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**THE LEGACY OF PRENATAL EXPOSURE TO  
ALCOHOL: Fetal Alcohol Spectrum Disorder, The  
New Zealand Situation.**

**A thesis presented in partial fulfilment of the  
requirements for the degree of**

**DOCTOR OF PHILOSOPHY  
In  
SOCIAL ANTHROPOLOGY**

**At Massey University, Albany, New Zealand**

**Margaret Mallinson SYMES**

**28<sup>th</sup> of April 2004**



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# ABSTRACT

‘Alcohol’, the strongest teratogen known to human-kind, is a commonly used legal drug which has the ability to cross the placenta and interfere with the development of the foetus resulting in a birth defect known as Fetal Alcohol Spectrum Disorder (FASD). This thesis looks at the historical knowledge base surrounding prenatal exposure to alcohol and presents the latest biomedical information available on FASD at the time of writing. The sub-discipline of medical anthropology, the associated methodology and its appropriateness for this kind of research is discussed.

A historical look at the introduction and proliferation of alcohol in New Zealand from the macro-micro perspective, and James O’Connors’ (1974) political modes of operation are presented, offering a broad analysis, of a dynamic political process involved with the lack of acknowledgement or action on the part of New Zealand governments. New Zealand specific research on women’s drinking patterns, clinical practise and the experiences of those trying to obtain a diagnosis in regard to FASD within New Zealand are presented. Behavioural profiles pertaining to my participants’ FASD charges are offered to the reader, all of which indicate serious repercussions for New Zealand society as a whole.

Finally the labelling argument relating to the diagnostic terminology surrounding Fetal Alcohol Syndrome is discussed. The original contribution this thesis offers aside from being the first New Zealand anthropological PhD research on the subject of FASD surrounds education and action research. Knowledge creates empowerment and can facilitate individual change. My thesis has been a dialectical process whereby the more I learned from those care-giving for FASD individuals, the more I have been able to feed back to others and act in my capacity as a critical medical anthropologist, using action anthropology as a means to advocate for families affected by FASD, those whose voices of expertise by way of experience, are seldom if ever heard or listened too.

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To special people who sadly have passed away during my thesis - Peggy and Dorothy Platt, thanks for your support. Finally, this thesis is dedicated to my mother Margaret, my best friend and proof reader of ten years of my academic journey, who after a short illness passed away one year before the completion of this thesis. An amazing person, whose encouragement and passion for this subject and the positive uses of higher education were the reason for me taking this topic to a doctoral level, this thesis is for you.