Research Report

THE EFFECTS OF FOETAL ALCOHOL SYNDROME (FAS) CHILDREN ON TEACHING AND LEARNING IN A RURAL SCHOOL IN SOUTH AFRICA

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An individual educational study submitted as partial fulfillment of the requirements for a Bachelor of Education degree at THE CENTRE FOR CREATIVE EDUCATION on the date of the 28th September 2009
Evidence of original work

Date: 28th September 2009

To whom it may concern

I, Charlotte Hoogenhout, state that the following dissertation is my own original work.

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As I have known since the start of my degree that I needed to do a dissertation on a specific chosen subject and I, over the years, began collecting information on Foetal Alcohol Syndrome (FAS). This was in the form of newspaper articles, attending seminars and watching programmes on television. After I decided that I would base my research specifically on how FAS children affect teaching and learning in a rural school, I started my in depth research. This included identifying schools in regions known for a high incidence of FAS cases, interviewing the teachers of those schools, recognising FAS children and undertaking case studies on them. My research plan was to find out what effect these children have on teachers and the teaching dynamics in a classroom.

My research findings have lead me to the conclusion that most teachers are not even aware of FAS, are unable to identify a FAS child in their classroom and are therefore unequipped to deal with these children. There is a big gap in the educational system when it comes to handling FAS children and as there seems to be a taboo surrounding the syndrome, most of the problems are 'swept' aside and are not dealt with.

There is a long road ahead in meeting the educational needs of students with FAS, but with patience and understanding, and with the help of the teachers, parents and community, the children can be helped.
CHAPTER 1

INTRODUCTION

My background of growing up on a wine farm has steered me to my own personal interest in children with Foetal Alcohol Syndrome (FAS). As part of community service, I helped out in a crèche that my father established on our farm and it was here at a young age that I realised that some children were different to the others and often wondered why some of our farm children had different facial features to their peers. It was not until I was in my late teens, that I realised what I had been observing all these years. According to an article on the internet by FAS is caused by risky alcohol use during pregnancy, particularly during the first three months. Alcohol in the mother's blood crosses the placenta freely and enters the embryo or foetus through the umbilical cord. There is no safe amount of alcohol that woman can drink while pregnant. (See Appendix 4) These babies are therefore born with specific facial features, a low IQ and severe learning difficulties. They have a serious attention deficit disorder, a lack of insight and a poor ability to discriminate between right and wrong. Many FAS children will end up in trouble with the law, and a large proportion will develop alcohol or drug problems. The average IQ of a FAS child is 70 and due to their learning disorders, they are regarded as difficult to educate.¹

Economic conditions in the country have affected work opportunities in rural areas. This has increased unemployment and poverty; many families do not have the means to provide their young children with adequate nutrition; and this therefore leads to a poor capacity to learn. Consequently, it results in a direct relationship between poverty and domestic violence, alcohol abuse and child neglect. An increasing dropout rate from primary schools creates another cycle of poverty and provides little hope in the future for children in these rural areas. These children will require special care all their lives, such as special schooling and intervention to help them with their co-ordination and problems with their
motor activities. I’m hoping that I will find truths during my research that could have important consequences for teachers and perhaps contribute to finding solutions to alleviate this growing epidemic. This, therefore, makes my topic very relevant to research, as most teachers aren’t even aware of the conditions these children might have and with my information, I might implement a reform on ideas on how to deal with these children in their classrooms. I reckon there is also a certain amount of stigma attached and related to this problem of FAS and either people are not willing to talk about it due to its sensitivity or perhaps due to general ignorance. The parents might be unwilling to share the fact that their child has been permanently damaged and may not tell teachers what is wrong with that child. The teacher therefore, is unable to deal with these children in the appropriate manner.

THE PURPOSES OF THIS STUDY

PERSONAL PURPOSES

My personal research purpose of this study was for me to create a better understanding of this syndrome thus, gaining some insight into it and finding out how it is affecting teachers and the educational system. I have always had a personal interest in Foetal Alcohol Syndrome as I have been in direct contact with rural people grappling with the effects and consequences of this syndrome. I, therefore, have a natural curiosity concerning children with FAS and have deeply rooted desires to find out how these children affect the educational system in rural areas of South Africa. During my Centre for Creative Education practicals in McGregor and Wellington, I also came into contact with children that have FAS and observed how these children affected the teaching dynamics in the class. I hope that my research can help teachers cope better with these children or perhaps just have a better understanding of the effects it has on the child. This can therefore lead the way to the children benefitting from extra attention from the teacher.
PRACTICAL PURPOSES

The practical reasons for doing this research are to find out how the teachers are dealing with these children and how it affects the teaching in the classroom. Are these teachers getting support from seminars and workshops on how to deal with these children? Are the teachers giving the children extra attention such as remedial work? How disruptive can these children be in a classroom and maybe cause a negative effect on the teachers doing their work? Do these children affect the other children in the classroom? How are the teachers supported by the Education Department of South Africa, if at all? Therefore my research could open doors to creating some solutions or a support system that can be of guidance to teachers with FAS-affected children.

CONCEPTUAL FRAMEWORK

I have quite a few assumptions about where my research will lead me to. I could for instance, find out the difficulties that the teacher faces when dealing with these children. My hunch to the outcome of my research is that these children can be extremely disruptive in the classroom and even have a negative effect on the other children. They have their own learning difficulties that come with a short attention span and the inability to judge the outcomes of their actions. The outcome of my research, I think, will be rather grim, as the teachers are being faced with a massive dilemma in their classrooms. Due to some of the teachers not being aware of FAS children, they are not at all equipped to deal with the situations. To find out if my theory about the effects of Foetal Alcohol Syndrome children on teaching and learning in a rural school is true, my research would need to be an in depth and thorough study.
RESEARCH SITES

My research site was close to where I grew up in Wellington and is situated in a farming community. The school, Wagenmakersvallei NGK Primary has a very high incidence of FAS amongst its learners. About 80% percent of the Grade 1 learners at this school have symptoms of FAS and those teachers are dealing with a crisis they are ill-equipped for. My other research site was based in a small Western Cape town near Robertson called McGregor. Due to socio-economic reasons, the people of working age in this rural town are unemployed and have social issues such as alcohol abuse and domestic violence. My third research site was at a rural school between Atlantis and Malmesbury on the West Coast. I came across this site by chance while I was doing my teaching practical and was able to identify a case of FAS in one of the grades. Here I was able to interview the class teacher and realised that some parents of the community are engulfed in a cycle of poverty and are vulnerable to substance abuse such as alcoholism.

RESEARCH METHODS

Coming from an area directly affected by FAS, I am in direct contact with my information. I have interviewed the teachers from rural schools near to me, observed children within a classroom and even isolated a group of children from the three different research sites and did case studies on each of them. I observed the physical features of each child, their coordination, classroom performance in literacy and numeracy, how they interacted with other children and how they affected the teacher. My interviews were based on the knowledge I have about FAS and interviewing teachers with a number of FAS children in their classes. As I began to interview more teachers my interview questions became more complex and specifically directed to get certain answers from the teachers. My interviews were all done verbally where I asked the teachers questions and recorded their voice via a Dictaphone.
WAYS OF DEALING WITH POSSIBLE THREATS TO VALIDITY

It was very important for me not to adopt an automatic attitude to my work and it was significant to share my doubt and uncertainties with other educators. I also devised a way of checking my own interpretations and invited other researchers to read and comment on my research. I had to back up my own views and statements with valid facts and not just my own assumptions to where I thought the research might lead. My mind had to be open to changes and doubts about the research I conducted. There was a danger of creating a flawed study if I didn't make a careful assessment of my research questions and ideas. I had therefore to remain sensitive and adaptable to implications that might change my findings and change my conclusions. I also had to distinguish between my own intuition and the real facts and this forced me to focus on what I don't know about my topic or rather what I assumed to know. I was therefore challenged to identify my own ignorance and to challenge my own assumptions critically during my research.
CHAPTER 2

PERSPECTIVES OF FAS ON CHILDREN

An article in the Sunday Times dated August 2007 claimed that the prevalence of FAS in the Wellington population has increased steadily from 48 per 1000 in 1997 to 76 per 1 000 in 1999 to 88 per 1000 in 2002. In poorer areas in the Western Cape, between 5 000 and 10 000 babies are born with FAS every year.2 According to an article on the internet, women who drink during pregnancy put their unborn babies at risk and it is thought that as few as two drinks a day are enough to harm a foetus. A FAS baby could have organ damage and growth problems, for example, defects in the heart, eyes, ears, legs and arms; or nervous system problems such as brain damage resulting in developmental impediments.3 (See Appendix 1 to see the vulnerability for the foetus during pregnancy)

A MEDICAL PERSPECTIVE

Most of the features of FAS are variable and they may or may not be present in a given child. However, the most common and consistent features of FAS involve the growth, academic performance, intelligence, head and face, skeleton, and heart of the child. The head is undersized (micro cephalic) and it is evident upon comparison of the child's head circumference to that of a normal child on a growth chart. The usual degree of microcephaly in FAS is classified as mild to moderate. It is primarily due to failure of brain growth. (See Appendix 2) The consequences are neither mild nor moderate.4

Generally, a trained physician will determine growth deficiency and FAS facial features. While a qualified physician may also assess central nervous system structural abnormalities and/or neurological problems, usually central nervous system (CNS) damage is determined through psychological assessment. A
pediatrician may assess all areas of functioning, including intellectual, language processing, and sensory motor. Prenatal alcohol exposure risk may be assessed by a qualified physician or psychologist.

According to medical reports, there is no cure for FAS, because the CNS damage creates a permanent disability, but treatment is possible to help the child achieve to the best of his/her ability. Because of CNS damage the symptoms and secondary disabilities vary widely by individual though, there is no one treatment type that works for everyone. Instead comprehensive and different approaches based on the needs of the child must be used. Several treatment models have been identified, but regardless of the predominant approach, it is mostly recommended that multiple types of interventions are used to alleviate the negative effects of FAS.5

AN EDUCATIONAL PERSPECTIVE

The main disabilities of FAS are the functional difficulties with which the child is born as a result of Central Nervous System damage due to prenatal alcohol exposure. Often, the main disabilities are mistaken as behaviour problems, but the underlying CNS damage is the originating source of a functional difficulty. Therefore from an Educational viewpoint, learning impairments, impaired motor development and hyperactivity can lead to major problems in the classroom. The academic achievement of the child such as memory, cognition, attention, language, motor skills and social communications will be greatly affected by these learning disabilities.

The child’s adaptive behaviour which may be affected for example; poor impulse control, poor personal boundaries, poor anger management and intrusive behaviour could be having a negative effect on the immediate students in that class and on the teacher. As this child can be classified as having mental retardation, the child might display unfavourable behaviours such as confusion
under pressure, poor abstract skills, difficulty distinguishing between fantasy and reality and slower processing of information.

The teacher will battle with the child’s ability of executive functioning meaning that they have poor judgment skills, poor at perceiving patterns and inconsistent at linking words to actions. Normal teaching of this child might be impossible and the teacher has to resort to using other supportive methods to help them understand. They often have speech and language difficulties, requiring special education and speech/language therapy.

As the child has a problem with cognitive functioning, grasping the basics of language could pose a big problem as the child will only understand parts and maybe not humour or sarcasm. This could lead to the child either being humiliated by class friends or even the child becoming angry due to a misunderstanding. This can lead to unwanted conflict in the class and pose a problem for the teacher.

Not only is the child affected mentally but also has many physical handicaps. Poor handwriting, poor fine and gross motor skills are a few of the handicaps a child with FAS may suffer from. This poses a great challenge for the teacher to teach them these skills and may need extra help from an Occupational Therapist. Poor social judgment and poor socialization skills are common and many FAS children are ‘hungry’ for attention, even if it is negative attention. The social communication of a FAS child has remarkably difficult traits, such as intruding into conversations, inability to read non verbal or social cues and "chatty" but without intellectual substance or meaning.
CHAPTER 3

REPORTS ON INTERVIEWS

FAS interview Questions:
Interview with a Grade one teacher from Wagenmakersvallei NGK Primary

What are your qualifications and where did you study?
“I studied at a Teachers’ training college in the Paarl region.”

Do you think the children know they have FAS and how do they react to this?
“When they’re very young, they don’t realise that they’re different. Maybe as they become older they’ll become aware of their situation or if they get treated differently by their peers or people in the community.”

Why are there so many children with FAS in your classroom?
“It was just coincidentally that there are so many FAS pupils in my class. They weren’t divided into my class purposely and were divided based on where their surnames came alphabetically.”

Are you able to identify the children with FAS in your classroom?
“I have never been able to identify them really as I have no personal experience. I only know a few physical features but otherwise don’t really know how to identify them properly. I heard that the eyes are tell-tale symptoms and my fellow colleagues pointed it out to me. (See Appendix 3) I also noticed a girl that didn’t have the physical appearances but a low IQ and attention span.”
If the FAS children are not promoted to the next grade, how do you deal with these children? What happened to these children when they did not pass and did they progress?

“If they don’t pass this grade, they have to repeat the year. Also they must make use of a remedial teacher. Some even repeat up to three years. There is no real help from parents at home as they also had a poor educational background. That is when they get extra help from remedial teachers.”

How do you think that the FAS children affect your own teaching abilities?

“This is my first experience with a boy with serious FAS symptoms. I will keep the teaching Assistant located to the ‘weaker’ group because those children need individual attention. One boy, called Basie*, with severe FAS is more motivated I find, compared to Alistair*, who is not so self disciplined. I needed an assistant to keep the class happy and going so that there would be no disruption by FAS pupils. Only individuals working on the carpet need to be taught to sit still because they tend to be hyperactive. Basie is better in working at his table. My belief is that every child must be helped to become the best person they can be. And it is my task to help that to happen. No matter what the type of personality or disability; I believe it’s my duty to help that child to perform to the best of his/her abilities. And my FAS children, now that I’ve been made aware of the condition, I will be looking out for ways to cope with the disabling effects of the condition. Even if the child draws pictures all day, he/she has to be taught things.”

* Name has been changed to protect the identity of the child
How do you think this issue of FAS children affects the normal children in the class?

“The ‘normal’ pupils in my classroom get irritated by the inability of the FAS children to concentrate. Some of the students help the FAS children; very accepting of the situation and know that those children are different. The broader community’s very accepting of the children’s predicaments. Some of the normal pupils have the tendency to first finish their own work and then to quickly help their ‘buddies’ at the table to catch up with their work. On the negative side, some take advantage of the situation to be naughty or misbehave while the teacher’s attention is taken up by the FAS pupil. The normal children can also be naughty and sometimes blame the FAS children because ‘they’ don’t know any better.”

Have you attended a seminar on how to teach these children? If yes, how did it help?

“No seminars up to now but the researchers from The University of New Mexico have helped the teachers at our school with a bit of information and begun a project at the school.”

What benefit did you get from the research study that the University of New Mexico did at your school?

“They haven’t really tested the children in my class and only looked at them based on certain symptoms and I think that needs to be looked at.”
Are there any specific behavioural problems that these children show or that you have noticed?

“One girl was extremely aggressive towards other children and had to sit on her own in the first 6 months in her class. I feel that these problems definitely come from home and depend on the social dynamics in the home environment. If there is a lot fighting or violence at home, the pupil will carry that over into his/her situation at school. I really feel that most of these children need discipline in their lives as they tend to not listen when spoken to.”

CONCLUSION ON INTERVIEW

This interview brought me closer to one of my theories, that most teachers are unaware of the symptoms of Foetal Alcohol Syndrome and they are unable to identify these children correctly. As the symptoms of Foetal Alcohol syndrome are so diverse, it is challenging for educators to identify these children specifically and therefore will not know how to deal with them and help them progress. I strongly believe it is the work of the teacher to remove hindrances from children so that they are able to achieve to the best of their abilities. Therefore, it is critically important that teachers should be made aware of the Foetal Alcohol Syndrome characteristics in children so that they will be able help and also understand why the child is the way it is. This should be done through the government where more seminars can be held on the implications of FAS on the child, teacher and the community. This can become a space where teachers share their own experiences and share ideas and ways to help and facilitate these children.
FAS interview Questions:
Interview with a Grade three teacher from Dassenberg Waldorf School

What are your qualifications and where did you study?

“I hold a diploma in Education from the University of Zimbabwe and a Bsc (Honours) Geography and Environmental Studies from Zimbabwe Open University.”

Where did you first hear about Foetal Alcohol Syndrome (FAS)?

“I first heard of this condition this year at this school (Dassenberg Waldorf School) through a teacher training student who was in my class for a three week teaching practical.”

How much do you know about FAS?

“Having had some earlier discussions with the student, I can say I know a little bit more about the Syndrome.”

With the little information that you have now, would you be able to recognise a FAS child?

“I think I can now, but not with precision though, as I do not have the necessary training or knowledge to do so.”

If there was a child with FAS in your class, how would you help him/her?

“As a teacher I have to be extraordinarily patient and maybe tailor-make a programme to suit the child’s learning disability.”
Assuming you do have a FAS child in your class, how do you think he/she would affect your teaching abilities?

“A FAS child in my class is a great challenge because he/she needs special skills which I might not have as an ordinary teacher. There is a possibility of always running behind on schedule since he/she might demand more attention than the ordinary child.”

How would you think a FAS child would affect the other children in the classroom?

“He/she might deprive them of their learning time which ultimately means they might not cover all the concepts as stated by the curriculum.”

In your personal opinion, would you say that these FAS children should go to a special institution and why?

“I am a supporter of integration and the mentally and physically handicapped children need to be included in the Mainstream, however, it must not be done to the detriment of the ordinary child. Nevertheless, in extreme cases I would recommend that the FAS children should be sent to a special school.”

CONCLUSION ON INTERVIEW

The conclusion I have reached from this interview is unique in the sense that this teacher had never heard about FAS before I had made him aware of it. This teacher is teaching at a Waldorf school where his State school training is quite different in terms of the methods of teaching. Waldorf education is a pedagogy based upon the educational philosophy of the Austrian philosopher Rudolf Steiner, the founder of anthroposophy. The interesting part of this research case, is that I might have been able to identify a FAS boy in his classroom and
successfully made him aware of this child. Previously this boy was viewed by the teacher as hyperactive, a trouble-maker and ‘un-teachable’. Through the teacher’s becoming aware of his possible condition, previous judgements, that he is just a trouble-maker, were replaced with possible feelings of sympathy and more patience. I gave the teacher a list of helpful hints for educators that may help him cope with this boy and strategize how to help this child to become more manageable. Maybe with this bit of information regarding FAS, the teacher might be capable of dealing with this child in his own capacity and therefore he might realise that this child doesn’t need to go to a special institution. The boy’s parents did mention that he is happy at this school and I reckon he should remain at this school as it would be beneficial to stay in the familiar environment provided that he has the correct support from the educators.

CASE STUDIES OF CHILDREN WITH FAS

CASE STUDY NUMBER ONE

Basie * is a 6 year old Grade one boy from Wagenmakersvallei Primary school in the Bovlei, a farming community outside Wellington. This particular boy was one of a few FAS children in Grade 1A. Due to his stunted appearance, Basie appeared to be the size of a 4 year old and his head abnormally small for his age. He has the typical facial features of a FAS child with close-set eyes, rudimentary formed ears and a flat upper lip.

Observing Basie in the classroom with 21 other children with the teacher and her assistant, I was able to note his behaviour. While he was busy with a drawing or colouring in, he was easily distracted by others and never used the appropriate colours for the drawing. For example, his trees would never have the stereotypical colours of green and brown but rather pink and black. When I

* Name has been changed to protect the identity of the child
enquired about this, the teacher said that for that child it wasn’t about the correct use of colours but rather the actual colour. He just preferred other colours that could make his drawing brighter.

Basie can be described as a likable and ‘easy to get along with’ boy. The other ‘normal’ children often gave him pet names such as Oupatjie (Grandpa) and Papsak (cheap wine contained in a foil bag) and he didn’t seem to mind. He was never teased on the playground for being different and in the class the children were often willing to help him with his work. There was never any tension between him and the other children and he didn’t distract them.

His behaviour on the mat with the teacher and the other children wasn’t negative either. He would fidget a little bit and occasionally speak out of his turn. The teacher often ignored his restlessness and only if it became out of hand, she would gently tell him to stop and he would obey her. He was never overly naughty and this was easy to discipline. When I asked the teacher about Basie, she said he never poses a major problem to her and the other children in terms of his behaviour. In terms of his work, he is far behind and doesn’t have the intellectual comprehension of the children his age. He couldn’t read and his writing was very poor. While the other children could copy sentences off the board, he was still practising single consonants and vowels. All the children from this Grade 1A class had attended Grade R the previous year where they should have learned the basic skills of reading and writing.

The teacher placed Basie in the “Dolphin” group which is for children with the most severe learning problems. The teacher set the standard of work for this group appropriate to their level and smaller goals needed to be achieved. On the school premises, a remedial teacher could be made use of. Basie and the other children, who were struggling academically, were sent to her every Monday, Tuesday and every second Friday. Here the children would do extra activities to help them with their learning problems.
Conclusion on Basie

In conclusion, I found that Basie didn't really affect the teacher's teaching abilities or disrupt her due to his behaviour, but rather in terms of his own learning capabilities. With his having severe learning disabilities and a low IQ, his work was never up to the class standard and therefore he needs a lot individual help and extra attention. He needs help in all areas such as reading, writing and numeracy skills. But the ideal situation is to address the smaller things he struggles with. For example, his fine motor coordination such as pencil grip needs to be addressed. This class is fortunate to have a teacher’s assistant to help with the children that struggle.

In my own opinion, I think that Basie would greatly benefit from a creative education. He needs more practical work with imaginative and inventive activities instead of an intellectually styled education. If a child struggles with an intellectually styled education such as Basie is receiving, the approach should be that the class teacher and remedial teacher both use a more creative and stimulating approach that the child can relate to.

CASE STUDY NUMBER 2

Alistair * is a 6 year old Grade One boy also from Wagenmakersvallei Primary school. This particular boy wasn’t stunted in his growth and otherwise except for his facial features and academic track record, you could almost mistake him for a ‘normal’ boy. Something that I noticed about this boy is that instead of the white of his eyes being white, it was brown and discoloured. I was unable to identify if this affected his vision but it is one of the symptoms that affect FAS children, as they often have eye related problems.

* Name has been changed to protect the identity of the child
Alistair was also placed in the “Dolphin" group as he struggled severely with his work. He often became frustrated that he was unable to write his own name, even if an example of his name was written on a tag on his desk. He was unable to copy it and this showed that he had some severe problems in letter recognition and writing skills. Due to his attention deficit disorder, he often aimlessly wandered around in the class and often asked if he could go to the toilet. Some children even became irritated with him as he would bother them while they worked. Another boy in that class that could be termed with having behaviour problems often provoked Alistair to argue with him. What I did notice was that Alistair didn’t react out of aggression but he would merely be defending himself or when he was punched by the boy, he would hit back due to copying the other boy. It always seemed as if it was a game to him and he often had a smile on his face. This would prove to be a distraction for the teacher and she would often have to keep them apart or shift them.

When it came to story time on the mat and the teacher would ask them questions, Alistair would always put his hand up, even though most of the time when he was asked, the answer was incorrect. I reckon he probably did this because he was copying the other children’s actions or he didn’t want to feel left out in the session. There were times that were out of the ordinary, that he did get the answer right.

The teacher did mention to me that he has a lack of discipline and doesn’t always obey the rules of the class. He is easily distracted and often wants to leave the classroom. He occasionally bothers the other children and she therefore has to tell him to sit still. This proves to be a distraction to her teaching abilities in class.
**Conclusion on Alistair**

Alistair, compared to Basie, has posed to be a bigger problem in terms of distracting the teacher. It almost seems that it is difficult to compare FAS children with one another because it depends on the severity of their condition. The teacher told me that she suspects that there might be some violence or tension in Alistair’s home circumstance and also a lack of parental attention to him thus there is a lack of discipline. Unfortunately, FAS children tend to come from families that have alcohol abuse and other social problems and as a result are neglected. They lack social skills, discipline, and academic attention and do not have good role models to mimic. Consequently taking in consideration the child’s environment, social background and mental handicap, the outcome of each child’s behaviour will be affected differently. This, in turn, will affect the teaching and learning in a classroom differently as well.

**CASE STUDY NUMBER 3**

Kathleen* is a 7 year old girl that attends the McGregor Family and Child Development Centre in the town of McGregor. According to the Early Childhood Development volunteer there, her parents initially brought her there as she was diagnosed with FAS and with severe learning difficulties and she has been at the Centre for two years. She was the only one out of 16 children there that was medically diagnosed as having FAS. She didn’t have all the typical physical features of FAS but she has misshapen ears and the flat upper lip. She also had problems with her posture and tended to lean far back in her seat and therefore strained to read her work.

* Name has been changed to protect the identity of the child
Kathleen is a very reserved child, never bothered the other children and it was as if she was in a world of her own. She didn’t react quickly when her name was called and preferred not to interact with the other children. When she was given a task to perform, she surprisingly had a good attention span and persevered very well till she was done. Although she was reserved, she didn’t avoid eye contact and she came across as quite confident of herself. She worked incredibly slowly and her work wasn’t neat but she did eventually finish the task given.

**Conclusion of Kathleen**

I realised that Kathleen has been benefitted greatly by this extra remedial work. She attends a normal state school in McGregor and these extra classes are attended in the afternoon. The volunteer said that she used to have a weaker attention span and with the stimulation from the extra classes it has improved her overall ability to work as normally as her disabilities allow her to do.

**CASE STUDY NUMBER 4**

Daniel* is an 11 year old boy that attends Grade 3 at Dassenberg Waldorf School near Atlantis. Let me start by saying that Daniel wasn’t medically tested for Foetal Alcohol Syndrome and that all my hunches are based upon the information and history I could gather from his class teacher and observation done during my three week practical at the school. The first aspect that made me notice this boy was that he is two years senior to the other children in the class. When I asked the class teacher about this, he said that the boy had been kept in kindergarten for two years as he wasn’t ready to go to Grade 1. The class teacher also mentioned, in confidentiality, that both the boy’s parents are known to be alcoholics. This aspect might be a clear indicator that he might have FAS

* Name has been changed to protect the identity of the child
but due to his not having been medically checked, I cannot say so for certain. 

The second aspect that I noticed is the boy’s physical appearance and behaviour. His physical stature is small for an eleven year old boy, he is thin and his limbs are out of proportion to his body. His head also appears to be smaller in relation to his body and his ears are to a certain extent rudimentarily formed. They are flat, large and low-set with no distinctive form to them. He also has a thin, flat upper lip with hardly any philtrum. (The groove above the lip) 

(See Appendix 3)

I paid special attention to Daniel’s physical and motor coordination while either writing or movement during Rhythmic Time( Waldorf schools have this time also called morning ring, during which they recite verses, sing songs and learn the times tables with games such as tossing bean bags, clapping, stomping, tapping, counting rhythmically and reciting the times tables) Compared to his fellow students, his handwriting was slow, coupled with poor concentration, his writing is often large and skew on the page. His pencil grip is poor and he often complains that his hand gets tired due to his pressing hard on the page as a result of there being a lot of tension in his arm and hand. His movement during the Rhythmic Time was totally uncoordinated and out of sync with the words of a verse. He often rushed the activity and even with guidance, he still did it too fast and had trouble focusing on the activity. When the whole class marched around the classroom, he would often bump into other children or step on their heels as he rushed or failed to see where he was going. This caused conflict in the classroom as the children were frustrated by his inability to concentrate and keep to a certain rhythm.

His interaction with the other children in the classroom was unfortunately not a positive one. The children often teased him about his poor work performance, lack of concentration, his physical appearances and his emotional immaturity. Due to his lack of concentration, I suggested to the class teacher that we move him to his own desk at the back of the classroom. This meant that he couldn’t
disturb a child next to him and he couldn’t be distracted by them either. He often disrupted the class by saying certain things that were irrelevant and often got up from his desk to ask other children to borrow stationery. The children treated him with impatience, irritability and often insulted him. Daniel seemed to like sitting on his own and thought he seemed special to have his own table. During break time when I observed him, he often played with children younger than himself and his games were simple and more physical (running and playing tag) than games with rules.

Daniel has some severe learning disabilities and has problems with literacy and numeracy. He was unable to spell simple words such as man, can and dog and was almost incapable of structuring his own sentences unassisted by a teacher. He couldn’t do any multiplication or division sums but could manage a few vertical sums of addition. During the time that I observed him, the class was being prepared for provincial diagnostic tests to see where the class is at in terms of literacy and numeracy. I was present when the moderator did a reading test with him and his reading level was rated at a level of a six year old child. He could only do paired reading (this when a teacher reads with the child word for word and the child just mimics the teacher) therefore it meant that he couldn’t read unassisted.

**Conclusion on Daniel**

This case study is a unique one as it was totally based on my own experience and knowledge of Foetal Alcohol Syndrome and not based on any medical support. I had to keep this case study a secret as I didn’t want anyone else except for the class teacher involved, as it is a very sensitive subject to deal with. Also from the class teacher’s information, I was able to make certain deductions about this boy and concluded that he might have FAS. The first time the class teacher heard about FAS was through my discussions with him and the idea that he might possibly have a student affected by FAS in his class. His attitude to this
boy was unfortunately not very positive and labelled him as bad and incapable of learning anything. Through my knowledge that I shared with him and information about FAS, I noticed a major change in the teacher’s attitude towards the boy and he seemed more sympathetic and understanding. Of course, I’m unable to prove it medically, but my hunch is that he is mildly affected by FAS and now that the class teacher is aware of it, he may be able to help this boy achieve his full potential.

Due to the lack of attention and the teacher’s ignorance of Daniel’s condition, he posed to be a greater distraction to the class as most of the time he wasn’t given clear instructions and was unsure of what to do. This meant he wasn’t focussed on a specific task and distracted other children and became a hindrance. The class teacher often had to reprimand him and this caused the teacher to get behind in his teaching material.

I found Daniel to have the ability to focus if he was encouraged enough to finish his work and persevere in something that needed concentration. Amongst children there is a stigma attached to being singled out and being put right in front of the class. The child, who is singled out, might be perceived as being ‘naughty’. I found it worked better for him to sit at the back of the classroom at a table by himself. This meant that he wasn’t in the view of the other children and didn’t have the curiosity of wanting to know what’s happening behind his back. I know for a fact that with the right enthusiasm coming from the teacher and encouragement with remedial support, this boy will be able to reach his full potential.
CHAPTER 4

DISCUSSION AND ANALYSIS OF RESEARCH FINDINGS

My research has led me to a few, rather unexpected, conclusions. Foetal Alcohol Syndrome (FAS), now known as the leading cause of mental retardation in the world, has devastating effects on its victims. From infancy to adulthood, people with FAS suffer from severe physical, emotional, mental and social problems. It is very important that these individuals must be diagnosed and once diagnosed various strategies can be put into place to assist and help these children.

My thoughts were that these children posed a serious problem to the teacher and the rest of the class. Even though they do affect the class, it wasn’t as severe as I thought it would be. Seeing that most teachers were unaware of the FAS children in their classes, they didn’t know how to identify the problems that they posed in a class.

For instance, a FAS child who is inattentive, does not complete schoolwork, and cannot stay seated, has characteristics that an untrained person could easily mistake as ADHD, especially if the child is not yet diagnosed with FAS. A common course of action would be a medical referral to a pediatrician, who might recommend a trial of Ritalin for the symptoms. Ritalin is medicine given by doctors to help facilitate the patient to focus on one thing at a time. Instead of being inundated by everything happening at once, the person is enabled to sort out the distractions and focus on what task he/she has embarked on.

Medication is often important in treating FAS, but should be used in conjunction with other intervention approaches to address the multiple disabilities that arise from FAS. One of the most important factors contributing to any child’s success in the classroom is his/her ability to maintain attention. Some children with FAS have difficulty recalling even simple instructions long enough to carry out the
specific task. Another factor that influences the academic success of children with FAS is their extreme emotional liability. These children have a great deal of difficulty controlling their emotions during preschool and primary school. This will have an effect on the teacher where she might be distracted by an overly emotional child and therefore the other children might be neglected.

Children with FAS often have trouble with the concept of personal space. Personal space is the area around each individual that allows that one to be comfortable during for example, conversation. Most children with FAS are totally unaware of personal space and tend to stand too close to someone when having a conversation. This causes the other child who does not understand the situation either to become irritable with the FAS child or even angry. This can lead to hostility in the class and bad peer relations. There is a long road ahead in meeting the educational needs of students with FAS but with patience and understanding and with the help of the teacher, parents and community, the child can be helped.

An educator should be informed that a student with FAS is entering his/her classroom and therefore they should plan adaptation and modifications to assist the student in class. If this specific adaptation doesn’t work, the teacher should make use of resources outside the classroom to assist in planning a proper intervention to help the FAS child. Possible sources to assist the teacher within in the school system would be an assistant teacher, school counselor or a group of teachers that come together and support the child. It might also be beneficial for the teacher to contact a speech and language specialist, behaviour consultant and/or a special education consultant. It is important for the educator to prioritise the student’s needs from the most to the least important and select activities that will address the most significant needs first.

It is important for the educator to recognize that the effects of FAS cause a variety of complex challenges for children. As a result, no two children with FAS
will learn and function in exactly the same way. Therefore, it is the teacher’s knowledge and experience, guidance and encouragement that the pupil needs most. The essential ingredient throughout the process of supporting the child is developing and supporting his/her self-esteem. Nothing lights up a child’s face more than achieving something through a learning experience and being praised for it. It is important to foster a classroom environment where this can take place as often as possible.

The simple truth is that parents in rural areas can’t afford to send their FAS affected children to special institutions. They might either not have access to a school or it doesn’t exist yet. Due to these factors, the FAS children are ending up in state, private and Waldorf schools. The teachers are consequently challenged by receiving these affected children and are not trained to manage the situations that arise. They firstly might not even be able to recognise the syndrome, don’t know how to educate them and therefore these children become a problem for the teachers and the rest of the children in the class.

From my interviews, I learnt that some teachers don’t seem to mind the FAS child being in their class. They find that the child is only moderately a distraction to them but do admit to them taking more time to teach than the average child. This does then affect the time the teacher can spend on other children. One teacher even admitted to saying that he thinks that these children should in fact go to a special institution where they can be better educated. He found these children too much of a distraction to the class and says that they ‘rob’ the other children of their time. He acknowledged that he is not trained to deal with these children and therefore cannot cope.
QUESTIONS REQUIRING FURTHER INVESTIGATION

After I had found out the realities of how FAS children were affecting teaching and learning in a rural school, I began to think of questions that needed further investigation. These questions might help solve problems in South Africa and that the in whole world is facing regarding the epidemic of FAS. In an article in the Paarl Post, it is reported that an estimated of 25 000 babies are born with FAS in South Africa. It is also found amongst all races and across all socio-economic groups and with this information in mind and very little being done with the actual prevention of FAS babies, what more can be done? It is said that many of these FAS children are born to teenage mothers. My question therefore arises, that a module should be brought into the school curriculum aimed at junior high school level, educating them on the dangers of drinking alcohol and engaging in sexual activities. It is therefore important to bring in a subject at school level to make teenagers aware of the dangers of alcohol abuse. Even though teenage children are not at a legal age to drink, they do give in to peer-pressure and experimentation. Some wine or alcoholic beverage labels carry a warning stating the dangers of drinking while pregnant. (See Appendix 4)

Another question that needs further investigation: should student teachers have a module included in their teacher training that specifically deals with basic remediation education for children that have mild cases of mental or physical handicaps? The education should include how to identify certain syndromes or conditions in children and basic training on how to help these children through special activities and remedial work. Too many educators are unaware of Foetal Alcohol Syndrome and are then totally unequipped to deal with these children.

For the teachers that are already faced with FAS children in their classroom, what can be done for them? How will it be possible to reach all the educators in South Africa with the information about the effects of FAS on the education system? During my research, I noticed that most teachers were completely
ignorant and unaware of FAS in children. This poses a vast problem as these children are therefore undiagnosed with their condition, misdiagnosed with another condition such as ADD (Attention Deficit Disorder) and might therefore be educationally neglected and failed by the educational system. These children are only labelled as being naughty and unintelligent and without proper support from teachers; they consequently cannot reach their own potential academically.

The next question that could be further investigated is; how can the FAS children be helped to reach their own potential? Will it be possible to bring into schools specially trained remedial teachers to help FAS children? This will then help support the class teacher as he/she might not be able to cope without a remedial teacher as many classes can have up to 30 children in each class.

When Outcomes-based Education (OBE) was instituted, inclusive teaching was enforced. No pupil was allowed to be sent to a special or remedial class; everybody had to be treated the same. Pupils that do not comply with the requirements for mainstream teaching, should, in spite of their own specific requirements, be accommodated in the classroom. It would mean discrimination against them and that they would be treated differently. The present system is doing these children a terrible injustice. In spite of the large number of pupils per teacher, it is expected of the pupil with learning disadvantages, to be treated equally and not different to the rest.

Is it actually required of the teacher to put the child with learning difficulties in a programme of individual development? But no such programme is provided by the educational department. The teacher has to work out remedial programmes by him/herself. So how is the child who is not able to read or write, to know what to do with such a programme? Now, it should be remembered that the pupil is competing with so many other children for attention at the same time trying to instil some basic good manners because most parents failed to do so at home. Where is a teacher going to find the time for one-on-one teaching situations?
Under the present system these handicapped pupils are sent into the world only managing to write their own names. Combine this frustration and inferiority complex, and one is not surprised at the high unemployment rate and the high crime rate in South Africa. Or even worse, the deep-seated hatred that stems from self-worthlessness leads to these people venting their frustration by committing violent crimes and stealing for a living.

**WHAT I HAVE LEARNT PERSONALLY FROM THE RESEARCH PROCESS**

What I learnt from my educational study was that my interest in children with FAS started at a young age and I furthered my knowledge about the subject with copious amounts of self-study. During my research and observations in class, I could identify children with FAS by looking at physical features, academic track record, motor coordination and behavioural patterns. Through my own self-study I was able to recognise some of the symptoms of FAS. The question that I pose to all teachers out there is; why haven’t they committed themselves to self-study and adopting an attitude to always wanting to learn something new? If they are posed with a difficult child, it should be their duty to firstly, identify what is wrong with this child and secondly, how can they be helped or what can be done with them? If we, as teachers, cannot help the children of South Africa faced with an incurable condition, which they have through no fault of their own, who will?

The dedicated teacher (which I am to be) will know that deep sympathy and empathy that will be required to educate and also motivate the FAS child. Patience will be a virtue that cannot be disregarded or set aside. After all, being affected by FAS is not the child’s fault. I will strive to get to know the parents and the home environment and who knows; maybe even a small seed can be sown there to benefit the FAS child.
HELPFUL APPROACHES FOR TEACHERS DEALING WITH FAS CHILDREN

- The teacher should allow the student to take short breaks when necessary.
- Move the child near the front or the back of the classroom or at their own individual desk to help him/her focus better and acquire more individual attention.
- Give the child extra time and also more individual attention.
- Since their handwriting is often poor, a computer may be a better way for them to complete their assignments but handwriting shouldn’t be entirely neglected.
- Have the children perform one task at a time, because children with FAS tend to struggle with multi-step directions. To make sure they understand the instructions clearly, have them repeat them. Walk them through a new activity first.
- Punishment is not always the best solution since FAS children may not understand why they are being punished. Try making the situation better by moving to a new activity and thereby distracting them.
- Encourage success from the children and reward positive behaviour with a lot of appraisal or incentives. Positive reinforcement should be immediate to help with their understanding of good behaviour.
- Using concrete examples, visual and hands-on learning makes school fun and easier.
- Behaviour problems become more obvious as children enter primary school and they should be gently eased into new work.
APPENDIX 1

THE VULNERABILITY OF A GROWING BABY DURING EACH STAGE OF DEVELOPMENT

The chart shows the vulnerability of the foetus during different periods of development in the womb. The dark portions of the bar represent the most sensitive period of development, during which alcohol-induced effects could result in serious abnormalities in the child. The light portion of the bars represents the periods of development during which the physiological defects and minor physical irregularities would occur.
APPENDIX 2

STUNTED BRAIN DEVELOPMENT IN FAS CHILDREN

The figure shows the brains of two six-week old babies. The left one is normal while the other is that of a child whose mother was an alcoholic.
APPENDIX 3

FETAL ALCOHOL SYNDROME
Source: Malbin, 1993

This figure shows the facial characteristics of children with FAS and how they may be recognised.

FETAL ALCOHOL EFFECTS
Source: Malbin, 1993

FACIAL ABNORMALITIES IN CHILDREN WITH FAS

This figure shows the facial characteristics of children with FAS and how they may be recognised.
APPENDIX 4

WINE/ ALCOHOLIC BEVERAGE LABELLING

This is the typical warning indication that can be seen on wine or alcoholic beverages, advising women that they should not consume alcohol during pregnancy.
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APPENDIX 1


APPENDIX 2


APPENDIX 3


APPENDIX 4

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