

**Occupations of women who live and/or work in a
rural farming community and who are at risk of
having children with Foetal Alcohol Syndrome
(FAS)**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF A MASTERS DEGREE IN
OCCUPATIONAL THERAPY**

Division of Occupational Therapy University of Cape Town

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ABSTRACT

This collective case study explores the occupations of women who live and/ or work in a rural farming community and who are at risk of having children with Foetal Alcohol Syndrome (FAS). Although FAS is incurable, it is completely preventable. This study approached the issue of FAS from an occupational perspective, highlighting historical and current political, economic, social and individual influences on the occupational engagement of study participants.

In-depth unstructured interviews were conducted with three female farm workers from a rural farming community in the Western Cape, South Africa. Other methods of data collection included direct observation, field notes and an interview with a key informant and gatekeeper. Four themes emerged from a process of inductive analysis. The findings show that despite progressive human rights and labour law policies in South Africa participants still experience extreme forms of occupational injustice. A central theme of suffering is associated with the harsh lives of these three female farm workers. Although feelings of worthlessness, helplessness and powerlessness persist, a strong sense of hope helps these women to make it through yet another day. One day they will rise amidst their circumstances, like fully baked bread. Ineffective coping strategies to deal with the stress of having to survive within this context lead to occupational risk behaviour (e.g. abusing alcohol), and hence occupational imbalance.

Strategies for addressing individual coping mechanisms are suggested. Deconstructing disabling environments and building support for women in the home and work environment as a combined strategy for all role players (government, local authorities, farmers and farm workers) should be geared towards facilitating healthful participation in occupation of choice. A broader occupational repertoire should be provided from which farm workers can choose.

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Soli, Deo Gloria! Dum Spiro Spero.

William, my husband and William, my son:

Thank you for your selfless support and many hours without me. I would not have been able to achieve this had it not been for the love and inspiration you bring to my life.

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Your vibrancy and intellectual energy will last long.

DEFINITION OF TERMS

Foetal Alcohol Syndrome (FAS):

This is a pattern of malformations characterized by the following features: growth retardation, central nervous system abnormalities, a characteristic facial dysmorphism and malformations of other organ systems, such as cleft lip, cleft palate and neural tube defects (Viljoen, 1999: 958). In order to make a diagnosis of FAS, the mother must admit to consuming alcohol during pregnancy.

Occupations:

Activities or tasks that engage a person's resources of time and energy, specifically self-care, productivity and leisure (Canadian Association of Occupational Therapists, 1995). The "ordinary and familiar things that people do every day" (Christiansen, *et al.*, 1995).

Wellbeing:

"A subjective assessment of health which is less concerned with biological function than with feelings such as self-esteem and a sense of belonging through social integration" (Wilcock, 1998a).

Farm labourers:

Males and females (mainly unskilled workers) older than 18 years of age and who are working and/or living on a farm. They do general work on farms (cutting and pruning of fruit trees and vineyards, and also domestic work for farmers).

Black:

The terms "Colored", "Black" and "White" refer to categories contained in the previous apartheid legislation (the Racial Classification Act of 1948). For the purpose of this study, the term "Black" will be used to include the group of people who were classified as "Colored". This group of people forms the bulk of the workforce in the Western Cape.

Streissguth, A.P., Landesman-Dwyer, S., Martin, J.C., Smith, D.W. (1980). Teratogenic effects of alcohol in humans and laboratory animals. *Science*, **209**: 353-361.

Dop system:

A system whereby farm labourers were remunerated by means of daily allocations of alcohol (Croxford and Viljoen, 1999). The Dop system was introduced in the early years of colonial settlement in the Cape Colony in order to induce indigenous pastoralist and coastal peoples to enter into service on farms in exchange for payment in tobacco, bread and wine. This system became an institutionalized element of farming practice in the Cape over the next 300 years. Despite the official illegality of the Dop system in South Africa, its informal and sometimes formal use still appears to be ongoing (London, 2000).

DOPSTOP:

The organization DOPSTOP was launched in 1997 to end the issuing of wine rations to farm workers in the Stellenbosch area. DOPSTOP takes the stance that alcohol abuse amongst farm workers has its roots in the Dop system. Their work is based on the premise that historical constructs such as colonialism, the legacy of slavery and apartheid have shaped commercial agriculture in South Africa.

Seasonal work:

The term "seasonal" refers to a particular season or seasons of the year. Labour is held to be physical toil done in exchange for wages. Seasonal labour in this study refers to the physical work done on farms for purposes of procuring a wage. The availability of work depends on the season of the year. On wine producing farms in the Western Cape, the harvesting season starts in September and ends in March of the next year. Seasonal workers are employed during this time to increase the workforce.

CHAPTER 1 INTRODUCTION

Foetal Alcohol Syndrome (FAS) is the result of maternal alcohol ingestion during pregnancy. The negative effects of alcohol on the developing foetus have been documented long before the clinical manifestations were delineated, but the term "Foetal Alcohol Syndrome" was only coined in the 1970s. Currently, Foetal Alcohol Syndrome (FAS) is known to be the leading cause of mental and physical handicap in communities worldwide (Viljoen, 1991). The high prevalence of FAS internationally (0.5 to 2 cases per 1 000 live births in the United States) and nationally (46 per 1 000 was reported for a small farming community in the Western Cape, South Africa) (May *et al.*, 2000) moved health professionals across the spectrum to investigate the array of developmental problems that the child with FAS experiences. At present no national prevalence rates are available.

Besides prenatal growth inhibition which results in the petite physique, children with FAS also present with a characteristic facial dysmorphism (short palpebral fissures, long smooth upper lip, mild ptosis, narrow vermilion border, low set ears and a relatively small mandible) (Viljoen, 1991). As a result of impaired neurological and intellectual development FAS children achieve developmental milestones later in comparison to other children of their age. They experience learning problems as soon as they start school and often leave school at an early age. In addition these children present with overall behavioural problems and adolescent drinking (Griesler and Kandel, 1998) is common. Their immature social skills cause FAS children to struggle with the everyday challenges as they grow into adulthood. They are prone to exploitation as adults and may become involved in crime or other situations that endanger their health and safety.

As a community occupational therapist at community health centres in the rural areas of the Western Cape, the researcher worked mainly with people from impoverished backgrounds. Many of the women and children who attended the clinics were affected by alcohol in some way. A great number of children who were treated had intellectual impairment as well as learning and physical disabilities. Information gathered through interviews pointed to alcohol abuse during pregnancy as the main cause of delayed or impaired intellectual and physical development in the child. In addition the plight of women and children who lived and worked on rural farms was especially severe in that they often made a living in the midst of challenging socio-economic and political circumstances with much needed health care and support being absent or inaccessible in many ways.

From the researcher's experience as a health worker at community health centres in rural areas, health professionals at local clinics tried different strategies to address FAS. Initially researchers and health care providers identified the need to provide remedial programmes for affected children. Such programmes would run at schools, far removed from the environment in which the child spent most of the time when away from school. The success of these programmes depended on a number of factors. For example, lack of funding made it very difficult for them to operate outside of the parameters set by the health department in the region. Programmes had to be run within the working hours of health professionals (between 8 a.m. and 4 p.m.). It was difficult to get hold of some of the parents or they worked until late in the evenings. Often mothers would be at work while the intervention took place so that the approach failed to involve the mothers of the affected children. The opportunity for carry over into the home environment was also lost. Consequently the learning problems of the affected children were treated in isolation of the child's home circumstances or support within the community. Focusing on school performance was only one aspect of the problem. Though it attempted to address the problem of FAS it only scratched the surface of the problem because the approach was not comprehensive enough to provide a sustainable solution to the growing incidence of FAS. Mothers would continue to drink alcohol even after they had been made aware of its negative effects. Even desperate measures like reprimanding mothers or threatening them with the removal of their children into

foster care was not effective in keeping mothers from drinking alcohol during pregnancy. Instead mothers would avoid the clinic and miss prenatal checkups for fear of being reprimanded by nursing staff and other health professionals.

As a researcher, I started to wonder whether there might not be another way of addressing this problem by rather investigating the underlying problems before suggesting a comprehensive intervention package as outlined in the Ottawa Charter which defines health promotion in terms of the following strategies:

1. Building healthy public policy;
2. Creating supportive environments;
3. Strengthening community action;
4. Developing personal skills; and
5. Reorienting health services.

I became interested in how these strategies could be applied to the lives of rural female farm workers to bring about change in the occupations of these vulnerable women and children whose lives are so badly affected by FAS. To plan a health promoting programme for women who live and work on rural farms meant finding out what their lives are like and what they did on a daily basis, i.e. what their occupational repertoire consisted of. By focusing on their occupations one would then be able to determine "the ordinary and familiar things" that these women do every day (Hasselkus, 2002: 300). Once this had been established it would be crucial to identify any factors that influence occupational engagement and thus generate information that would facilitate the application of the strategies mentioned in the Ottawa Charter.

An example of factors that might influence someones occupational engagement is the social climate in which the person grows up. Whiteford and Wright-Sinclair (2005) believe that individuals are embedded and embodied within their societies and that the social organisation is the locus through which individuals find expression.

A closer look at the social climate in which the target group grew up and was exposed to, revealed the following factors:

- Children who live and grow up on farms are “witness to the drinking habits of their elders” (De Kock, 2002: 75). For generations of children the drinking ritual has been located within the home. One could go so far as to say that over time the practice of drinking alcohol has become part of the farm worker’s way of life.
- Poverty is another influencing factor. On some of the farms the living and working environment is often harsh and workers have to make a living with very little resources. Poverty is rife and homes are sparsely furnished as people make a living on less than the basics. There is often a lack of adequate water supply and sanitation facilities. In a survey done on farms in the Northern Province and Mpumalanga only 34% of farm workers had access to running water in their homes, 27% had no access to ablution facilities and less than 50% had access to electricity (FRRP, 1997). This can only render an individual incapable of interacting successfully with the environment. Farm worker families have very little social and occupational mobility (*ibid.*) and are often exposed to no environment other than the home. This limits possibilities for getting to know other or new occupations. They end up with a very limited occupational repertoire that is similar to that of previous generations who used to live and work on farms. Such a repertoire would consist of working during the week and drinking over weekends (Viljoen, 1999; Croxford and Viljoen, 1999; Adnams *et al.*, 2001; Eustace, 2000; Giunta and Streissguth, 1988; Viljoen *et al.*, 2002).

The above mentioned factors tend to contribute to occupational imbalance (Wilcock, 1998a). Other factors include the economic, emotional and physical wellbeing of individuals. They play a crucial role and contribute to the existence of the complex FAS problem. They can also lead to individuals being excluded from occupations which would foster healthy development and meaning in life, a state that is referred to as occupational deprivation (*ibid.*).

Occupational imbalance was brought about amongst farm workers when alcohol consumption and abuse began to dominate their lives. The Dop system made use of tobacco, bread and wine to pay farm workers for their labour (Scully, in London, 1999a). The Dop system was widely practised on wine farms in the Western Cape and operated by partly remunerating farm workers with daily allocations of alcohol (Croxford and Viljoen, 1999; London, 1999a). Even though the Dop system is no longer operative on these farms, farming communities on wine farms in the Western Cape still have an extremely high rate of alcohol abuse (May *et al.*, 2000). While the 1928 Liquor Act managed to curtail the Dop system, it did not abolish it. The Dop system was finally outlawed in 1961 (Department of Trade and Industry, 1961). However, its effects on the lives of many farm workers are still evident (London, 2000).

Before commencing this study the researcher identified her underlying assumptions with regard to the planned research population as well as the effect of occupation on the prevalence of FAS, the issue under investigation. The rationale was that this would introduce reflexivity early on in the study and prepare the researcher for entering the research field (Finlay and Gough, 2003). The following assumptions were highlighted:

1. The women participating in the study would still live in oppressive conditions and would not yet be in a position to take control of their lives.
2. The occupational environment (barriers, lack of occupational opportunities, poorly-developed intrinsic enablers, i.e. motivation and interest) hugely influences the occupational engagement of these mothers.
3. What mothers do (where and how they go about their daily routine) predisposes them to alcohol abuse during pregnancy.
4. Patterns of alcohol abuse would not necessarily change when a mother discovers that she is pregnant.
5. Mothers drink to ameliorate their conditions. When intoxicated these mothers experience change on a psychological level – the kind of change that they are not able to effect in real life (De Kock, 2002).
6. The consumption of alcohol is an integral part of how most farm workers socialise.

7. There must be other motivational factors (besides just wanting to drink all the time) for the continuation of drinking behaviour.
8. Although women might want to stop drinking, they could well be dependent on alcohol, without rehabilitation and support being readily available.
9. The women in the study are more than just alcoholics. By a combination of environmental restructuring and building personal capacity, it might be possible to create a space within which their abilities can be recognised and for their capacity for change to be utilised and developed.
10. The challenge is to find ways of unlocking their own potential in order to allow them to change from victimic to agentic identities. A victimic identity manifests in a self-story of how participants have lost the power to change in their lives; an agentic identity manifests in self-stories of active agency (Polkinghorne, 1996).

If occupational therapists believe that occupation is the "synthesis of doing, being and becoming" (Wilcock, 1998b: 249), then it would only make sense to look at ALL the things people do, including the healthful and the less healthful occupations. Knowing that there was a great likelihood of drinking alcohol and working to come up as dominant occupations in the lives of female farm workers, it was important to design the study in such a way that data could be gathered from things other than these two occupations. The following questions assisted towards formulating the research question:

1. What occupations/activities/tasks do the mothers engage in before and during pregnancy? (Was there anything about the nature of these occupations that determined whether it was continuous or not?)
2. What meaning do these occupations/activities/tasks have in the lives of the women and in their particular context?
3. How did the context contribute towards or hinder occupational engagement and the participant's processes of being in their world and achieving their personal goals?
4. Would it be possible to find a match between person, occupation and environment that would facilitate health, wellness and wellbeing?

With these questions in mind the research question was formulated.

RESEARCH QUESTION

What occupations do women who live and/or work in a rural farming community, and who are at risk of having children with Foetal Alcohol Syndrome (FAS), engage in?

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CHAPTER 2

LITERATURE REVIEW

INTRODUCTION

When mothers drink during their pregnancy, they expose the foetus to the alcohol they ingest. Alcohol has extremely negative effects on the developing nervous system as well as on the overall development of the unborn baby. Babies who have been exposed to prenatal alcohol consumption can present with learning difficulties, behavioural problems and brain damage (Pullen, 2004). According to Viljoen (1991) alcohol related intellectual impairment is considered to be the most preventable cause of intellectual impairment. Abel and Sokol (1991) and Christensen (2000) state that Foetal Alcohol Syndrome (FAS) is the leading cause of nonhereditary mental retardation. In South Africa, the focus on FAS became especially pronounced because of the wine production in the Western Cape and the association between this industry and the high incidence of FAS amongst farm workers. Although there are high levels of alcoholism on fruit farms (London *et al.*, 1998), it should be noted that this problem does not only exist on these farms, but wherever the Dop system was and still is practised. The problem also persists on farms where farmers tolerate and even encourage heavy drinking. Drinking practices are not only encouraged by some farmers who continue to apply the Dop system, but also by the availability of cheap wine in shebeens (informal bars) that are established on farms or that already exist in nearby villages.

THE DOP SYSTEM

The Dop system was introduced in the early years of colonial settlement in the Cape Colony, South Africa (London, 1999b). It was used as a means of persuading indigenous people to enter farms as farm labourers with payment of tobacco, bread and wine (Scully, in London, 1999a). This system had its onset in the era of colonialism and was successfully practised on farms in the Western

Cape over a period of 300 years. Despite being illegal the Dop system was still actively practised by a total of 9.5% of farms that formed part of a prevalence survey of the Cape Metropolitan Council's Health Department in the Stellenbosch area, South Africa (Te Water Naude *et al.*, 1998).

One of the major consequences of the Dop system appears to be the high rate of alcohol abuse amongst farm workers. Alcohol abuse amongst farm workers has many negative effects. When female farm workers consume alcohol during pregnancy it may result in foetal alcohol syndrome. It has been extremely difficult both internationally as well as nationally, to establish an accurate figure on the prevalence of FAS (May and Gossage, 2001). Available literature cites a prevalence rate of 0.5 to 2 cases per 1 000 live births in the United States over a ten year period (1980-1990). At present no figures on the prevalence rate in South Africa are available, but a rate of as high as 46 per 1 000 was reported for a small farming community in the Western Cape, South Africa (May *et al.*, 2000). Initial research around FAS was started in the Western Cape region in an attempt to determine the prevalence in areas anecdotally known to have high levels of FAS. It was also important to identify risk factors that would predispose the population under study to FAS. The first studies that were undertaken in the Western Cape focused on the characteristics of the mothers who gave birth to children with FAS (Croxford and Viljoen, 1999; Viljoen, 1999; Viljoen *et al.*, 2001, Viljoen *et al.*, 2002; May *et al.*, 2000). These studies outlined a profile of the characteristics that a mother of a child with FAS might display.

MOTHERS OF CHILDREN WITH FAS

Many characteristics of mothers of children with FAS have been highlighted. These characteristics range from demographical indicators to specific actions around the attendance of prenatal services. Some of the common patterns found amongst these women were mentioned as contributing factors to alcohol consumption during pregnancy and subsequent FAS or Foetal Alcohol Effects (FAE).

The first significant characteristic commonly found amongst women who drink during pregnancy is related to their age. The younger the women were when they first started drinking the more likely they were to drink during a pregnancy later in their lives (Viljoen *et al.*, 2002). In a retrospective case control study in India, Kvigne *et al.* (2003) found that the mothers of children with FAS or with some characteristics of FAS were generally older.

The second characteristic behaviour accompanying alcohol consumption was smoking. Drinking was often accompanied by smoking cigarettes or other substances and even if this behaviour was initiated long before pregnancy, the women who were found to have children with FAS continued with the behaviour throughout pregnancy (Viljoen *et al.*, 2002).

The third characteristic mentioned was related to literacy levels. Viljoen (1991) found that women who bear children with foetal alcohol syndrome have a lower educational attainment. In general the women would have less than ten years of formal education. London (1995) cited an average of five years for the older farm workers in a study of fruit farms in the Western Cape. Approximately 20-30% of farm workers are illiterate (*ibid.*). In studies in the United States of America done by Walker (1999) and Giunta and Streissguth (1988), all the female participants were found to have low educational levels. This was confirmed in a retrospective case control study done by Kvigne *et al.* (2003). It was found that the mean educational level of case mothers (mothers who had children with FAS) was significantly lower than that of the control mothers (mothers who did not have children with FAS).

Fourthly, mothers of FAS children were almost always single or cohabitated with a partner. In most cases the partner abused alcohol too (Croxford and Viljoen, 1999). This often made the women more vulnerable to alcohol consumption and more difficult for them to change their drinking pattern during pregnancy.

The fifth common characteristic was that the mothers of children with FAS or with some characteristics of FAS drank heavily in binges (Kvigne *et al.*, 2003). Such drinking would occur mainly over weekends (Viljoen *et al.*, 2002). In a study investigating the smoking and drinking patterns of a group of women who enrolled at a London antenatal clinic, it was found that the heaviest pre-pregnancy drinkers were also the least likely to abstain at any point during pregnancy (Waterson and Murray-Lyon, 1989).

Another factor related to the emotional status of mothers of FAS children. Kvigne *et al.* (2003) found that the mothers of children with FAS or with some characteristics of FAS had more mental health problems than the mothers who formed part of the control group (mothers of children without FAS). The psychological and emotional status of mothers seemed to have a significant impact on whether they drank during pregnancy or not. Women who presented with higher depressive symptoms and lower internal locus of control for foetal health (the mother's perception of the impact of her actions on the health of her unborn child) were more likely to produce children with FAS (Walker *et al.*, 1999; Giunta and Streissguth, 1988 and Viljoen *et al.*, 2002).

Lower internal locus of control for foetal health could also be seen in the fact that the mothers of children with FAS or with some characteristics of FAS had fewer prenatal checkups. The mothers of FAS children were not likely to attend clinics and one could think of a number of reasons for their non-compliance. The fact remains both mother and baby would be without adequate monitoring and much needed health care for extensive periods at a time. This would make it very difficult to contact these mothers should a prevention, support or intervention programme be envisaged.

Do mothers of FAS children have a certain genetic predisposition?

According to Gomberg (1993) maternal drinking originates from a combination of biological, familial, social and psychological factors. Drinking patterns of at risk mothers are influenced by the drinking patterns of their own mothers. A close association between prenatal drinking of mothers and the current drinking of their adolescent daughters was found (Griesler and Kandel, 1998). This means that there is a greater likelihood that daughters would drink as adults if their mothers consumed alcohol during pregnancy. Such evidence suggests a possible genetic predisposition that children, especially daughters, have to adolescent and adult drinking behaviour. However, associations between maternal prenatal drinking and the subsequent drinking behaviour of adolescent children may be confounded by social factors in the household that lead to ongoing alcohol consumption by one or both parents as the child grows up, i.e. ongoing environmental influences. Nevertheless, if genetic predisposition is a reason for why daughters of alcoholic mothers drink when they become adults, it is clear why it would be very difficult or even impossible for the mother at risk of having a child with FAS to reduce alcohol consumption or to abstain altogether.

Viljoen *et al.* (2001) state that FAS is particularly common in the mixed ancestry population, otherwise known as Coloured, of the Western Cape Province, South Africa. They further suggest that the development of FAS might be influenced by the genetic factors in both mother and baby. In essence these researchers set out to determine whether the fact that mothers were from mixed ancestry predisposed them to having children with FAS. In contrast to what the researchers were hoping to find, the results of the case control study showed that the ADH2*2 (marker for mixed ancestry) was significantly more common in control individuals. This suggested that the marker either conferred protection or was a marker for a protective effect against FAS.

Another study done in the United States also provided evidence against race as a determinant factor for FAS. In a comparison between African-American/American-Indian women with low socio-economic status and Caucasian women with the same status, FAS rates of 2.29 per 1 000 and 3-3.9 per 1 000 were found. This proved that FAS was linked to low socio-economic status rather than to race (Abel, 1995).

Childhood history

Growing up in a home where alcohol abuse is common affects young children negatively. Anda *et al.* (2002) suggest that depression amongst adult children of alcoholics appears to be largely, if not solely, due to the greater likelihood of having had adverse childhood experiences in a home with alcohol abusing parents. Apart from the emotional difficulties that the mothers of FAS children have to deal with, they often do not get the support they need. Beckman (1994) found that women who abuse alcohol receive less support from their family and friends than women who do not abuse alcohol. Mirsal *et al.* (2003) have found that adult alcohol misuse has been linked to childhood abuse and family dysfunction. Mirsal *et al.* (2003) also stated that inappropriate parental treatment and some other traumas in childhood seem to precede alcoholism.

A history of heavy alcohol consumption in the nuclear and extended family of these women was found to be a determining factor in the drinking patterns of at risk women. The likelihood of drinking for at risk women was especially influenced by the drinking patterns or by the drinking behaviour of the closest friends and siblings (Wilsnack *et al.*, 1984 and Viljoen *et al.*, 2002).

Lack of support especially from a partner can make women even more prone to alcohol abuse during pregnancy (Kvigne *et al.*, 2003). Wilsnack *et al.* (1994) investigated the influence of a drinking partner or husband on the drinking behaviour of the pregnant woman and found the alcohol use of husbands and

partners to be a strong predictor of the women's drinking behaviour during pregnancy.

Waldman (1994) found that women often get beaten by their husbands or partners if they are drunk. Mayson in Waldman (1994) stated that women who live on farms lack any options to resist male domination (and abuse). Such domination and abuse find expression in two types of violence that these women experience: firstly, farmer on labourer violence, and secondly, domestic violence. These women thus suffer double forms of violence inflicted by both the employer and their partners. With regards to domestic violence Waldman (1994) further posed that young male and female adolescents mimic the behaviours displayed by adult males and females. Acts of physical and sexual violence are a common phenomenon in farming communities and no woman or adolescent girl is exempt from these threats. Violent interactions between adult females and males contribute to the misconception amongst young females and males that abuse is part of being in a relationship with somebody. These perceptions get transferred into adulthood and a vicious cycle of abuse is maintained from generation to generation.

Alcohol dependence and the impact of drinking on childhood

In reference to the World Health Organisation (WHO) guidelines, London (1999) cited levels of safe drinking to be 210 grams per week and dangerous levels to be more than 490 grams per week. Harmful drinking may affect the user physically (damage to liver or kidneys) or psychologically. The tolerance level to alcohol differs from one individual to the next and some people can consume large amounts of alcohol for extended periods without showing any effect to bodily functions. However, this type of drinking becomes problematic when social relations are affected. Problem drinking (or abuse) is defined by social impact and is based on family disruption and social functioning (arguments, being

criticised, getting into trouble, but still maintaining your job). Alcohol dependence involves physical and psychological decomposition and such individuals struggle to keep their jobs. Anderson *et al.* (2004) suggested that once alcohol dependence has developed, reducing or stopping alcohol consumption is more difficult and often requires specialised treatment. More often than not the required specialised treatment is not available to farm workers. In cases where it might be available, accessibility and affordability remains a problem.

Alcohol forms part of the everyday existence of the lives of farm workers. Farm workers often grow up with parents and neighbours drinking alcohol and over time alcohol drinking becomes something that is quite usual. Alcohol abuse has been handed down from generation to generation. De Kock (2002: 75) said that “generations of children have been witness to the drinking habits of their elders and the learning of the drinking ritual is located within the home.”

When Kvigne *et al.* (2003) suggested that the mothers of children of FAS have numerous needs the environment in which young children grow up should be one of the first things to examine.

SOCIO-ECONOMIC FACTORS

Almost 50% of South Africa's population (19 million people) is classified as being poor (Fourie, 2002). The Summary Report on Poverty and Inequality in South Africa (1998) revealed that poverty is highest in rural areas and although it is not confined to any race group, it is concentrated amongst Black people. In families where poverty is experienced and the family income is low, women within their first trimester of pregnancy displayed poorer health behaviours (Walker *et al.*, 1999; Giunta and Streissguth, 1988 and Viljoen *et al.*, 2002). In a study done by Croxford and Viljoen (1999) they found that in the Western Cape, mothers of FAS children are mainly from a low socio-economic background. In a retrospective case control study done on a group of women in India, the mothers

of FAS children were also found to have a low socio-economic status (Kvigne *et al.*, 2003).

In South Africa a great number of women work as seasonal labourers in agriculture (London, 2000). Over the past few years, a lot of developments have taken place in wage negotiations for farm workers. Although it is difficult to say whether salary increases for farm workers made any difference to their socio-economic status, the situation has certainly improved. According to Statistics South Africa the average wage on wine farms increased significantly from R925 per month in 2003 to R1 035 per month in 2004. Table grape workers earned higher wages, on average R1 227 per month in 2004. The average wage was calculated by dividing the total wage bill for the previous financial year by the number of workers employed in August of each year. According to the Census, the Western Cape's average wage was R662 per month for all farm labour and R1 149 per month for permanent labour in 2002 (StatsSA, 2002). Recalculated for the observed ratio of permanent to casual staff, the 2002 provincial average is R1 053 per month, which is 19% higher than the R662 per month earned by casual or seasonal workers. With the increasing regulation of agriculture, employers are shedding permanent labour so there has been a growth of casual and sub-contracted labour, working under much more marginal conditions, and it is predominantly women who have been affected. This has implications for poverty and the prevention of FAS (London, 2003).

In the absence of practical solutions to poverty and its impact on health and development, there is a great possibility of farm workers continuing to live in difficult environments in which there is no provision for basic needs like food security and where there is no access to basic services like clean water, sanitation and electricity. People who have to live without basic services struggle to maintain health and wellness. It is very unlikely that these women would be able to break the chains of poverty with whatever resources are presently available to them. In realising this, London (1999) called for the restructuring of

the health services to address the human rights and health needs of farming communities.

Environmental factors

Another debate could raise the question of whether foetal susceptibility to alcohol simply relates to certain patterns of alcohol abuse that are environmentally determined. In the studies done in South Africa, Western Cape, the female participants mainly lived and worked on wine producing farms. London (1999) argues that many South African farm workers continue to live and work in adverse conditions. After having worked hard and long hours during the week, workers binge on alcohol over weekends. This custom is poorly understood especially by those who did not grow up as part of these communities. It is not clear if farm workers themselves know why weekend binge drinking and alcohol abuse in general is so pervasive amongst the farming communities. When De Kock (2002: 108) suggests that weekend bingeing on alcohol is “entrenched in their social practice and is an integral part of farm worker culture”, this somehow implies that it is the farm workers’ own fault (Melhuus, in Tvedten and Nangulah, 1995) that they are caught up in this destructive habit. However, she explains that apartheid policies and structural violence (i.e. the paternalistic nature of the relations between the farm owner and farm workers) on farms managed to manipulate (Bekker and Leildé, 1999) the identities of farm workers, thus imposing a collective identity that would serve farm owners in securing a stable workforce. De Kock (2002) further argues that alcohol consumption is perpetuated by generations of farm workers having been exploited and oppressed and they had to find a way of dealing with the extreme suffering from abuse in their personal and working lives. De Kock (2002: 108) proposed that farm workers drink alcohol in order to “escape their reality”. However, this escape from the harsh realities of life is short-lived because there is not much else for the workers to do. It only helps the workers to experience change at the psychological level and unfortunately this change can only be experienced if they are intoxicated. If what De Kock (2002) proposes is indeed true (that workers

drink in an attempt to escape their current circumstances and to change the existing situation), then this gives a clear indication to areas for intervention in addressing FAS.

Seasonal work

Originally female farm workers were recruited for doing seasonal work on grape and fruit farms. The demands of seasonal work are high and involve the following: cutting and pruning of vines and fruit trees, picking ripe fruit and packaging them for export (Personal communication with farm health worker, 2004).

Farmers prefer to employ seasonal workers instead of permanent workers since this leaves them free of any obligations towards seasonal workers (De Kock, 2002). It is less costly to make use of seasonal workers as they often only have to be accommodated for harvesting periods. These attempts to reduce the permanent labour force are mainly driven by increased obligations to comply by labour legislation and other laws to protect farm workers (e.g. prevention of evictions).

Basic conditions of employment for agriculture

The farm study conducted by the Centre for Rural Legal Studies (CRLS) showed that many farmers did not comply with conditions of employment in existing labour legislation, particularly in respect of working hours (Department of Labour). Despite the existing labour legislation setting the maximum number of working hours at 45 hours per week (in terms of section 9(1) of the Basic Conditions of Employment Act (BCEA), half of the workers interviewed indicated that there are times of the year in which they work 55 hours or more a week. One in ten said that they sometimes work for more than 72 hours a week. In terms of item 5 of Schedule 3 to the BCEA, for a period of 12 months after commencement the ordinary maximum hours for farm workers were 48 hours (Department of Labour).

Research has shown that farm workers do not receive their legal entitlements in terms of annual leave, sick leave, maternity leave, UIF membership and overtime payments (CRLS farm survey, Department of Labour). This makes seasonal work one where the highest levels of job insecurity is experienced.

Conditions under which females worked were worse than those experienced by males. Even amongst permanent workers, females were far less likely than males to be paid annual and sick leave, extra for overtime worked or to be members of the UIF. The latter, in particular, has serious repercussions for a female's access to income during maternity. There were discrepancies between the conditions of employment amongst females and males, even on the same farm.

All farms in South Africa have been divided into four geographical areas. It is proposed that there be four different minimum wages for each of the four geographical areas. The minimum wages to be paid to workers in the area in which this study was undertaken (Western Cape) was R750, 00 per month. Workers also have little or no training on the job.

Cost saving was the driving force behind the general increase in seasonal workers on South African farms. Although there is a higher proportion of male paid employees (58.8%) than female paid employees (41.2%) in South Africa, the percentage of casual and seasonal female paid employees (53.6%) was only slightly higher than the percentage of male paid employees (Statistics South Africa, 2002). This shows that women are more likely to be seasonally employed.

Since cost is a huge consideration when it comes to housing farm labourers, many farm owners do not even bother to provide for basic services. In a survey done in 1996 it was found that only 34% of farm workers who lived and worked on farms in the Northern Province had running water in their houses, 27% had no

access to toilet facilities of any kind and less than 50% had access to electricity (FRRP, 1997). These figures do not only reflect services for seasonal workers, but for full-time farm workers as well.

Most of the problems regarding employment conditions that are still being experienced on farms are already regulated through legislation and therefore more attention needs to be given to the implementation and enforcement of labour legislation in agriculture.

SOCIO-POLITICAL FACTORS

London (1999) introduced a political dimension to the FAS debate when he explained how the "tot" or Dop system came into existence as a result of race politics between colonists and local Black (Coloured) working class people. He stated that although it is only a minority of farms that currently practise the Dop system, the "ramifications of the historical institutionalisation of massive alcohol consumption are widespread" (*ibid.*: 1). De Kock (2002) suggests that it is vital to understand the political and economic forces that historically and often currently exploit farm workers. This approach attempts to attribute the cause of the problem of FAS as external to the individual and to be rooted in the effects of an oppressive ideology of minority rule and separate development: apartheid. Although it is more than ten years since a democratic government has been in place, apartheid remains the key to understanding the multitude of problems facing the country (Christopher, 2001). Apartheid did not only rob people of their human dignity and in so doing made them vulnerable and defenceless to risk (Chambers, in Tvedten and Nandgulah, 1995), it also stripped people of social relations and networks that were meant to provide access to employment, housing and social services (*ibid.*). Without the necessary social networks people are unable to mobilise support in times of crisis. This inability to invest in and access social capital leaves people excluded from fully participating in society. Social exclusion and marginalisation are phenomena that are common amongst poor people. Women who are poor experience this burden especially. Women

are not only excluded and marginalised because they are female, but also by virtue of being Black (White Paper on an Integrated National Disability Strategy, 1997). In addition to this the women in this study are living and/or working on a farm that has its own political dynamics. These dynamics are also known for making the women more vulnerable to oppression (De Kock, 2002) and social exclusion. Groups of people who are vulnerable are much more susceptible to adverse health outcomes (Flaskerud and Winslow, 1998). It is therefore not a coincidence that the highest rate of FAS was found amongst the most socially and economically impoverished women (Viljoen *et al.*, 2002).

The occupations of female farm workers

According to Townsend (1997) occupation refers to the things people do in their daily lives, within and in response to their environment. Kielhofner (1995) defines human occupation as “doing culturally meaningful work, play or daily living tasks in the stream of time and in the contexts of one’s physical and social world”. In both these definitions the emphasis is placed on “doing”. In a single exploratory case study, Fourie (2002) explains how poverty can restrict the choice of occupations to a person engaging mostly in obligatory occupations in order to survive. She explained occupation as “the synthesis of doing, being and becoming” (Wilcock, 1998b: 249) and illustrated how a person’s occupations can be shaped by socio-economic and psychological influences. Since “being” and “becoming” emanate from the day-to-day “doing” (Wilcock, 1998b), when working with vulnerable populations it only makes sense to start by uncovering and building an understanding around what people do and to develop an insight into the subtle and overt influences on their occupations.

Women can be limited in their occupational choice and engagement by social and other expectations (Whiteford and Wright-Sinclair, 2005). Barret and Browne (1993: 3) refer to the “triple workload” that African women bear in having to perform the demanding task of being wives, mothers and workers.

Doing provides an “outlet for personal expression and creativity” (Bonder, 2001: 316). In order to understand such expressions of personality and creativity it is important to consider any behaviour against the backdrop of life history, the context in which the life exists and the “intersection with the social history of the community” (Rowles, 2000: 57). While doing a literature search, no information could be found in the peer reviewed literature that specifically focused on the occupational engagement of female farm workers. Although intensive research has been done on the diagnostic features of FAS, the characteristics of mothers of children with FAS, prevention amongst youth and intervention strategies for children who have been diagnosed with FAS, no research could be found on the occupational engagement of women at risk of having children with FAS. The two distinct activities that could be identified from the referenced studies were that female farm workers worked during the day and engaged in binge drinking over weekends. This obvious lack in information on occupational repertoire and possible influences on the occupational engagement of female farm workers was disturbing and suggested a gap in the literature. Since an understanding of the occupational repertoire and the factors influencing it would contribute to a comprehensive strategy to reduce the incidence of FAS, both nationally and internationally, a study of this subject would be of critical value.

The occupations of farm workers

From what was gathered from the literature on other topics related to FAS, it is evident that farm workers work between 7-9 hours per day. If workers are not religious, weekends are spent drinking alcohol. If workers are religious they tend to drink less or not at all. Such workers attend church activities over weekends. Recreational activities on the farm are limited and this poses a problem especially for the younger workers (Interview with gatekeeper). Females are mainly responsible for chores around the house. It is a common perception in rural communities that girls are not expected to do well in school and their schooling is the first to be terminated should there be financial or other problems

in the family. Although boys do some chores around the house they are not as many as those that the girls are responsible for.

Most adult female workers work as seasonal or casual workers on the farm on which they live or on neighbouring farms. Male workers are mainly fully employed on the farm. Farm workers often visit family in nearby towns or on neighbouring farms.

HEALTH

Kvigne *et al.* (2003) state that adults who are affected by alcohol exposure themselves often display poor judgement, poor memory, slow learning and lack of abstract thinking skills. In his study Beckman (1994) stated that women who abuse alcohol experience more physical and sexual abuse than women who do not drink alcohol. Problem drinking amongst women is linked to depression (Gomberg, 1994) and mental health problems (primarily depression) (Kvigne *et al.*, 2003). (Whiteford and Wright-Sinclair 2005: 59) state that from a humanistic perspective health is viewed as a "personal goal" and that people should be free to obtain this goal through their **own efforts**. From an occupational perspective wellness is defined as the extent to which people are able to engage in **chosen** occupations. When Fourie (2002) suggests that health and ability through occupation is a personally constructed task, and that occupational health and wellness include elements of **choice, meaning, balance, satisfaction, opportunity** and **self-actualisation**, it is clear that in order to be healthy a combination of the factors highlighted are needed. However, all these necessary factors seem to depend on the inherent abilities of the individual. Judged against what was found in studies done by Kvigne *et al.*, (2003), Beckman (1994) and Gomberg (1994) it is difficult to imagine individuals who have been rendered powerless due to influences beyond their control, having the ability to utilise their potential in a quest to promote and sustain the development of their environments (Emerson, 1995) without external support.

OCCUPATIONAL ENVIRONMENT

It is vitally important to understand people in the context of their environment, life history and ways of acting in the world (Leys, 1990). Occupational performance is characterised as the transaction between the person, the environment and the occupation (Law *et al.*, 1996). The environment includes physical, social, political, economic, institutional, cultural and situational contexts that can enable or disable performance. Kielhofner (1995) proposes that the environment contributes to the way we choose, organise and enact our occupations. London (1999) questions whether farm workers have a choice when it comes to the lifestyle they live and especially to what they do on a daily basis. Since farm workers come from generations of oppression and limited opportunities, can one really expect them to organise their environment in such a way that it will suit their choice of occupations?

Kielhofner and Kiernat in Kielhofner (1995) suggest that the environment presses for certain types of behaviour that will evoke either involvement or boredom. When Viljoen *et al.* (2002) argue that drinking at shebeens (informal bars), in the home and in other venues is a major form of recreation for a substantial subculture of the farming population in the Western Cape, it can be implied that these people choose to spend their leisure time (mainly weekends) in this way. The question then immediately arises: Do farm workers therefore participate in drinking because the environment presses for behaviour which is "at the upper end of a person's capacities" (Kielhofner, 1995: 92), thus supporting the public perceptions about the natural tendencies of Coloured people to drink heavily (London, 1999a); or do they participate in occupations that are already available in the context and therefore easily accessible in the immediate environment? Again no literature could be found that addresses this question.

Whiteford and Wright-Sinclair (2005) argue that individuals are embedded and embodied within their societies and that the social organisation is the locus through which individuals find expression. When De Kock (2002) states that

abusive drinking develops as a result of social conditions which in turn are the product of class relations, she is suggesting that one is dealing here with much more than farm workers and their drinking patterns. We are dealing with a person as part of a social matrix. This social matrix also consists of a combination of factors that might perpetuate the violation of human rights (*ibid.*) and subsequently withhold people from engaging freely in chosen occupations. Wilcock (1998a: 145) refers to this state as “occupational deprivation”. People who suffer from occupational deprivation are precluded from acquiring, using or enjoying something due to an external agency or circumstance. Such individuals have no control over the influences that hinder their engagement (Whiteford, 2000). Ramugondo (2000) reported a similar state when she referred to workers who have in the past, and today still are experiencing poverty and social isolation as a direct result of repressive state policies. The results of such policies can be seen in the way many farm workers still make a living today. When De Kock (2002: 8) suggests that farm workers drink alcohol as a “response to suffering that permeates their lives”, she beckons for something to be done to alleviate the negative impact of not only the current social environment, but also for something to be done to redress injustice as experienced by farm workers. In occupationally “just” societies, economic, social and political forces are used to create equitable opportunities which allow people to choose, organise and perform occupations that they find “useful or meaningful in their environment” (Townsend, 1999: 154).

CONCLUSION

Maternal alcohol consumption during pregnancy and the resulting FAS is a very complex issue and the literature suggests that FAS has many aspects to it (historical, maternal, genetic, domestic, environmental, socio–economical, contextual and political). (Whiteford, 2000: 202) posits that in future “an occupational perspective is a requisite to considering the occupational needs of people as individuals and within society” to address challenging occupational phenomena such as FAS. Such an approach to FAS would provide a comprehensive approach to effectively reducing the occurrence of FAS. It is

believed that the mother as a primary point of reference is a crucial role player in finding an effective solution to reducing FAS in rural farming communities. By investigating the occupations of mothers who are at risk of having children with FAS, the researcher aims to identify and explore the occupations they engage with (occupational repertoire) in their living environment. In so doing, key information will be extrapolated that might inform health promotion and prevention strategies within occupational therapy practice.

University of Cape Town

CHAPTER 3

RESEARCH METHODOLOGY

PROBLEM STATEMENT

Women who drink during pregnancy expose their unborn child to potential damage to the neurological system. Although not all children who have been exposed to prenatal alcohol abuse always inherit cognitive and intellectual impairments, most children do suffer from the effects of excessive prenatal alcohol use. Alcohol abuse is a phenomenon that is not only experienced within groups of people who are socially and economically vulnerable. Women from middle and upper class groups may also bear a child with FAS as a result of prenatal alcohol consumption (Abel, 1995). However, alcohol abuse is more common in lower socio-economic status families and focusing on a group of women who are socially and economically impoverished does not only alert society to the problems the individual mother is experiencing, it also emphasises public health (London, 2000) and human rights issues which were neglected for much too long within many professions, including occupational therapy (Fourie, 2002).

With all the existing medical approaches, attempts have been made to address the problems experienced by the child affected by prenatal alcohol abuse. However, not enough is being done to involve the mothers at risk of having children with FAS in searching for a sustainable and effective solution to reduce the occurrence of FAS. The literature provides evidence for the social and economic circumstances that the mothers of FAS children have to live in. It is also clear from the literature that little has been done to investigate from an occupational perspective what the occupational matrix of these women is. Without knowing the very nature of what these women do on a daily basis it is impossible to suggest ways of addressing the problem of FAS. This study argues that the information on occupational engagement of women at risk is needed to

inform the planning of sustainable and effective prevention strategies. Young female farm workers should be the starting point when it comes to addressing the issue of prenatal alcohol abuse. Once these women are in a position to share their own life experiences and researchers are able to translate them into prevention and health promotion strategies, they could contribute greatly and work collaboratively with health and other professionals in tackling prenatal alcohol abuse. Although no definite suggestions with regard to specific prevention strategies can be made at this point, the study would like to take the first step in the direction of what can be seen as an exploration into the contribution that an occupational perspective could make to the problem of FAS.

RESEARCH AIM

The aim of the study was to identify and explore the occupations of women, who live or work in a rural farming community, and who are at risk of bearing children with FAS.

RESEARCH OBJECTIVES

The objectives were:

- to identify the different occupations in which women at risk of bearing FAS children engage in;
- to explore these beyond those occupations we already know of (i.e. work and socialising); and
- to develop an understanding of the influences on occupational choice and occupational engagement.

RESEARCH PURPOSE

This study hopes to gain an understanding of the occupations of women who live and/ or work on a farm and who are at risk of having children with FAS.

Kielhofner (1995) defines human occupation as the doing of culturally meaningful work, play or daily living tasks in the stream of time and in the contexts of one's

physical and social world. Occupation is also defined as the “ordinary and familiar things that people do every day” (Christiansen *et al.*, 1995).

It is apparent from the literature review that women who live and/or work on farms engage in the occupations of work and socialising. Work on a wine producing farm usually involves tending fruit trees and vines, as well as harvesting and packaging fruit. Socialising refers to the things the women do with family and friends after work and over weekends. Alcohol consumption often seems to form a great part of socialising. This study would like to explore occupations other than the two already mentioned within the living environment of the women. Hopefully this will provide a more comprehensive picture of the ordinary things these women do. Bonder (2001) posits that there is an interactive relationship amongst the various elements of occupational choice, enactment and meaning. Although the meanings behind occupations and the environment in which occupations take place are not the focus of this study, the meaning that participants attach to their occupations (Yerxa, *et al.*, 1989) will be considered in order to form a thorough understanding of the occupational repertoire (what is available), occupational choice (what is selected from the available occupations) and occupational engagement (participation in selected occupations).

Life roles provide the context for expressing competence in occupational functioning (Schkade and McClung, 2001). As there is a “dynamic relationship between people, their occupations and roles, and the environment in which they live [and] work” this study will also consider the life roles of participants as a way into exploring occupations (Law *et al.*, 1996: 67). In understanding the life roles and the occupations that accompany them (not overlooking the contextual influences) this study can contribute to a better understanding of the lives of mothers at risk of having children with FAS. The study would like to allow the mothers (who are a crucial link in the cycle of FAS) to state what they think constitute their lives. In doing so the researcher will give a glance into how the mothers choose the occupations they engage in. In the long run, this might

contribute to addressing the one leading preventable cause of intellectual impairment: alcohol abuse during pregnancy. In the attempt to promote health giving occupations and improve the health and wellbeing of female farm workers, this study would like to introduce an occupational perspective to the issue of alcohol consumption during pregnancy (Wilcock, 1989a).

STUDY DESIGN

Qualitative research

Qualitative research takes place in a natural setting. It involves an "interpretive, naturalistic approach" to the issue being studied (Denzin and Lincoln, 1994: 2). The researcher collects data in the form of pictures or words and analyses them. Emphasis is placed on the meaning that the studied phenomenon holds for the participants (Creswell, 1998). Qualitative methods also allow the researcher to explore a phenomenon that has not been researched before (Creswell, 1998). Since very little is known about the types and the nature of the occupations of female farm workers who are at risk of having children with FAS, this method is appropriate for doing this study. An instrumental case study was done in order to explore and facilitate understanding of a phenomenon (the occupational engagement of female farm workers who are at risk of bearing children with FAS) within the context of a rural farm. More than one case was studied (collective case study) so as to get a combination of characteristics (e.g. single, married, with or without children, education level and status of the farm on which they live or work). This allowed the researcher to identify unique occurrences and to highlight similarities and differences within and across the cases. In the study the researcher is an active learner, telling the story from the participants' viewpoint. The three case studies were described in the following pattern: The problem, the context, the issues and finally the lessons learned were highlighted.

Lincoln and Guba (1985) defined a case study as a bounded system. The research case studies were bounded by the context (the living environment of participants and the particular factors within this environment that make these

cases so unique). The cases were also bounded by time as this study had to be completed within a certain time frame. Thick descriptions of all the cases were provided and relevant contextual and observational data were included (Lincoln and Guba, 1985).

Study population and sampling

The sampling population consisted of women who are working on a rural farm in the Western Cape region. The average ages of women in previous studies (Adnams *et al.*, 2001; May *et al.*, 2000; Viljoen *et al.*, 2001; Viljoen *et al.*, 2002 and Walker *et al.*, 1999) ranged between 18-40 years. This study used the same age range. Purposeful sampling was used and the participants were encouraged to share their experiences with the researcher.

The following inclusion criteria were used. The participant had to:

1. Be female;
2. Live and/or work on a farm;
3. Be between the ages of 18 and 40 years;
4. Be able to have children in future;
5. Be single or live with a husband or partner. The amount of support received from the partner would be recorded as this directly influences the psychological wellbeing of the mother (Walker *et al.*, 1999, Giunta and Streissguth, 1988 and Viljoen *et al.*, 2002);
6. Have less than 10 years of formal education; and
7. Have a family income of R1 500 or less (Croxford and Viljoen, 1999).
8. Admit to consuming alcohol during the week or over weekends. London (1999) cited levels of safe drinking at 210 grams per week and dangerous drinking at more than 490 grams per week.

Selection of participants

Initially the researcher contacted the Foetal Alcohol Research Foundation at the University of Cape Town. This was done in an attempt to join the existing cohort study that was in process. By the time that this study got ethical approval the cohort study had been completed. The entry to farms in many instances was a complicated issue and it was therefore important to link up with existing researchers within well-established projects. The next step was to contact the principal investigator of the DOPSTOP initiative, Dr Leslie London. A meeting was set up and the researcher met the key people involved in research projects with female farm workers. After a brief presentation of the study the researcher was accepted as a co-researcher on the DOPSTOP team.

The cases were selected on the basis of purposefulness, accessibility and the fact that they had some unusual aspect (Creswell, 1998). This study population was not necessarily representative of the farm worker community: instead, the elements of balance and variety were of greater importance and the opportunity to learn from these cases took precedence (Stake, 1995). Care was given to the type of farm that the selected participant came from. One participant from a developed farm was selected and two participants from a farm with a lot of problems between workers and management were selected. The workers also lived in very harsh circumstances with basic services lacking.

Purposive sampling was used and participant selection was based on certain predefined criteria (Depoy and Gitlin, 1994). One participant was recruited with the help of a farm health worker¹. Two other participants were identified with the help of the co-coordinating clinic sister, who is also a committee member of DOPSTOP. These two participants lived on the same farm. From the information

¹ Farm health workers were ordinary farm workers who received training in a variety of health related issues. Training is ongoing as they assist in awareness raising, identification of disease and referral to health services.

gathered by the sister-in-charge of the municipal clinic the researcher learned that the attitude of farm owners indirectly influenced the drinking behaviour of farm workers. She shared her experience of how farm owners, who create opportunities for farm workers to engage in a variety of leisure occupations like sport or attending a theatre, have a more productive and healthier workforce.

In order to investigate these claims and to create the opportunity to contrast this case with the other two cases that lived on a less-developed farm, a third participant from a well-developed farm was selected.

The specific cases were selected in order to deliberately pursue two different patterns (Yin, 1994). Firstly, for theoretical replications (prediction of similar results), two participants who lived on the same farm were selected. Labour relations between workers and farm management were poor and workers lived in harsh conditions. There was a huge age gap between these two participants. They lived in the same circumstances, both had children removed from them at an early stage of their lives and both were not working at the time of interviewing.

Secondly, for literal replication (contrasting results but for predictable reasons), the third participant who lived and worked on a well-developed farm where labour relations between management were well-established was selected. This participant was in the same age range as one of the participants who lived on the less-developed farm. She also had more years of formal educational training.

One participant was a seasonal worker and was unemployed at the time of the interview. She grew up in a nearby township. She lost both her parents at a young age and was raised by a family member. At the time of research she lived with her partner who was a full-time general worker in the nearest town. She had a newborn baby of two weeks and was not planning on going back to work before she could find a trustworthy person to care for her child while she was at work. The second participant worked for a gardening service in the nearby town

and she lived with her partner, who was farm worker. The third participant was a single mother of two children. She was a farm worker on a different, more developed farm. She grew up on the farm and both her parents were farm workers. She was still staying with her mother and two sisters. She was the youngest in the sample. Table 1 describes the characteristics of the participants in terms of educational level (EL), single with children (SWC), living with partner (LWP), age (chronological age of participant), poorly-developed farm (PDF) and well-developed farm (WDF).

Table 1 Characteristics of the participants.

	EL	SWC	LWP	AGE	PDF	WDF
Participant 1	Std 4		✓	25	✓	
Participant 2	Std 5		✓	39	✓	
Participant 3	Std 7	✓		23		✓

Although the initial study design stipulated four participants, this did not happen as planned. As a result of a combination of factors (reluctance of potential participants to talk to a stranger about their occupational engagement, the fear of being exposed to law and health authorities and the time it took to negotiate access to farms) it was not possible to interview a fourth participant. Since all interviews had to be completed before the commencement of harvest time (which was a month and a half after starting the initial interviews) it became more difficult to accommodate a fourth participant later in the study. However, this did not compromise the credibility of the study as four is the maximum number of participants suggested for a case study (Stake, 1995).

DATA COLLECTION

Interviews

All participants were interviewed in their homes. In-depth, unstructured interviews were used as the primary method of data collection. Unstructured interviews allowed the researcher to present the area of study and then use probing

questions to obtain more information (Depoy and Gitlin, 1994). Another advantage of interviews is that the interviewees' own framework of meanings could be discovered (Britton, 1995). Interviews also assisted in getting rich, descriptive information of the women's subjective experiences (Patton, 1990) of the everyday things (occupations) that form part of their lives. Interviews were useful for finding out more about the women's occupational choices, and engagement. Two one and a half hour long interviews were held with two participants and three one and a half hour interviews were held with the third participant². The third participant was more information rich than the other two participants and therefore required a third interview in order to reach data saturation. After analysis was completed, a final member checking interview was arranged with two of the participants.

A narrative approach was taken as this allowed the participants to tell their stories while the researcher listened (Holloway and Jefferson, 2000). It was important to gain as much information as possible about their past and present lives, and more especially about how participants viewed and experienced the world in order to understand certain occupational choices. Storytelling was especially helpful in describing the participants' occupational engagement. The descriptive data that formed part of the stories provided the researcher with situational data and often explained certain phenomena in more detail. To ensure that the story relates to the topic of the study, without giving too much guidance, the researcher asked questions that elicited information to answer the research question.

Briggs (1986: 39) states that it is not uncommon for the participant's own discourse rules to "infiltrate" the interview. The researcher was clear as to her research objectives and planned questions and prompts so as to answer the research question. However, as the research process progressed the researcher

² See Appendix 4 for outline of interviews.

realised that although she might be clear about the purpose of the visit to participants' homes, the participants viewed it as an opportunity to share about their lives in great depth. Based on the nature of what participants have shared it was not always possible or appropriate to steer the interview in the direction the researcher had planned. Since the interviews served as a space in which participants could reflect on their lives and as long as issues related to and informed the research topic, slight deviations from the specific topic were allowed.

After good rapport was established, participants were completely at ease with the researcher. At times the participants started talking as soon as the researcher entered the door. Often valuable information would be shared in such an informal way and in some cases the researcher stopped the conversation in order to record it on audiotape. In other cases information was recorded in writing. It was important to reformulate questions so as to confirm initial responses. Verifying questions were asked to confirm accurate recording of data. Emphasis was placed on events rather than on dates (Briggs, 1986) as it became apparent that the events were more significant than the actual date or time when the event took place. This approach was also appropriate to address the problem of impaired memory often displayed by some participants and their inability to recall exact dates and times.

All interviews were tape recorded and later transcribed. All interviews took place in Afrikaans, as the sample population was mainly Afrikaans-speaking. Interviews were done over a period of four months. Each participant had a period of at least one week before the next interview. This allowed the participants to think about what they had told the researcher during the interview as well as what had transpired during the visit. It also allowed the researcher time to transcribe data before the next interview. The researcher realised how important it was for participants to be able to reflect on what they had told about themselves and their lives. Having time to ponder over what was discussed during the interviews and

to talk about such issues during the next interview allowed the participants the opportunity to become more aware of their actions in a way that they would be able to express what they thought would facilitate the process towards their own health and wellbeing. In so doing the space provided by interviews afforded them the opportunity to develop new insights into their occupational choices, the barriers and opportunities to making these choices.

Field notes

A second method of collecting data was field notes. These notes contained descriptions of what had occurred or of what had been observed. Direct observations of actions, emotions and even body language of participants were recorded. Observational notes were later analysed, coded and added to the rest of the data.

Personal Research Journal

Thirdly, the researcher kept a personal research journal. All thoughts, feelings, obvious assumptions, questions, mistakes, confusions and breakthroughs were recorded comprehensively. This process prompted additional reading that could assist in how the researcher made sense of the research material and the research process. This journal was a space for reflecting on the research process as well as on the researcher's own processes of becoming increasingly more familiar with the participants and the context in which the research process was taking place.

Gatekeeper

One of the farm health workers acted as a gatekeeper. She introduced me to the lives that people and more specifically women led on farms. She also introduced me to one of the three participants who formed my sample population. During the period of data collection, the identified participant was on maternity leave and had to be contacted at home. Having a gatekeeper made it easier for the researcher to gain access to this participant. As a result of these different

interactions that the researcher had with the gatekeeper before commencing the study, the gatekeeper knew the researcher better than the participant. By having the opportunity to find out more about the researcher via the gatekeeper the participant was able to develop trust.

Key informant

During the initial stages of the research process, the researcher did an **interview with the sister-in-charge** of the municipal clinic. The sister-in-charge was an experienced nurse who had been working with farm workers at the clinic for the past thirty years). She acted as a **key informant** for the study. The information gained during this interview helped the researcher to situate herself in relation to the research context, the prospective research participants and the research process.

A **final interview** (member checking interview, Appendix IV) was held with two of the three participants³ to ensure the accuracy of data analysis and to terminate the interview process.

TRUSTWORTHINESS AND RIGOUR

Credibility

The credibility of the data relied heavily on the storytellers' motivation for telling the true story of what they currently do on a daily basis and memories of what they used to do earlier in life. For this reason the participants had to be selected carefully and only women who displayed interest and commitment and who in the researcher's opinion were information rich cases were interviewed.

Since the farming communities are so closely knit and the small community operated as a family rather than a community, the researcher did not think it appropriate to verify information received from participants with other members in

³ The third participant had moved back to the Eastern Cape and could therefore not be located for the member checking interview.

the community. This would damage the trusting relationship that was built up over a period of four months and that was so well-established. Instead, the participant was asked about details of information that did not correlate to information that was given on a different occasion.

The researcher made copious notes of all observations to add to the credibility of the study. On the researcher's request to take photographs of participants' homes, two of the participants declined. The researcher realised how intrusive participants experienced the taking of photographs. It was the researcher's ethical responsibility to respect the private space of the participants in which she was only a guest. Instead photographs of the immediate home environment were taken (see Figures 1-4 in Appendix II). In addition verbal descriptions of the home environment were recorded on audio tape and later transcribed.

Finally, the researcher spent more time in the research environment besides the time spent for doing the interviews. This included spending time within the participants' home environments and recording general observations. Although this was not initially one of the information gathering methods, the researcher realised the importance of spending time in the field without necessarily speaking to anyone. On both occasions the researcher would ask permission from the particular participant. Two mornings (three hours on each occasion) were spent in this way. This approach provided the researcher with "adequate submersion" in the research setting and thus prolonged engagement (Leininger, in Krefting, 1991: 217).

Reflexivity

A personal diary was kept in which the researcher's subjective experiences of the research process were reflected. The personal diary acted as a space in which the researcher could write down her thoughts and emotions about the interactions with participants, the context, as well as her reactions towards issues under discussion. In this way any preconceived beliefs and opinions were made

explicit by bracketing (Holloway and Wheeler, 1996). It was also a place in which the researcher could do self-inquiry as a way of clarifying her thoughts (Finlay and Gough, 2003). An advantage of keeping regular written accounts of the research process is that it enhanced reflexivity and ensured that the researcher was at all times aware of how her assumptions influenced the research process.

Triangulation of data collection methods

By comparing data from interviews with participants, interviews from the key informant and observations made by the researcher, different sources could be used to enable data triangulation (Gliner, 1994).

Thick description

A narrative was developed about the context in which the research took place. In this way other researchers who may wish to apply all or part of the findings are able to make judgments about the degree of fit or similarity in future studies (Lincoln and Guba, 1986).

Peer debriefing

The researcher made use of peer debriefing (Lincoln and Guba, 1985) by involving two impartial experienced researchers with whom she could discuss the research process and findings. These opportunities were also used to discuss insights and problems regarding the research. This was done at regular intervals during the research process.

Member checking

All three participants had the opportunity to inspect the findings closely. This was done on two occasions: firstly, after the first phase of analysis and secondly, after analysis was complete. Participants verified the content of the four themes that emerged from the data. The titles of Themes 1, 3 and 4 were verified. The titles of themes had to be slightly adapted to capture the participants' experiences more accurately.

Transferability

Because of the exploratory nature of this study, transferability is not applicable.

Dependability and confirmability: audit trail

An audit trail was kept throughout the research process. The steps of the research process as well as the process of data management were recorded in a field journal. This journal included a schedule of actions and logistics of the study, as well as notes on decision-making around the methodology and the rationale of the study.

ETHICAL CONSIDERATIONS

Ethical approval was gained from the Research Ethics Committee at the University of Cape Town before commencement of this study. After ethical approval was granted the researcher met with relevant team members of the DOPSTOP project. During this meeting written information regarding the study was provided and the rationale and methodology were presented. Since the DOPSTOP team had already negotiated permission for entry to farms and potential participants, permission for entry for this study was negotiated via this project with the farms involved. As farm owners were aware and approved of the research activities of DOPSTOP in collaboration with the local authority health services, they welcomed any involvement that supported the DOPSTOP initiative. This made it fairly easy to negotiate appointments with workers after the researcher was introduced as one of the DOPSTOP team members. Set times did not interfere with work responsibilities and interviews were usually scheduled outside working hours or during lunch time. Informed consent was received from all three participants as the research process was explained in simple language. Initially one of the participants granted verbal consent only and refused to sign the single page consent form. However, after establishing a trusting relationship with the researcher the reasons for her refusal could be discussed and questions clarified. After assuring her that her verbal consent was adequate in the presence

of a witness the participant agreed to sign the consent form after all. The remaining two participants signed the consent form after confirming that they understood what the research involved. Participants were reminded that they could withdraw at any time during the study period. Participants were treated with dignity and special care was taken to respect their autonomy and right of privacy.

Interviews were conducted in the participant's home or in a private room or space to ensure confidentiality. To further ensure confidentiality, pseudo names were assigned on the first day of the interview process. The pseudo names were used to identify the different participants throughout the research process. No names or identifying details or information regarding employers were disclosed and no employer was incriminated in the way data was reported. By doing this the researcher ensured that no job losses or even evictions occurred as a result of the participants' involvement in the research study. Raw data containing the participants' and employers' details was securely stored during the research process and destroyed after the data was entered on the data base and analysed. When needed, additional raw data (e.g. photographs, see Appendix II) were collected only after participants' permission was asked. Although this was negotiated as part of the consent form, all participants were hesitant to allow the researcher to take photographs of the structure inside their homes, mainly because they felt that their privacy was being intruded. I respected their feelings of discomfort and only took photographs of the immediate home environment outside their homes.

Reporting the results

Participants have been informed that the results of the study will be used to inform researchers and health workers on the implementation of programmes that will prevent FAS and promote the health of many mothers and children in the long run. A meeting is scheduled with all stakeholders as soon as the final university feedback on this study has been received. It was also explained that the results of the study will be used to inform community projects or initiatives by

the local authority to address issues identified by the study. Recommendations from this study could be utilised to plan future health promoting projects in such a way that some of these issues are addressed.

Reimbursement of participants

The participants did not have any financial expenses during the course of the study. The researcher visited all participants at home for doing the interviews. All three participants were invited for a lunch and received a small gift to thank them for their participation in the study.

Referral to appropriate services

There was no need to refer any of the participants to other services like rehabilitation, counselling and support by community health workers or non-governmental organisations (NGOs). The researcher did leave her contact details should any of the participants need support with this in future.

DATA ANALYSIS

Each case and its setting were described in detail. The interviews were transcribed verbatim (in Afrikaans). Data was then managed using the QSR N'Vivo computer software package, primarily as a tool with which to manage the coding process. An inductive approach was used. This approach provides for the truth to be revealed or uncovered based on the perceptions of participants (Depoy and Gitlin, 1994). Categories or patterns are thus allowed to unfold or emerge. Open coding was used whereby the data was closely examined and certain phenomena named and categorised (Strauss and Corbin, 1990). During this process the data was broken down into discrete parts, closely examined and compared for similarities and differences. Questions were continually asked about the phenomena as reflected in the data. The process of open coding helped the researcher to filter out her own motives, fears or unresolved personal issues separate from collected data.

Selective coding was used in some stages of the analysis process, especially when the researcher was particularly focusing on information about occupation. Selective coding aided in elaborating on a core category (e.g. previous and current occupations) around which the other developed categories could be grouped and by which they were integrated.

Level 1 analysis: This involved a within-case analysis (Stake, 1995) of each case individually. Open coding was used to break data down into meaningful phrases (codes). Colour coding was used to highlight meaningful pieces of data (codes). Similar codes were collapsed to form sub-categories. Assertions were made for each case and an interpretation of the meaning of the case was presented verbally to the supervisor.

Level 2 analyses: Following the first level of analysis was an across-case analysis (Stake, 1995). The first step was to look for similar sub-categories across the cases. These were then grouped and assigned a symbol. Secondly, differences were highlighted and also marked with a symbol. The third step on this level was to collapse similar sub-categories into a total of 29 categories. Finally, the 29 categories were collapsed into three themes. Again, assertions were made and interpretations formed about what the data was telling the researcher.

Level 3 analyses: This stage of analysis required the researcher to restructure the data back into a meaningful whole. It was helpful to discuss the data with an experienced researcher who was familiar with the case study method. This researcher was able to look objectively at the process of data analysis as well as at the process of how the three themes had developed.

Reliability of coding

The researcher attempted as far as to possible steer away from fixing meaning too early in the analytic process since this might have stifled creative thinking and prevented the researcher from seeing new things (Seale, 1999). Peer auditing and reflexive methodological accounting were used to enhance the credibility of coding. During the process of coding it was important that the researcher continuously monitored how she related to the topic of research and the issues that were highlighted by it. An example of an emerging issue would be poverty and the accompanying suffering. Finlay and Gough (2003: 98) use the terms "self-abandonment" and forgetting the "self" in referring to a state where the researcher is able to listen to the participant without focusing on the emotions and thoughts that arise during the interactions. Admittedly, this was not an easy skill to master. However, an improvement in the quality of the interactions and responses was noticed between the first and the last few interviews. Specific attention was given to self-other relations and capturing what transpires from the interactions between researcher and participant. This enabled the researcher to step back in an attempt to "let go of preoccupations with self" and to allow the participants' voices to be heard (*ibid*: 99). Although the personal journal was the main tool in facilitating this process, discussions with a supervisor were equally of great value.

CONCLUSION

This qualitative research study of women who live and/or work in a rural farming community and who are at risk of having children with FAS was conducted with a carefully selected sample of participants. Data collection included interviews, field notes, a personal research journal, as well as a gatekeeper and key informant. Due care was taken to ensure trustworthiness, rigour and ethical considerations. The data corpus was examined at three levels of analysis to sift out the dominant themes and categories of the research findings as presented in Chapter 4.

CHAPTER 4 FINDINGS

The twenty nine categories and four themes that emerged from the analysis of study data are presented below⁴.

Table 2 Themes and categories.

<p>Theme 1: Als moet swaar gedoen word (Nothing comes easy)</p>	<ol style="list-style-type: none"> 1. Being a woman means working hard 2. Starting to work at a young age 3. Not having things of my own 4. Challenging environment 5. Nêrens om te gaan, niks om te doen 6. Working hard and long for others 7. Just to get money 8. Losing loved ones 9. Loss of a life role 10. Unstable childhood 11. Being in uncaring or abusive relationships 12. Being in a relationship with an unsupportive partner
<p>Theme 2: Trying to make this life bearable</p>	<ol style="list-style-type: none"> 13. Feeling helpless 14. Feeling bad about myself 15. Being of little worth 16. I drink 17. Sleeping as a way of dealing with stress 18. Causing trouble 19. To drink or not to drink 20. Not having control over my drinking 21. Fear of losing friends
<p>Theme 3: Rekindling hope</p>	<ol style="list-style-type: none"> 22. I can think for myself 23. Need for taking up lost occupations 24. Hoping for good things to happen 25. Reminiscing better times

⁴See Appendix VI for categories and sub-categories.

Theme 4: Baking bread with little	26. Helping others in need 27. Having a routine around household chores 28. Having enough to do 29. Cleaning, cooking and caring for my baby
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THEME 1: ALS MOET SWAAR GEDOEN WORD

Being a woman means working hard

All three participants in the study confirmed that living in the rural farming context and being a woman was not an easy task. Their experience of being women related to working hard for most or all of the day with a daily routine that revolved around cleaning, cooking and caring for children. Difficulties did not only lie in doing these things with little positive reward, but also in the context within which these tasks took place. Furthermore they had to contend with the scarcity and unavailability of basic resources like clean water and electricity. Although the women were in full-time jobs and not at home for most of the time, they were still responsible for fetching water and wood for household use. Wood had to be carried for long distances at times when there were no other means for cooking food and warming the house. One participant captured this existence of suffering with the following quote:

“Want, die ma kry net swaar heeldag.”

(Because the mother suffers all day long.)

This suffering continues even while a woman is pregnant. Besides their belief that it is the woman’s role to see that these tasks are completed, working hard and suffering are perceived to have certain benefits. Household chores like fetching water and carrying it on their heads back home, or fetching wood and carrying the heavy loads home over long distances are believed to assist in the development of a strong and healthy baby. It is not unusual for a pregnant mother to move heavy furniture around the house while cleaning, or even to paint walls in an attempt to bear a strong and healthy child.

Life is definitely not easy for these women as they have to make a living in the harshest of environments. One of the participants told how she would bake bread in a pot on a two plate stove. The stove was very old and the numbers of the temperature regulation buttons were faded, making it impossible for the user to know at what temperature the stove was operating. She looked very proud when she said that she managed to discover a way of baking beautifully risen bread with this kitchen device that was practically impossible to use:

“Daai [stoof] het mos nie nommers nie, ek moet maar self draai ... Ek het maar myself gewoond gemaak aan die stoof.”

(That stove does not have numbers, I have to figure it out for myself ... I familiarised myself with the stove.)

In spite of having very little resources and no means to change this state of affairs, these mothers display an amazing ability to be creative in the way they care for their families: suffering did not prevent them from making a plan.

Starting to work at a young age

None of the participants had the opportunity to complete school. They left school for different reasons such as: falling pregnant, an inability to keep up with the homework, and the need to contribute financially to the household. As a result they all started to work at a very young age. Two of the participants started work as farm labourers and the third started work as an assistant in a nursery. It is here that these women met with the harsh realities of adult life. The work day was long and payment was little as they were doing unskilled jobs. They also bore the additional responsibility of providing for younger siblings and even the children of close family members. One of the participants especially mentioned how responsible she felt for providing for her late sister's children as well as for her elderly parents. This meant having to leave home and leave her loved ones (including her own child) to go in search of a job.

Not having things of my own

Despite making all these sacrifices and facing hardship, the women look over their lives and reflect on having nothing of their own. At some point in their lives they were without a place to stay. Having met the partners they are presently living with provided them with a home. They often lack the basic things to make ends meet on a daily basis and money is always a problem. Although all three women work for some or most of the time, they are financially dependent on their partners especially when they are pregnant or soon after a baby's birth when they are not in a position to work. Partners would often only give them a small allowance and use the rest of their salaries to buy alcohol. Even if the women did work their partners would take from their wages and buy alcohol. Not having things of their own was a major influence on what these women could do. None of the participants had transport available to get to the nearest city centre for things like shopping. This became a barrier to leisure activities for younger people who prefer going to clubs and shopping malls. Often the participants have to travel by train or walk long distances when they do not have money to pay for a train ticket.

Challenging environment

The environments in which the participants live leave much to be desired. The homes they live in are single or two roomed houses. Homes are crowded with up to four adults sharing a tiny single room. Homes do not have any water or ablution facilities. Windows are broken and the participants have been waiting for the past three years for them to be repaired. Toileting happens in one of the nearby fields and water has to be fetched from a leaking tap. Most of the time the water is unsafe for use because it is so polluted. The women complained about their babies getting diarrhoea even after having cooked the water for drinking purposes and mixing medicine.

Nêrens om te gaan, niks om te doen

All three participants attested to not finding it easy to make a living where they are presently staying. In general the people, who live and work on the farms where the women live, are not easily interested by things that they are unfamiliar with. This makes it very difficult to introduce other leisure activities that younger farm workers might enjoy. One participant mentioned that she would have liked to take up dancing as a leisure activity. However, she would find it difficult to get more people who would be interested because people would only attend if there was alcohol involved. This makes it extremely difficult for any person living here to initiate alternative leisure activities. Consequently the younger farm workers sit at home and are bored over weekends and in their free time. In most cases they join the other workers in drinking alcohol as there is little else to do. Drinking is a way of passing the time. Otherwise participants spend time watching television, sleeping or just sitting at home. It was often found that if all other attempts at finding something relaxing and enjoyable to do failed, buying alcohol from the nearest shebeen provided a way of staving off boredom.

Working hard and long for others

Participants started work in low paid jobs and for some this situation has not changed much. The occupations in which these women were employed range from domestic workers, office cleaners, tea ladies, general farm workers, seasonal farm workers and gardening assistants. The women would often be exploited and have to do much more than what they were getting paid for. An example of this was when one participant got paid as a domestic worker but had to do catering for huge numbers of people without extra remuneration. When doing similar jobs to male workers (as general or seasonal farm workers) they would get paid less without any explanation.

Just to get money

When they are unable to work far from home because they are pregnant or unable to find work, the women take on small jobs like babysitting the neighbours' children in an attempt to obtain money. This is usually done for a meagre fee of as little as R40 per month. The child being looked after would often end up with another neighbour for the day and not with the original babysitter as the people who live in the vicinity would take care of the child should the original babysitter for some reason not able to do so.

After the baby's birth, the mothers reported that they did not spend too much time at home. Although work seemed to be financially unrewarding, participants value the ability to work quite highly. In general participants were keen to go back to work soon after having had the baby. Mothers, (especially those working on less-developed farms and those who are not in permanent positions) return to work as early as one month after delivery. This is done mainly to secure a small income that they can spend on the things they would like.

Losing loved ones; Loss of a life role

The following two categories (losing loved ones and loss of a life role) will be discussed simultaneously as they speak to the brokenness these women experienced throughout their lives. This brokenness or "broken lives" speaks of the many losses in different areas and stages of the lives that the participants experienced. It highlights the pattern of instability and trauma from childhood into young adulthood that continued to be a part of these women's lives.

All the women had to deal with the loss of a loved one at some stage of their lives. One participant lost her sister with whom she was very close, in a hit and run accident. She still cries when talking about it and expresses how she has never recovered from the trauma. After her sister's death she was responsible for taking care of her sister's three orphaned children. Two of the women lost one or both parents while still very young. The death of parents generally happened in a

violent way and was alcohol related. Another participant lost her father when she was still in primary school. Her mother was an alcoholic and could not care for them at the time. A social worker placed her and her two sisters in a boarding school in the nearby city. The third participant lost her mother when her father stabbed her to death and consequently also lost her father when he was arrested and sentenced to life imprisonment. Her father was later murdered in jail. This illustrates how these women had to deal with multiple and traumatic losses early in life. Other losses include the loss of a child in different ways. One woman lost her child to the welfare when the child was placed in foster care. She has not seen her daughter since. Another woman left her child with her mother when she left home to go in search of work. Her child does not want to move back with her because she abuses alcohol.

The loss of a loved one automatically resulted in the loss of a life role. Participants admitted to still grieving the loss of life roles such friend, daughter, mother or sister. They are looking forward to taking up these life roles again when things are better.

Although one participant has been a mother for the past fourteen years (the age of her older daughter who now lives with her grandmother) she is looking forward to again taking up the role of mother with the birth of her new baby:

*"... nou gaan ek mos nou weer vir my byval. Maar jy's mos nou 'n mamma."
(Now I am going to realise: But you are a mother now.)*

*"My hart word tog seer. My dogtertjie kom darem so een twee keer 'n jaar kuier. Sy wil nie by haar ma wees nie. Sy sê haar ma drink te veel."
(I become really sad. My daughter does visit me once or twice per year. She does not want to be with her mother. She says her mother drinks too much.)*

In a later interview this participant says she is looking forward to having a new house where she would drink less and then her daughter could come and live with her.

Another participant grieved the loss of the role of being a daughter:

*"Ek het mos nie ma en pa nie. My ma en pa is daai tyd al dood al."
(I don't have parents. My mother and father died long ago.)*

Without any close relatives nearby, the loss of friends can be equally traumatic. When a woman stops drinking alcohol the role of friend may become diminished and even cease to exist:

*"Dan het ek nie vriende nie, want hulle gaan nou so het: Jy drink nie meer nie, so ons gaan nie jou vriend wees nie."
(Then I don't have friends, because they will take it: You don't drink any more, so we are not friends.)*

*"[Ek het] nie eintlik meer dieselfde vriende nie. Want hulle hou van 'party times' en ek kan mos nou nie meer 'party' nie."
[I don't] (have the same friends any more. Because they like to party, I can't party any more.)*

Unstable childhood

An unstable childhood is characteristic of the women's lives. Instability is marked by being removed by the welfare from home into foster care with different caregivers. Moving away from home also meant that these participants lost their families and friends when they moved to unfamiliar places of care. Being enrolled in more than one school within the same year because of different social workers handling the foster care also seemed to affect the participants' sense of security in their environment. Leaving school at a young age because of pregnancy or the

need to contribute financially to the household meant that participants were violently plugged out of childhood and forced to deal with issues that really only adults can deal with on an emotional level and otherwise.

Being in uncaring or abusive relationships

Being in uncaring or abusive relationships was something that all the participants had in common. Having grown up without a father or with a negative role model for a father seemed to have a major influence on their experience of males in their lives. A general message of hurt and disappointment was conveyed when participants talked about their fathers. There was even an incident where a participant was sexually molested by her foster father. The same message of disillusionment was repeated when they talked about their life partners. Stories of how partners abused them physically and emotionally were told. Incidences of unfaithful partners would often be the cause of relationships coming to an end. This caused much brokenness and tended to aggravate drinking patterns. Partners were also not very supportive when it came to caring for and raising children. Where some fathers took no responsibility whatsoever, others limited their responsibility to financial support only. The fact that the money was never enough to even cover the basics like medicine was a general complaint.

Even in other areas of life like work, participants seemed to be prone to exploitation. They reported having to work long hours as domestic workers and having to do extra work for which they never got paid. Even the people they stayed with took them for granted. One participant was assaulted by a co-worker during working hours. She was pregnant at the time. On that day she had a drink before going to work and landed in a fight with a male co-worker. She never reported the incident and went home.

The same participant had to do the cleaning at home in addition to holding down a job:

“Daai vrou [by wie ek gebly het] het my net so sleg behandel. Van Maandag tot Maandag het ek nooit son gesien nie, [dit was net heeltyd] [huis] skoonmaak! Wasgoed, stryk, kosmaak.”

(That woman with whom I stayed treated me just as badly. I did not see the sun from Monday to Monday. It was just cleaning, laundry, ironing, cooking, washing.)

As payment for staying there she had to hand over all her wages to her landlady at the end of each month:

“Ek werk en ek sien nie my geld nie. Ek kan nie eers vir my 'n panty koop nie, nie eers 'n paar skoene nie!”

(I work and I don't see a cent. I couldn't even buy me a panty, not even a pair of shoes!)

THEME 2: MAKING THIS LIFE BEARABLE

Feeling helpless

“Ek kan nie kla nie” - This was a common phrase amongst the participants in the study. When they use this phrase they are actually telling you that they have got lots to complain about, but it would not make any difference to their lives which are often ridden with problems and crises. There was a general sense that participants did not have much control over where they found themselves to be, specifically in relation to where they lived, and to alcohol abuse and smoking. They knew that their excessive drinking was problematic, especially when they were pregnant, but they were unable to do anything to stop. On being asked why they drank participants initially responded that they did not know why they drank. However, when explored a low self-esteem seemed to be the main reason.

Feeling bad about self

Negative feelings about self were cited as one of the reasons for drinking. These women underwent feelings of depression and self loathing. Feeling embarrassed about actions after a drunken spell was another reason for not feeling good about their lives as well as about the person (self) they seem to have become.

Being of little worth

Expressions of feeling deserted and used by others, belonging nowhere, being on the receiving end of hurtful and abusive actions and being good only for simple and low paid jobs carried the message that these women were not worth much. It can be said that the participants were so disempowered through a life of not having control and being treated in an inhumane way that they would not even report physical assaults by their bosses and co-workers. This treatment reinforced the message that their lives are not worth much. One participant stated that she was easily replaceable and that her boss would not even miss her presence. The fact that their presence and contribution do not make any difference as there are so many others who would like to be working in their job is common knowledge. Working long hours for very little money also sends the message that the work these women do is worth little. Inequalities in the workplace are still common. Males often get higher wages than females for doing the same work. Females have accepted this as the norm and they do not have the skill and courage to contest it. However, it does not mean that they do not take notice and internalise what it says about their worth.

I drink

Drinking took place mainly over weekends. This was especially the case of working mothers. In the case of seasonal workers who are unemployed mothers, drinking would happen at any time of the day and sometimes every day and all day long. Drinking was always accompanied by smoking cigarettes or cannabis. Women would drink mainly with friends or with a group of people. In some instances women would drink alone, for example if they had a fight with their

partners or if they did not feel like having company. The participants would often start their day with a drink, especially after a binge party on the previous night. Drinking was reported to help relieve stress and help participants cope with their problems. Drinking was also a way of escaping and forgetting the disappointments and hardships of life. One participant specifically mentioned the fact that she feels good and in a "vibe" after having had a drink.

The inability to deal with conflict was common amongst participants. Participants reported resorting to drink to deal with the frustration of not being able to communicate with partners, friends or even co-workers and thus not being able to resolve conflict constructively. After having drunk excessively, destroying things in their own homes and screaming and swearing at others in an aggressive way would let people know that they were unhappy about something.

Sleeping as a way of dealing with stress

Sleeping was another way of dealing with situations and circumstances that were sometimes unbearable. One participant stated that she sleeps when she is stressed. She also stated that whenever she experiences a crisis she just wants to sleep. In general participants seemed to spend a great amount of time sleeping either during the day or going to bed early. Besides the reason of having nothing else to do sleeping is used as a way of dealing with stress.

Deciding whether to drink or not to drink

Having a drink or abstaining from it is a decision that participants have to make on a daily basis and even from moment to moment. The women reported on the strategies they used to abstain from drinking. The first strategy is to avoid their friends. This would help them stay sober because then they would not be tempted to take a drink after deciding not to drink. However, this strategy was problematic in the sense that the friends would chase the participants up in their homes. The participant would then be forced to be part of the company and thus the drinking party. At other times the friends would come over to the participants'

homes anyway. Another strategy would be to keep busy with cleaning the house and other household chores. This seemed to work sometimes.

Not having control over my drinking

Falling pregnant forced these women to reconsider their drinking practices. In some cases women would stop drinking because it is bad for the baby's health and development. Two of the participants could not stop drinking although they knew that drinking could affect the development of their unborn babies negatively. They tried to drink less, but were not very successful in their attempts. They often found themselves being persuaded to drink by friends. Generally the women had no control whatsoever over how much they drank or when to stop. One participant was busy drinking alone on the day her baby was born. Although the mothers do not want to hurt their unborn babies they do not have control over their addiction to alcohol. Finding help is not so easy either as the women often do not have the resources to contact organisations or to seek out people who can help. As a result they have to deal with the addiction and its consequences all on their own.

Uncontrolled drinking resulted in pregnant women neglecting to eat and even missing antenatal checkups. One participant reported deliberately avoiding the antenatal nurse who had reprimanded her for drinking so heavily while pregnant.

Fear of losing friends

The participants knew for certain that they would lose their friends should they stop drinking for any reason. One mother confirmed this when she stated that she spent her weekends and all her free time sitting at home because she had lost her friends after ceasing to consume alcohol when she was six months pregnant. The only friends left for her were the older, more religious ladies in the community. To stop drinking resulted in isolation from friends and participants were forced to either form new friendships or to get back into the previous circle of friends (which often meant starting to drink again) or stay without friends.

THEME 3: REKINDLING HOPE

I can think for myself

Although the women in this study might seem lost and beyond hope for society, they do not perceive themselves as such. This category refers to those parts of the conversations in which the participants stated that to some extent they decide what they want from life. Statements like “I was not born with alcohol” and “I can think for myself” show that the women at some point deliberately decided to live the life they do now. To a great extent they have taken up what was passed on by the previous generation, but they also invented ways to survive and adapt to the environment. According to them they are making a statement in their own way – even if they have to do it when they are drunk: Nobody can tell them about life as they know what they want, even if they cannot always get what they want.

A rather redeeming fact is that participants can live their lives without alcohol. One participant mentioned that she was not born with alcohol. This information is supported by data from the interview during which the participant became very emotional when she said that her own mother never drank alcohol. Although the participant struggled to maintain sobriety, this was the one thing that brought hope to her life.

It was significant to discover that participants mentioned that after they drank they would pick fights in the hope of people taking notice of them. In response to the question whether people did not take notice of them when sober, they replied that they have more self-confidence and are better able to express their feelings and opinions when they are under the influence of alcohol. This could be linked to the low self-worth that was discussed in Theme 2.

Despite having experienced a rather harsh side of life, participants did not completely lose hope for the possibilities that the future might hold. These women knew exactly what they wanted from life. However, the realisation of their

dreams have evaded them so many times that they have had to find alternative ways to survive in the situation they are in. They know where they come from and dream about more than what they have been exposed to till now. In some cases they would recall the better times in their lives and think about the things they use to do when they were younger. This provides them with inspiration and helps to keep their hope alive. The occupations that fitted so well into their daily routines (healthful as well as less healthful occupations) have become part of the participants' life stories. Although some of the coping strategies employed by them are less than ideal, participants could use them to deal with everyday life challenges. In the absence of alternative coping mechanisms the women in the study utilised what was familiar to them and whatever was available in their environment. Even if they knew that their choices would have negative implications on their own health and on that of their unborn children, they often did not have much choice or opportunity to devise other ways of dealing with the problematic issues in their lives.

The need for taking up lost occupations

Participants expressed the need to take up lost occupations of the past. Lost roles like that of a mother to an estranged daughter and being excluded from a circle of friends were also mentioned. Other occupations that were mentioned were dancing, drinking with friends and going back to work. The one significant occupation and accompanying role is that of being excluded from a circle of friends because of termination of alcohol drinking. One participant reported on this and expressed feelings of isolation. She had to give up her friends when she decided to stop her alcohol use during the eighth month of her pregnancy. Her only resort if she wanted to stop drinking alcohol completely was to befriend the older church going members of the farming community. This finding is significant in understanding what losses and gains are being experienced when women decide to stop drinking alcohol. When the gains are compared to the losses, the women will form their own perceptions of whether it is worth the effort to stop drinking during pregnancy.

Hoping for good things to happen

Despite the fact that these women drank for the greater part of their lives and even during pregnancy they were still hoping that their children would be healthy at birth. This is rather contradictory since their actions of drinking and not looking after their own health did not really assist in making this hope a reality. This is more proof that the women still hope for good things to come from actions that are not be seen as harmful. This hope is justifiable, since it is the only thing that keeps them going from one day to the next. Dreaming about a new house in the foreseeable future holds out the promise of a restored family life and taking up the role of mother to an older daughter. It also helps to look forward to a better place far from the misery and suffering, where life would be perfect.

THEME 4: WE BAKE BREAD WITH LITTLE

“DAN'S HY NET SO PLAT, DAN RYS HY DAAI POT VOL.” (THEN IT'S THIS FLAT, THEN IT RISES UP TO THE BRIM OF THE POT.)

Making a living

The women in the study had the ability make a living with so little available and still had so much care and support left over for others in need. **Helping or caring for others** was a daily occurrence and it happened without making a fuss about it. When they were not at work they would automatically be available to help should anyone in the settlement in need of help. Cooking for elderly people and running errands for disabled and old people sometimes brought a small fee in the participants' pockets. However, as a rule they did not expect to get paid for helping other people.

In addition to this they would keep themselves busy with **cleaning, cooking and caring** for children and husbands or partners on a daily basis. The older participants especially had **enough to keep them busy**. The younger participant however complained about being bored and having nowhere to go. This might be

because she was still staying with her mother who takes responsibility for all the household chores. In short the participants make a living with what is available. Their **daily routines** are well-established and even when they seem to be doing nothing they are tuned in to a rhythm one can only find in a rural farming community of this nature. This does not mean that they do not hope for better futures. Hope seems to be the one thing that helps them to survive yet another day. Just like the raising agent embedded in the bread causes it to rise beautifully, so do the women possess the potential to rise as individuals, mothers and members of a society providing they are given the opportunity.

CONCLUSION

The findings of Themes 1 and 2 show the extremely adverse conditions under which the research participants live. However, their lives are not without hope as seen in Themes 3 and 4. Chapter 5 gives a theme by theme analysis of the research findings.

CHAPTER 5

DISCUSSION OF FINDINGS

OVERVIEW OF DISCUSSION

This chapter discusses the four themes that emerged from the findings. It looks at the lives of participants as they make a living in a very difficult context. Within this context participants do not only carry the effects of childhood experiences, but also suffer the consequences of historical, political and socio-economic systems. This is reinforced by current experiences and context. The discussion highlights how participants attempt to cope in most difficult circumstances while still managing to nurture hope for the future.

Four themes emerged from the findings: *Als moet swaar gedoen word*; Trying to make this life bearable; Rekindling hope; and Baking bread with little. These four themes will now be discussed.

THEME BY THEME DISCUSSION

Theme 1: *Als moet swaar gedoen word* (Nothing comes easy)

This theme encompasses the childhood experiences of the three participants as well as the current experiences and circumstances which perpetuate the suffering that is central to their lives. The theme refers to the perceptions that these women hold about their lives.

Childhood experiences

The participants in the study grew up in very difficult circumstances. Childhood experiences included the loss of family members such as parents and siblings. All three participants were part of poor families and the family structure was generally unstable. One participant had to leave home at a young age to go in search of work. She did this to assist her parents in providing for the rest of the family. The second participant shared her traumatic experience of being sexually

molested by a family member and another told about her life in foster care. All three participants were victims of circumstances beyond their control. Rowles (2000) argues that occupational patterns should be understood against the backdrop and as a product of a person's life history and its intersection with the social history of the community. As a result of paternalistic structures practised on farms (Waldman, 1994), the life histories and the social histories of participants were characterised by grave human rights violations. Farm workers were denied basic rights of access to water and sanitation and adequate housing (FRRP, 1997). It is known that people who have to live without basic services struggle to maintain health and wellness (Townsend and Wilcock, 2004). With such a lack of resources it is very unlikely that these women would be able to break the chains of poverty without the support of government and health authorities. In realising this, London (1999) called for the restructuring of health services to address the human rights and health needs of farming communities.

The disabling farming environment in which participants grew up contributes to the current occupational patterns that are characterised by risk taking behaviours such as alcohol abuse, experiences of extreme trauma, instability in family life, the lack of support structures in the nuclear and extended family and the violation of human rights in all spheres of life. All of these consequences are a direct result of the context in which these participants grew up and still find themselves in. It is argued that this in itself is enough to make the women feel helpless and vulnerable. The women in the study did not have easy lives as children and even now that they are adults this has not changed.

Current experiences

As young, Black individuals the phenomenon of leaving their parents' home at a very young age to go in search of work was common. Persistent lack of basic resources like food and clothes forced the women to search for work far from home. Often work was not available in their home towns resulting in their having to take on low paid jobs in other towns and cities. One of the main reasons why

participants were forced into low paid jobs was because of their low levels of education. All the women in the study had between six and nine years of formal education. These levels are higher than the five years of formal education cited by London (1998). After leaving school they automatically went into low paid, unskilled jobs, i.e. domestic work or general farm workers. Having Black people in unskilled jobs and keeping them there to form the workforce for menial jobs and hard labour, was one of the objectives of the apartheid Nationalist government. This was successfully done by providing a low quality of education to all Black people. The following quote was taken from a speech made by Dr Verwoerd, the prime minister of the Apartheid Government in the 1960s:

There is no place for him (African) in the European community above the level of certain forms of labour ... for that reason it is of no avail for him to receive a training which has as its aims absorption in the European community ... until now he has been subject to a school system which drew him away from his own community and misled him by showing him the green pastures of European society in which he is not allowed to graze. (Lapchick and Urdang, 1982: 86)

Poor quality education was an effective strategy for crippling the ability of Black people in many ways. Firstly, it prevented them from developing into productive contributors to the economy of South Africa for generations. This was successfully achieved by keeping Black men in hard labour and women as domestic workers and farm labourers. Secondly, being in a low paid job contributed to and perpetuated the state of poverty in which the majority of Black people lived and are still living. Thirdly, the combination of the impoverished environments, oppression and the inability to change this situation for decades may have compromised the physical and mental health of these people (Townsend and Wilcock, 2004).

In support of the argument that the environment plays a larger role in the drinking patterns of mothers at risk of bearing children with FAS, two of the three

participants reported that they started to drink alcohol when they first came to live on the farm. One participant explicitly stated that it was because of extreme suffering (physical and emotional abuse by her partner, not having a place to live) that she started to abuse alcohol. The second participant struggled to deal with the harsh living conditions on the farm and started to drink alcohol and abuse drugs. This is an example to how the women resorted to any available measure just to survive in this context.

This phenomenon is further explained by De Kock's (2002) statement that abusive drinking develops as a result of social conditions which in turn are the product of class relations. This study would like to suggest that the issue is not only about the drinking patterns of these women and their inability to control or stop drinking alcohol altogether. The emphasis is also not only on the women's inability to take charge of their lives and to respond in an agentic manner. It goes much further than the individual and points to the conditions that created an individual who lacks the ability to express preference for how he or she would like to exert control over the immediate environment.

Since these women are likely to be the third or even fourth generation of poor and vulnerable people, such vulnerability was most probably witnessed in the way the participants' own mothers went through life. Since one can only employ what is familiar to one's life experience it is not unusual then, that the participants would deal with life in more or less the same manner as their parents did. In this way the cycle of poor education, low paid jobs and poverty are perpetuated from generation to generation.

One thing that permeates the lives of the women in the study is the struggle to exist and the difficulty of surviving against all odds. It highlights the struggle with which these women make an existence. Participants came to accept this element of struggle as part of their lives. Struggle is entrenched with suffering as these women go about their daily routine of carrying wood or fetching water from the

nearest source. For as long as they can remember the role of being female was associated with hard work.

Now ten years since a democratic government has been elected, major inequalities with regard to employment are still being experienced. The impact that poor educational systems have on the lives of Black people and especially women is far-reaching. It will take some time to address the consequences of such systems. Besides the process of redressing inequalities, the women will need a space where their voices could be heard. An opportunity (similar to which was given during the Truth and Reconciliation hearings) is needed in which they can express the injustice that they have experienced as a result of the oppressive circumstances in which they lived. For as long as foetal alcohol syndrome has been a problem, the mothers of such children have had to take the blame for their apparent apathy towards their own health and that of their unborn babies. The participants in this study attested to the impact of the context on their occupational engagement and thus indirectly on the occurrence of FAS. It is argued that a forum like the Truth and Reconciliation forum would bring role players like farm owners and government officials to admit their contribution towards the suffering of these women. The role that social, political and economic history played in the lives of these women should be acknowledged if the problem of FAS is to be addressed successfully.

Perceptions of womanhood

Participants emphasised and repeated the belief that being women meant having to struggle. These perceptions have been shaped by their early life experiences and are maintained through their present experiences of life. Even the perception that life was all about suffering has been passed down from mothers to their daughters and was especially evident in the life of the participant whose father is of Xhosa descent. In many cases women in Africa do not have a choice but to assume the responsibilities of multiple roles of mother, wife and breadwinner. Lapchick, and Urdang (1982) report how women in the rural areas of Namibia

and Zimbabwe were forced to raise their families alone and to cope with their own intensive agricultural work while their economically active husbands worked in urban areas further away from home. As seen in the life of the one participant, women have to work hard even during pregnancy, irrespective of the health risks associated with some of the tasks that these women perform e.g. lifting and carrying heavy objects. Over the years women may have accepted these multiple workloads and incorporated them into their understanding of the women's role in society. Such responsibilities may even have been linked with health related outcomes such as that described by the participant who grew up in a Xhosa family. According to her, moving heavy objects meant that the unborn child would be strong and healthy.

Another prominent experience that participants expressed was living with such a low sense of self-worth that it becomes unbearable to face life. The women explain how they feel worthless and how this perception has been and still is being reinforced by the way they are treated by employers and co-workers. The type of work that they do and the in which circumstances they live confirm these perceptions of themselves. All the participants live their lives in extremely adverse circumstances where domestic and sexual violence within the home as well as physical assault in the work environment are common. As mentioned earlier a combination of factors left these women in a vulnerable state where they are unable to fend for themselves.

Our sense of self contributes greatly to the formation of our identities. Identities may be defined as a "stream of experience which is influenced by what happens to us and how we interpret these happenings" (Creek, 1999: 11). In this study the participants appear to be victims of their own lives and of the environments in which they live. They do not have the ability to control, affect and thus change their environment. Therefore they remain in this position as victims. According to Polkinghorne (1996) a victim identity manifests in a self-story which tells of how

an individual has lost the power to affect change in his or her life. On the other hand an agentic identity manifests in self-stories of active agency.

Creek (1999) states that our sense of who we are (and our sense of the amount of control we have) will be different at different times in our lives and in different environments. Burke (1977) identified a three way relationship between identity, action and environment in which:

- What we do and how we do it is influenced by our self-concept;
- Our self-concept is changed by what we do;
- What we do is constrained by environmental opportunities;
- The environment is changed by our actions;
- Feedback from the human and non-human environment affects our self-concept;
- Our self-concept influences the environment in which we live and work.

This relationship suggests that it is possible to shape identities by means of changing the environment (systems, structures, objects and people) so as to facilitate a different kind of exposure to individuals. If the environment presents various and different opportunities, individuals might react differently and in turn receive different feedback from themselves and others. In addition to a process during which participants are afforded the opportunity to become aware of their own unique characteristics this can contribute to reconstructing the individual and social identity. Participants will then be able to express themselves freely in an environment which they can control.

Theme 2: Trying to make this life bearable

Theme 2 elaborates on how participants deal with life as farm workers. They mention three ways to make life bearable: sleep as a way of dealing with stress, drinking alcohol and fighting with neighbours to deal with contentious issues.

This theme captures what the participants do on a day-to-day basis to survive, cope and make a living. Besides feelings of worthlessness and helplessness, participants face challenges that result in their feeling insecure in their environment. At some stage in their lives none of the participants had a home of their own. They depended on the accommodation received from live-in partners or neighbours, or had to move back into their parents' home. In some cases participants managed to get accommodation with neighbours in overcrowded homes that already had limited space.

Faced with the harshness of living and working in an environment that reinforces job insecurity as well as home insecurity will threaten anyone's livelihood and may deplete people of hope. Two of the three coping mechanisms mentioned (sleeping to deal with stress and drinking alcohol) relate to ways of coping with life's challenges by escape from reality. The third one (fighting with neighbours) is a more confrontational way of dealing with problematic issues. However, the third strategy is not effective and does not help to resolve the problems that are the actual cause of their predicament. Instead of being directed at the source of the condition they find themselves in, aggression is directed at others who are in the same situation as the participants. This obviously does not prove to be effective in bringing about a change to their circumstances and results in frustration and a quest for something to lessen the effects of their experience.

Sleeping to escape from reality

Participants reported that they often sleep if they have nothing to do. Sleeping was also a way of forgetting about and getting away from the realities of life. One participant told how she would often sleep for the greater part of the day. This

speaks of a lack of balance (occupational imbalance) between activities of productivity and those of rest and leisure (Wilcock, 1998a). Marino-Schorn (1986) suggests that people who spend most of their time in rest, sleep or leisure activities with very little work have a lower morale than those with a balanced programme of rest, work and play.

Drinking alcohol as a way of coping with life

Drinking alcohol was not only used to escape the challenges that confronted participants daily, it was often the only available activity for them to engage with in this context. Wilcock (1998a) suggests that the type of economy, policies and cultural values create occupational institutions and activities that may not only promote health and wellbeing, but can also lead to risk factors such as substance abuse. Within this small farming community, drinking alcohol became part of what people engage in on a regular basis. When any context imposes certain occupational institutions or activities on individuals it can lead to ongoing unresolved stress from occupational imbalance, deprivation and alienation which may lead to the development of health risk behaviour. The context in which the participants live facilitates easier engagement in certain risk behaviours than engagement in other more health enhancing ones. Alcohol and substance abuse is an example of one such behaviour. Although the context may make it easier to abuse alcohol the participants came to use alcohol as a means of dealing with past and present unresolved issues. A closer look at the progression of the lives of these women clearly links the brokenness and extreme trauma experienced earlier in their lives to the strategies that the women apply to cope in their environment. The women have to deal with feeling bad about their womanhood as well as about their lives on a daily basis. Accounts of loss early in life as a result of the violent death of a parent (one participant's father killed her mother), sexual molestation in childhood, growing up in a broken family without positive role models, and continuing to live a life of physical and emotional abuse by partners and even owners and co-workers are evident. The women's response to

these distressing circumstances is to drink alcohol to lessen the effects of emotional pain.

"Maar ek wil net drink en dan slaap en dan worry ek nie, maar as ek wakker skrik dan stres ek ... oor die ... vir myself." (But I just want to drink and sleep and then I don't worry, but when I wake up then I stress ... over ... about myself.)

It can be said that these ways of coping with stress are not ideal, since they do not help the women to solve any of their many problems. They also do not help to place them in a better position than before the problem arose. De Kock (2002) argues that alcohol consumption is perpetuated by generations of farm workers who have been exploited and oppressed. These people had to find a way of dealing with the extreme suffering of abuse in their personal and working lives. De Kock (2002: 108) proposes that farm workers drink alcohol in order to "escape their reality". This way of escaping the harsh realities of life is short-lived because there is not much else for the workers to do. While drinking helps these workers to experience change at a psychological level, it can unfortunately only be experienced if they are intoxicated. However, limited options of escape compel the women to use whatever skills (emotional, cognitive, and social) they have and whatever resources are available to them.

The findings of this study highlight the interplay between the social matrix, the problematic identities that were created by it and patterns of occupational engagement. Bonder (2001) suggests that each individual contributes to the building of culture. It can be argued that this is not the case for the participants of this study. They were handed down a culture that was born out of oppression and the violation of human rights. This culture was designed to keep people submissive for selfish political and economic reasons by those in authority over the lives of these farm workers. Such a social matrix violated human rights and subsequently prevented people from engaging freely in chosen occupations.

Wilcock (2004) refers to four occupational rights that people are entitled to:

1. to experience meaning and enrichment in one's occupation;
2. to participate in a range of occupations for health and social inclusion;
3. to make choices and share decision-making power in daily life; and
4. to receive equal privileges for diverse participation in occupations.

The participants in the study have been denied all the occupational rights mentioned above. This implies that they have experienced occupational injustice of extreme proportions for most if not all of their lives. Wilcock (2004) further proposes that the violation of occupational rights result in four different forms of occupational injustice: occupational alienation, occupational deprivation, occupational imbalance and occupational marginalisation. *Occupational alienation* is experienced when occupations are void of meaning and purpose. When individuals experience isolation or overcrowding it is common for such individuals to experience *occupational deprivation*. One of the participants of this study who lived and worked on a farm for more than five years complained about the lack of constructive recreational opportunities on the farm. Whenever they wanted to do something for fun they had to go to the nearest town. They then had to take a train or taxi or simply had to stay home if money was not available. This participant expressed frustration at having nothing to do and nowhere to go. Wilcock (1998a: 143) states that "boredom is the most common emotional response to lack of occupation". Boredom has also been linked with ill-health. One participant said that in most cases drinking alcohol is the best resolve for passing the time and fighting boredom.

Occupational alienation and deprivation give rise to *occupational imbalance* during which an individual can either feel bored or experience burn out. The circumstances in which the participants live do not afford them the opportunity to make choices around what they would like to engage in. Instead the participants look for ways to escape this environment, hence the abuse of alcohol and the general feelings of helplessness and powerlessness. This results in occupational

imbalance as certain activities are engaged in more than others as a way to reduce the unresolved stress caused by an unbalanced way of life.

The participants in the study have suffered and are still suffering *occupational marginalisation* with debilitating effects as they remain on the periphery of mainstream society. The violation of occupational rights suggests that occupational therapists, health professionals and role players who serve female farm workers should address these issues of occupational injustice if they wish to reduce the risk for women who live and/or work on farms of having a child with foetal alcohol syndrome.

Yet another aspect of making life bearable is the battle of deciding whether to drink or not to drink. This is a decision that participants have to make on a day-to-day and moment-to-moment basis. The decision to drink is often not a difficult one to make as friends and neighbours are always willing to participate. The environment facilitates this drinking habit as alcohol is readily available and cheap at neighbourhood shebeens or within walking distance from where the participants live. Whenever participants have decided not to drink, it was either for reasons of wanting to change their lives or for being pregnant. Such a decision would not last long because of the lack of support in the home and work environment. The partners of all the participants in the study abuse alcohol. Their partners are not supportive in tasks like caring for babies and unfaithfulness is common. Kvigne *et al.* (2003) suggest that lack of support especially from a partner can make women even more prone to alcohol abuse during pregnancy. This finding was also supported by Wilsnack *et al.* (1994). They state that the alcohol abuse behaviour of husbands and partners are a strong predictor of women's drinking behaviour during pregnancy. Although this suggests that the spouse is most influential in the drinking behaviour of women at risk, it does not underplay the influence of the drinking behaviour of close relatives in the same household and friends.

The fact that two of the three participants reported not having control over their drinking, may imply addiction to alcohol. Since alcohol is highly addictive there is a great likelihood that these women are addicted to the substance after so many years of abusing alcohol. Specialised treatment (Anderson *et al.*, 2004) outside of the home environment or where the habit is being maintained would be required to address this problem. However, it remains a challenge to deal with what will happen after treatment has been completed and the participants have to return to the same environment.

The participants' last consideration for not stopping alcohol use was the fear of losing friends. The drinking ritual mostly involves friends and family and this group forms a close circle. The members of the group usually know when and where alcohol is available and people share in times when money is scarce. Although many fights are often born of such social gatherings, the group will get together at the next occasion when alcohol is available again. It may sound strange, but the group seems to be performing a greater function than only that of a group of friends drinking alcohol. The group provides the participants with a sense of belonging. One could sense the fear of losing relations with friends or acquaintances in the neighbourhood whenever a participant considered the possibility of ceasing alcohol use. Two participants expressed concern about what effect the loss of friendship would have on them.

Theme 3: Rekindling hope

Although participants expressed feelings of powerlessness and helplessness it does not mean that they are hopeless. This theme of rekindling hope speaks of the tireless hope for a better future. Hope can be detected if one listens really carefully to the women's stories. Although they are smothered in their feelings of low self-worth and they do things that put them at risk for ill-health, it is unbelievable that these women still express hope for good things to happen. Within this theme many contradictions between what the participants said and what they did could be identified. One example is when a participant talks about

working hard in order to have a strong and healthy baby, but then continues to drink and so affect the development of the baby negatively and in the process jeopardise her hopes. Another example is how one participant mentioned that she was not born with alcohol, meaning that she is able to live without it. She refers to her mother who never used alcohol because it was against the Xhosa tradition and used this as an argument that she did not need alcohol to get through life. However, this participant struggled to maintain sobriety. She expressed sadness that she could not uphold what her mother had taught her. However, just knowing that she was brought up by a sober mother made her hope stronger for her own life without alcohol.

Participants expressed the desire to take up previous occupations such as dancing or being a mother to a daughter with whom the relationship did not turn out well. This is a clear indication that the women still live with hope in their hearts. Although these hopes seem to be corrupted by so many factors, the women manage to cling to what little hope is left. An expression of how they live a life of hope despite of the overwhelming suffering is found in Theme 4: We bake bread with little.

Theme 4: We bake bread with little

Despite the apparent inability to control some aspects of their lives and constantly experiencing the consequences of ineffective coping strategies, these women continue to make an existence in this context. They go about their daily routines like any other woman who needs to care for her family. They also care for others in the community and in this way extend something of the hope that they carry within themselves. Although life is hard and the context unwelcoming the women still manage to nurture hope that things will go better in future. They show a tremendous spirit of survival in the midst of helplessness, hopelessness and powerlessness.

Within a life that offers so little, participants organise their lives around activities of work, play and self-maintenance. Not much time was specified for leisure, but activities of work and self-maintenance were prominent. The occupation of work forms a great part, if not the most of the women's lives. All participants started to work when they were still very young. They were destined to join the workforce of the farm, so it was not important for them to complete their schooling. The highest level of education amongst participants is Standard 6. This inadvertently meant that they would find it very difficult to assume any skilled job other than what they were trained for on the farm. They were confined to low paid jobs which paid little money for long hours of hard work. This was reflected in Theme 1 in the categories: Being a woman means working hard; and Working long and hard for others. When the participants talked about work, they either referred to household chores or to paid work. The participants' perception of hard work for little money was also linked with the reality that female farm workers received less payment than their male counterparts even if they performed the same work. In addition they worked hard for other people's benefit while working hard did not improve their own lives or circumstances. Work around the home includes fetching water from the nearest source, making wood, washing clothes, cleaning and cooking. Zemke and Clarke (2003) suggest that a distinction should be made between obligatory activities and discretionary activities. This might be helpful in identifying why a person feels occupationally overloaded and may assist in restoring a balance in a seemingly unbalanced life. Zemke and Clarke (2003) also state that whereas household labour was found to be associated negatively with health, paid employment is consistently found to relate positively to improved health and wellbeing. Unfortunately the participants in this study were forced to assume responsibility very early in life. As they became caregivers of households the additional responsibility of caring for themselves and their families in difficult circumstances proved to be too much to deal with. Participants experience this suffering as bound to be part of their lives. Finlay and Gough (2003) refer to suffering as something that is humbling. However, the kind of

suffering these women endure is so extreme that it immobilises them and leaves them ill-equipped to deal appropriately with the challenges of life.

Caring for others (family and neighbours)

Caring for others was taken in their stride. Caring for their own families (partners and children) and even for the neighbour's children came naturally. This included washing clothes, cooking, babysitting the neighbour's children for short periods, or accompanying old or sick people to the nearest clinic. This occurred whenever help was needed by anyone in the farming community.

THE ANALOGY OF BAKING BREAD WITH LITTLE

The narrative of how one of the participants bakes bread was a fitting analogy for the lives that the participants lead. She explained how she would make bread and bake it in a pot on a two-plate stove. The stove did not have temperature reading and in every sense looked as if it was good for nothing. This did not prevent her from trying to bake bread with it. She told how surprised others were when they saw the beautiful bread she could bake this way. This participant, like the other two who have been part of this study, learned to live life with little and sometimes nothing available. This does not mean that things have to stay this way. Given the necessary support these women have the capacity to rise like the beautifully baked bread. With the hope for good things to happen they would be able to rise to their full capacity as dignified human beings. At the moment they are restricted by the scars of the past and their inability to successfully engage with and exert control over the context in which they find themselves.

CONCLUSION

This collective case study illustrates how historical background, current contextual factors, participants' perceptions of themselves, their individual ineffective coping mechanisms as well as different forms of occupational injustice impacted on the occupational choice and engagement of three female farm

workers who live and/ or work in a rural farming community. The findings show that there is a mismatch between what is available in the current environment and the participants' ability to act upon this environment in a way that would promote meaningful occupational engagement to maintain health and wellbeing.

CHAPTER 6

CONCLUSION

This collective case study explored the occupations of three female participants who live and/or work in a rural farming community. The findings show that the historical and current context in which they live greatly hindered their full participation in health promoting occupations. Participants experienced major traumatic events and their childhood experiences are characterised by instability within the family and loss of significant family members (parents/siblings). Opportunities for quality education were non-existent as participants were bound to join the farm labour force once they were old enough to work. The need to help support the family forced them to step into the labour market at a very young age and to do unskilled work as domestic or farm workers. The findings show how the women were denied basic rights in their roles as daughters, wives and mothers. Thus they are victims of occupational injustice.

It is evident that the current context in which the participants live and/or work impacts negatively on their occupational choice and engagement. The stress associated with poor living conditions that lack basic water, sanitation and electricity facilities did not only affect their physical health. It also resulted in feelings of helplessness and powerlessness which over time prevented participants from acting upon their environment to promote meaningful occupational engagement. The historical and current context (socio-political history of oppression, human rights violations, poverty and a lack of occupational variety) culminated in the experience of extreme forms of occupational alienation, occupational deprivation, occupational imbalance and occupational

marginalisation. These women perceive themselves as victims of circumstances that they cannot change.

While the women still for better futures and organise their day around the occupations of work, leisure and self-care, they still engage in risk taking behaviours (alcohol abuse, sleeping for extended periods and fighting with neighbours) to deal with the stress and challenges of living in this context. Drinking alcohol serves more than one purpose. The lack of access to activities outside of the farm community and a limited variety of activities on the farm leads to frustration at having nothing to do and nowhere to go. Drinking alcohol helps to fight off boredom and pass to the time. It was also a means of escaping the harsh realities of life. Drinking alcohol with friends provided participants with a sense of belonging to a group. The coping mechanisms currently applied by participants affected their occupational engagement and resulted in occupational imbalance.

LIMITATIONS OF THE STUDY

Selection of participants

To increase the element of variety the researcher initially planned to select four participants for the study. Unfortunately only three suitable participants could be identified after a period of three months. All three have children so it would have been ideal if the fourth participant did not have any so as to yield a different occupational pattern. However, since the main influencing factor on occupational engagement was found to be the context in which participants lived and/or worked as well as their social histories, it is possible the difference in the occupational engagement of a potential fourth participant would probably have been minor.

One participant initially refused to sign the consent form, but gave verbal consent for the research process to continue. This raised a number of questions around the validity of verbal consent without a signed contract, whether the data collected from this participant should be used, and the appropriateness of signed contracts in study populations where literacy is a problem. It was important that this be addressed so that participants who prefer to give verbal instead of written consent are not excluded.

Data collection

All three participants were information rich and there were no problems in collecting data through unstructured interviews. When the analysis was finished, a member checking interview was arranged with all three. One participant had moved back to the Eastern Cape and so the findings could not be confirmed with her. The educational levels of participants meant that the member checking process had to be kept as simple as possible. Participants appeared to feel intimidated when presented with written information and so this was avoided. The time available for doing member checking was limited when one participant could only do it during a tea break. It was important to present the findings in a manner that participants could understand easily. The four themes were presented verbally and the researcher would shortly discuss how she arrived at each theme. A limitation to doing member checking in this way was that not enough time was available to ensure that participants understood what was meant by each theme. In addition the researcher was not in contact with participants for two months while the analysis took place. Thus rapport had to be established all over again in the first fifteen minutes of the member checking interview - adding more time constraints.

Participants might also not have felt confident enough to correct the themes presented. Although all themes were confirmed by the participants, the researcher had to change the title of Theme 2. This was done after the interviewing two participants and realising that "Making life bearable" implied that

they were able to reduce the impact of the context of their occupational engagement. During this interview the participants expressed no change in how they coped with their lives. They confirmed that their attempts to cope were often ineffective. Since participants were not able to suggest how to change the theme, the researcher had to rely on her own interpretation of what participants shared during this final interview. Theme 2 was therefore changed from “Making life bearable” to “Trying to make this life bearable”.

Period of engagement

Although the researcher spent as much time as possible in the research context, the frequency and intervals between interviews made it difficult to build up trust, especially with participants who experienced extremely traumatic events during the time of the study. As a result one participant refused to see the researcher when she had nowhere to stay. This participant only agreed to speak to the researcher after she had secured another place to stay. Crisis situations in the participants' lives interfered with the period that the researcher had planned to spend with participants and it was often difficult to catch up on the time lost.

This study highlighted factors that determine the occupational engagement of women at risk of having children with FAS. The following was found to have an impact on women's engagement in certain occupations: the disabling and oppressive context in which they live, poor self-image and the inability to act upon their environment, a lack of effective coping strategies to confront the challenges they face, no support from partners or family members, lack of occupational variety, the difficulty of taking up lost occupations, and finally, the unavailability of and inaccessibility to occupations of interest.

A limited exposure to occupations other than those seen and done on the farm meant that participants never had the option of choosing the occupations they wanted to engage with. The elements of oppression and violation of human rights created a culture designed to keep people submissive for selfish economic and

political reasons by those in authority over them. Over time the participants' ability to act as agents in their own process of development was eroded.

RECOMMENDATIONS

The five strategies suggested by the Ottawa Charter provide a helpful framework for addressing the participants' occupational needs as identified in the discussion. In developing their personal coping skills alternative ways of dealing with difficult and stressful situations might be introduced. Participants should be provided with effective communication skills and afforded the opportunity to express and assert themselves in the home, but also in the work and social environment. Supportive environments can be created by mobilising small groups of women into occupation-based work groups (the establishment of these groups would be determined by the interest expressed by group members, e.g. a dance club or parent support club. In this way a sense of belonging can be created while lost occupations could be taken up again or new ones introduced. Work such as that being done by existing organisations like Women on Farms is an example of how rural women can be mobilised to organise themselves.

Organisations that aim to support rural women should be geared towards equalising opportunities in the workplace, social arena and in the delivery of health services. Such actions would contribute to the development of appropriate and accessible health and education systems that would improve and maintain the general health and wellbeing of female farm workers and thus facilitate participation in health promoting occupations from an early age.

Although the suggested occupational perspective of the problem of alcohol consumption amongst prospective mothers might offer solutions to the present and future occupational engagement of the women, unfortunately it is only the

beginning of looking differently at this issue. Once environmental factors are addressed participants will be in a much better position to develop into healthy human beings. Health disparities that are associated with underlying social disadvantage and marginalisation should be eliminated before equity can be pursued. Acknowledging the time needed for creating supportive environments around the home and in the workplace, it might be necessary to establish support systems that are away from the immediate home environment. In the interim this might alleviate some of the pressures while individual skills and abilities are developed in collaboration with the women as well as key role players in the community.

The time has come for participants and for female farm workers as a collective to realise the effects of a debilitating social, political and economic environment on their occupational engagement. Moreover, this challenges occupational therapists, other health professionals and all role players who are involved with female farm workers at any level, to recognise and act upon occupational injustice in the lives of women who live and/or work on farms and who at risk of having a child with foetal alcohol syndrome.

The opportunity should be created where women can tell their stories of the past and name what it is that explains why nothing comes easy to them. Once participants have had the opportunity to understand the role occupational injustice has played in their lives, an opportunity can be created for them to acknowledge and validate their feelings of powerlessness and helplessness. It will create the space in which they can realise and accept that in the light of such a debilitating context their response to the current situation in which they live was justified. They should be made aware that one's actions can be influenced by the environment. Once this has been dealt with they may be in a better position to become more aware of their own ability to develop. This will hopefully provide them with the ability to choose and engage in occupations that are meaningful.

When considering educational strategies, a greater understanding is needed of the impact of destructive learned behaviour. Education and awareness-raising around all contributing factors to FAS should be used as a key to address the problem of FAS amongst women of low socio-economic status. Different methods (discussions, workshops and awareness-raising activities) should be utilised to encourage participation in health promotion initiatives that will lead to effective strategies for reducing the number of mothers and children affected by prenatal alcohol abuse.

The fact that mothers of children with FAS generally have low literacy levels has a direct implication on possible education and awareness-raising strategies. To ensure the effectiveness of such programmes they will have to be designed carefully so that a clear and simple message is conveyed to the mothers of low educational attainment. Training material should be in the appropriate language and terminology should be kept simple.

Existing constructive occupations should be encouraged. Support should be provided to re-engage into previously lost occupations or to maintain newly discovered ones. Based on the argument that the social and life histories of the participants contribute hugely to the current occupational engagement, it is imperative that a new social story be created for people who live and/work on farms. This could be achieved by eliminating all forms of oppressive systems (in the home as well as in the workplace) and creating an environment in which people can build lives with positive experiences. This would require a whole new restructuring of the labour system and social conditions on farms. If restructuring of social relations is to be successful, then Dop system has to be abandoned on all farms and another way of securing and retaining a workforce be implemented.

A coherent government strategy is necessary to effect a change in rural power relations and to facilitate redress. Measures should be put in place to ensure the implementation of labour rights and human rights on farms. Equity between men

and women in terms of employment opportunities and remuneration is possible if both parties are equally equipped with the necessary skills and experiences to play an equal role.

These strategies would facilitate the gradual development of female farm workers into healthy, fully participating individuals, who are able to make choices for occupational engagement and who have the ability to control the environment in which they live and work. These women would be able to choose occupations that hold meaning for them. They could utilise opportunities to develop themselves and enhance their health status. Emphasis should be on a **combined effort** initiated by government authorities, private organisations and welfare organisations and in partnership with farm owners and farm workers. Attempts should be aimed at eliminating oppressive, historical structures and at implementing new strategies for the creation of farming societies that will facilitate occupational choice and encourage meaningful occupational engagement.

REFERENCES

- Abel, E.L. and Sokol, R.J. (1991). A revised estimate of the incidence of FAS and its economic impact. *Lancet* **2**: 1222.
- Abel, E.L. (1995). An update on incidence of FAS: FAS is not an equal opportunity birth defect. *Neurotoxicology and Teratology* **17**(4) :437-443.
- Adnams, C.M., Kodituwakku, P.W., Hay, A., Molteno, C.D., Viljoen, D. and May, P.A. (2001). Patterns of Cognitive -Motor Development in Children with Foetal Alcohol Syndrome From a community in South Africa. *Alcohol Clin Exp Res* **25**(4): 557-562.
- Anda, R.F., Whitfield, C.L., Felitti, V.J., Chapman, D., Edwards, V.J., Dube, S.R., and Williamson, D.F. (2002). Adverse Childhood Experiences, alcoholic parents and later risk of alcoholism and depression. *Journal of Psychiatric services* **53**, 1001-1009.
- Anderson, A., Kaner, E., Wutzke, S., Funk, M., Heather, N., Wensing, M., Grol, R., Gual, A., and Pas L. (2004). Attitudes and Managing Alcohol problems in general practice: An interaction analysis based on findings from a WHO collaborative study. *Alcohol and Alcoholism* **39**(4): 351-356.
- Barret, H.R. and Browne, A. (1993). Workloads of rural African women: The impact of economic adjustment in Sub-Saharan Africa. *Journal of Occupational Science, Australia* Vol. 1(2): 3-11.
- Beckman, L.J. (1994). Treatment needs of women with alcohol problems. *Alcohol Health Research World* Vol. 18: 206-211.

Bekker, S. and Leildé, A. (1999). Identity construction "from above ". The Western Cape Province as case study. An interim report on research into emerging provincial identities in the Western Cape. Department of Sociology. Occasional paper no.8.

Bonder, B.R. (2001). Culture and occupation: A comparison of weaving in two traditions. *Canadian Journal of Occupational Therapy* Vol. 68(5): 310-319.

Braveman, P. and Gruskin, S. (2003). Poverty, Equity, human rights and health. *Bulletin of the World Health Organization* 81(7): 539-544.

Briggs, C.L. (1986). *Learning how to ask: A sociolinguistic appraisal of the role of the interview in social science research*. Cambridge University Press, USA.

Britton, N. (1995). Qualitative interviews in medical research. *British Medical Journal* 311: 251-253.

Burke, J. P. (1977). A clinical perspective on motivation: pawn versus origin. *American Journal of Occupational therapy* 13(4): 254-258.

Canadian Association of Occupational Therapists (1995). Guidelines for the client-centred practice of occupational therapy. Toronto, Canada.

Creswell, J.W. (1998). *Qualitative Inquiry and Research Design: Choosing among five Traditions*. SAGE Publications, Thousand Oaks-California.

Christensen, D. (2000). Sobering work. *Science News* 158 (2): 28.

Christiansen, C.H., Clark, F., Kielhofner, G. and Rogers, J. (1995). Position paper: Occupation. *American Journal of Occupational Therapy* 49(10), 1015-1018.

Christopher, A.J. (2001). *The Atlas of Changing South Africa*. Routledge, London.

Crome, I.B. and Glass, Y. (2000). The "Dop" system. A manifestation of social exclusion. A personal commentary on "Alcohol consumption amongst South African farm workers: A post-apartheid challenge by L. London, 1999. *Drug Alcohol Depend* **59**: 207-208.

Croxford, J. and Viljoen, D. (1999). Alcohol consumption by pregnant women in the Western Cape. *South African Medical Journal* **89**(9): 962-965.

Dedam, R., MacFarlane, C. and Hennessy, K. (1993). A Dangerous Lack of Understanding. *The Canadian Nurse* **89**(6): 29-31.

De Kock, A.E. (2002). Fruit of the Vine, work of human hands. Farm workers and Alcohol on a farm in Stellenbosch, South Africa. M.D. thesis, University of Cape Town.

Denzin, N.K. and Lincoln, Y.S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA.

Denzin, N. and Lincoln, Y. (1998). *Strategies of qualitative enquiry*. Thousand Oaks, Sage.

Department of Labour Website: <http://www.policy.org.za> (accessed on the 2nd August 2005)

Depoy, E. and Gitlin, L.N. (1994). *Introduction to research: Multiple strategies for health and human services*. St Louis: Mosby.

Emerson, R.W. (1995). Circles. In R. B. Goodman (Ed.), *Pragmatism: A Contemporary reader*. New York: Routledge. (Original work published in 1983).

Eustace, L.W. (2000). *Foetal alcohol syndrome prevention: Affecting maternal alcohol consumption behaviour through nurse supportive-educative intervention*. University of Alabama, Birmingham.

Farm Workers Research and Resource Project (FRRP). (1997). *State of South African Farm workers 1996*. Johannesburg.

Finlay, L. and Gough, B. (2003). *Reflexivity: A practical Guide for researchers in Health and Social Sciences*. Oxford, UK: Blackwell Publishing.

Flaskerud, J.H. and Winslow, B.J. (1998). Conceptualizing Vulnerable Populations: Health Related Research. *Nursing Research* **47**(2): 69-78.

Giunta, C. and Streissguth, A.P. (1988). Patients with Foetal Alcohol Syndrome and Their Caretakers. *The Journal of Contemporary Social Work*. **69**(7):453-458.

Gliner, J.A. (1994). Reviewing qualitative research: Proposed criteria for fairness and rigor. *The Occupational Therapy Journal of Research* **14**(2): 78-89.

Gomberg, E.S. (1993). Women and Alcohol: Use and Abuse. *Journal of Nervous and Mental Disorders* **181**(4): 211-219.

Gomberg, E.S.L. (1994). Risk factors for drinking over a women's life span. *Alcohol Health Research World*. Vol. 18: 220-227.

Griesler, P.C. and Kandel, D.B. (1998). The Impact of maternal drinking during and after pregnancy on the drinking of adolescent offspring. *Journal of Studies on Alcohol* **59**: 292-304.

Hasselkus, B.R. (2002). *The meaning of everyday occupation*. New Jersey: SLACK Inc.

Holloway, W. and Jefferson, T. (2000). *Doing qualitative research differently: Free association, narrative and the interview method*. London: SAGE Publications.

Holloway, I. and Wheeler, S. (1996). *Qualitative research for nurses*. Blackwell Scientific, Oxford.

Kielhofner, G. (1995). *A model of human occupation: Theory and application*. Second Edition. USA: Gary Port City Press.

Knapik-Smith, M. and Bennet, G. (1997). Moderate drinking in women: A concept analysis. *Issues in Mental Health Nursing* **18**: 285-301.

Krefting, L. (1991). The culture concept in the everyday practice of occupational and physical therapy. *Physical and Occupational therapy in paediatrics* **11**(4): 1-16.

Kvigne, V.L. Leonardson, G.R., Borzelleca, J., Brock, E., Neff-Smith, M. and Welty, T.K. (2003). Characteristics of mothers who have children with foetal alcohol syndrome or some characteristics of foetal alcohol syndrome. *J Am Board Fam Pract* Vol. **16**(4): 296-303.

Lapchick, R.E. and Urdang, S. (1982). *Oppression and resistance: The struggle of women in Southern Africa*. Connecticut: Greenwood Press.

Law, M., Cooper, B., Strong, S., Stewart, S., Rigby, P. and Letts, L. (1996). The person-environment-occupation Model: A Transactive Approach to Occupational Performance. *Canadian Journal of Occupational Therapy* 63(1): 9-23.

Leys, R. (1990). Adolf Meyer: A biographical note. In R. Leys and R.B. Evans (Eds.), *The correspondence between Adolf Meyer and Edward Bradford Titchener*. Baltimore: John Hopkins University Press.

Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic inquiry*. Newbury Park CA: Sage.

London, L., Sanders, D. and Te Water Naude, J. (1998). Farm workers in South Africa – The challenge of eradicating alcohol abuse and the legacy of the 'Dop' System. *South African Medical Journal* 88(9): 1092-1094.

London, L. (1999a). Alcohol consumption amongst South African farm workers: a challenge for post apartheid health sector transformation. *Drug and Alcohol Dependence* 59 (2000):199-206.

London, L. (1999b). The 'dop' system, alcohol abuse and social control amongst farm workers in South Africa: a public health challenge. *Social Science and Medicine* Vol. 48.Issue 10: 1407-1414.

London, L. (2000). Alcohol consumption amongst South African farm workers: A challenge for post apartheid health sector transformation. *Drug and alcohol dependence* Vol. 59: 199-206.

London, L., Meyer, J., Well, V., Taylor, T., Thompson, M.R. and Mibuli, S. (1995). An investigation into the neurological and neurobehavioral effects of long-term agrochemical exposure among deciduous fruit farm workers in the Western Cape, South Africa, M.D Thesis, Cape Town.

May, P.A., Brooke, L., Gossage, J.P., Croxford, J., Adnam, C., Jones, K.L., Robinson, L., Viljoen, D. (2000). Epidemiology of Foetal Alcohol Syndrome in a South African Community in the Western Cape Province. *American Journal of Public Health* **90**(12): 1905-1912.

May, P. and Gossage, P. (2001). Estimating the prevalence of Foetal Alcohol Syndrome. The prevalence of alcohol-related birth defects. *Alcohol Research and Health* **25**(3):159-167.

Mirsal, H., Kalyoncu, A., Pektaş, Ö., Tan, D., and Beyazyürek, M. (2003). Childhood trauma in Alcoholics. *Alcohol and Alcoholism* **39**(2): 126-129.

Parry, C.D.H. and Bennets, A.L. (1998). *Alcohol policy and Public Health in South Africa*. New York: Oxford University Press.

Patton, M.Q. (1990). *Qualitative Evaluation and Research Methods*. London: SAGE Publications.

Pullen, D. (2004). The dangers of alcohol and pregnancy: nurses have a responsibility to educate women about the dangers of drinking alcohol during their pregnancies. *Nursing New Zealand, Kai Taiki* **10**(3): 17-21.

Ramugondo, E. (2000). The experience of being an occupational therapy student with an underrepresented ethnic and cultural background. M.D thesis University of Cape Town, South Africa.

Rowles, G.D. (2000). Habituation and being in place. *The Occupational Therapy Journal of Research* **20**: 52-67.

Schkade, J. and McClung, M. (2001). *Occupational adaptation in practice: Concepts and cases*. Thorofare: SLACK Inc.

Seale, C. (1999) *The Quality of Qualitative Research*. Thousand Oaks: SAGE.

Stake, R. (1995). *The art of case study research*. London: SAGE Publications Ltd.

Statistics South Africa, 2002.

Stom, M. (2001). "A Complicated struggle." In Priestly, M. (Ed). *Disability and the life course. Global Perspectives*. Cambridge: Cambridge Press.

Stratton, K. Howe, C. and Battaglia, F. (Eds) (1996). *Foetal alcohol Syndrome: Diagnosis, Epidemiology, Prevention and Treatment*. Washington DC: National Academy Press.

Straus, A. and Corbin J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London: SAGE.

Streissguth, A.P., Landesman-Dwyer, S., Martin, J.C., Smith, D.W. (1980). Teratogenic effects of alcohol in humans and laboratory animals. *Science*, **209**: 353-361.

Tesch, R. (1992). *Qualitative research: Analysis types by Renata*. London: The Falmer Press.

Te Water Naude, J., London, L., Pitt, B. and Mohamed, C. (1998). The 'DOP' system around Stellenbosch – Results of a farm survey. *South African Medical Journal* **88**(9): 1102-1105.

Tvedten, I. and Nangulah, S. (1995). *Social relations of poverty: A case from Owambo. Namibia*. Chr. Michelsen Institute: Development studies and human rights.

Thompson, W. (1990). Alcohol intake by pregnant women and its dangers. *IPPF Med Bulletin* 24: 4.

Townsend, E. (1999). Enabling occupation in the 21st century: making good intentions a reality. *Australian Occupational Therapy Journal* 46(4): 147-159.

Viljoen, D. (1991). The foetal alcohol syndrome. *VMO CME* . 9(7): 783-790.

Viljoen, D.L., Carr, L.G., Foroud, T.M., Brooke, L., Ramsay, M., Li, T.K. (2001). Alcohol Dehydrogenase-2*2 Allele is associated with Decreased prevalence of Foetal Alcohol syndrome in the mixed ancestry population of the Western Cape Province, South Africa. *Alcoholism. Clinical and Experimental Research*. 25(12): 1719-1722.

Viljoen, D., Croxford, J., Gossage, P., Koditwakku, P.W., and May, P. (2002) Characteristics of mothers of children with Foetal Alcohol Syndrome in the Western Cape Province of South Africa: A Case Control Study. *Journal of Studies on Alcohol* 63: 6-17.

Waldman, P.L. (1993). Here you will remain: Adolescent experience on farms in the Western Cape. MA Thesis. Department of Anthropology. University of Cape Town.

Walker, L., Cooney, A., and Riggs, M. (1999). Psychosocial and demographic factors related to Health behaviours in the first trimester. *Journal of Obstetric, Gynecological, and Neonatal Nursing* 28(6): 606-614.

Waterson, E.J. and Murray-Lyon, I.M. (1989). Drinking and smoking patterns amongst women attending an antenatal clinic - II. During pregnancy. *Alcohol and Alcoholism* **24**(2): 163-173.

Whiteford, G. and Wright-Sinclair, V. (2005). *Occupation and Practice in Context*. Elsevier: Australia.

White Paper on an Integrated National Disability Strategy (1997). South Africa.

Wilcock, A. (1998a). *An occupational perspective on health*. Thorofare, New Jersey: SLACK Inc.

Wilcock, A. (1998b). Reflections on doing, being, becoming. *Canadian Journal of Occupational Therapy* **65**(5): 248-256.

Wilsnack, R.W., Wilsnack, S.C., and Klaasen, A.D. (1984). Women's drinking and drinking problems: Patterns from a 1981 national survey. *American Journal of Public Health* **74**: 1231-1238.

Wilsnack, S.C., Wilsnack, R.W. and Hiller-Sturmhotel, S. (1994). How women drink: Epidemiology of women's drinking and problem drinking. *Alcohol Health and Research World* **18**: 173-181.

Yin, R.K. (1994). *Case study research: Design and Methods*. Second Edition. Thousand Oaks, California: SAGE Publications.

APPENDIX I LIFE STORIES

LIFE STORY OF D

D is a 23 year old lady. She is a farm worker on the farm on which she grew up as a child. She has been working on this farm for the past five years. Her mother is retired now, but she also used to work on the farm. D's father was killed by a knife wound. The circumstances around his death are unknown to the researcher. After her father's death, her mother could not manage financially to raise the three children by herself. During this time D's mother would drink alcohol excessively and they were not well looked after. D and her two sisters were placed in children's home for a good number of years while they attended school. D cannot remember the exact age at which they left home or when they eventually came back home. Having passed Standard 6, D left school in Standard 7. She said that she left school because her father always gave her lots of chores to do about the house. This resulted in her not doing her school homework. After leaving school in Standard 7, she moved back to the farm where her parents lived. At the age of 18 she started working as a general farm labourer.

At the time of the first interview D was seven months pregnant with her second child. Her first child is three years old. She used to share a house with her boyfriend until she left him a few months ago. When she was five months pregnant, she had a huge argument with her boyfriend. They had argued about the boyfriend seeing other women. She moved out after walking in on him while he was cheating on her with another woman. She was very disappointed and decided to go out with her friends and have a good time. She did this to help her feel better and ended up partying and drinking the whole night and the next day. She admits to drinking excessively over that weekend. Upon being asked why she drinks, she responded: "When you drink you can enjoy yourself. You forget about all your problems and you just enjoy life."

D reported to have stopped drinking after this incident. The nursing staff at the clinic warned her about the health of her baby. In the meanwhile she had lost all her friends, she is bored over weekend and is without any company. She finds it very difficult to make new friends as most of the workers of her age prefer to spend their time drinking. That is why she often spends the weekends alone at home.

D enjoys going out to shopping malls. If possible, she would like to go to places like the Waterfront more often. She enjoys living on the farm and says that she would be even happier if people who live on the farm would gossip less and support one another more.

At present D is staying with her mom and her two sisters. Her child and the child of her stepsister are also living with them in the same house. D's mother is an alcoholic and abuses alcohol even during the week. When drunk she would come home and be rude to D. She often picks arguments with D. D looks forward to having her own place again.

LIFE STORY OF E

E is a 25 year old lady. She looks older than she really is and one can see the results of excessive alcohol abuse on her face. She was untidy for most of the times I had visited her. On the two occasions when I visited on two consecutive days she was still wearing the previous day's clothes. When I first met E at the mobile clinic she was holding her newborn baby. It was ten o' clock in the morning and she was already unsteady on her legs. I could not tell if it was from drinking as I did not get the smell of alcohol. The clinic sister referred her to me and she was very keen to talk to me. She invited me into her house and apologised for the untidy room.

She lived with her boyfriend in a one-roomed house. The house did not belong to them but to an older couple who also lived here. E shared a single bed with her baby and her boyfriend. In front of her bed was a dresser with gripe water, a baby bottle and a candle on it. E was wearing striped shorts and a loose shirt. There was no chair for me to sit, so I sat on my haunches while doing the interview with her. E fed her baby breast milk while talking to me. She gave me permission to use information from her interview, but was reluctant to sign the consent form. I decided to ask her again at a later stage.

E was not working at the time of the interview and was looking after her baby at home. When she did work she would do seasonal work on the farm for a greater part of the year. This has been the third year that E was employed as a seasonal worker on this farm. She complains about the conditions in which they live and said her baby is constantly ill because of the poor quality of the water.

LIFE STORY OF P

P is a 36 year old woman. She lives with her partner (whom she refers to as her husband, or sometimes "die jong", (in English this chap/guy) in a two-roomed house. Their house is in a small "village" with approximately 25 other houses of a similar size. Most of the people who live in this village work on the farm as permanent or seasonal workers. A few of the residents work in the nearby town. The people who live here have low literacy levels and therefore work as farm workers. They earn about R150 per week. P's husband works as a farm worker and P works for a gardening service in town. She earns a salary of R250/week. P' husband does not really approve of her working and often abuses her. Both P and her husband abuse alcohol which they enjoy during the week as well as over weekends. Drinking happens mainly as a social activity during which P's brother, her husband and a few friends would buy wine at the nearby cellar in town (3 km away) or at the nearest shebeen in the adjacent township. Wine is cheaper at the shebeen and they can buy wine it on credit.

P is friends with E (second participant in this study). They spent most of their time together. They drink together and also share cigarettes. They smoke dagga on a daily basis. Although P did not admit to this E had mentioned in her first interview that the two of them share a "pill" (dagga pipe) everyday.

P was born in Noupoort (small town in the Eastern Cape). She was one of five children (two sisters and two brothers) and grew up in the Eastern Cape. At the age of 18 she left the Eastern Cape in search for work. Her sister accompanied her to Johannesburg where they did different types of work over a period of a few years. P started as an assistant at a nursery. She later worked as a domestic worker in one of the suburbs. She also worked as a tea lady at a firm before returning to Noupoort.

P met the father of her first child while in Johannesburg. P and her partner lived in a township where conflict between two prominent political factions in the 1980's caused lots of violence. She did not feel safe in the area and decided to move back to Noupoort. She also lost her sister in a motor vehicle accident that left P traumatised. She returned home to Noupoort with her child who was still a baby at the time and started to look after her sister's three children. She lived in her sister's house for approximately one year, after which she decided to leave for Cape Town in search of work. She started to work as a domestic worker in a suburb in Cape Town. During this time her work duties involved catering and house cleaning. P left this job after two months because the work much too much and she earned too little. She move to Stellenbosch and started to work for a gardening service. She stayed in the nearby township with her partner at the time. After being chased away by her lover she lived in the bushes. She told stories of her excessive drinking during this time and mentioned how difficult it was for her to accept that she did not have any shelter.

Of the four relationships P had in her life, three were clearly very abusive and alcohol was the main factor. In these three relationships P reportedly abused

alcohol with her partners and experienced physical and emotional abuse. Her work history is inconsistent and P had been in several jobs for short periods at a time. As P could not remember and gave different answers on different occasions, it was extremely difficult to determine the exact period that P worked at a particular job (except the last job when she mentioned that she only stayed for two months).

P is fond of using the phrase: "You have to think for yourself, you are your brains". This struck me about P and I wondered where it came from. If she had heard it from somebody it must have stayed with her. I even wondered if this was a phrase her mother often used. She also strikes me as a person who comes from a caring family – with a mother who must have been close to forty years of age when P was born. She often refers to her mother and her beliefs, which she describes as a Black woman.

P's house was dirty most of the time when I arrived. Although I knew she had sometimes cleaned before I came, it would still feel dirty. Flies would be all over the place and there would be an unpleasant smell. I call it the smell and sight of poverty; where you can clean the dirt but you cannot clean the poverty. It is there, right in your face: you smell it, see it, touch it and taste it; it permeates all senses. As you enter P's house, the first room is used as a sitting room and a kitchen. The couches are worn, the floor is of cement, and the fireplace is covered with a cloth pegged onto a string. The cloth is filthy, but I can see that she had made an effort to at least make sure that it was pegged neatly. When you walk through the sitting room/kitchen, you enter a rather spacious bedroom. Inside are three beds and stacks of clothes and rubble. There is a board in front of the broken window and this makes the room darker and stuffier. I can understand why P is reluctant to let me into her bedroom.

APPENDIX II PHOTOGRAPHS



Figure 1: Entrance to settlement



Figure 2: Homes close to vineyards



**Figure 3: Dysfunctional toilets.
People have to use nearby field.**



**Figure 4: Stagnant water from
leaking and polluted tap. People
use tap water.**

APPENDIX III THE STUDY SETTING

The study took place in a community in the Western Cape Province of South Africa. The population of the community in 1996 was estimated to be 45 225 with 35 364 urban and 9 861 rural (Republic of South Africa, 1997). The majority of the population consists of Black people (classified previously as "Cape Coloured" and Black Africans) with less than 25% classified as European (White). Several indigenous South African tribes and the European and Asian admixture influenced the lifestyles of the Afrikaans-speaking section of the population.

This community in which the research took place is similar to others in the grape growing and wine producing regions of South Africa, in which problem-drinking practices and patterns have existed amongst the agriculture labourers for multiple generations. For many generations alcohol was supplied to workers on a daily basis as partial payment. This was referred to as the Dop system. Although outlawed today, vestiges of the system still exist in patterns of frequent and severe episodic drinking (Crome and Glass, 2000). It is still apparent today that alcohol is a favoured, valued and expected commodity amongst many of the local workers, who receive low pay and who live in very humble circumstances.

A high rate of problematic drinking has been documented in the region. Alcohol misuse or abuse has been reported to be as high as between 83-87% of farm workers (London *et al.*, 1995; Parry and Bennets, 1998). In this community and others like it, a number of commercial sources of alcohol exist. Although alcohol may be consumed on a daily basis on some farms, it is quite common for a substantial segment of the population to participate in regular and extended drinking parties over the weekend and, occasionally, on weekday evenings. Wine and beer, the beverages of choice, are relatively inexpensive. Drinking at shebeens (informal bars), in the home and in other venues is a major form of recreation for a substantial subculture of the population (Viljoen *et al.* 2002).

APPENDIX IV CONSENT FORMS

Consent Form 1

Research Participant's name:

Research number:

UNIVERSITY OF CAPE TOWN

RESEARCHER
Lizahn Cloete

CONSENT TO TAKE PART IN RESEARCH

TOPIC

The occupations of women living in a rural, farming community, at risk of bearing children with FAS.

Purpose and Background

Lizahn Cloete is seeking to learn about what women, living in a rural, farming community do on a daily basis. These women must have an experience of consuming alcohol in the past or at present. There is a specific emphasis on what these women do within a rural, farming context. The different influences on occupational choice and occupational engagement are considered to gain an understanding of the different occupations women engage in. Women between the ages of 18-40 will be interviewed. The results of the study will be used to inform programme planning for the prevention of Foetal Alcohol Syndrome. You are being asked to take part in the study along with other women in the area.

(Initials:.....)

Services/Procedures

If I agree to take part in this study, the following steps/procedures will be followed:

1. I will be asked questions about what I do every day (weekdays and weekends). This will include things like caring for me and my family, work and things I do in my free time. Conversations will be recorded (and home environment and/or surroundings might be video-recorded if needs be).
2. I might be asked about (previous/current) use of alcohol and other things in my environment that might affect my behaviour and actions. Some questions might be around previous pregnancies. I may refuse to answer any question at any time.
3. Interviews will be conducted at arranged times at a place that is convenient for both interviewer and participant. Before the final write-up of the analysis a last interview will be arranged to make sure that the researcher interpreted correctly what I had said during the interview/s.
4. The interview will be conducted in Afrikaans. An interpreter will be made available if I would like to have the interview in any other language but English.
5. If the interview reveals issues that affect my own and my child's health, the information will be given to me first and only with my written permission to the health professionals at the clinic I attend.

6. Risks and Discomfort

- (a) Some questions are of personal nature.
- (b) The information I give will not be given to any authorities/health professionals except in the case of child abuse or neglect and when there is risk of hurting myself or someone else.

(Initials.....)

7. Benefits

There may be no direct benefit for my involvement in this study. As a result of participating in this interview, I may find out information about community services that are helpful. The interview may provide an opportunity for me to gain insight into the activities I do every day and how this and other factors might influence my health. These newly gained insights might help improve my health and the health of my children or any future children. The information I choose to give will also help in understanding the occupational engagement of women in similar situations and can be useful in planning Foetal Alcohol Syndrome prevention activities in my community and other communities.

8. Confidentiality

All of the information used for research will be treated with the strictest confidentiality. Only a reference number, not my name, will be used to identify information for the purpose of the research. My name will not be linked in any way to research results, nor will my name be used when results of the study are published.

I should be aware, however, that the researcher may report to the appropriate authorities/health professionals certain cases with the potential of serious harm to myself or other people, such as child abuse. I will be informed about such actions before they take place.

9. Cost of Study

Participation is free. The interview about the type and nature of occupations of women living in rural farming communities should not be seen as counselling or any kind of treatment. If I identify a need for treatment of any kind, every effort will be made to refer me to the relevant service or professional if available.

10. Compensation

I will get reimbursed for "out-of-pocket" expenses (i.e. cost of telephone calls to the researcher or transport costs for any activities related to the research study). In collaboration with the co-ordinator of the FAS awareness campaign (DOPSTOP) and other staff members of DOPSTOP, the researcher will organise a lunch during which each participant will receive a small gift to thank them for their participation in the study. During the research process the researcher will refer participants to needed services like counselling, rehabilitation and support by community health workers. In addition participants could be linked with relevant health and development services. Should participants identify the need for training and self-development they could be linked with the Philane project

(Cape Argus, June 2003) or the DOPSTOP learnership programme, in which farm workers are trained to be lay health workers.

11. Withdrawal

Taking part in this study is completely voluntary. I have a right to participate or to leave the study at any point with no impact on my future health care or other services to which I am otherwise entitled. If I feel uncomfortable at any time during the interview, I may stop the interview.

12. Questions

If I have any questions about this study, I may contact the researcher at the following number: 021-4066324 (8h30-16h00) at the University of Cape Town (UCT) any time during the study.

13. Consent

I will be given a copy of the consent form to keep. By signing this consent form, I am not giving up any of my legal rights. If I have questions about my rights as a research participant, I may contact the Institutional Review Board at the University of Cape Town, telephone 021-406 6210.

I have read (or someone has read to me) the information in this consent form. I have had a chance to ask questions and all of my questions have been answered to my satisfaction. By signing this consent form, I willingly agree to take part in the interview. I am aware that all raw data will be destroyed after the completion of the study.

.....
Name of participant (print)

.....
Signature of participant

Date.....

.....
Name of witness (print)

.....
Signature of witness

Date.....

(Initials:.....)

Consent Form 2

Toestemmingsbrief vir deelname in navorsing.

Naam van deelnemer:
Nommer van deelnemer:

UNIVERSITEIT VAN KAAPSTAD

NAVORSER
LIZAHN CLOETE

ONDERWERP

Die dinge wat vroue elke dag doen terwyl hulle in 'n plaas gemeenskap woon en blootgestel word aan faktore wat bydra tot die voortbrengs van 'n kind met Fetale Alkohol Sindroom.

Doel van die studie en agtergrond:

Lizahn Cloete stel belang in die dinge wat vroue doen wat in 'n plaas gemenskap woon. Hierdie vroue word blootgestel aan faktore (soos armoede en alkohol misbruik) wat hul kans op die voortbrengs van 'n kind met Fetale Alkohol sindroom aansienlik vergroot. Daar word spesifiek klem gelê op wat die moeders doen in die konteks van die omstandigheid op die plaas waar hulle woon. Die faktore wat hul keuse en hul betrokkenheid by verskillende dinge bepaal word in ag geneem. Vroue tussen die ouderdomme van 18-40 sal ondervra word. Die inligting sal aangewend word om strategieë/ programme te beplan vir die voorkoming van Fetale Alkohol Sindroom.

U word gevra om deel te wees van hierdie studie. 'n Paar ander vroue in die area mag ook deel wees van hierdie projek.

Prosedure

Indien ek instem om in die studie deel te neem sal die volgende stappe geneem word:

1. Ek sal gevra word wat ek elke dag van die week doen (naweke ingesluit). Dit sluit dinge in soos selfversorging, versorging my gesin, werk en dinge wat ek in my vrye tyd doen. Ek mag ook uitgevra word omtrent my (vorige/huidige) alkohol gebruik.

Voorletters.....

2. Die navorser mag vrae vra oor wat ek tydens vorige swangerskappe gedoen het. Ander dinge in die omgewing wat my gedrag en aksies beïnvloed sal ook bespreek word. Ek kan weier om enige van die vrae te beantwoord. Alle gesprekke sal op band opgeneem word (en indien nodig sal 'n video-opname van huis/omgewing geneem word).

3. Tye van onderhoude sal vooraf met u gereel word en onderhoude sal gevoer word op plek wat vir beide onderhoud voerder en informant gerieflik is. Die onderhoude sal in Afrikaans gedoen word. Indien ek verkies om die onderhoude in enige ander taal (buiten Engels) te doen, sal 'n vertaler beskikbaar gemaak word. Voordat die proses van data analise afgehandel word sal 'n laaste onderhoud gedoen word om seker te maak of die navorser die inligting verstaan wat ek verskaf het.

4. Indien daar inligting gedurende die onderhoud bekend gemaak word wat my gesondheid of dié van my kind affekteer, sal die navorser my daarvan in kennis stel voordat sulke inligting met my geskrewe toestemming aan gesondheidspersoneel by u kliniek beskikbaar gestel word.

5. Risiko's en Ongerief

(a) Sommige vrae is persoonlik van aard.

(b) Inligting sal slegs aan owerhede/gesondheidspersoneel bekend gemaak word in geval van kindermishandeling, kinderverwaarlosing of wanneer my veiligheid of die van my kind in gevaar gestel word.

6. Voordele

Daar is geen direkte voordele verbonde aan deelname in hierdie projek nie. Ek mag wel voordeel trek uit die informasie in verband met dienste in die gemeenskap wat bekend gemaak mag word tydens die onderhoud en ek mag dit selfs verrykend vind om met die onderhoudvoerder te gesels oor gebeure in u lewe. Die onderhoud mag lei tot nuwe insigte in my lewe wat voordelig kan wees vir my en my kind se gesondheid en toekoms. Die inligting wat ek deel sal navorsers help om beter te verstaan wat vroue doen wat in soortgelyke omstandighede leef as die omstandigede waarin ek leef en die inligting kan later aangewend word om Fetale Alkohol Sindroom te voorkom.

7. Vertroulikheid

Alle informasie sal met absolute vertroulikheid hanteer word. My naam sal nie gemeld word met die opskryf van bevindinge of die publiserings daarvan nie. Elke deelnemer sal 'n verwysingsnommer toegeken word en hierdie verwysingsnommer sal gebruik word om inligting te identifiseer.

Voorletters.....

8. Ek is bewus dat indien die navorser bewus raak van inligting (bv. bewyse van kindermishandeling) wat nadelig /lewensgevaarlik is vir my/ mense na aan my, sal die navorser verplig sal wees om sulke inligting aan die owerhede/gesondheidspersoneel bekend te maak. Ek sal egter in kennis gestel word indien sulke stappe geneem sal word.

9. Koste van die studie

Deelname is gratis. Die onderhoud wat met my gevoer word moet nie beskou word as berading of behandeling nie. Indien ek enige behandeling benodig is die navorser bereid om die nodige reelings te tref en my te verwys na die betrokke en/of beskikbare diens of professionele persoon.

10. Vergoeding

Ek sal vergoed word vir alle uitgawes (telefoonoproepe en vervoerkoste) wat verband hou met die studie. In samewerking met die projek bestuurder van die FAS Bewusmakings program en ander personeellede van DOPSTOP sal die navorser 'n middagete reël waartydens elke deelnemer a klein geskenkie sal ontvang om hulle vir hul deelname te bedank. Indien ek dit sou benodig kan die navorser my verwys na rehabilitasie en gesondheids- dienste in die gemeenskap. Sou ek die nodigheid aandui sal die navorser my in verbinding geplaas met organisasies soos die Philane projek (Cape Argus, Junie 2003) of die DOPSTOP opleidings program, wat plaaswerkers oplei as leke gesondheidswerkers.

11. Ontrekking

Deelname aan hierdie studie is vrywilliglik. EK het die reg om deel te neem of om te ontrek op enige stadium sonder dat toegang tot ander gesondheids-en ander dienste beïnvloed sal word. Indien ek ongemaklik voel tydens die onderhoud, mag ek die onderhoud beëindig.

12. Vrae

Indien ek enige vrae het aangaande hierdie studie, kan ek die navorser by die Universiteit van Kaapstad kontak op die volgende nommer: 021-4066324 (8h30-16h00).

13. Toestemming

Ek sal voorsien word van 'n kopie van die toestemmingsvorm. Ek verbeur geen wetlike regte deur die ondertekening van hierdie vorm nie. Indien ek vrae het in verband met my regte as deelnemer van hierdie studie, mag ek die Raad van die Universiteit van Kaapstad kontak by telefoon nommer 021-4066210.

Voorletters.....

Ek het die inligting in hierdie vorm gelees/iemand het dit aan my gelees en ek het die geleentheid gehad om vrae te vra. Ek verstaan waarvoor die studie handel. Ek verstaan wat van my verwag word asook wat my regte is. Ek onderteken hierdie vorm as bewys dat ek vrywilliglik instem om aan onderhoude deel te neem. Ek is bewus daarvan dat alle rou data sal vernietig word met die voltooiing van die studie.

.....
Naam van informant (drukskrif)
Datum

.....
Handtekening van infomant

.....
Naam van getuie (drukskrif)
Datum

.....
Handtekening van getuie

University of Cape Town

Consent Form 3

Vereenvoudigde Toestemmingsbrief

Hiermee gee ek(naam van deelnemer) toestemming om deel te neem aan 'n studie gedoen deur Lizahn Cloete. Die studie handel oor wat vroue wat op plase woon elke dag doen.

Ek gee toestemming dat alle gesprekke op band opgeneem mag word. Op aanvraag sal daar 'n video opname gemaak word van my huisomgewing.

Ek gee ook toestemming dat Lizahn notas mag neem tydens of na onderhoude wat in my huis sal plaasvind.

Ek verstaan dat die inligting wat ek met Lizahn deel met niemand bespreek mag word nie. My naam of die van die plaas waar ek werk en woon sal nie genoem word nie.

Ek mag enige tyd van die studie ontrek as ek ongemaklik voel met die proses. Alle band en video opnames sal vernietig word na die voltooiing van die studie.

Geteken:.....

Datum:.....

APPENDIX V OUTLINE OF THE INTERVIEWS

Interviewee	No. and Duration of interview	Purpose of interview
Participant 1	2 (1.5 hours) 1 (30 min)	Data collection Member checking
Participant 2	2 (1..5 hours) 1 (30 min)	Data collection Member checking
Participant 3	3 (1.5 hours)	Data collection
Key informant (clinic nurse)	1 (1.5 hours)	Broad contextual information and identification of suitable farms
Gate keeper (farm health worker)	1 (2 hours)	Specific contextual info and identification of participants

APPENDIX VI CATEGORIES AND SUB-CATEGORIES (CHAPTER 4)

Table 3 Theme 1.

<i>Theme1: Als moet swaar gedoen word (Nothing comes easy)</i>	
Categories	Sub-categories
Being a woman means working hard	Want die ma kry net swaar heeldag (because the mother suffers all day long) Working hard while I'm pregnant Cleaning, cooking and caring for my baby - that's all Als moet swaar gedoen word (Nothing comes easy) Baking bread with little
Starting to work at a young age	The burden of responsibility Leaving home in search of work Leaving loved ones behind
Not having things of my own	Not having money of my own Wat moet ek met R120 doen? (What can I do with R120?) Not having shoes to wear Having nowhere to stay Not having transport
Challenging the environment	Ek kan nie beskryf nie - kyk hoe lyk daai water (I can't describe – just look at the water)

Theme1: Als moet swaar gedoen word (Nothing comes easy)

<p>(continued) Nêrens om te gaan, niks om te doen (Nowhere to go, nothing to do)</p>	<p>Die mense stel nie belang nie (The people are not interested) Hier drink mens elke dag (One drinks everyday in this place) Boring to sit at home Sitting at home over weekends Restless when having nothing to do Ons drink die tyd om Monotony of everyday life - work, watching TV, sleep Drinking as a way of fighting boredom Nêrens om te gaan, niks om te doen (Nowhere to go, nothing to do)</p>
<p>Working long and hard for others</p>	<p>Om heeldag voor 'n warm oond te staan (All day in front of a hot stove) Cooking for others not the same as cooking for my family Cleaning offices and making tea for Whites Working for little money Working like a man Getting paid less for the same job</p>
<p>(continued)Just to get money</p>	<p>Babysitting for a small fee Going back to work a month after my baby's birth</p>
<p>Losing loved ones</p>	<p>Losing my child to the welfare Sy wil nie by haar ma wees nie (Sy does not want to be with her mom) Losing my sister Ek het mos nie ma en pa nie- ek ken nie my ouers nie (I am an orphan-I don't know my parents)</p>

Theme1: Als moet swaar gedoen word (Nothing comes easy)	
Loss of a life role	Losing my child to the welfare - not a mother any more Ek kan mos nou nie meer party nie - loss of role as a friend
Unstable childhood	Removed by the welfare after my father died From one school to another Falling pregnant while in Standard Four
Being in uncaring or abusive relationships	My father always complained My oompie wou vrou van my gemaak het Ek het nooit son gesien nie Fighting with co-workers
Being in a relationship with an unsupportive partner	Arguments with partner Ek het baie keer al buite geslaap Die pa is net so treurig In bed with another woman

Table 4 Theme 2.

Theme 2: Trying to make this life bearable	
Categories	Sub-categories
Feeling helpless	<p>Ek kan nie kla nie (I can't complain)</p> <p>As ek net die dagga kan los (If only I could stop the dagga)</p> <p>Ek drink te veel, ek weet nie so mooi nie ... (I drink too much, I dont knoe...)</p> <p>Not having control over how much I drink</p> <p>Not being able to stop despite knowing it's bad for my baby</p> <p>I don't know why I drink</p>
feeling bad about myself	<p>Ek wil nie lewe vir myself nie (I don't want to live for myself)</p> <p>Vir niks lus nie (Not in the mood for anything)</p> <p>Ek vat myself vir 'n fool (Making a fool of myself)</p> <p>Feeling embarrassed</p>
(continued)Being of little worth	<p>Dan maak die mense met jou soos wat hulle wil (Then they do whatever they like)</p> <p>Hy voel fokol vir ons nie (He doesn't give a damn)</p> <p>Assaulted by my boss</p> <p>Om heeldag voor a warm oond te staan (All day in front of a hot stove)</p> <p>Cleaning offices and making tea for Whites</p> <p>Working for little money</p> <p>Working like a man</p> <p>Getting paid less for the same job</p> <p>Babysitting for a small fee - doing anything just to get money</p> <p>Working for money - however little</p>

Theme 2: Trying to make this life bearable

I drink	<p>Ek drink (I drink)</p> <p>Drinking over weekends</p> <p>Drinking with friends</p> <p>Drinking and smoking all day</p> <p>Drinking first thing in the morning</p> <p>Drinking as soon as he leaves</p> <p>Drinking in order to cope</p> <p>Drink en vergeet van al die dinge (Drink and forget about all these things)</p> <p>Ek drink want die mense maak my kwaad (I drink because the people annoy me)</p> <p>Drinking and feeling fine</p>
Sleeping as a way of dealing with stress	Dan wil ek sommer net slaap (Then i just want to sleep)
Causing trouble	Ek keer die huis om (I ruin the house)
To drink or not to drink	<p>Avoiding friends, avoiding alcohol</p> <p>Keeping busy</p> <p>Struggling to keep promises</p> <p>Stopping because it's bad for my baby</p> <p>Ek kan mos nou nie meer party nie (I can't party any longer)</p>
Not having control over my drinking	<p>Not being able to stop despite knowing it's bad for my baby</p> <p>Drinking alone on the day my baby got born</p> <p>Drinking and neglecting to eat</p> <p>Missing antenatal checkups</p>
Fear of losing friends	Without alcohol, without friends

Table 5 Theme 3

Theme3: Rekindling hope	
Categories	Sub-categories
Lorraine please delete above row)I can think for myself	Ek is my eie breins (I can think for myself) Mens is nie gebore met drank nie (I was not born with alcohol) I can do without alcohol The need to be noticed
Need for taking up lost occupations	Dansklasse kan nou weer gekom het (Taking up dance again would really be nice) Being reminded of a lost role Looking forward to having my own house - being a mother to my eldest again The need for going back to work Ek kan mos nou nie meer party nie (I can't party any longer) - loss of the opportunity to be with friends and drink
Hoping for good things to happen	Wishing for a healthy child Looking forward to my own house - a new life
Reminiscing better times	Daar's klomp goed wat ons gedoen het (We did a lot of things) Going to town on a Friday Getting ready for the weekend Dancing till the next day

Table 6 Theme 4.

<i>Theme 4: We bake bread with little "Dan's hy net so plat, dan rys hy daai pot vol."(Then it is this flat, then is rises to the brim of the pot"</i>	
<i>Categories</i>	<i>Sub-categories</i>
Making a living	Helping others in their need Having a routine around household chores Having enough to do Cleaning, cooking and caring for my baby