



UNIVERSITY of the
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**POLICY MAKERS' PERSPECTIVES ON THE
PREVENTION AND MANAGEMENT OF FETAL
ALCOHOL SPECTRUM DISORDERS IN SOUTH AFRICA**

Babatope O. Adebisi, Ferdinand C. Mukumbang, Anna-Marie Beytell

BACKGROUND

- In South Africa, the national prevalence of FASD ranges from **29 to 290 (111 on average)** per 1 000 live births representing the **highest prevalence** globally
- In the Western Cape province, the prevalence of FASD is estimated to be **170 to 233** per 1,000 among grade one pupils.
- The Western Cape province bears the brunt of FASD owing to the historical practice in which farm workers were paid with alcohol – ‘Dop’ system.

LIFESTYLE 04/09/2017 06:09 SAST | Updated 04/09/2017 06:10 SAST

Fetal Alcohol Syndrome Is A Real Crisis In South Africa, Deserving Of Urgent Attention

It's a permanently crippling but totally preventable condition.

By Zongile Nhlapo



ANDREW HITCHSON VIA GETTY IMAGES

A young baby suffering from Fetal Alcohol Syndrome in the arms of a child minder.

The latest global statistics on Fetal Alcohol Spectrum Disorders' (FASD) prevalence in South Africa should be a warning call to local authorities to urgently act on the condition, caution researchers. Out of 187 countries, a [study found](#) that South Africa has the highest prevalence rate of FASD, at 111 per 1,000 people.

FASD is an umbrella term used for a group of permanent, life-long and irreversible conditions caused by the effects of alcohol on a foetus. Fetal

HEALTH & SEX

SA has world's highest rate of foetal alcohol spectrum disorder

29 August 2017 - 16:55

BY NICO GOUS



A pregnant woman drinking and smoking. File photo.

Image: Gallo Images/ iStock

South Africa has the highest prevalence of foetal alcohol spectrum disorder (FASD) in the world which is more than 14 times the global average.

BACKGROUND

FASD in South Africa – a public health problem

14 Feb, 2018 in Article by DuarteVitalBrito

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"The world's highest reported rates of Fetal Alcohol Spectrum Disorder (FASD) are found in South Africa"¹.

This was what I came across when I was conducting a literature review for my work. In my work, we focus on the prenatal alcohol and/or drug exposure in the Finnish population, but inspired by the literature, I wanted to look at the topic in a different, yet interesting context, South Africa. Why is the prevalence of FASD in this country highest in the world, and are there any preventive strategies available to tackle the problem?

The term Fetal Alcohol Spectrum Disorder (FASD) is used to describe a broad spectrum of disabilities that result from prenatal alcohol exposure². It is viewed as an umbrella term to encompass other diagnostic categories including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), fetal alcohol birth defects (FABD) and alcohol-related

Foetal Alcohol Syndrome highest in SA - report

2016-05-28 08:37

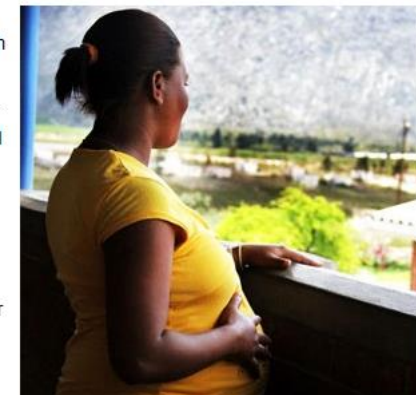
ALJAZEERA

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Saldanha Bay - On a weekday afternoon, the waiting room at Saldanha Clinic is filled mostly with women.

When 7-year-old Michelle Daniels* enters with her mother, a few stare. She has facial features typical of a child with **Foetal Alcohol Syndrome (FAS)** - small eyes, flattened cheeks, a short nose and a smooth philtrum above a thin upper lip.

It isn't uncommon to see children like Michelle in the area. **The Foundation For Alcohol Related Research (FARR)** recently concluded a three-year study in the Saldanha Bay Municipality, which includes five small seaside towns on the West Coast.





PROBLEM

Despite the **persistent rise in prevalence of FASD**, the services associated with the treatment and management of **FASD remain fragmented** across relevant departments with **little coordination** between them.

OVERARCHING GOAL

Open Access

Protocol

BMJ Open A modified Delphi study towards developing a guideline to inform policy on fetal alcohol spectrum disorders in South Africa: a study protocol

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Anna-Marie Beytell²

To cite: Adebisi BO,
Mukumbang FC, Okop KJ, *et al.*

ABSTRACT

Introduction Maternal alcohol consumption during

Strengths and limitations of this study

PHASE ONE

PHASE I: INFORMATION GLEANING

Exploratory approaches will be employed to gather relevant information for the development of a prototype FASD guidelines

Document review of policies on FASDs globally and in South Africa

Systematic review of prevention and management interventions for FASD globally and in South Africa

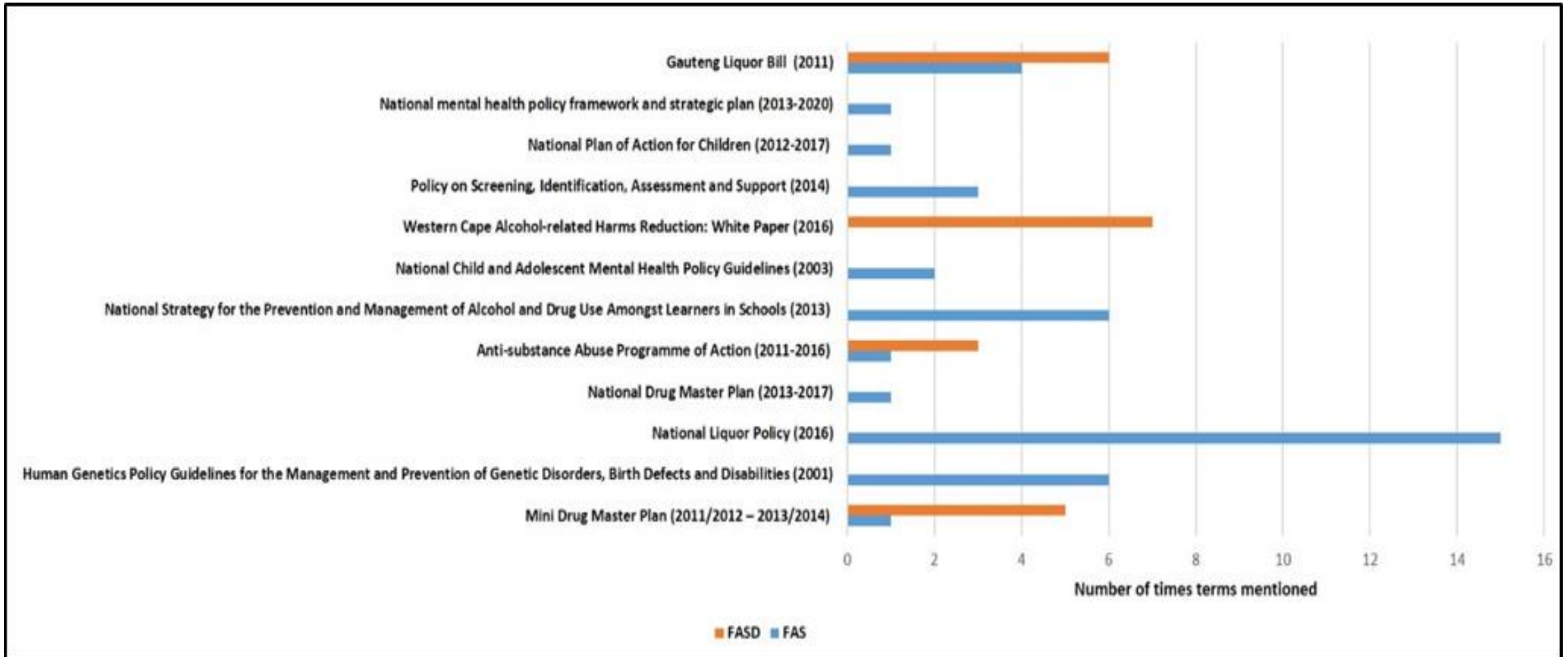
Two exploratory qualitative studies with relevant stakeholders (policy-makers and service providers) in South Africa

PHASE II: PROTOTYPE DEVELOPMENT

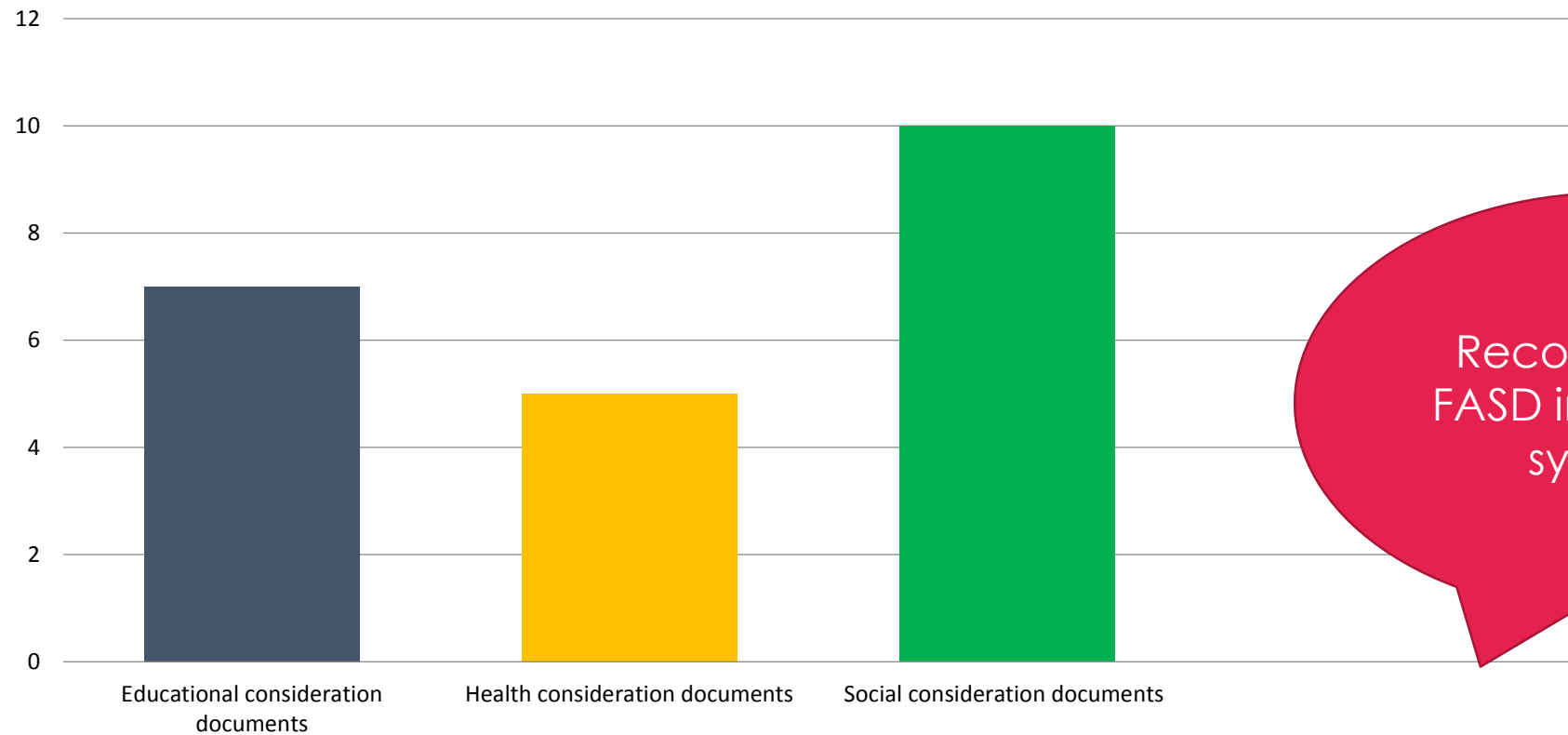
Information obtained from these three sources will be used to formulate a prototype guideline document



DOCUMENTS ADDRESSING FASD



ASPECTS OF FASD ADDRESSED IN SA



Recognition of FASD in the legal system?

STUDY AIM

Adebiyi et al. *BMC Public Health* (2018) 18:1238
<https://doi.org/10.1186/s12889-018-6126-x>



BMC Public Health

RESEARCH ARTICLE

Open Access

Exploring service providers' perspectives on the prevention and management of fetal alcohol spectrum disorders in South Africa: a qualitative study

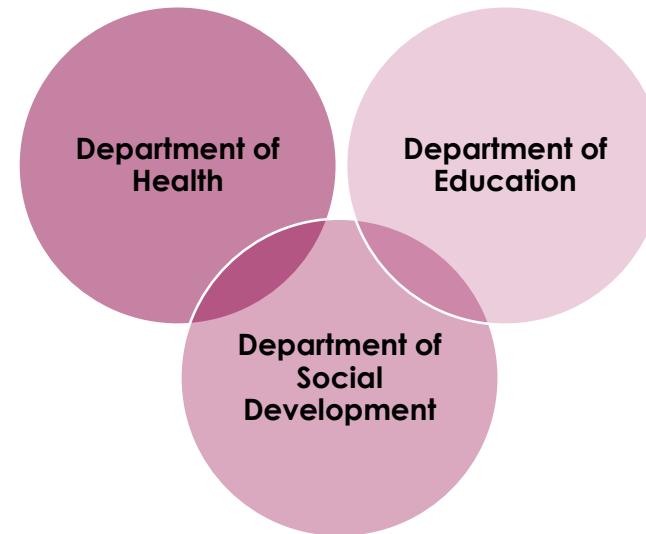


Babatope O. Adebiyi^{1*} , Ferdinand C. Mukumbang¹ , Lizahn G. Cloete³ and Anna-Marie Beytell²

To explore the **perspectives of policymakers** on the **prevention** and **management of FASD** in South Africa

METHODS

- An exploratory **qualitative design** was employed
- **15 participants** from three departments



- **In-depth interviews** conducted policy makers lasting between 30 minutes. The interviews were conducted in English between September 2016 and September 2017.
- The data were analysed using the **Framework Method**. A working analytical framework was developed. Data were charted into the framework matrix.

RESULTS

Four categories emerged

- **Availability (Lack)** of guidelines/policies on FASD,
- **Development** of a guideline/policy document,
- Current **practices and available** FASD interventions and
- Identified policy **requirements** for FASD

RESULTS

These include **availability (Lack)** of guidelines/policies on FASD,

No Specific Policy

“We do not have a guideline per se because of FASD. We [at DSD] fund non-profit organisations [NPO] to render services. In our [DSD] annual performance plans, we [at DSD] have indicators as to what we need to achieve as a department”.
(Department of social development)

Clauses in other documents

In maternal health, as part of antenatal care, we [at DOH] follow the National maternity care guideline and it speaks to the first antenatal booking. There is history taking that we [at DOH] must do and the part of that history taking speaks to alcohol use as well.

(Department of Health)

RESULTS

Development of a guideline/policy document

Separate Policy should be developed

“I would really advocate for a separate policy, separate attention given to FASD due to the severity of the problem. Because it is a severe problem in the Western Cape and if you look at communities, people are in higher need of a specialised service when it comes to FASD”

(Department of Social Development).

Challenges with separate policy

“I am not sure if that [separate policy for FASD] is necessary either because in terms of the inclusive policies that child should be identified as having a barrier to learning. Therefore, if you want a policy on that [FASD], it will cost the management. I think maybe there is a need to have a module on how to deal with FASD children because they are going [to] be in the classroom”

(Department of Education)

RESULTS

Current practices and **available** FASD intervention

Prevention-related practices

“So, it is basically just general awareness and prevention services when it comes to FASD. It’s alcohol and drug abuse awareness programmes. And alcohol and substance abuse or drug abuse have been identified as a special programme under social development”.

(Department of Social Development)

Management-related practices

“FASD is more addressed at the local levels, at a service delivery level. The actual services that are rendered to the people affected by FASD are included in the generic social work services at grass root levels in the local offices of the Social Development.

(Department of Social Development)

RESULTS

Identified policy requirements for FASD

Prevention- related requirements

“We need remedial interventions early on. This might also assist....screen pregnant women and helping other people with intervention”

(Department of Health)

Management -related requirements

“Earlier identification and screening for everybody; not just FASD children, all disabilities. What I am saying is the department of health should pick it up in the early years when they are doing the developmental screening.”

(Department of Education).

CONCLUSION

- There is **no specific policy** addressing the problem of FASD in South Africa
- The **lack of coordinated efforts**, comprehensive and evidence-based approach to prevention and management of FASD.
- There is the need for a policy **to ensure a coordinated and holistic effort** for the prevention and management of FASD.



WAY FORWARD

- Developing a guideline to inform the design of an FASD policy
- Dissemination of the policy guideline to the various relevant department departments to start the discussions



Thank
you!