Representations of motherhood and stigma production: FASD public awareness raising in British Columbia

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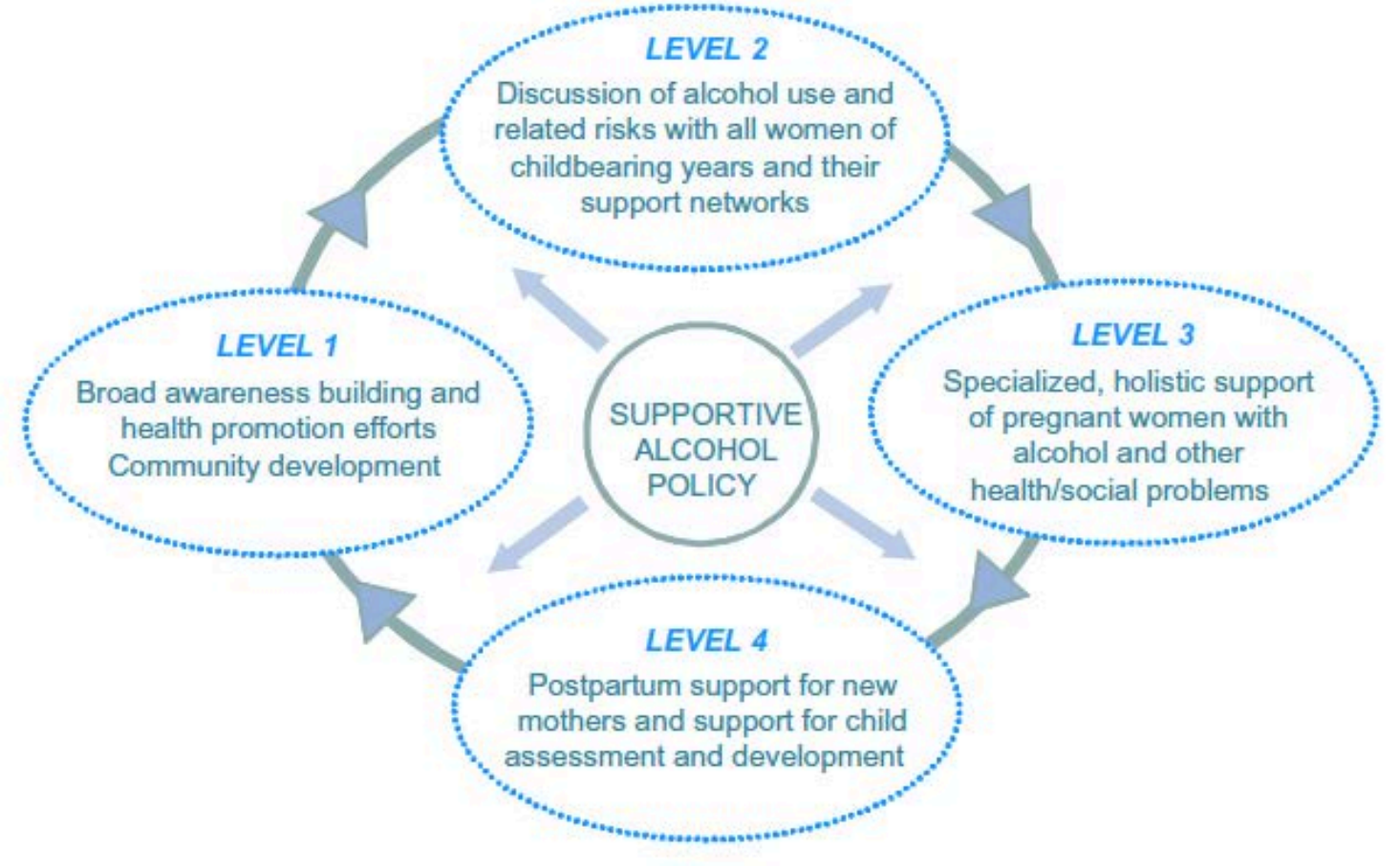

(Poole et al., 2016)

- Level 1 in the four-part framework of FASD prevention includes broad awareness building and health promotion, including prevention campaigns, pamphlets, warning signs, labels, and public education

Background

- Increased knowledge of the effects of alcohol during pregnancy doesn't necessarily lead to change in attitude or behaviour
- No "conscious and explicit effort to document unintended stigmatizing outcomes" of FASD-related public health interventions (Bell et al., 2015)
- Perceptions of negative judgment may dissuade women from seeking help or medical care
- Increasing concern about campaigns having unintended stigmatizing effects and further isolating pregnant women and biological mothers (Abadir, 2016; Bell et al., 2015; Poole et al., 2016)
- 'Good mothering' a culturally defined set of signal moments interpreted as tests or summations of mothering ability (Kukla, 2008)

Research Questions

- Which discourses of motherhood are upheld and reproduced in FASD public awareness?
- Do these discourses have the potential to stigmatize pregnant women and mothers who use substances, particularly those marginalized by race, culture, and class?

Methodology

- Foucauldian-inspired discourse analysis drawing on genealogical methods and grounded in feminist poststructural methodology
- Bacchi's (2009) 'WPR' (What's the problem represented to be?) approach:
  1) What is the 'problem' represented to be?
  2) What presuppositions or assumptions underlie this representation?
  3) How has this representation of the 'problem' come about?
  4) What is left unproblematic in this problem representation?
  5) What effects are produced by this representation?
  6) How/where is this representation of the 'problem' produced, disseminated, and defended?

- **Inclusion criteria:**
  - Print
  - Produced in British Columbia between 1973 and 2016
  - Produced by organizations or communities, public or private, located in BC
  - Contain text and imagery
  - Short enough to analyze fully as part of a large set
  - Part of broad- or community-based public awareness initiative

Documents collected:

- 41 total (10 brochures, 16 posters, 1 calendar or 10 posters, 3 information cards, 1 small booklet, 1 short comic)
- Divided across four time periods:
  - 1979-1989
  - 1990-1999
  - 2000-2010
  - 2010-2016

Themes explored in literature review

- ‘Primacy of the mother’: mothers are inherently nurturing, caring, moral, innocent, uncorrupted, or unfit to parent (Rich, 1976)
- Reproduction as connected to the moral degeneration of society, beginning with the gin craze in Britain in the 1700s (Armstrong, 2003; Boyd, 2015)
- Alcohol and pregnancy discourses throughout Western history marked by tones of racial superiority, hereditarianism and degeneracy (Armstrong, 2003)
- Individualism, personal responsibility, and neoliberalism
- Cultural, political, environmental and social factors associated with FASD; potential future avenues for research and interventions, for example vitamin A, folate, and choline (Ballard, Sun, & Ko, 2012)

Emerging themes from the data

#1 – What is the problem represented to be?

- A **mother's choice**, framed as:
  - Duty to her baby ("For Baby's Sake, Don't Drink")
  - Duty to herself and her baby ("Build a healthy future for mom and baby")
  - Requiring the support of others ("Healthy mothers and babies need everyone's support")
  - Difficult and perhaps not achievable ("It can be a fight not to drink or use. Every step you take to stop drinking alcohol or using other drugs will help you and your baby"

#2 – What are the assumptions and presuppositions that underlie this representation of the ‘problem’?

- Mother as a threat (“Zero alcohol. No safe time. No safe amount”; “Alcohol can hurt your baby”; “Your baby will NOT outgrow FAS”)
- Abilities and capacities:
  - Support from others (“Pregnant women benefit from supportive friends and family members”
  - Access to nutrition, recreation, and proper rest (“Carrots are a healthy choice”)
  - Access to medical and health care (“See your doctor or midwife regularly”)

Implications

- Contribute to our understanding of why FASD public awareness campaigns may have unintended stigmatizing effects
- Illuminate conflicting messages and provide a basis for claims that campaigns exaggerate risk, focus on fetal harm, use exploitative imagery, and fail to identify how women can access nonjudgmental support (Poole et al., 2016)
- Help to make the case for evidence-informed (vs. moral-based) messaging
- Clarify how discourses of motherhood in public awareness have evolved since the labelling of FAS in 1973, and how to avoid furthering harmful discourses

References

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