Introduction.

Foetal alcohol spectrum disorder (FASD), as a type of intellectual disability, is an umbrella term used to describe the range of defects that are associated with alcohol consumption during pregnancy (Urban, Stewart, Ruppelt & Geerts, 2008). In 2016, the total FASD affect was estimated at 182–259 per 1000 children or 18–26% for the Western Cape. Behnke & Smith (2013) suggest that prenatal alcohol exposure could lead to an interruption of foetal development, in particular brain development. Depending of the timing prenatal alcohol exposure could result in neurobehavioral dysfunction, growth deficiency and dysmorphosis later in life (May et. al., 2016). Specific effects depend upon timing of in-utero alcohol exposure, pattern and the extent of alcohol exposure. Prevention of prenatal alcohol exposure as the focus of preventive efforts is therefore key. Besides the individual choice to abstain from alcohol during pregnancy, Olivier, Urban, Chersich, Temmerman and Viljoen (2013) suggest that environmental and low socio-economic factors directly have an impact on the drinking habits of pregnant woman in a rural community. Cloete (2012) identified excessive alcohol use among women who live in marginalised, rural communities as a type of drinking pattern that was historically imposed on indigenous populations in the Western Cape.

A social justice and equity perspective on health and well-being (Wilcock, 2001) provides a theoretical framework for exploring the underlying risk factors that influence health of vulnerable populations. Within the context of South Africa, the impact of historical political exclusion and economic disempowerment is still evident in the poor health outcomes of indigenous groups in South Africa (Mayosi et al., 2009). A number of indigenous communities within the Western Cape, Northern Cape and Eastern Cape of South Africa present with excessive drinking of alcohol coupled with a number of socio-economic challenges. Women from marginalised, rural communities often do not have access to adequate health and support services before, during and after pregnancy. Access to standard

bio-medical interventions including hospitalization, detoxification, in-patient care and pharmacotherapy for alcohol dependence is limited or non-existent. (O'Malley, Robin, Levenson, GreyWolf, Chance, Hodgkinson, et al., 2008). In response to the high prevalence of FASDs in the country two non-governmental organisations started research and service delivery initiatives in the field of FASD prevention in the Western Cape. One of the organizations, based in a semi-rural area, implemented a mentorship program for women who use alcohol during pregnancy. The purpose of the mentorship programme is to provide psychosocial support with the goal of reducing or stopping alcohol use during pregnancy. Six of the nine participants in the study were recruited as mentors after completing the mentorship programme. The paper reports on a study that explore the capabilities of mentors as they continue to support other mentors and their mentees in their journey of recovery.

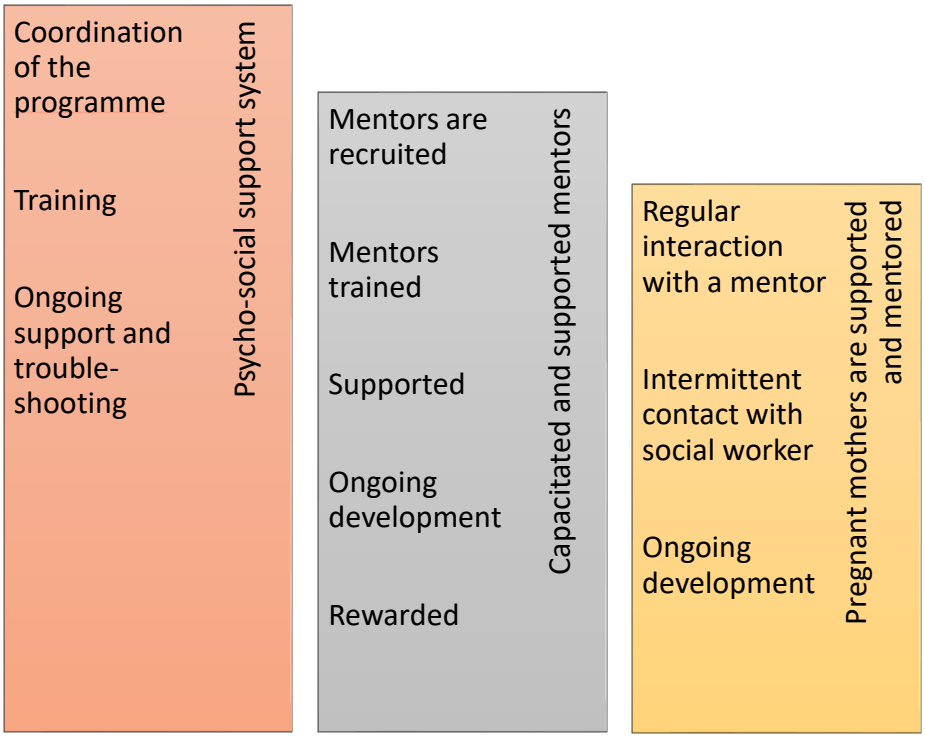
Mentorship Programme Framework

The mentorship programme provides support through mentoring, allows for individual interventions, peer support, childbirth preparation, prenatal health education, interpersonal violence prevention and early childhood intervention. Although the mentorship program training did not form part of the research project, the information below indicates the level of support mentees receive upon recruitment into the programme. Upon completion of the mentorship, programme mentees receive a certificate as well as access to an aftercare programme. Selected mentees who completed the programme are eligible to be recruited as mentors in the new cycle of training.

The objectives of the mentorship programme include:

- To enable a community of mentors to motivate and support pregnant women who are consuming alcohol to abstain completely from alcohol during pregnancy and during breastfeeding.

- To educate pregnant women on the effects of alcohol on their unborn children.
- To provide support to assist pregnant women with psychosocial challenges in their lives.
- To motivate male partners to support their pregnant wives/girlfriends to abstain from alcohol use/abuse and to be actively involved in their role as fathers.
- To explore the possibility of starting income generating projects i.e. vegetable gardens and nappy making projects.



The mentorship programme consists of three tiers:

Tier 1: Psychosocial support system

Communities in the focus area of the organization are characterised by poverty, gangsterism, free access to drugs and alcohol, widespread illegal trade of substances, an unemployment rate of 22.2 % (Statistics –SA, 2007), 53% of unwanted teenage pregnancies (Cooper et al, 2004)

and poor living conditions. A social worker as well as trained community care workers provide counselling and refers mentees to appropriate services. Training and ongoing support to mentors as well as pregnant mothers take place.

Tier 2: Capacitated and supported mentors

Apart from recruitment of mentors, this tier ensures that mentors are recruited, thoroughly screened and trained. When training is completed, regular follow-up sessions support the ongoing development of mentors in Tier 1.

Tier 3: Pregnant women are supported and empowered

Mentors recruit women and provide support and training throughout the pregnancy**.** Male mentors provide support the partners of the female mentees. Partners are also trained on the importance of supporting their female partners to abstain from alcohol use during and after pregnancy. In addition to the support provided by mentors, pregnant women also receive psychosocial support from the social worker.

Methods

Study design and setting

This study was done as a follow-up study as part of a larger FASD prevention research project (Cloete, 2012; Beukes, Boshoff, Maree and Matthee, 2015) a co-operative inquiry with qualitative features was used to engage participants as co-researchers. Participants were male and female mentors who were recruited from a local non-governmental organization in a rural community in the Western Cape. The research process consisted of an initial visit, data

collection and member checking of data. During the first visit background to the study was provided, introductions were done, logistics were discussed and consent forms were signed.

Participants and recruitment procedures

The non-governmental organization that focuses on FASD prevention provided a list of names of trained mentors who were part-time community workers in the mentorship programme. The mentorship programme consisted of four males and five females between the ages of 34 and 53 years. Four female and five male mentors were purposively selected to participate in the study based on the following criteria. Participants:

1. Had to have had a history of alcohol use and live in the community in which the mentorship programme was implemented at the time of the research.
2. Had to have had successfully completed mentorship training in the organization that recruited them.
3. Had to have had a minimum of grade 4 literacy.
4. Should have had a minimum of three months' experience of working within the mentorship programme.

The researchers collected data from all participants through individual semi-structured interviews of 60 minutes each. In addition, female mentors completed one baking activity in which they had to decorate the cake according to a personal value they deemed most important in the work that needs to done as a mentor. During a paper-based activity, participants were asked to write a capability or strength on a piece of paper and add to the basket as their contribution to preventing FASD. All participants completed a paper-based activity in which they filled an imaginary basket with capabilities. All nine participants participated in two focus group discussions. Focus group discussions and activity-based session were conducted in Afrikaans. The consent form included an agreement for audio recording the focus groups and note taking during activity based sessions. Audio-recordings

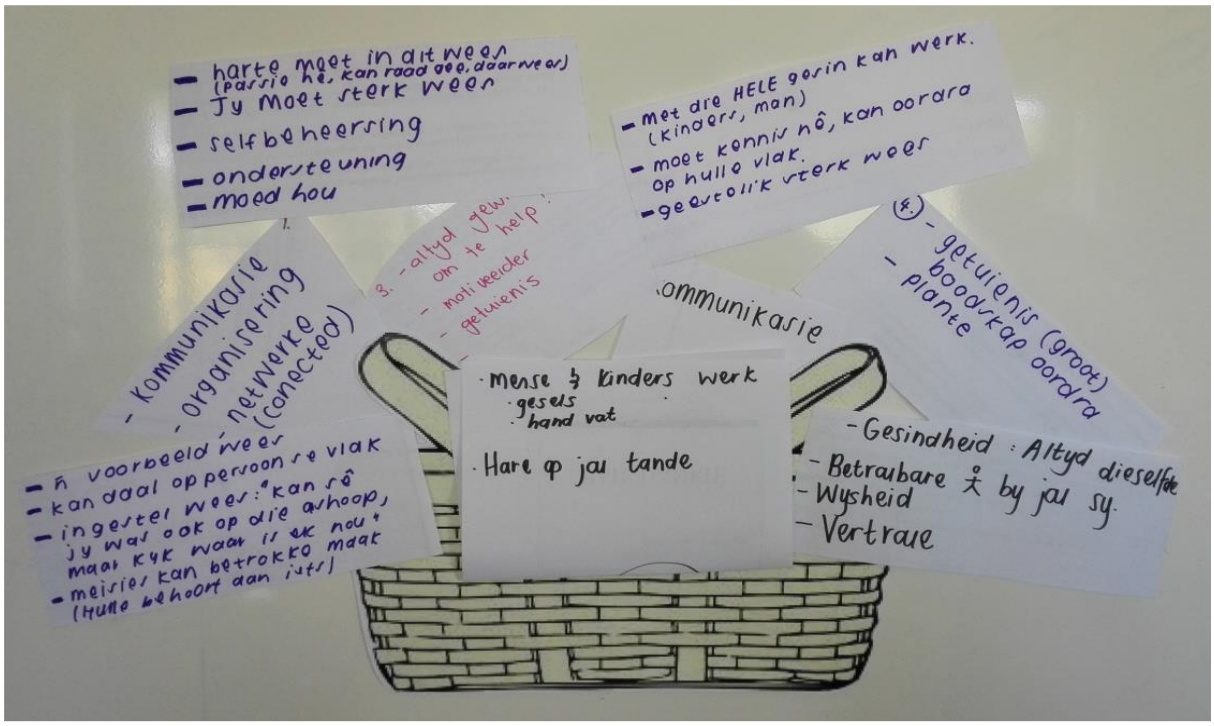
and notes were transcribed verbatim. All transcripts were translated into English before the analysis stage. The question for focus group was ‘What are the capabilities of the mentors in this group’? Inductive data analysis was done as the researchers firstly became familiar with the data by reading through and coding transcripts. During the researchers identified meaningful phrases that referred to the strengths, capabilities and assets of participants. During the second round of analysis researchers groups similar codes to form subcategories. The researchers repeated this procedure in subsequent rounds until categories and the themes were identified. After analysis member, checking was done to confirm the themes and categories.

Findings

Nineteen capabilities were identified during the paper-based activity (Fig. 1). Each capability was supported by more than one quote from different participants. Mentors modelled capabilities to mentees. Mentees aspired to become mentors. The mentorship programme offered a unique opportunity for mentees and mentors to share healing spaces.

The role of the mentors expanded due to the overwhelming needs in the community. The mentor’s role evolved into a multi-faceted relationship and broadened the network of their mentees. The mentorship prorgramme broadened mentors’ knowledge mentors on the harmful effects alcohol use during pregnancy has on the developing foetus. A combination of scientific facts and experiential knowledge enabled mentees to explore new capabilities.

Figure 1: Symbolic basket with capabilities of mentors



Transcribed and translated capabilities that mentors bring to the programme:

- ✓ You heart should be in the right place
- ✓ Self-control
- ✓ Ability to provide support
- ✓ Perseverance
- ✓ Ability to communicate
- ✓ Ability to organize and network - Ability to link mentees with resources
- ✓ Relate well to mentees and be a role model
- ✓ Ability to nurture a sense of belonging for mentees
- ✓ Willingness to help at all times
- ✓ Be motivated
- ✓ Be willing to share your own story with mentees
- ✓ Good interpersonal skills with people and children
- ✓ Resilience - You have to be strong
- ✓ Ability to work with the whole family
- ✓ Know the important facts and can share with mentees
- ✓ Spiritually strong
- ✓ Consistency in approach and attitude
- ✓ Wisdom
- ✓ Trust

Discussion

Taking an approach that allows mentors to reflect on their capabilities and abilities of women to suggest strategies that may enhance their overall health, wellbeing and development may facilitate advancement in addressing parental alcohol misuse. (Cloete, Duncan & Japftha, in press). Identifying and harnessing the capabilities of mentors creates opportunities for experiential expertise to become a significant source of change. Nussbaum (2000) grounds her 'central human capabilities' in human dignity, equal respect and other ethical values. Entwistle & Watt (2013) make an important contribution to the person-centred view of health care by reframing past thinking on the subject in terms of the capability approach. The capability approach employs a specific conception of what a person is (namely agents of their own capability development). Entwistle & Watt's definition of capabilities as opportunities to achieve different functioning and to do and be what the person values is based ono an individualistic approach to viewing the world. In simple terms capabilities are the descriptions people keep about themselves regarding why they are doing what they are doing, what their goals are and what their views are about their past. These are all components of on-going stories people maintain about how they see themselves as an individual, whether it be right or wrong. These personal identity capabilities can be actively pursued to achieve who they each think they individually are. They can also organize their larger capability development in terms of all the particular opportunities they pursue in life. For mentors who have previously been mentees in the same programme becoming sober therefore created new capabilities.

There are different capabilities, not only in an individual but also in an organization. However, some literature emphasizes organizational capabilities to ensure success as an individual. Sen (2009) described capability as a combination of choice and skill. Capabilities are therefore not only a skill, but also a choice of the variety of realizable ways of functioning to bring about that unity or inner harmony of ourselves with the world, how we chose to shape ourselves to live long and well. The mentors' recovery therefore speaks of the possibility of

recovery for mentees based on existing capabilities and the possibilities offered within the mentorship programme and among the mentors and mentees who share common challenges.

Conclusion

Training provided to mentors enabled them to deal with their own challenges and in turn created a space in which they could identify their own capabilities that they could contribute to the prevention of prenatal alcohol exposure in their role as mentor. Identifying capabilities within a group of mentees and mentors created the opportunity for expressing a different identity to that of the drinker identity. When taking a bio-medical, cognitive behavioural approach may be effective in resulting in behaviour change. However, lasting change in the mentees approach to personal challenges and reduction in alcohol intake and abstinence may be difficult to maintain. Mentorship at different tiers in the environment of women provides an alternative preventive approach that creates a supportive environment to women and their partners first may facilitate personal and social -healing (Cloete, Duncan & Jaftha -in press). Sustained change in drinking behaviours and responsible alcohol use should be by-products of healthy mothers, healthy families and healthy babies. Educating women and their partners on how to care for themselves first and indirectly care for their babies may lead to the reduction and prevention of alcohol use during pregnancy.

Limitations

Time for data collection was limited. Planning and research discussions were time consuming as co-operative inquire as methodology involve participants as co-researcher. The transferability of findings is limited as only six of the nine participants completed the mentorship program in the capacity of mentees. Future research on the effectiveness of the mentorship programme on a larger population is needed.

References

Behnke, M. & Smith, V.C. (2013). Prenatal substance abuse: short- and long-term effects on the exposed fetus. *Paediatrics,* 31(3), 1009-1024.

Beukes, M., Boshoff, A., Maree, M. & Matthee, J. 2015. Exploring existing capabilities of mentors in their role towards preventing FASD in a rural community. [Unpublished dissertation]. Stellenbosch University.

Cloete, L.G. (2012). Developing appropriate Fetal Alcohol Spectrum Disorder (FASD) prevention initiatives within a rural community in South Africa. [Unpublished dissertation]. Cape Town: University of Cape Town; 2012.

Cloete, L.G., Duncan, E.M. & Jaftha, B. (in press). Decolonising imposed occupation: a preventative strategy for Foetal Alcohol Spectrum Disorder.

Cooper, D., Morroni, C., Orner, P., Moodley, J., Harries, J., Cullingworth, L. & Hoffman M. (2004) Ten Years of Democracy in South Africa: Documenting Transformation in Reproductive Health Policy and Status. Reproductive Health Matters. 12(24):70–85.

Entwistle, V.A., Watt, I.S. (2013). Treating patients as persons: A capabilities approach to support delivery of person-centered care. *American Journal of Bioethics,*13(8):29-39.

Mayosi, B.M., Flisher,A.J., Lalloo, U.F., Sitas, F., Tollman, S.M. & Bradshaw, D. (2009). The burden of non-communicable diseases in South Africa. *Lancet*, 374, 934–47. http://dx.doi:10.1016/S0140-6736(09)61087-4

May, P.A., De Vries, M.M., Marais, A., Kalberg, W.O., Adnams,C.M., Hasken, J.M., Tabachnick, B., Robinson, L.K., Manning, M.A., Jones, K.L., Hoyme, D., Seedat, S., Parry, C.D.G. & Hoyme, H.E. (2016). The continuum of fetal alcohol spectrum disorders in four rural communities in South Africa: Prevalence and characteristics.

Drug and Alcohol Dependence, 159, 207-218. http://dx.doi.org/10.1016/j.drugalcdep.2015.12.023

Nussbaum, M.C. (2000). Women and Human Development: The Capabilities Approach. Cambridge, UK: Cambridge University Press.

Olivier, L., Urban, M., Chersich, M., Temmerman, M. & Viljoen, D. (2013). Burden of foetal alcohol syndrome in a rural West Coast area of South Africa. South African *Medical Journal*, 103(6):402-405.

O'Malley, S.S., Robin, R.W., Levenson, A.L., GreyWolf, I., Chance, L.E., Hodgkinson, C.A. et al. (2008). Naltrexone alone and with sertraline for the treatment of alcohol dependence in Alaska Natives and non-Natives residing in rural settings: A randomized controlled trial. *Alcoholism: Clinical & Experimental Research* ,32(7):1271–1283.

Sen A. (2009). The Idea of Justice. Cambridge, Massachusetts: Belknap Press.

Statistics South Africa, 2007. Community Survey. Available at https://www.westerncape.gov.za/assets/departments/treasury/dc02_cape_winelands_sep_profile_2012_01_12_12.pdf. Accessed on 9 January 2018.

Urban, M. Chersich, M.F., Fourie, L.A., Chetty, C., Olivier, L. & Viljoen, D. 2008. Fetal alcohol syndrome among grade 1 schoolchildren in Northern Cape Province: prevalence and risk factors. South African medical journal, 98(11):877-882.

Declarations of interest: none.

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