

Fetal alcohol spectrum disorders in South Africa

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Propositions accompanying the dissertation

Fetal Alcohol Spectrum Disorders *A 20-year journey*

Leana Olivier

December, 12th, 2017

1. The published Fetal Alcohol Spectrum Disorders (FASD) rates in South Africa are minimum rates as FASD prevalence studies identify mainly Fetal Alcohol Syndrome (FAS) (*this thesis*).
2. Further FASD prevalence studies, especially in the remaining 5 of the 9 provinces, are needed to get the country closer to a national rate as this will facilitate improved service delivery (*this thesis*).
3. Pregnant women face a myriad of challenges which lead to high levels of alcohol consumption during pregnancy (*this thesis*).
4. Receiving a diagnosis of FASD in South Africa might not be in the best interest of the child (*this thesis*).
5. Health promotion messages, targeting specific risk groups, could increase stigma.
6. An intervention that appears theoretically sound, does not necessarily translates into an effective intervention.
7. Brief interventions, such as the 'Healthy Mother Healthy Baby Programme' is a cost effective approach.
8. In a resource constrained country Public Health priorities identification remains a challenging process.
9. It needs a village to raise a child (*African proverb*).
10. Don't judge my story by the chapter you walked in on.