

## Introduction

The highest Fetal Alcohol Spectrum Disorder (FASD) prevalence rates in the world (27- 282/1000) have been reported during 16 FASD community prevalence studies (Olivier, 2017; Popova et al., 2017). Little is known about the lifelong impact of FASD on the affected individuals and families. This poster reports on a study conducted among adults 15 years after their initial diagnoses at 6 – 8 years of age.

## Method

In 2002 – 2003, 450 Grade One Learners (6 – 8 years) participated in a FAS Prevalence Study, 53 were diagnosed with FAS using adapted Institute of Medicine criteria (Hoyme et al., 2016). Sixty Learners were recruited as Controls, 113 Parents/Caregivers were interviewed. In the 2017 Adult Study 23 (43%) Participants (FAS-diagnoses) and 25 (47%) of their Parents/Caregivers were found and recruited. Of the Controls 29 (48%), and 31 (51%) of their Parents/Caregivers were recruited. Trained interviewers used structured questionnaires in individual sessions with counselling afterwards. The focus was on the lifelong psycho-social and health effects of FAS on those affected and their families. The researchers were blinded to the previous diagnoses in the Prevalence Study.

Map of South Africa indicating FARR's Project Offices



## Results

Preliminary findings show that differences between the Participants (FAS diagnosed) and the Controls were related to education with the Participants regularly missing school (39%) and none completing matric, compared to 10% of the Controls missing school and 55% achieving Matric. 43% of the Participants have been stabbed or shot, versus 7% of Controls. Current alcohol use was lower amongst the Participants (48%) than with the Controls (66%), but 70% Participants used tobacco compared to 48% of the Controls. None of the Controls reported having stabbed or shot someone, with 22% Participants having had this experience. Sleeping problems were more prevalent amongst the Participants (26%), versus the Controls (10%). The unemployment rate was high amongst the Participants (65%) and the Controls (55%). Only 4% of the Participants received Care Dependency Grants.

## Discussion

The most significant differences between the Participants (FAS diagnosed) and the Controls were related to education with the Participants regularly missing school (39%) and none completing matric, compared to 10% of the Controls missing school and 55% achieving Matric. 43% of the Participants have been stabbed or shot, versus 7% of Controls. Current alcohol use was lower amongst the Participants (48%) than with the Controls (66%), but 70% Participants used tobacco compared to 48% of the Controls. None of the Controls reported having stabbed or shot someone, with 22% Participants having had this experience. Sleeping problems were more prevalent amongst the Participants (26%), versus the Controls (10%). The unemployment rate was high amongst the Participants (65%) and the Controls (55%). Only 4% of the Participants received Care Dependency Grants.

## Conclusion

Psycho-social, educational and health outcomes are affected by a multitude of personal and environmental factors, one being prenatal alcohol use and FASD. To optimally manage the primary challenges related to FASD, parental guidance and support is needed. Children with FASD also needs specialized educational and social support to enable them to reach their full potential. A multi-disciplinary approach, with the involvement of the family is essential to secure better futures.

## References:

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