



# Prevention of Fetal Alcohol Syndrome

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# Outline

What is FAS?  
Summary of risk factors for alcohol exposed pregnancy

1. Individual woman
2. Alcohol availability
3. Environmental

Public health concepts & approach  
Women's health handbook  
Current FAS prevention project  
Sector specific strategies



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# Background

FASD – fetal alcohol spectrum disorder

**FAS – fetal alcohol syndrome**

**ARBD – alcohol related birth defects or disorders**

**ARND – alcohol related neuro-developmental disorders**

FAS is the most common cause of birth defects and is totally preventable (WHO)

No agreed levels of alcohol that cause damage, but most damage done in 1<sup>st</sup> & 3<sup>rd</sup> trimester of pregnancy



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# FASD impairments

Intellectual  
Behavioural  
Physical growth  
Facial features  
Organ anomalies



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## FASD secondary disabilities

Rebellious behaviour  
Poor educational and  
Mental health problems  
Substance abuse and  
Poor relationships

In adolescence  
skill levels  
criminal activity



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## Prevalence of FAS

FAS levels in South Africa are among the highest ever recorded internationally.

- In research conducted in an area of W Cape, the prevalence of FAS among Grade 1 students was found to be **46/1000** in 1997, **74/1000** in 1999 and **71-88/1000** in 2002/3 (May et al., 2000; Viljoen et al. 2005,)

### Similar research conducted in 2001:

- Gauteng Province – **18/1000**
- De Aar (N Cape) – **103/1000**
- Uptington (N Cape) – **75/1000**



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## FAS: tip of the iceberg or nose of the hippo!



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## Maternal risk factors - SA

Based on research studies (Coxford & Viljoen, 1998; May et al. 2000)

- Socio-demographic
  - Lower socio-economic level
  - Exposure to dop-system and its legacy
  - Rural residence and/or working on farms
  - Lower educational level
  - Small in stature, BMI and head circumference
  - Co-habiting
  - Heavy drinking by partner and / or family
- Lifestyle factors
  - Weekend binge drinking (beer mainly) and length of time as a drinker
  - Smoking (rolling own cigarette common)
  - Heavy drinking partner
  - Many life problems
  - Lower religiosity



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## Environment

Sub-culture accepts women drinking ++  
 Peer group pressure  
 Partner who abuses alcohol  
 Historical – receipt of alcohol as payment (dop system)  
 Poor recreational alternatives to drinking  
 Poor screening for alcohol problems and support by health & social services  
 Inaccessible & inappropriate in- and outpatient rehabilitation for alcohol dependence  
 Stigma for women with alcohol problem



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## Alcohol availability

Alcohol readily available  
 Attractive taste – ciders, cider, liqueur, beer  
 Relatively cheap, especially poor quality ones  
 Packaged and sold in large containers  
 Marketing and image of sophisticated young women  
 Viable small business, often by women



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## Pattern of drinking

Home based with friends and relatives  
 Weekend binge drinking  
 Habit of drinking until passing out or alcohol is finished  
 Per person quantity not easily measured – shared glass or cup



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## Alcohol treatment services

Rehabilitation services are governed by Social Dev and not Health Dept.  
 Very few in-patient and out-patient services accessible & appropriate for poor women. (Cost, location, mode of programme)  
 Treatment tends to focus on drug abuse, although alcohol is still primary substance of abuse  
 Poor follow-up & support after treatment  
 None willing to take pregnant women  
 Non-government community based services have very few female patients in counseling

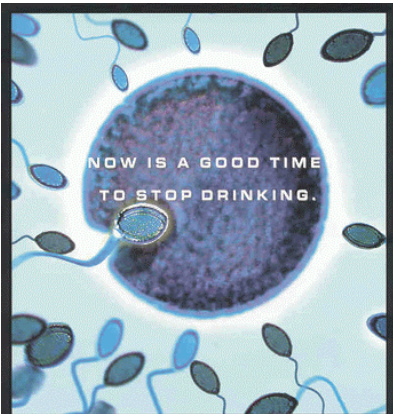


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## Prevention?




Did you know Minnesota women of childbearing age drink more frequently than women in nearly every other state? If you're a woman who's drinking and pregnant, you're increasing the chance that your baby will be born with alcohol-related birth defects – such as mental retardation, delayed development or lifelong behavioral disorders. Remember, one drink is one too many. Call 1-800-728-5420 for more information.

DON'T TAKE THE RISK. DON'T TAKE THE DRINK.




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## Approach to prevention

\*because maternal risk for FASD involves an interaction of biological, familial, historical, social, and psychological factors, research and prevention for are interdisciplinary\*  
(Davis, 1994, May, 1996)

**Key aspects to prevent FAS:**  
unplanned pregnancies and drinking in pregnancy




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## Health Promotion Framework (based on Ottawa Charter, 1986)

FIVE ACTION AREAS

- 1 Health promoting **policies**
- 2 Supportive **environment** for health
- 3 Community **action** for health (process)
- 4 Individual **skills** to make healthy choices
- 5 Reorienting **services** – multi-sectoral



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## Targeting of interventions and policies

Universal – community wide  
Selected – specific at risk group  
Indicated – specific high risk individuals

Policies need to be developed  
after strategies have been tested in various settings, with local communities!!




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## Health Sector

- Universal alcohol screening at PHC level, and integrate with VCT counselling
- Use of brief motivational interviewing in counselling for alcohol problems and consistent use of contraceptives
- Referrals and follow-up for 'at risk' and 'dependent women', and suspected FASD cases
- Routine statistics to monitor alcohol related health problems
- Record keeping to improve continuum of care for moderate & high risk women
- Closer co-operation with other health services, NGOs and rehabilitation services



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## Women's health handbook

Rationale:

- Women have poor understanding of and control over aspects of lifestyle, fertility, and health in pregnancy.
- Women book late & don't attend all ANC visits
- Women who smoke & drink in pregnancy do not receive effective support to reduce habits
- Poor record keeping in health service making reproductive history inaccessible, & poor identification & management of high risk women



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## Potential benefits of handbook

- Improve relationship between service providers and women, identification of high risk women, and continuity of care
- Provide accessible info to women on farms:
  - To increase general sense of control by women over their health, and utilisation of health & social services
  - To increase knowledge and commitment to healthier lifestyles
  - To promote a more positive sense of themselves and their family



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## Results of Phase II - Design



Size A5, with pocket to fit other health cards  
 32 pages, in Afrikaans & English  
 Use pictures and plain language  
 Attractive enough to be valued  
 Laminated / plastic cover for durability




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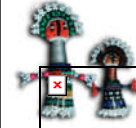


## Personal & medical record

- Demographic details
- Photo of self
- Medical -chronic conditions, operations
- Family planning
- Investigations, e.g. PAP smears, VCT
- Previous births & outcome




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## Interactive record

- Menstrual cycle calendar
- Checklist of education given in each pregnancy
- Birth plan
- Smoking and drinking - brief motivational interviewing notes/ contract




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## Health in Pregnancy

- Substance use in pregnancy
- Antenatal clinic
  - Regularity, tests & supplements
- Danger signs in pregnancy
- Breastfeeding & newborn care
- Social grants & eligibility




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## Local resources

- Details of local clinic, MOU, hospital
- Social services office
- Rape crisis etc
- Legal aid & advice office
- Substance abuse support organisations



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## Conclusions on Woman's Handbook

Great potential as educational and counseling tool  
 Health provider needs to play active role for maximum benefit  
 Most applicable as reference for health promoters  
 Can assist in educating harmful habits in pregnancy  
 Affordable publication about @Research for printing  
 Content include info on all issues relevant to women  
 Further evaluation needed over longer period, covering more issues  
 Should be tested with teenage girls as general health education handbook



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## Current research project

"Comprehensive FAS prevention programme in Western Cape & Eastern Provinces"  
 Collaboration between UP, MRC, UCT and HRC, funded by CDC, Atlanta  
 Participatory, multi-level project to design a model of interventions to prevent FAS  
 Over 3 years, currently busy with 1<sup>st</sup> year  
 Formative, intervention and evaluation stages  
 Rural and urban sites



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## Aim of 3 year intervention study

To develop a comprehensive FAS prevention programme model that has aspects relevant to rural and urban areas of South Africa



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## Process & possible benefits

Reference group in both sites  
 Community advisory board in both sites  
 Results of evaluation of interventions and processes will inform policy development, and provide new tools for prevention, especially in health and social sectors.

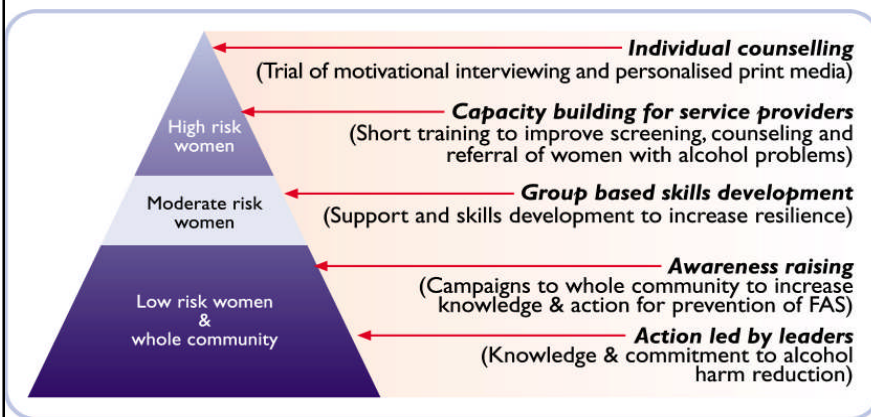


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## Intervention objectives – stage 2

Develop and implement a multi-level intervention programme & monitoring system based on the findings of Stage 1, and recognised methods.



### What do you think can be done to prevent FAS in other sectors?

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## Liquor industry

Liquor control & responsibility of sellers

- Local restrictions on hours and numbers of drinks, no happy hour or 'free for women'
- 'Sensible drinking' information at point of sale to influence use of liquor in shebeens, pubs, homes & parks.
- Training of sellers in not selling to pregnant women
- General adherence to responsible drinking principles

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## Labour sector

Employee assistance programmes (EAP) – identify and support women with alcohol and mental health problems

Provide better maternity leave and security of employment

Stricter enforcement of no dop system, or any other free alcohol related to work

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## Arts & Culture

- Involvement of women, especially marginalized ones, in creative arts and recreational activities
- Protection of cultural practices that respect women and girls
- Promotion of local entertainment opportunities as an alternative to drinking



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## Education sector

- Promotion of education for all, especially women
- Inclusion of FAS prevention messages in life orientation classes and ABET classes
- Introduction of "Health Promoting Schools" and implementation of drug policy
- Capacity building of educators to better detect FASD lesions and adapt teaching accordingly + family support
- Promotion of sport and other activities beyond school



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## Social development

- Life skills training for at risk women
- Active recruitment of women with alcohol problems into outpatient rehab
- Adaptation of inpatient programmes to better suit women, and develop local 'pregnancy protection houses'
- Make use of court order to commit women who are high risk for FASD
- Follow-up & support post-rehab



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## Mass media

- Consistent information and messages to prevent harmful drinking
- Reduction of stigma of women needing counselling/ rehab for alcohol problems
- Banning of alcohol advertising and sports sponsorship
- Promotion of responsible drinking images and behaviour in local film



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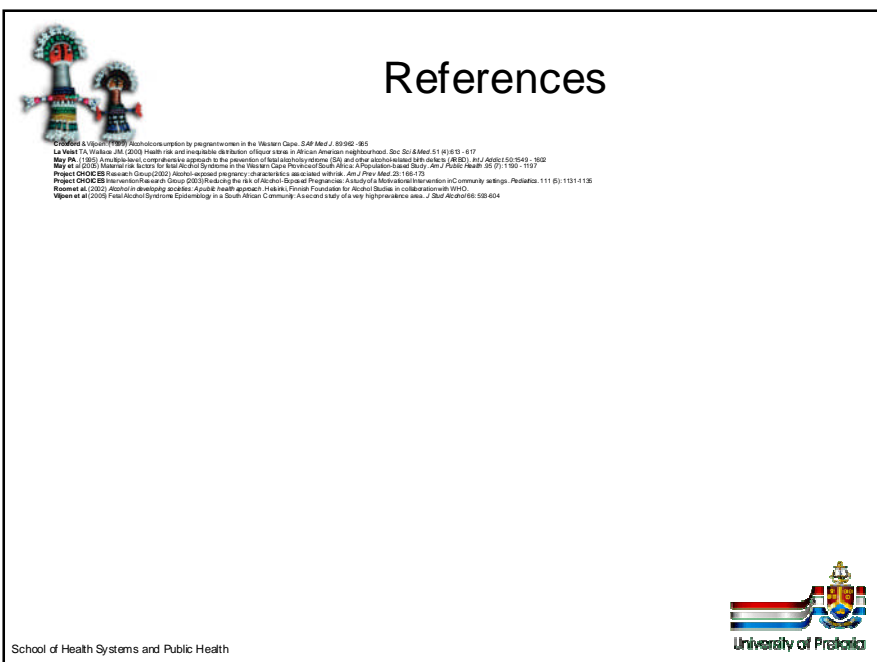
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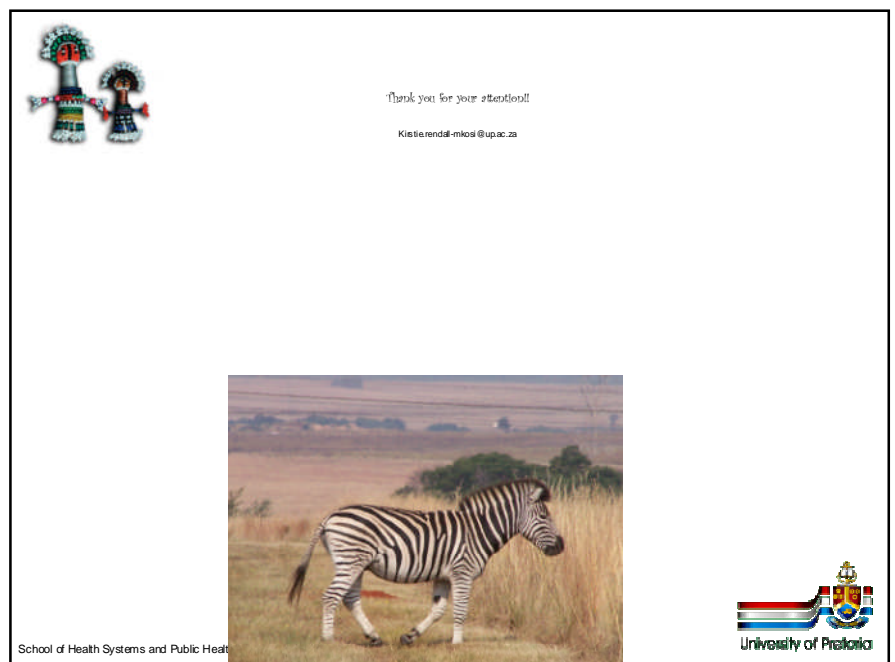
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