, resource allocation (especially to high-risk areas) and to lobby for appropriate services.

FASD is a complex condition with multi-factoral causes, closely linked to historical, psycho-social, economical and a multitude of other determinants. In order to plan and implement effective awareness and prevention programmes, there needs to be an understanding of the core drivers of the condition. Research focussing on these aspects not only highlights the causative factors, but also identifies the needs of community members and makes recommendations for appropriate interventions. Existing services, delivered by government and civil society, need to be adapted to take on these responsibilities, but can only do so if clear guidelines, derived from empirical research findings, are provided. By developing evidence based models for implementation examples for practical implementation can be provided (such as the Healthy Mother Healthy Baby Programme).

Limited knowledge and expertise regarding FASD lead to underdiagnosis and reporting. Research results and findings have led to the development of training courses whereby health practitioners, social workers, psychologists and educators receive not only information on FASD, but also on the prevention and management of the condition.

Since the condition is caused by prenatal alcohol exposure, stigmatization of mothers of individuals with FASD is a reality. Health promotion on the risks pertaining to alcohol use, especially by women of childbearing age and their partners, is essential to raise the awareness, encourage help-seeking behaviour and to reduce the number of alcohol exposed pregnancies. By using research findings, more appropriate and relevant health promotion messages and campaigns can be developed. Research studies focussing on the reasons for prenatal alcohol use, identified the important influence of part-

ners, family and friends on pregnant women's behaviour and decision making processes. Using this information does not only improve health promotion interventions, but also strengthens support to pregnant women and their families and it lessens stigma.

People affected by FASD face a myriad of challenges through life. Many of these problems still need to be identified and properly described. Diagnostic tools are refined through research which will lead to improved diagnosis, appropriate recommendations and improved management, service delivery and support.

All of the above-mentioned research results and recommendations are already used to lobby for increase acknowledgement of the condition, development and/or adaption of policies and service delivery models, training of professionals and ultimately the allocation of appropriate resources to combat and address this preventable condition.