

Rising incidence of Fetal Alcohol Syndrome in South Africa

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28 August 2012

Fetal Alcohol Spectrum Disorder (FASD) describes a range of permanent birth defects caused by the maternal intake of alcohol. The term Fetal Alcohol Syndrome (FAS) is applied to children at the severe end of the spectrum. South Africa's Western Cape and Northern Cape Provinces have the highest FAS prevalence in the world.

Children afflicted by FAS are usually underweight and of short stature. They are characterised by microcephaly (a small head circumference) and a range of facial and other physical abnormalities, including small and wide-set eyes, pronounced epicanthic folds, low nasal bridges, flat philtrums and thin upper lips. Kidney and heart defects may also be present. Children also exhibit mild to moderate mental retardation and a range of behavioural problems.

Alcohol and its metabolite acetaldehyde are acknowledged tissue toxins that interfere directly with cellular growth and metabolism. It is carried to all tissues in the human body, including the placenta.

Alcohol can cross the placental membrane and is carried directly to the developing tissues of the fetus. Permanent brain damage may result.

The World Health Organisation has revealed that FAS is the leading cause of mental retardation in a number of countries, including South Africa. Denis Viljoen, a founder of the non-governmental organisation the Foundation for Alcohol Related Research (FARR), states, "Fetal alcohol spectrum disorder is the most common birth defect in South Africa, by far more common than Down syndrome and neural-tube defects combined".

FAS is irreversible and treatment is focused on

managing the lifelong disabilities that include learning difficulties, behavioural problems, retarded development of language, cognitive and motor skills, impaired memory and attention deficit problems.

FARR reported an increase in the prevalence of FAS in school-aged children in the Wellington area of the Western Cape. Between 1997 and 2001, the rate of FAS increased from 4.8 percent to 8.8 percent—almost double. Worldwide, the FAS rate is estimated to be 0.97 births out of 1,000 (0.0097 percent).

A 2008 study published in the *South African Medical Journal* focused on two towns in the Northern Cape, De Aar, a predominantly sheep farming area and Upington, the location of a large viticulture industry. The findings were alarming.

According to the study, 66 percent of children were underweight, 48.3 percent were classified as "stunted" and 42.7 percent were of low weight-for-height. In De Aar, the FAS prevalence was 119.4 out of 1,000 children, and in Upington, the prevalence was 74.7 out of 1,000 children. The researchers noted that there was a high incidence of microcephaly in children not diagnosed with FAS (11 percent), perhaps due to other known causes of poor brain growth such as malnutrition. The report states, "There was such a high rate of growth retardation in the study population that we feel that most cases resulted from malnutrition rather than FAS."

Although not explicitly mentioned, the study points to extreme poverty and social deprivation common to millions of those living in South Africa's rural areas.

In 2012, a 30 percent decrease of the FAS prevalence

in De Aar was reported, bringing the rate down to 85 out of 1,000 children. Nevertheless, this is still astonishingly high.

Nationally, the FAS rate is estimated to be 14 out of 1,000 births. FARR estimates that there are 1 million FAS people in the population, plus another 5 million alcohol-damaged individuals. This means that there are 6 million people that are mentally and physically disabled by the effects of alcohol.

Historically, the consumption of large amounts of alcohol is associated with the *dop* system, whereby farm labourers were paid part of their wages in cheap wine. This system stretches back to the beginnings of colonial agriculture in South Africa. Colonial farmers were assured of a compliant and completely dependent labour force by means of the *dop* system. The foundation of capitalist agriculture in the Western Cape, which relied upon the harsh exploitation of black labour, is inextricably intertwined with the *dop* system. The *American Journal of Public Health* notes that in the Western Cape farmers “institutionalised alcohol as a condition of service.” Moreover, “it is still apparent today that alcohol is a favored, valued and expected commodity among many of the local population workers, who receive low pay and who live in very humble circumstances”.

In the 1920s, the *dop* system was outlawed but continued to be widely practiced until 1994, when concerted efforts were made to eradicate it. Nevertheless, it still continues in a few isolated pockets. The *dop* system is responsible for the entrenched pattern of binge drinking common to working class areas in the Western Cape.

The continued prevalence of alcoholism and binge drinking has roots in the social conditions of the working class in the Western Cape, particularly women in rural areas. Women constitute approximately 30 percent of the labour force and are two to three times more likely than men to be employed as casual labourers. More than two thirds of farm worker families earn an income of less than R800 (US\$100) per month.

According to the *American Journal of Public Health*, “It has been found that mothers of FAS children in the

region come from families with a history of generations of alcohol abuse and heavy drinking.”

The lives of farm labourers are precarious and insecure. Often remote and isolated, such workers depend almost completely on the farm owner. Under these semi-feudal conditions, the children of farm workers tend to become farm workers themselves. For FAS children in rural areas, there are very few facilities that attend to their needs. Future employment means performing the most menial tasks on farms.

The consumption of alcohol is a way of coping with appalling social conditions and grinding poverty. Alcohol numbs the pain of dealing with a situation from which there seems to be no escape. The eradication of FAS requires a far-reaching restructuring of social and property relations in South Africa’s rural areas on the basis of a socialist programme.



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