

The “Pebble in Your Shoe” Model of Effectiveness: Laurentian University Undergraduate Students’ Perspectives on Campaigns Regarding Alcohol Use During Pregnancy

by

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## **Abstract**

Fetal Alcohol Spectrum Disorder (FASD) is the diagnostic term for the effects of alcohol use during pregnancy and is one of the leading causes of developmental disability. Both individuals with FASD and pregnant people require information and supports to promote their health. Currently, in Canada, these two needs are not being adequately or consistently met.

Health promotion campaigns reach their highest barrier in the form of reactance, a reaction to advertising wherein individuals dismiss and reject messaging. This common occurrence is exacerbated during the experience of pregnancy when individuals are receiving a higher amount of health advice than the general population.

While many health promotion campaigns about alcohol use during pregnancy exist, these campaigns have been criticized for their contribution to stigma due to their reliance on fear, blame and shame to deliver their message. This type of messaging also contributes to reactance, strengthening the barriers to receiving information about alcohol use during pregnancy. This type of education is essential to allow for pregnant people to make informed choices, which are currently complicated through misinterpretation of safe alcohol use by the media, anecdotal stories wherein friends or family drank alcohol during pregnancy and produced healthy children, and the cultural norm of using alcohol. Therefore, development of a new type of campaign that effectively informs pregnant people about the dangers of using alcohol during pregnancy, without contributing to the current stigma surrounding the disorder, should be explored.

The first step in creating this type of campaign is to receive community input on previous worldwide campaigns. As such, this dissertation sought to understand the thoughts, opinions and

perspectives of individuals of childbearing age on previous Level 1 FASD prevention campaigns. Using intersectionality theory, basic qualitative design, thematic analysis and focus group discussion, the “Pebble in Your Shoe” Model of Effectiveness was developed based on community perspectives. This model could be utilized in the development and evaluation of future Level 1 FASD Prevention campaigns.

## **Keywords**

Fetal Alcohol Spectrum Disorder, alcohol use during pregnancy, health promotion, prevention, Northeastern Ontario, developmental disability, prenatal alcohol exposure, prenatal alcohol use, fetal alcohol syndrome, pregnancy, health messaging, alcohol consumption, mother, alcohol, maternal alcohol use, lifestyle modification, health advertising

## **Co-Authorship Statement**

### **Dr. Shelley Watson**

Dr. Watson is the supervisor of this project and has been consistent with her feedback and support throughout this process. She guided the choice of images, interview questions, and data collection format. She also took the role of interviewer or note-taker in different focus groups. This project would not have been completed without Dr. Watson.

### **Dr. Kelly Harding**

Dr. Harding is a member of the committee that oversaw this project, and also assisted with image selection and interview questions. Dr. Harding has been an invaluable source of knowledge and direction throughout this project: as an expert in the field of FASD, and particularly FASD prevention, her guidance was essential.

### **Dr. Taima Moeke-Pickering**

Dr. Moeke-Pickering is a member of the committee that oversaw this project. Dr. Moeke-Pickering provides both her expertise in qualitative methods, and an invaluable Indigenous lens on this research. Dr. Moeke-Pickering's insight and feedback steered this project in a stronger, more refined direction that strengthened the research as a whole.

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# Chapter 1

## 1 Introduction and Background

There is a culture of alcohol use in western society (Choate et al., 2022; Harding et al., 2021; DeJong et al., 2019; Paradis et al., 2023). Alcohol is marketed where other drugs are not (Health Canada, 2019; Nicholls, 2012), remains commonly depicted in media (Alhabash et al., 2015; Harding et al., 2022), and has gathered a cultural following of using in excess, especially in youth (Health Canada, 2019). As one respondent to the Government of Canada described, “[alcohol] is offered everywhere you go. If you are trying to quit drinking or have an alcohol use disorder, you cannot escape” (Health Canada, 2019, Addressing Problematic Alcohol Use section, para. 4). As a result, individuals are encouraged by society to partake in alcohol use but are punished as soon as that use is deemed socially unacceptable.

These influences do not disappear during pregnancy. Individuals who drink alcohol while pregnant do so for varied reasons, including personal circumstances (such as abuse), culture, individual beliefs about alcohol consumption, and misconceptions in knowledge or advice given to them (Popova et al., 2022). However, alcohol use during pregnancy can also have effects on the fetus through the development of Fetal Alcohol Spectrum Disorder (FASD). Alcohol use during pregnancy is heavily stigmatized (Corrigan et al., 2018; Morrison et al., 2020; Murphy, 2012), and this stigma has effects on the supports pregnant individuals receive about alcohol use during pregnancy, as well as the life course of individuals with FASD (Badry et al., 2023; FASD Ontario Network of Expertise [FASD ONE], 2016; Green et al., 2016; Morrison et al., 2020). Current prevention campaigns about FASD and alcohol use during pregnancy have been criticized for their contribution to this stigma (Aspler et al., 2019; Eguigaray et al., 2016; Roozen et al., 2020), but prevention efforts are necessary to clarify the muddled messaging around

alcohol use during pregnancy (Aspler et al., 2019; Dumas et al., 2018; Hammer & Rapp, 2022; Popova et al., 2022). This dissertation explores how to develop a new campaign about alcohol use during pregnancy, based on perspectives of individuals of childbearing age from Laurentian University, in Sudbury, Ontario, Canada.

The goal of this chapter is to explore background about FASD, knowledge around alcohol use during pregnancy, and the effects of stigma (Chapter 1.1). From there, the experience of pregnancy, particularly in young adults and Northern Ontarians, is described (Chapter 1.2). Chapter 1.3 explores the extensive literature on advertising, and Chapter 1.4 reframes this knowledge through the lens of alcohol use during pregnancy and FASD. It should be noted that although this dissertation will occasionally use gendered language (e.g., women, mothers), many pregnant people do not identify as women: therefore, gender neutral language will be used whenever not explicitly discussing the effects of gender on alcohol use during pregnancy.

## 1.1 *Fetal Alcohol Spectrum Disorder (FASD)*

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term describing the range of effects on the brain and body of an individual prenatally exposed to alcohol (Aspler et al., 2019; Badry et al., 2023; Canada FASD Research Network [CanFASD], n.d.; Cook et al., 2016). As Canadian prevalence is conservatively estimated to be 4% (Flannigan et al., 2018), FASD is one of the leading causes of developmental disability (Badry et al., 2023; Cook et al., 2016; Popova & Dozet, 2023). Like the name implies, the disorder is also a spectrum. The tendency to focus on severity of impairment rather than the specific impairments of the individual were a weakness of former diagnostic guidelines (Lange et al., 2017). This overemphasis on significantly impaired individuals has framed the way FASD is spoken about.

FASD is a lifelong disorder (Tortorelli et al., 2023; Williams et al., 2024). Prenatal alcohol exposure primarily impacts fetal brain development, resulting in cognitive impairment in individuals with FASD (Popova et al., 2023). These changes impact the brain, but FASD is a whole-body disorder, impacting both physical and mental health (CanFASD & the Family Advisory Committee (FAC), 2022; Flannigan et al., 2020; Mela et al., 2019; Moritz et al., 2023). These changes also interact with the surrounding environment in such a way that several adverse challenges have come to be associated with FASD (Popova et al., 2023). Some of these outcomes include mental health problems, disrupted school experiences, trouble with the law, confinement through inpatient treatment or incarcerations, inappropriate sexual behaviour, alcohol/drug problems, dependent living, problems with employment, and problems with parenting (Cook et al., 2023; Phillips et al., 2022; Popova et al., 2023; Winsor, 2020). Notably, and limited public understanding of FASD is a large barrier to addressing challenges such as these (Popova et al., 2023), but they can be mitigated if FASD is diagnosed early (DeJong et al., 2019; McLachlan et al., 2020; Winsor, 2020).

However, diagnosis of FASD is often delayed, or not considered, due to its complex nature (Winsor, 2020), alongside limited diagnostic capacity and systemic supports (Dugas et al., 2022; Harding et al., 2023). The mechanisms through which alcohol causes cognitive deficits are numerous, complicated, and variably activated (McQuire et al., 2019; Petrelli et al., 2018; Sambo & Goldman, 2023). Canada is also in a period of transition regarding language around FASD, as the first set of Canadian guidelines for the diagnosis of FASD (Chudley et al., 2005) had FASD as an umbrella term for the diagnostic terms of: fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), and alcohol-related neurodevelopmental disorder (ARND). However, as research on FASD continued to grow, issues with these diagnostic guidelines arose; for

example, there were criticisms regarding the emphasis on FAS facial phenotype (Koren et al., 2003) and the diagnostic category of growth deficiency (Lumeng et al., 2007; O’Callaghan et al., 2003). Based on these criticisms, the Public Health Agency of Canada (PHAC) and CanFASD funded the creation of a new set of diagnostic guidelines, which were proposed in early 2016 (Cook et al., 2016). These guidelines have adapted to the suggestions of emerging research, with the most explicit change being the elimination of FAS, pFAS and ARND as diagnostic terms, and the movement of FASD from an umbrella term to a diagnostic term (Cook et al., 2016). These changes are relatively new in the world of Fetal Alcohol Spectrum Disorder; therefore, it should be noted that previous terminology continues to be used within the public, media, and literature.

In addition, there is confusion about the outcomes of prenatal alcohol exposure, especially in low-to-moderate consumption of alcohol (Gomez et al., 2022; Lyall et al., 2021; Messina et al., 2020; Popova et al., 2022). The belief that the effects of alcohol on the fetus are ambiguous (Anderson et al., 2010; Payne et al., 2014; Popova et al., 2022) leads to an inconsistent message that may result in very different interpretations by both physicians and the general public: (1) if the effects are unclear, then all alcohol should be avoided to prevent any risk of harm to the fetus; or, (2) if the effects are unclear, then one or two drinks will not harm the fetus, since no strong evidence exists specifically to the contrary (Anderson et al., 2014). These interpretations are exacerbated by the muddled messaging around alcohol use and pregnancy.



### 1.1.1 Muddled Messaging.

The mechanisms through which alcohol causes cognitive deficits are numerous, complicated, and variably activated (McQuire et al., 2019; Petrelli et al., 2018; Sambo & Goldman, 2023). It has been estimated that 44% of global pregnancies are unintended (Bearak et al., 2018), and one in three individuals discover their pregnancy after the sixth week of gestation (Ralph et al., 2022), there is a significant period of time, early in fetal development, where accidental exposure can occur. Individuals are likely to continue their typical alcohol consumption patterns prior to being aware of their pregnancy, and therefore, alcohol use prior to pregnancy recognition is a risk factor for an alcohol exposed pregnancy (Schmidt et al., 2023). In fact, self-reported estimates of alcohol use during pregnancy may be higher if survey questions include wording about maternal alcohol use that “include[es] before [the respondent] knew they were pregnant” (Currie et al., 2020, p.6).

In addition, many individuals report knowing others who drank during their own pregnancies, and whose children appear healthy (Toutain, 2010). These anecdotes combine with the cultural norm of alcohol use (Choate et al., 2022; DeJong et al., 2019), which may cause individuals to feel encouraged or pressured to drink alcohol (Crawford-Williams et al., 2015; Elek et al., 2013; Mäkelä & Maunu, 2016; Popova et al., 2022), and influence individuals' actions and ability to avoid using alcohol. Different alcohols have different misinterpretations as well, with wine having particularly strong cultural implications (e.g., Harding et al., 2021), often being perceived as: more socially acceptable in comparison to other alcohols, (Crawford-Williams et al., 2015); a low-risk alcohol in comparison to other alcohols (Corrales-Gutierrez et al., 2020); and a healthier choice to other alcohols, especially if consuming red wine (Deroover et al., 2021). Beer, too, has a perception of being healthier than other alcohols (Silva et al., 2017;

Wright et al., 2008), and is the alcohol of choice for Canadians (Paradis et al., 2023). Wine has a strong cultural association with use during dinnertime (Pettigrew & Charters, 2006), and is often regarded as individuals' first experience with alcohol (Rolando & Beccaria, 2021). Beer also plays a cultural role of informality and is associated with a transition from a work to a non-workday (Pettigrew & Charters, 2006). Both alcohols are also associated with stress relief (Crawford-Williams et al., 2015; Harding et al., 2021; Wright et al., 2008).

These perspectives are further influenced by misinterpretation of research findings by the mass media. Articles such as that of Global News, which leads off with “scientists are slowly changing their stance on health hazards of sipping on small amounts of alcohol while pregnant” (Chai, 2013, para.1) misrepresent the complexities and risks involved in alcohol consumption during pregnancy. Similar articles are found in other news sites (e.g. Alcohol.org, n.d.; Ruiz, 2014; Settembre, 2017), which add to the confusion surrounding this topic. Anderson and colleagues (2014) found that when pregnant women were exposed to conflicting information from different sources, they would rely on their healthcare providers, who they viewed as reliable sources with expert knowledge, for clarification.

However, healthcare providers are receiving mixed messages from not only the media, but also the academic literature, particularly in the case of low-to-moderate alcohol consumption (Aiton, 2021; Thom et al., 2020), and exacerbated in part due to the aforementioned complicated connection between alcohol use and pregnancy (McQuire et al., 2019; Petrelli et al., 2018; Sambo & Goldman, 2023). As McQuire and colleagues (2019) put it, “prenatal alcohol use is the sole necessary cause of FASD, but it is not always sufficient” (p.1). The result is a perceived inconsistency, meaning that it then becomes difficult for healthcare providers to feel confident in giving clear and consistent advice. As a result, professional report feeling underprepared to care

for individuals with FASD or pregnant people using alcohol (Bibr, 2018; Wilson et al., 2023), patients report feeling under-supported by the healthcare system (Wilson et al., 2023), and the lack of understanding and support for those with FASD contributes to the development of further adverse outcomes throughout their life course (Badry et al., 2023; DeJong et al., 2019; Winsor, 2020).

Findings regarding healthcare providers demonstrate a lack of systemic training and academic supports to facilitate learning about FASD and alcohol use during pregnancy (Bibr, 2018; Messina et al., 2020; Wilson et al., 2023), resulting in a lack of knowledge, awareness and feelings of ability to support these individuals (Bibr, 2018; Reid et al., 2022). This is a frustrating experience for healthcare providers (Wilson et al., 2023) who report a willingness to attend and call for FASD-specific training (Bibr, 2018; Messina et al., 2020). While an official diagnosis is necessary to access the limited supports that are available for FASD and alcohol use during pregnancy (Wilson et al., 2023), healthcare providers are unwilling to have discussions around alcohol use during pregnancy or take actions that may lead to a diagnosis of FASD, citing worries of stigma (Kerimofski et al., 2024; Muggli et al., 2015; Wilson et al., 2023; Winsor, 2020). Stigma arises as a barrier to care once again in this area, preventing the conversations which could remedy the confusion around alcohol use during pregnancy.

Regardless of calls for education, this confusion persists even in the professional realm: healthcare professionals may avoid strict calls of ‘zero alcohol’ and perceive an increased safety in beverages with lower concentrations of alcohol or lower levels of alcohol consumption in general as compared to higher concentrations or levels of use (Green et al., 2024; Lyall et al., 2021; Messina et al., 2020). There is a lack of reported awareness and usage of the Alcohol Use and Pregnancy Consensus Guidelines (Carson et al., 2010, updated in Carson et al., 2017),

contributed to by reduced self-confidence to utilize the guidelines, as well as beliefs about the effectiveness of this type of screening (Sword et al., 2020). Healthcare providers may also report attitudes towards those they perceive to be “at-risk” of FASD or alcohol use during pregnancy (Green et al., 2024), which has problematic implications when combined with the prejudice and stereotyping around alcohol use during pregnancy (Choate & Badry, 2018; Hoyme et al., 2015; McKenzie et al., 2016; Oh et al., 2023; Tortorelli et al., 2023).

The confusing and conflicting nature of advice given to pregnant people about alcohol consumption (e.g., Alcohol.org, n.d.; Chai, 2013; Ruiz, 2014) combines with the inconsistent, differentially activated nature of FASD (McQuire et al., 2019; Petrelli et al., 2018; Sambo & Goldman, 2023) to create a muddled message, diverging from the strict abstinence to avoid all risk advised by other health promotion and policy guidelines (e.g., Carson et al., 2017). Individuals received mixed messages from the media, such as alcohol consumption during pregnancy can actually benefit child development (Alcohol.org, n.d.; Kelly et al., 2008), drinking early in pregnancy results in less risk of harm (LeWine, 2013), and only binge drinking results in direct harm to the fetus (Kirby, 2017).

Another area of confusion for the public is what makes up “a standard drink” (Dumas et al., 2018) or what “moderate” alcohol consumption means (Deroover et al., 2021). Although some guidelines exist, such as the Canadian Low-Risk Drinking guidelines (Paradis et al., 2022), this information has not been adequately disseminated to the public. In addition, corporate social responsibility initiatives produced by the alcohol industry, such as the campaign by the Liquor Control Board of Ontario (LCBO, n.d.), do not have strong evidence in regard to reducing harmful drinking. However, these initiatives have been criticized as framing alcohol-related issues to be in line with corporate interests (Lim et al., 2019; Mialon & McCambridge, 2018).

These findings have implications regarding the accuracy of information that pregnant people receive.

The overall result of this confusion is that many individuals continue to consume alcohol during pregnancy. Given the prevalence of FASD (Flannigan et al., 2018), the severe, lifelong effects of this disorder (Tortorelli et al., 2023; Williams et al., 2024), and its perceived preventable nature (e.g., No Safe Limit, 2017), it is not surprising that this disorder has had several health promotion initiatives aimed at prevention and awareness. However, initiatives around FASD are viewed through two separate, and often conflicting, ideologies.

### **1.1.2 FASD, Alcohol Use, and the Debates of Morality.**

Underlying many health promotion efforts is the idea of preventing harm whenever it is possible to do so. The idea of preventing harm is well-known in medical ethics as maleficence, alongside beneficence (wherein the benefits to individuals should be maximized while harm should be minimized), justice (wherein resources are equitably distributed), and autonomy (wherein individuals have the right to choice and self-determination; Coughlin, 2006). These ethical principles aim to reduce morality to its fundamentals, and therefore, the belief of preventing harm stems from a perception of morality (Coughlin, 2006). In this case, the logic is as follows: it is immoral to hurt a child, and alcohol is known to cause harm during prenatal development; therefore, individuals should not drink alcohol while pregnant. From this belief, several different conclusions can arise: (1) therefore, pregnant individuals should be informed of the risks in order to abstain from alcohol use; (2) therefore, pregnant individuals who continue to drink are actively choosing to harm their children; or (3) therefore, pregnant individuals should not be allowed to drink alcohol during pregnancy.

The first conclusion is one that informs current prevention campaigns, such as Sandy's Law (Government of Ontario, 2004) or "Stop and Think – Don't Drink" (Mecklenburg County Fetal Alcohol Prevention Program FASD Committee [FASDC], n.d.). The method of preventing harm through health promotion, education and awareness allows pregnant people to make their own choices based on the information presented to them. As such, institutions behind these types of initiatives, such as PHAC (2005) or the Liquor Control Board of Ontario (LCBO, n.d.) frame their campaigns with this conclusion in mind. This conclusion stresses that consumption of alcohol is a risk. However, although this conclusion from the ideology states that pregnant individuals should be informed of the risks in order to prevent harm to their child, these individuals are instead being given confusing and conflicting advice from many different sources (Alcohol.org, n.d.; Chai, 2013; Dumas et al., 2018; Lyall et al., 2021; Popova et al., 2022; Ruiz, 2014; Settembre, 2017).

The second conclusion stems from the assumption that the act of harm is an intentional one: that there is a choice being made. The judgement and stigma that arises because of this perception is a result of the social construct of the moral caregiver, or, in this case, the immoral caregiver (Murphy, 2012). When a mother is not socially perceived to be protecting and nurturing their child, they are viewed as acting immorally (Murphy, 2012). By extension, under this ideology, helping individuals to consume alcohol while pregnant is also viewed as acting immorally, which results in situations such as a bartender refusing to serve a pregnant woman alcohol as he "didn't want it on his conscience" (Meyers, 2014, para. 5). However, examples like these can often be perceived as shaming, discriminatory practices towards the mother (Berezow, 2017). The ultimate result is that pregnant people under-report their alcohol use, if they report it at all (Eguigaray et al., 2016; Frazer et al., 2019; Gomez et al., 2022; Morrison et al., 2020; Paris

et al., 2020; Winsor, 2020), and are unlikely to seek out services and supports due to fear of these discriminatory practices (Ashford et al., 2018; Popova et al., 2022; Ussher et al., 2019).

Even in news media, messaging about FASD is framed in two ways: sympathy towards the child with FASD, and shame towards the mother who drank while pregnant (Eguigaray et al., 2016). Academic literature can unintentionally also contribute to stigma, particularly if reporting the negative outcomes of alcohol use during pregnancy without mention of contextual factors as to why individuals may have consumed alcohol (Aspler et al., 2019). In spite of the fact that pregnancies are often unintended (Bearak et al., 2018), that alcohol consumption increases the likelihood of risky behaviour such as unprotected sex (Cho & Yang, 2023), that many children with FASD are in foster care and therefore may not be with their biological mother (Lange et al., 2013), and that partners are a considerable source of influence on a pregnant person (Elek et al., 2013), a mother who has a child with FASD is viewed as having made the choice to harm their child. Ultimately, this is the perspective that underlies the stigma surrounding alcohol use during pregnancy.

This perception is implicitly exacerbated through current prevention campaigns. One example is the commonly used phrase “FASD is 100% preventable” (e.g., No Safe Limit, 2017), which contributes to the perception of choice. Another example is a poster that portrays a child growing at different stages of his life, with the final stages being in handcuffs, and homeless (FASDC, n.d.). Campaigns like these have been criticized for their negative and stigmatizing nature, as they often rely on shock and fear to discourage people from drinking alcohol during pregnancy (Aspler et al., 2019; Eguigaray et al., 2016; Roozen et al., 2020).

Although fear-based campaigns have been found to be successful in raising awareness about other health concerns, such as smoking cessation, similar campaigns about alcohol use during pregnancy contribute to the damaging effects of stigma around this topic (Eguigaray et al., 2016). One such effect is the aforementioned under-reporting of alcohol use (Eguigaray et al., 2016; Frazer et al., 2019; Gomez et al., 2022; Morrison et al., 2020; Paris et al., 2020; Winsor, 2020), as many individuals do not feel comfortable enough to disclose information about alcohol use during pregnancy not only due to feelings of guilt and/or shame, but also fear of repercussions such as the involvement of child welfare services (Frazer et al., 2019; Green et al., 2016). This under-reporting ultimately contributes to delayed diagnosis of FASD, as confirmed maternal alcohol exposure is vital information for a confident diagnosis to be made (Cook et al., 2016). An early diagnosis is also one of the strongest protective factors against the adverse outcomes of FASD (Badry et al., 2023; DeJong et al., 2019; Winsor, 2020), and a lack of diagnosis prevents individuals with FASD from getting the supports they require, ultimately impacting both their wellbeing and life course (FASD ONE, 2016). Therefore, current FASD prevention campaigns, although produced with the intention of reducing overall harm, may often contribute to it instead (Aspler et al., 2019; Eguigaray et al., 2016; Roozen et al., 2020).

On the far end of the spectrum of conclusions brought about from the ideology of preventing harm is that prenatal alcohol consumption causes harm, and therefore, pregnant people should not be allowed to drink alcohol during pregnancy. This is most explicitly seen in regulation outside of Canada. In the United States, for example, three states consider substance use during pregnancy illegal, and 18 consider it child abuse (Miranda et al., 2015). However, under the criminal code of Canada (Government of Canada, 2018), a child becomes a human being upon “completely proceeded, in a living state, from the body of its mother” (para. 1), and



therefore, alcohol use before this point is not considered a crime. That said, abstinence from alcohol has been recommended past birth to the breastfeeding period (as there is evidence that child development is compromised as a result; May et al., 2016) as well as when children are young (as it is argued that parents should be alert, uninhibited, and able to drive when caring for a small child; Bogren, 2011). The idea that “use of alcohol during pregnancy [is] a dangerous act on an innocent bystander” (Meyers, 2014, para. 3) is what underlies this perspective, but the issue as to where to draw the line of criminality, or even where to place regulation, begins a debate that many individuals find morally objectionable.

The debate of how to regulate an individual’s personal choices comes into direct conflict with the ethical principle of autonomy. An individual’s right to have control over their own body is known as body autonomy (Mercer, 2018), and a woman’s right to control matters regarding the use of contraceptives, pregnancy, and childrearing is known as reproductive autonomy (Wright et al., 2018). Regulations that take control from women and give it to government infringe on these rights, and therefore spark debate (e.g., Salber, 2012). Indeed, these rights have been fought for: women have had a “long list of ‘dos and don’ts’ during pregnancy” (Armstrong, 2017, p.66), including such superstitions as strawberries causing birthmarks, grieving causing melancholic children, and seeing a rabbit causing a hare lip (Armstrong, 2017). The advice given to women regarding alcohol use during pregnancy is cited alongside these exaggerated claims; most recently, in conjunction with the Centers for Disease Control and Prevention’s (CDC’s) recommendations for sexually active women, not using birth control, to abstain from all alcohol use (Armstrong, 2017; CDC, 2016). The CDC faced a backlash of anxiety, criticism, and derision for this advice (e.g., Kukla, 2016; Macmillen, 2016; Petri, 2016; Skenazy, 2016) due to

the perception of its infringement on personal choice and freedoms and its (perceived) true motivation: blame, shame, and stigmatization (Armstrong, 2017).

Another cultural resistance has arisen in the form of “wine mom” (Harding et al., 2021 p.1) and “mommy drinking” (Romo et al., 2024; p.13) cultures, communities wherein alcohol use is normalized where it would normally be stigmatized. In this way, mothers can keep the perfection ideal within the sphere of their communities (Harding et al., 2021; Romo et al., 2024). In a time where alcohol consumption by women is at an all-time high, protection against the stigma and judgement of the larger public is understandable. However, this also creates a divide between mothers that do and do not drink and creates a reliance on alcohol use as a method to reduce stress (Romo et al., 2024). Being a backlash, it is also a response which is strengthened by stigma and infringements on autonomy, as opposed to weakened by them.

This perception of diminished freedoms can be present even in the milder case of health promotion efforts, seen most recently in reactions to calls to wear a mask to protect against COVID-19, where some individuals felt as if they were being forced to wear a mask despite their disbelief in their efficacy in preventing COVID-19. Notably, further health messaging calling for mask use was associated with strengthening anti-mask beliefs (Taylor & Asmundson, 2021). This type of response will be explored further in Chapter 1.3, as reactance to advertising, especially when direction is explicitly being given, is not an uncommon response (Brehm, 1966; Sprengholz et al., 2023; Staunton et al., 2020; Xu & Guo, 2018). It is, however, explicitly linked to the perception of diminished personal choice, and stresses the importance of accounting for the ideology of autonomy when creating health messaging.

Therefore, the conclusion that exists in relative harmony with the ideologies of body and reproductive autonomy is the first: harm prevention, wherein if alcohol use during pregnancy can cause harm towards a fetus, then pregnant people should be educated to make their own informed choices. Body autonomy would also add to this conclusion to say that once made, these choices should be respected (Mercer, 2018). Considerations about harm prevention should also be made in the context of alcohol use during pregnancy, where there is no explicit threshold (McQuire et al., 2019; Petrelli et al., 2018; Sambo & Goldman, 2023) and a considerable amount of misinformation (Alcohol.org, n.d.; Chai, 2013; Petrelli et al., 2018; Ruiz, 2014; Settembre, 2017). The stigma surrounding alcohol use during pregnancy is not informed by this first conclusion of harm prevention, but rather the conclusions that centre around the idea of choice. Where there is choice, there is action, and there can therefore be judgement.

### **1.1.3 FASD, Alcohol Use During Pregnancy, and Stigma.**

Thomas and Mukherjee (2019) explored the perspectives of birth mothers of children diagnosed with FASD. Their results were summarized in four themes: (1) to blame or not to blame, describing these mothers' debate between blaming themselves or accepting that circumstances may have been out of their control; (2) life is a series of battles, including both the battles these individuals faced in their personal circumstances, such as reaching sobriety, but also the battles associated with FASD such as receiving a diagnosis; (3) on a crusade with a renewed sense of purpose, wherein the mothers described their drive to advocate for their children and increase awareness of FASD; and, (4) What helps?, a theme that was intertwined throughout all narratives that described external supports, such as friends and family, and internal factors, such as persistence, that enabled the mothers to cope with difficult situations.

These experiences describe a transition from guilt, shame and despair to advocacy, responsibility and purpose; the role of guilt and blame was two-fold. In theme one, participants expressed two contrasting perspectives: that their child's FASD had been preventable (and therefore, they were to blame for their action or inaction), and that their child's FASD had been inevitable due to the circumstances that were out of their control. As described, "because of my history you could almost see [the FASD diagnosis] there waiting to happen" (p.30). These experiences of self-blame and acceptance contrast against theme two, where a participant described her transition from guilt to advocacy: "once I'd got sober and dealt with the guilt and thought to myself you know what I can't change what has happened but I can change what I do for her now" (p.31). Importantly, the guilt she experienced represented a barrier to this momentum (Thomas & Muckherjee, 2019).

The guilt, blame and shame around alcohol use during pregnancy is a result of its cultural stigma. Stigma is defined through the negative attitudes that individuals may hold towards a specific group of people sharing similar circumstances in life; if these attitudes present themselves as behaviour towards said group of people, the result is discrimination (Health Canada, 2019). However, stigma also includes the social exclusion, separation, labelling, depersonalization and stereotyping of these individuals as something 'other' (Health Canada, 2019; Morris & Schomerus, 2023; Sapag et al., 2018; Stuart, 2016). Stigma is, therefore, also deeply connected to power, as a dominant, powerful group must be present to discriminate and marginalize the 'other' (Stuart, 2016).

Consequently, stigma then encompasses more than negative attitudes; it includes this aspect of social justice, as these conflicts of power often violate the human rights of marginalized individuals (Everett, 2004; Sayce, 2003; Stuart, 2016). The connection between stigma and

problems with mental health and/or substance use is multifaceted (Health Canada, 2019; McGinty, 2019; Sapag et al., 2018). Some examples of negative attitudes include expectations of an individual to relapse (Avery, 2019), questioning of an individual's ability to parent (Wilkins & Foote, 2019), or the view of the issue as a moral failing as opposed to a health problem (Roche et al., 2019). Stigma is rarely solitary and forms complex connections with numerous social categories to affect each person in an individual way. For example, different disorders are differently stigmatized (Stuart, 2016), substance use stigmatization fluctuates depending on substance type, frequency and amount of use, and stigmatization can be exacerbated if the individual is part of another marginalized group (Roche et al., 2019).

In general, however, stigmatized individuals are often viewed by society as someone to be feared, blamed, and avoided (Stuart, 2016; Wilkins & Foote, 2019). This “hostile social world” (Matthews, 2019, p.6) has a directly negative impact on these individuals. In the battle to protect their self-esteem, stigma is easily and often internalized (J. D. Avery & Avery, 2019; Matthews, 2019). When an individual begins to believe themselves to be untrustworthy, helpless, and beyond control, every symptom of their illness becomes evidence against them, and the cycle perpetuates (Matthews, 2019). Waite and colleagues (2015) describe the self-criticism that arises from this internalized stigma as a “trap” (p. 1208), as one of their participants described:

I criticise myself for having done that—“I shouldn't have done that. Why haven't I done that by now?”—and those kinds of things. Then I realize I'm going back down [...] the breakdown path again. (Waite et al., 2015, p. 1208).

In cases involving mental health issues, substance use issues, or both, stigma encourages relapse through continuously undermining recovery efforts and contributing to a cycle of helplessness

(Morris & Schomerus, 2023; Waite et al., 2015). It also results in a barrier to seeking out care, as individuals fear they will be stigmatized by those around them (Cooper et al., 2003; Corrigan, 2004). This fear is often valid; individuals who are stigmatized can be viewed as untrustworthy, dangerous and/or incompetent, perceptions which have implications regarding the stigmatized individual's role in many areas, such as the workplace (Roche et al., 2019) or in reaching out for health advice (Health Canada, 2019). A respondent to a Government of Canada survey (Health Canada, 2019) summarized the impact of stigma in the case of substance use:

There is no way I would ever admit to a doctor if I used illegal drugs. First rule is don't admit it, even if your health is at risk. You might have your kids taken away, or go to jail; never mind being patronized by someone who probably does not know anything about it. (Stigma and Discrimination section, para. 4)

The patients' fears here are clear: they do not wish to disclose vital health information due to fear of blame, judgment, and repercussions. In fact, it is "the first rule" (Health Canada, 2019, Stigma and Discrimination section, para. 4), and patients cite the lack of compassion and lack of trust they are treated with as a reason for their silence (Health Canada, 2019).

This situation is replicated in the case of alcohol use during pregnancy, where stigma: (1) damages the trust and relationship patients have with their healthcare providers (Renbarger et al., 2020); (2) leads to individuals not disclosing or under-reporting their alcohol use in fear of repercussion and judgement (Eguigaray et al., 2016; Frazer et al., 2019; Gomez et al., 2022; Green et al., 2016; Paris et al., 2020; Winsor, 2020); (3) results in healthcare professionals hesitating to ask pregnant individuals questions about alcohol use for fear of being perceived as blaming or shaming (Kerimofski et al., 2024; Muggli et al., 2015; Wilson et al., 2023; Winsor,

2020); and (4) causes pregnant individuals not to seek out supports (Ashford et al., 2018; Popova et al., 2022; Ussher et al., 2019) or to perceive that no help or support is available at all (Muggli et al., 2015; Poole et al., 2019; Wilkens & Foote, 2019). By extension, stigma also becomes a barrier to diagnosis, which impacts individuals with FASD throughout their life course (FASD ONE, 2016). As detailed in Thomas and Mukherjee (2019), stigma was a barrier to taking control and finding a renewed purpose in life: something to be dealt with and get over before this process can begin. The guilt was a manifestation of self-stigma, where the viewpoint of FASD as preventable caused individuals to blame and shame themselves.

This perspective of the preventability of FASD also carries implicit stigma outside of the self-stigma experienced by birth mothers of children with FASD; language around FASD prevention efforts has used the phrase “FASD is 100% preventable” (e.g. No Safe Limit, 2017). This language is an oversimplification of the complexity of alcohol use during pregnancy, ignoring the experiences of individuals who knew that their circumstances made FASD in their children inevitable (Thomas & Mukherjee, 2019). These types of experiences have caused some to criticize FASD prevention efforts that focus on alcohol use as ignoring the true issue: the surrounding circumstances that lead to the alcohol use during pregnancy (Shankar, 2016). For example, in the “wine mom” (Crawford et al., 2020, p.121) population, wherein wine use is popularly associated and normalized within motherhood, individuals consume alcohol due to stress, feelings of isolation, and escapism. Other associations may be poverty, abuse, or structural inequities (Popova et al., 2022; Shankar, 2016).

The oversimplification of the issue to simply choosing not to drink alcohol during pregnancy contributes to the public perception of alcohol use during pregnancy as a method of active harm against a developing fetus; while implicit, the reinforcement of this exaggerated

view perpetuates stigma and its negative effects (Badry et al., 2023; CanFASD, n.d., Choate et al., 2022; Tortorelli et al., 2023). As a result, it is recommended to even use the term ‘preventable’ on its own with care and caution (CanFASD, n.d.). Implicit stigma is similarly carried in language such as “suffering with FASD” or “damaged by alcohol use during pregnancy” which perpetuate this lens of FASD as active harm (CanFASD, n.d.).

Stigma also does not exist in a vacuum; for example, the overlap between alcohol use during pregnancy and substance use issues cause individuals to experience compound stigma, wherein they fall into two social categories which are stigmatized as ‘other’ (Roche et al., 2019). Another area of compound stigma complicates discussion around alcohol use during pregnancy: prejudice and racism. FASD has been previously thought to be associated with Aboriginal heritage (Aspler et al., 2021; Choate & Badry, 2018; McKenzie et al., 2016; Winsor, 2020). However, the emphasis of this association has increasingly been shifted to confounding factors such as inappropriate diagnostic methods, stereotyping, poor methodologies of early prevalence studies, and the intergenerational effects of residential schools (Choate & Badry, 2018; McKenzie et al., 2016; Salmon & Clarren, 2011; Wolfson et al., 2020). For example, individuals who have experienced these types of traumas may be more prone to substance use, but they have also been prone to racism and classism that result in expectations of stigmatized behaviours in these populations, resulting in the overrepresentation of FASD within them.

While demonstrated in Canada, these effects have been replicated in other colonized countries, such as Australia and New Zealand (Tortorelli et al., 2023). In addition, inappropriate diagnostic methods have been linked to the focus on the sentinel facial features found in some individuals with FASD; these features were centred around Caucasian facial morphology, and therefore also contributed to overestimation of FASD in populations such as African Americans



(Hoyme et al., 2015), despite other research having shown that Black mothers were 41% less likely to consume alcohol while pregnant than white mothers (Oh et al., 2023). The overlapping stigmas resulting from alcohol use during pregnancy, racism and classism mean that FASD is not a one-dimensional topic. Indeed, FASD and alcohol use during pregnancy are intrinsically intertwined with feminism, systematic discrimination, intergenerational trauma, substance use issues, colonialism, poverty, and mental health. The complexity of these links is the reason why this dissertation will use an intersectional theoretical perspective as a guide.

#### **1.1.4 Intersectionality: Theory, Epistemology and Ontology.**

Stigma can be compounded if an individual is a member of multiple marginalized groups (Roche et al., 2015). In the case of mental health and substance use issues, where stigma is already profound and damaging, overlap between social categories is common. As a result, the compound effect of multiple social categories exacerbates the damage that stigma can cause: two examples being people of colour receiving harsher sentences for drug offenses (Roche et al., 2015), and systemic racism promoting the poverty that Canadian Indigenous people are more likely to face in comparison to non-Indigenous Canadians (Health Quality Ontario [HQO], 2018).

As a theoretical perspective, intersectionality takes the view that social categories (such as race, sexuality, ethnicity, class, gender, ability and so forth) act “not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena” (Collins, 2015, p.1). It therefore differs from a social determinants of health approach in that it not only adds these categories for consideration, but it emphasizes the areas where these categories interact, avoiding

the issue where social determinants become lists of isolated risk factors as opposed to interconnected pieces of a complex life (Krieger, 2024).

Although the term was not coined until 1991 by Kimberlé Crenshaw, ideas that follow this theme predated Crenshaw's work (Collins, 2015; Crenshaw, 1991). Intersectionality emerged as race/class/gender studies and had a strong political drive throughout the 1970s and 1980s. This drive amalgamated into the Combahee River Collective's A Black Feminist Statement (1995), which claimed that race-only and gender-only analyses are incomplete, by nature; social categories such as these are interlocking, and therefore must be explored together. From this point, the intersectional movement moved from politics to academia. In this area, women's studies became a driving force of intersectionality theory, as it gathered scholars from different areas of expertise to compare, contrast, and bring new knowledge back to their disciplines (Collins, 2015).

It is no surprise, then, that intersectionality is often associated with women's health; in fact, it is occasionally referred to as intersectional feminism or intersectional feminist theory. The consequence of this wide expansion through women's studies meant that intersectionality experienced both rapid growth and incredibly quick acceptance throughout different fields. However, with each interpretation came a different conceptualization of intersectionality, with researchers such as Gonzalez (2018) expressing their confusion over the "all-encompassing philosophy" (para. 3). Gonzalez (2018) was describing the intersectionality theory conceptualized by Collins and Bilge (2016); however, the confusion surrounding competing definitions of intersectionality theory was explored in Collins (2015), who located several guiding assumptions that were shared between these definitions. The differences between these theories lied in which assumptions were emphasized, and by how much.

From these guiding principles, intersectionality has come to be understood as having five central tenants: (1) humans cannot be reduced to a single characteristic; (2) the experiences of people cannot be accurately understood by prioritizing one or a single set of factor(s); (3) social categories are fluid and socially constructed; (4) these social categories are inseparable from and shaped by social structures (which, in turn, are shaped by power, time and place); and (5) the promotion of social justice and equity is vital (Greaves et al., 2014; Hankivsky, 2012; Hankivsky et al., 2009). These ideas exist at both a micro (the effect of the structural inequities created by the interaction of social categories on individuals) and macro (how institutions contribute to the production, organization and sustainment of these inequities) level; according to this theory, both levels are equally important to explore. In addition, the theory of intersectionality calls on researchers to be reflexive both in respect to their own point of view, and also the viewpoint of their research project; no methods of research, according to this theory, are inherently apolitical (Greaves et al., 2014).

According to intersectionality's central tenants, then, alongside its emphasis on the interaction between social categories and their world, this theory also incorporates the importance of context, conflicts of power and oppression, and aspects of social constructionism. Although intersectionality's epistemological and ontological stances are not often explicitly explored, the idea of these social categories being both fluid and constructed heavily links to the epistemology of constructionism. This epistemology, as described by Crotty (1998), states that "all knowledge [...] is contingent upon human practices, being constructed in and out of interaction between human beings and their world [and this knowledge is] developed and transmitted within an essentially social context" (p.44). It is therefore relativist by nature, as well; as implied by the name, if knowledge is socially constructed, then reality is *relative*

(Crotty, 1998). From an intersectional point of view, relativism comes into play when these constructed social categories influence how individuals exist in the world; for example, a white male lives in a different world from a black female. These worlds are no less real; they are simply different between individuals (i.e., relative). Intersectionality, then, functions through exploring how these different realities come about from the interaction of social categories, and how they manifest as structural inequities or issues of power/privilege (Greaves et al., 2014).

Further discussions of intersectionality's epistemologies and ontologies link it to feminist epistemology, especially in its relational conceptualization of power (Hancock, 2016). However, feminist epistemology conceptualizes power in binary terms; therefore, a better fitting epistemology may be the holographic epistemology proposed by Meyer (2020). Meyer (2020) suggests that behind this epistemology, there is a trilogy of systems: (1) the objective, physical world; (2) the subjective, interior world; and (3) the quantum world of the intersections. This trilogy is not linear nor hierarchical; instead, they are simultaneous and, as the name implies, holographical. Unlike a photograph or puzzle piece, each part of a hologram contains all of the information which is within the whole. All three systems described by Meyer (2020) are in line with intersectionality's description, and it therefore seems that this theory takes from both constructionism and this holographic epistemology. Intersectionality is therefore primarily concerned with individuals' lived experiences, the effects of social forces, and systems of discrimination and/or subordination (Greaves et al., 2014). An intersectionality-based viewpoint calls into question current prevention efforts, as a woman's pregnancy is only one of the many social categories that needs to be considered.

In this vein, then, the lens of intersectionality is not only vital in identifying the effects of compound stigma, but also in the development and implementation of health initiatives. Context

is increasingly being identified as vital in the creation of effective health promotion efforts (Stuart, 2016), and failing to explore an individual's unique world and context may render the effort null and void. FASD and alcohol use during pregnancy are complex, multi-faceted topics; for example, in the content analysis by Aspler and colleagues (2019), Canadian newspapers were found to exaggerate FASD rates in Indigenous communities, and neglect to explore the culture around alcohol use.

While rates of alcohol use during pregnancy may be elevated in Indigenous communities, this is a topic that not only benefits from an intersectional lens, but requires it. FASD occurs across all populations that use alcohol, and rates increase in populations that experience complex trauma (Dickenson & Stewart, 2021; McLachlan et al., 2020). Alcohol was introduced to many Indigenous communities through settlers who sought to secure trade, food supplies were placed under settler control, and Indigenous people were coerced into treaties or subjected to mass hangings to expropriate their lands (Yousefi & Chaufan, 2022). Indigenous people continue to experience the impacts of settler colonialism, residential schools, geographical dislocation, structural violence, and systemic racism. The impact of policies that gave rise to settler dominance continue to be felt today, regardless of the calls for reconciliation within Canada (Dickenson & Stewart, 2021; McLachlan et al., 2020; Yousefi & Chaufan, 2022). Through the lens of intersectionality, FASD can be understood as something much more complicated than alcohol use during pregnancy: the downstream effects of structural and intentional injustice.

Through an intersectional lens, the idea of FASD as “100% preventable” becomes even further from the truth. Viewing alcohol use during pregnancy as the sole cause of FASD, without considering the social and systemic context, is a gross oversimplification (Yousefi & Chaufan, 2022). Intersectionality theory pushes researchers to embrace these complexities through

considering how issues have been previously framed, how they may have been shaped by past and present power systems, how social categories or inequalities may intersect, and how the researcher's own perspective may change during the course of research (Hankivsky, 2012; Krieger, 2024). Stigma attempts to reduce individuals to a singular characteristic and is a large barrier to many initiatives reaching their full potential. An intersectional approach is a method through which this stigma can be acknowledged, and the ways in which it interacts with participant perspectives can be accounted for.

## 1.2 *Pregnancy in Context*

In keeping with this theory, then, it is important to explore the different influences that social categories, and the intersections between them, can cause. Pregnancy itself has its own specific associations; pregnancy and childbirth are largely viewed as women's issues, and this lens places the blame of any effects of substance use during pregnancy onto the mother as the centrefold of stigmatization (Coons, 2017; Kohan et al., 2010; Shand & Marcell, 2021). This isolation of one person as solely responsible for all things connected to pregnancy can cause the experience of pregnancy to be one of anxiety, caused by striving for an impossible ideal of perfection (Armstrong, 2017; Evans et al., 2020; Holland & McCallum, 2015; Nowland et al., 2024; Rokach, 2004; Yu et al., 2020). Pregnant individuals receive an overwhelming amount of health advice (Armstrong, 2017; Lyall et al., 2021; Popova et al., 2022), so much so that health professionals hesitate to add to it as the wrong advice, or wrongly worded advice, could “unnecessarily escalate the fear and anxiety that already plague the modern experience of pregnancy” (Armstrong, 2017, p. 67).

The profound isolation that individuals can experience because of this demand for perfection has a far-reaching impact: loneliness is associated with poorer physical health, and a transgenerational effect has been explored wherein loneliness of a parent results in poorer health outcomes of a child (Nowland et al., 2024). Loneliness is also associated with alcohol use (Crawford et al., 2020; Nowland et al., 2024), and may persist from pregnancy on throughout parenthood (Nowland et al., 2024). Importantly, the size of one's social network does not appear to be an effective predictor of loneliness, but rather the interconnectedness between the individuals within that network (Yu et al., 2020).

However, in keeping with the theory of intersectionality, the experience of being pregnant is not the only area of life that pregnant people exist within. Two specific social categories are explored in relation to this study: the experience of being an individual of childbearing age, and the experience of living in Northern Ontario. The intersection of alcohol use and pregnancy with these categories will be discussed.

### **1.2.1 Individuals of Childbearing Age.**

Students in undergraduate programs at college and universities are not necessarily a population for which pregnancy is salient (Gomez et al., 2018), but they are a high-risk population for an alcohol exposed pregnancy (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016). This is a point of many transitions: individuals shift to new peer groups and influences (Gambles et al., 2022), are expected to make career and educational decisions, and generally experience a period of self-exploration and independence (Chan & Derenne, 2021). As a result, individuals within this period of life are sometimes called emerging adults (Gómez et al., 2021),

or transitional age youth (Hua & Flaherty, 2021), although specific ages in which these labels begin and end vary.

This transitional age is also a time during which romantic relationships and sexual exploration can occur (Hua & Flaherty, 2021). At the same time, colleges and universities have their own particular culture of alcohol use, experienced differently from those at this age who live at home or follow a different career path: as such, alcohol becomes intrinsically linked to social activities and events (Gambles et al., 2022). This cultural experience is particularly impactful at this life stage where individuals attempt to belong with their new peer groups, and alcohol is perceived as a tool to build social belonging and reduce anxiety, particularly in excess (Gambles et al., 2022). While peer groups can influence the increase or decrease of alcohol consumption (Keyzers et al., 2020), current social norms in colleges and universities predispose these influences to be an increase of alcohol use (Gambles et al., 2022; Paradis et al., 2023). Alcohol use in younger people has been identified as an important public health concern (Paradis et al., 2023), and in the total population, heavy episodic drinking appears to peak in the ages of 20 to 24 (Cho & Yang, 2023).

Intoxication has been both associated with same-day sexual activity and decreased use of condoms; this information in conjunction with the report that the highest rates of unintended pregnancy are in individuals aged 20-24, followed by ages 15-19 and 25-29, has specific implications for this population (Hua & Flaherty, 2021). Peer relationships, coercion and poverty have also been associated with unplanned pregnancy (Dabney, 2020; Hua & Flaherty, 2021), representing the intersectional way these mechanisms can interact—of note, structural inequities such as poverty are also associated with alcohol use (Gómez et al., 2021)—by contrast, self-



esteem, feelings of independence and life satisfaction have been associated with more consistent contraception use (Hua & Flaherty, 2021).

The difficulty with unplanned pregnancy at this age is that it can have a destabilizing effect on the life these individuals are planning for, furthering their stress, anxiety and feelings of uncertainty (Schlegel & Smith, 2021). Individuals at transition age who experience unplanned pregnancy are also forced to face their own unique stigma: pregnancies that are early or out of wedlock are perceived as inappropriate (Matebese et al., 2021); individuals may be socially isolated and ostracized from former supports (Matebese et al., 2021; Moseson et al., 2019); and they may experience judgement and scrutiny as to their fitness as a parent, including from health care practitioners (Conn et al., 2018). This type of ageism dismisses these individuals' autonomy and capacity for decision making and forces them to conceal their pregnancies or exclude themselves by becoming socially distant (Conn et al., 2018; Matebese et al., 2021). This dismissal becomes another contributor to the aforementioned isolation and loneliness associated with pregnancy.

In addition, despite the cultural emphasis on social alcohol use in colleges and universities, stigma towards alcohol use during pregnancy is unchanged, and therefore the self-stigma that individuals experiencing an alcohol-exposed pregnancy face is no less significant (Adams, 2023). Notably, the blame and judgement has not been shown to decrease alcohol use or result in improvements of maternal health (Matebese et al., 2021). In addition, this compound stigma impacts individuals' relationship with their healthcare provider, resulting in a general mistrust of health care providers (Hudson et al., 2008), including aspects such as fear that the provider will breach their confidentiality (Newton-Levinson et al., 2016). As a result, it is perhaps unsurprising that campaigns that use deterrence strategies or preachy tones in advertising

have been found to be particularly less effective in younger populations (Kijowski, 2017; Messerlian & Derevensky 2006; Schar et al., 2006).

Therefore, individuals of childbearing age represent a population which: (1) may not perceive the experience of pregnancy as particularly imminent to them, therefore meaning they do not tend to plan for these pregnancies (Hua & Flaherty, 2021; Gomez et al., 2018); (2) are exposed to particularly strong social norms around social alcohol consumption, particularly in excess (Gambles et al., 2022; Paradis et al., 2023); and (3) experience a unique form of judgement that stems from ageism, and a questioning of these individuals' ability to make decisions, plan for the future, and parent (Conn et al., 2018; Matebese et al., 2021; Moseson et al., 2019). The links between loneliness and social ostracization (Crawford et al., 2020; Matebese et al., 2021; Moseson et al., 2019; Nowland et al., 2024) should also be considered, particularly when the stigma of alcohol use during pregnancy compounds with shame around an early, unplanned pregnancy, in two ways: (1) loneliness is associated with alcohol use (Crawford et al., 2020; Nowland et al., 2024), and therefore, social ostracization as a mechanism to shame individuals into the perceived moral behaviour may do the opposite of its intended effect; and (2) loneliness impacts confidence and life satisfaction, both of which are associated with more consistent contraception use (Hua & Flaherty, 2021), meaning that socially ostracizing individuals may increase the likelihood of them having an alcohol-exposed pregnancy.

### **1.2.2 Pregnancy in Northern Ontario.**

Northern Ontario is a unique, diverse landscape. Although precise numbers vary by definition, it can be generally stated that Northern Ontario encompasses over 80% of Ontario's total landmass, in spite of having less than 6% of the province's total population (HQO, 2018; O'Gorman &

Hogenbirk, 2016; Wenghofer et al., 2011). The result of this thinly spread population is a distribution of resources that is much the same: Northern Ontarians experience a fragmented patchwork of health and social services. There is an inverse relationship between population health status and location remoteness (Leider et al., 2020; Wilson et al., 2020) for a variety of reasons; for example, increased distance of travel has a ripple effect, such as reducing chance of available public transportation and increasing time of travel (Burnett et al., 2020; Palozzi et al., 2020; Vitale Brovarone & Cotella, 2020). Add to this Northern Ontario's issues in: (1) physician recruitment and retention; (2) affordable housing; (3) nutritious food and clean water; (4) accessing/completing higher education; and (5) unemployment/low income rates, and it is clear why individuals in this area report lower overall health (Burnett et al., 2020; Fergus et al., 2021; HQO, 2018; Labelle, 2022; Mandal & Burella, 2021; Phipps et al., 2020; Wilson et al., 2020). In addition, there is evidence that rurality and alcohol use interacts differently in Southern and Northern Ontario; in Northern Ontario, it was found that with increasing rurality came increasing likelihood of alcohol-related harms. However, this trend was not found in Southern Ontario (Friesen, 2022).

Northern Ontarian barriers to care, then, only add to the struggle to receive coordinated, comprehensive care for mental health and/or substance use. Northern Ontarians, on average, report lower mental health than the rest of the province, and display a higher need for psychotherapy or counselling (HQO, 2018; Mandal & Burella, 2021). Continuity of care is an especially essential component for mental health services (Newman et al., 2015), and with the gaps that exist between both mental health and addiction services in Northern Ontario, it is no surprise that this topic has been identified as an area of inequity (HQO, 2018; Mandal & Burella, 2021).

Another issue is the magnified fear in small, rural communities that confidentiality and/or anonymity will be lost through seeking out services: another barrier to care caused by the manifestations of stigma (Wilkins & Foote, 2019). Even if seeking out care, it is not always available; individuals in Northern Ontario often do not have timely access to a primary healthcare provider, which poses its own issues to continuity of care (HQO, 2018). The answer to this particular barrier, especially in Northern Ontario, often becomes the emergency department (ED). Individuals who cannot access their family physician often go to the ED instead, in spite of having non-urgent presentations, due to the convenience of the 24-hour open-door policy (Mani, 2019; Unwin et al., 2016). In fact, in 2016, 54.6% and 60.2% of individuals who visited the ED in Northeastern and Northwestern Ontario (respectively) reported that they would have gone to their primary healthcare provider instead, had they been available (HQO, 2018).

This reliance on EDs is particularly problematic not only as these departments are often understaffed and overwhelmed, but because they are also not currently designed to assess or treat individuals who come in for mental health issues (Gill et al., 2017; Mani, 2019). Individuals who come in to EDs for mental health issues experience longer wait times, may be admitted against their will and ultimately end up needing to remain in what amounts to an overstimulating environment perceived to be out of their control (Harris et al., 2016; Mani, 2019; Navas et al., 2022; Sacre et al., 2021). For those already in emotional distress, this environment only serves to worsen their condition (Gill et al., 2017; Harris et al., 2016; Navas et al., 2022; Sacre et al., 2021). In addition to the suboptimal environment, there is a lack of trauma-informed training in staff (Sacre et al., 2021), the ED is not always prepared to provide the level of follow-up care that individuals with mental health and/or substance use issues require (Balan et al., 2017; Sacre

et al., 2021), and the ED is designed for crisis management and stabilization, as opposed to the point of first contact that it's being used as (Gill et al., 2017; Kurdyak et al., 2021).

These aspects are discussed to demonstrate the profound barrier to care that access represents in Northern Ontario. Although there is evidence that medical professional knowledge of FASD in this region is improving (Burns et al., 2022), previous reports have indicated that individuals with FASD and their families feel under supported by the medical system, and that this is linked to misunderstandings around FASD (Watson et al., 2013). Stigma manifests as its own negative influence in this area, damaging the trust in the patient-provider relationship (Renbarger et al., 2020), and causing individuals to hide the realities of their lives rather than seek care (Paris et al., 2020). This type of rejection in the world of healthcare could contribute to issues later in life, such as the fact that in Northeastern Ontario, individuals with FASD tend to be diagnosed around the age of 10 (Burns et al., 2022), when there is evidence that diagnosis is protective against adverse outcomes if given under the age of six (Badry et al., 2023; Marcellus & Badry, 2021). In addition, Watson and colleagues (2013) demonstrated the need for caregiver distress in Northern Ontario to be addressed, with early diagnosis being one of the ways it could be so (Zarnegar et al., 2016).

Demographics within Northern Ontario also experience compound stigma, such as Indigenous peoples; Northern Ontario has a high proportion of Indigenous individuals as compared to the rest of the province, and these individuals experience unique barriers in the form of language and culture (HQO, 2018). The barriers to culturally and linguistically appropriate care are exacerbated by systemic factors, such as the racism that Canadian Indigenous individuals face, which means they are more likely to face poverty in comparison to non-Indigenous Canadians (HQO, 2018). As discussed in Section 1.1, Indigenous individuals often

experience discrimination and stereotyping in areas such as that of FASD, which was previously incorrectly assumed to be associated with Aboriginal heritage, as opposed to other factors, such as the intergenerational effect of residential schools and improper diagnostic methods (Choate & Badry, 2018; McKenzie et al., 2016; Salmon & Clarren, 2011). The compounded effect of barriers to care in Northern Ontario through systemic and historical racism are important to consider in the conversation around FASD prevention and health promotion.

This description of Northern Ontario paints a picture with the same brush, but it is an oversimplification of this diverse region. Although Northern Ontario is often discussed as one unified area, its communities are incredibly diverse and separate from one another. In fact, Wenghofer and colleagues (2014) caution against “a blanket ‘rural’ or ‘northern’ approach” (p.9), citing the unique differences between the rural south and rural north, alongside the urban north and urban south. Therefore, it is important to note that although this dissertation discusses Northern Ontarian issues, it is not written to represent all of Northern Ontario.

### **1.2.3 Alcohol Use and Pregnancy in Sudbury, Ontario.**

As such, this study examines the overlap of individuals of childbearing age and Northern Ontarians through Laurentian University, located in the City of Greater Sudbury. The district of Sudbury is defined as part of Northern Ontario under Statistics Canada’s census division and includes the City of Greater Sudbury within it (Statistics Canada, 2018). Although Sudbury is well known as a census metropolitan area, it is also heavily dependent on its natural resources, such as nickel. This dependency results in an economy that fluctuates; a resource-based boom-bust economy that is replicated across Northern Ontarian (Di Matteo, 2022; Lamontagne-Dupuis, 2020; Rice & Webster, 2017)

Although a larger city, Sudbury shows a disturbing trend of migration leading to homelessness. Individuals with Sudbury as their hometown migrate to Southern Ontario during an economic bust to find employment; the South has larger urban centres, but also a higher proportion of individuals migrating in search of employment, meaning that employment is not always easier to secure in spite of larger city sizes and opportunities. As a result, upon not finding the employment they had migrated for, these individuals return to Sudbury, and become homeless. Out of the five regions of Sudbury, Timmins, Cochrane, Hearst and Moosonee, Sudbury has the highest proportion of individuals who fit the definition of absolute homelessness. The aspect about this trend of note is that return to Sudbury does not lead to secure employment or housing, indicating the lack of support structures in this region. This theory is supported by individuals migrating from other regions, such as upper Northern areas, also becoming homeless upon coming to Sudbury (Labelle, 2022).

This trend is an example of why Sudbury represents a distinct region; it both retains the challenges associated with urban centres while having the Northern Ontarian characteristic of physical isolation from structural supports (Waldbrook, 2008). When it comes to alcohol use during pregnancy, the characteristics worthy of exploration in this region continue: Sudbury has an FASD Diagnostic Clinic, the first to be established in Northeastern Ontario (Burns, 2020; Burns et al., 2022; FASD ONE, 2024). While the specific prevalence of FASD in Sudbury is unknown, specific regions of Northern Ontario have identified FASD as a growing issue. One such area is the Sioux Lookout District, where it was found that 23% of students in grades one, three, five, and seven had a profile consistent with FASD (The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, 2011). In addition, areas like that of Northern Ontario have been suggested as having a higher prevalence of FASD (Coons et al., 2017; Tough

et al., 2008; Viljoen et al., 2002). However, reported rates of alcohol use during pregnancy in the City of Greater Sudbury conflict with this finding: namely, only 1.8% of women report using alcohol during pregnancy (BORN Ontario, 2015). This number is significantly lower than the Canadian average of 10% (Popova et al., 2017), and recent data indicate that this average may be even higher (Denny et al., 2019). This inconsistency could be explained by the aforementioned under-reporting of alcohol use due to social stigma (Eguigaray et al., 2016; Frazer et al., 2019; Gomez et al., 2022; Green et al., 2016; Morrison et al., 2020; Paris et al., 2020; Winsor, 2020). This is particularly of note as the Sudbury FASD Diagnostic Clinic requires confirmed prenatal exposure prior to assessment, an aspect that is not always required by all diagnostic clinics (Burns, 2020; Burns et al., 2022). Therefore, the under-reporting of alcohol use due to blame, shame and stigma is a particularly large barrier to FASD diagnosis in this region.

Sudbury has launched anti-stigma initiatives, but these have largely been in the realm of supporting diversity. Over the years, lack of cross-cultural acceptance, discrimination and racism have been cited as active barriers to growth (Yantha, 2020; Yantha, 2021). Therefore, Sudbury's demographics differ from other regions. For example, Sudbury has a higher proportion of individuals who identify as Catholic in comparison to Ontario and Canada (46.8% as compared to 26.0% and 29.9%, respectively) and a significantly lower proportion of visible minorities (6.5% as compared to 34.3% and 26.5%, respectively; Statistics Canada, 2022a; 2022b; 2022c).

That said, Sudbury and its districts have a higher proportion of two demographic groups with rich cultural histories and customs: Indigenous (i.e., First Nation, Inuit, Métis, Aboriginal) and Francophone individuals (PHSD, 2018a; 2018b; Statistics Canada, 2022a) as compared to other regions as well. These two groups are a strength that Sudbury has acknowledged and launched initiatives to support; however, they still experience discrimination and racism within



the region (Yantha, 2020; Yantha, 2021). In the realm of health, this often looks like lack of culturally and linguistically appropriate care (Al-hamad & O’Gorman, 2015; Baril, 2016; HQO, 2018; Hillier et al., 2023). The Anglonormative nature of society, and the history of Francophone individuals as a minority in Ontario, directly link to the disengagement from French, assimilation to English, and devaluation of bilingualism (Healthy Communities Consortium, 2011). As Baril (2016) explains, individuals who do not meet dominant language codes are often delegitimized within conversation. In addition, Indigenous voices continue to be under-heard in government, community, and research, and previous research has been largely from a Western, deficit-based perspective. Recently, there has been a movement towards a strength-based approach, alongside recommendations for research and practice to engage with Indigenous-specific social determinants of health (e.g., considering the ceremonial and cultural significance of tobacco in discussing smoking cessation), and to centre around community-based Indigenous knowledge and approaches to wellness (McKenzie et al., 2016). As such, in consideration of both history and Sudbury’s focus on strengthening and supporting diversity for the future, it is important that the voices of these two demographic groups are not ignored in the creation of community-based health promotion campaigns.

The unique considerations of Northern Ontario intersect with university culture in Sudbury and its districts. The role of stigma in the under-reporting of alcohol use is well documented (Eguigaray et al., 2016; Frazer et al., 2019; Green et al., 2016; Morrison et al., 2020; Paradis et al., 2023; Paris et al., 2020; Winsor, 2020), and there is evidence that this barrier to care is present and influential within this region. As alcohol use remains a cultural social norm in colleges and universities (Gambles et al., 2022; Paradis et al., 2023) and individuals in areas with rural characteristics may be at higher risk of longitudinal alcohol use (Haardörfer et al., 2021), it

is important to explore FASD prevention through the lens of this particular community; their influences intersect in a singular and particular way. Health promotion campaigns do not exist in a vacuum, however, and the role of advertising plays an influential and constant role in modern day Western society.

### 1.3 *Overview of Mechanisms of Advertising*

The pervasiveness of modern advertising has been described as a “bombardment” (Wright et al., 2010, p.1). Amidst the competition for attention, advertisements become only another stimuli, but they are loud and adaptable, crafted to capture interest and influence behaviour. Over the years, this insistent demand for attention has backfired; general sentiment towards advertising has become negative, with viewers adapting to new ways of advertising with new ways to ignore and avoid them (Wright et al., 2010). Advertisers are forced to balance effectiveness with viewer annoyance (Nguyen et al., 2020), make sure the dislike towards the ad does not then translate to the brand (Banerjee & Pal, 2022), and are advised to change the way they advertise to be less intrusive (Mbugua & Ndavi, 2021).

Regardless, advertising remains pervasive, as advertisements can have powerful effects on behaviour—if they are effective in their goal. Advertising effectiveness has been defined differently by different authors. Kim and Cha (2021), for example, explored methods of green (i.e., eco-friendly) advertising and found the attributes that made an advertisement effective were those that positively affected their purchase intentions; those being attractiveness, reliability and information.

Estévez and Fabrizio (2014) defined effectiveness through a three-dimensional model. This model included the key axes of: (1) recall, wherein a campaign that can be remembered is

then effective; (2) image, wherein a campaign that improves a brand's image and emotional perception is one that is effective; and (3) business, wherein a campaign that can influence a viewer's intention to purchase a product is one that is effective. Each axis can relate to the others, or act independently, but what matters is the particular brand, advertisement or product's specific goal. Therefore, each axis is weighted by relative importance to create a formula of effectiveness.

Koelen and Van den Ban (2023) explain both what effectiveness is and what it is not; effectiveness is the evaluation of outcomes, a simple measurement of if the campaign has met its intended goal. This definition distinguishes effectiveness from efficiency and validity evaluation. Efficiency compares the effectiveness of the campaign against others with similar goals; in other words, efficiency is an evaluation of how effective the campaign was in comparison to competitors, or alternative methods. Validity evaluation broadens the scope to evaluate how the changes achieved by the campaign measure against the long-term goals. It is important to note that Koelen and Van den Ban (2023) frame their discussion of effectiveness in the realm of health, and therefore the long-term goals that they discuss are higher-level health objectives.

Similar to this health lens, within their Health Promotion Glossary, Nutbeam and Muscat (2021) argue that health campaigns and communication must have particular characteristics in order to be effective. These campaigns must be: (1) accessible; (2) understandable; and (3) actionable for those perceiving the message. They also define the goals of these health communication mechanisms as being "to inform and influence decisions and actions to improve health" (p. 1588).

Although varying in their particulars, these theories and definitions of effectiveness centre around a similar aspect: the meeting of an intended goal. In many cases, this goal is a change, whether it be a change in purchase intention of a product or a change to a behaviour promoted as healthier. However, for campaigns and advertisements to lead to these changes, there are several proposed stages that a person must go through.

The transtheoretical model of behavioural change was originally proposed as a linear model (Prochaska et al., 1992), but has since been amended to be described as acting more like a spiral (Prochaska & Velicer, 1997). This model describes five different stages of change, with a person often relapsing to former stages. They are as follows: (1) precontemplation, where a person has no intention to change a behaviour, and may be altogether unaware of the issue; (2) contemplation, where a person has become aware of an issue and the way to change their behaviour, but has not committed to taking the action that they are considering; (3) preparation, where the person has a plan of action and has committed to changing their behaviour, but larger scale behavioural change is still forthcoming; (4) action, where the behavioural changes are taking place; and (5) maintenance, where the person makes a great effort not to relapse into previous behaviour. This model has since been studied to explore the processes and mechanisms that are ongoing while individuals exist within these stages of change (Koelen & Van der Ban, 2023).

The processes and mechanisms can be divided into two categories: cognitive processes (thoughts and emotions about the behaviour change) and behavioural processes (behaviours that help in making and maintaining the change). The cognitive category includes five processes that may occur within a person: (1) becoming aware of the causes and solutions surrounding the behaviour; (2) experiencing emotions of unease and therefore the motivation to act to reduce

these feelings; (3) examining the impact of the behaviour on the environment around them, both physical or social; (4) relating how they feel about the behaviour to how they feel about themselves; and (5) choosing and committing to act, while believing in their own capabilities to be able to do so (Koelen & Van der Ban, 2023).

On the behavioural end of the spectrum, the processes that may occur within a person include: (1) the positive and negative reinforcements that come from consequences of the behaviour; (2) the influence of positive relationships, including the mechanisms of care, trust, acceptance and support; (3) finding ways to substitute or replace the existing behaviour with alternatives; (4) being able to remove or avoid the stimuli that lead to the behaviour; and (5) the number of possible alternative behaviours increasing (Koelen & Van der Ban, 2023).

The above example is given not to state that effectiveness in advertising is an impossibility, but only that it is difficult, with multiple influences that may be beyond the campaign's control. The transtheoretical model of behavioural change presents the stages simply (Prochaska & Velicer, 1997; Prochaska et al., 1992), but the processes that underlie them demonstrate how much is being done to transition between stages (Koelen & Van der Ban, 2023). It is for these reasons that the results of Campo and colleagues' (2004) and Dillard and colleagues' (2023) studies are unsurprising. However, these are mechanisms that are outside the control of the advertisement; there are many that are still within it. Chapters 1.3.1, 1.3.2 and 1.3.3 will explore the ways advertisements can influence attention, interpretation and the emotion of a viewer.

### 1.3.1 Advertising and Attention.

Of the three attributes (attractiveness, reliability and information) that made an eco-friendly advertisement effective, Kim and Cha (2021) found attractiveness to have the strongest influence. This attractiveness included novelty and creativity and was simply the ability of an advertisement to attract attention. This finding is unsurprising when revisiting the general negative sentiment towards advertising. To be found attractive, the advertisement has surpassed the significant barrier of resistance towards advertising (Wright et al., 2010). It also must win against the environmental noise—other stimuli that compete for or interfere with attention (Angell et al., 2016). Theories of attention such as those proposed by Kahneman (1973) and Lang (2000) explain that capacity for attention is limited. There is a certain amount of information that can be processed at once, and so, to avoid being overwhelmed, we must be selective.

In King and colleagues (2021), the effect of colour on attention was studied. The authors found that while using the colour yellow in cigarette smoking warnings increased both attention and recall of the campaign, this did not result in changes in the viewer's intentions to smoke. This lack of follow-through is a result of attention and acceptance being separate processes, with both each having their individual selectivity. In general, people tend to select for stimuli that are consistent with their attitudes and interests; in other words, people pay more attention to things they agree with and less to those they do not. Messages that are different or dissonant with a viewer's beliefs cause anxiety, and this anxiety contributes to their dismissal. Whether conscious or unconscious, this process is known as selective perception (Koelen & Van der Ban, 2023).

Attention also comes in different types. Rosenbergen and colleagues (1997) described three patterns of attention with increasing impact on involvement and recall: scanning, initial attention, and sustained attention. The longer-lasting sustained attention explains why many advertisements include a component such as a visual metaphor to stimulate curiosity to find out more, thereby ensuring that attention remains sustained. These types of advertisements also have the added positive response of a viewer's pleasure at solving the puzzle (García-Madariaga et al., 2020). Attention that is directed in this way has particularly beneficial effects for recall, although this type of effort is also a limited resource (Hartmann et al., 2013). Importantly, however, increased time in viewing a stimuli is not always connected to increased recall and understanding. For example, text is typically viewed as less attention-catching than pictures; however, individuals tend to spend more time viewing text. Although this increased viewing time could point to text being more effective at sustaining attention, this can also be explained through the fact that pictures transmit information more quickly than text does (Jansson-Boyd, 2019; Rayner et al., 2001). There are other mechanisms that work this way; as will be explored in Chapter 1.3.3, emotional responses follow their own separate mechanism of interpretation, one that is even faster than selective attention (Percy, 2012).

Regardless of method of attention, what follows is either acceptance or dismissal. Like selective perception, individuals are more likely to change their mind on issues that they are less invested in, and less likely to change their mind on those they are more invested in. However, there are two processes that may interfere with this acceptance: (1) assimilation, where an individual perceives that a message is so in line with their viewpoint that it presents no information and therefore there is no need to pay attention to the content, and (2) contrast, where the message is perceived as so different from the viewer's perspective and attitudes that it is

ignored as not meant for them (Koelen & Van der Ban, 2023). Influences like these of interpretation on advertising will be explored in Chapter 1.3.2. However, advertisements' focus has largely been on attention, as this is the first hurdle and an ever-building barrier to reaching consumers.

Jansson-Boyd (2019) described four components that attract attention: colour, novelty, personal relevance/preference, and brand identity. Colour is readily and easily noticed by our pre-attentive system, meaning that any information provided by the colour is immediately ready to be attentionally processed. As such, bright or eye-catching colours tend to quickly capture attention—and with certain colours carrying different associations (e.g., green being associated with “go” at a stoplight), understanding can follow. Novelty is also connected to our pre-attentive system, as when there is some aspect that breaks expectations (whether it be through a new product or new way to sell the product), we can notice the stimuli without conscious awareness. Novelty can also benefit through the emotional processing of reactions to surprise. The relevance of a product to a person, or their individual preferences around the item, are also influencers; each person has their own attitudes, goals and interests in the world around them. There is evidence that people tend to guide their attention to those that confirm their own beliefs in some way, but it is also noted that no one can be interested in everything, and if they are not interested in the product, there is very little fast-paced or exciting advertising a brand can do to change a mind. In this vein of interest, brands can form an identity for individuals to be interested in—and by doing so, the pre-attentive system is utilized. Individuals have immediately readily available information and understanding without utilizing much effort. There is also evidence that repeated exposures to stimuli like these creates that understanding over time, even if little attention is being paid (i.e., creating a general brand familiarity).



However, it is also important to consider how attention is used for these components. For example, brands and their subsequent identities are effective methods of transferring attention to other elements of an advertisement (Pieters & Wedel, 2004). Colour can come in the form of pictures or text, and these elements are attended to differently. Alongside text being typically viewed as less attention-catching than pictures, text does well if it is displayed on something directly proportional to its surface size, and there is evidence that heightened attention to text does not take away from other elements that may be in the advertisement (Jansson-Boyd, 2019; Pieters & Wedel, 2004). Pictures may also be less attended to if they are not of high quality (Li & Xie, 2020), but are implicated in being particularly helpful for recall, as the stimuli of a photo is more easily processed, and an immediate deeper meaning is conveyed than can be done through text (Jansson-Boyd, 2019).

These types of contextual cues can also influence the components of attracting attention. For example, Li and Xie (2020) studied engagement across social media platforms and brands. One finding was that including pictures, particularly with a human face, had more of an effect on Twitter as compared to Instagram. These findings may be linked to Jansson-Boyd (2019)'s component of novelty, as Twitter is a more text-based social media platform in comparison to Instagram, which is more image-based. Similarly, there was an influence on colour found as well; colourful pictures increased user engagement for airline-related posts, but decreased user engagement for SUV-related posts. Li and Xie (2020) posit that this difference may be explained by the varying experiences of being a consumer of the product, strengthening the role of context as a moderating factor across these components of attracting attention. There is also evidence that context around a product helps with recall, as knowing the context of a particular item reduces the attention resources needed to interpret and process to.

Context can also extend to the environment itself. Brightly coloured advertisements do not catch attention as effectively in brightly coloured environments as they would in dull coloured ones (Jansson-Boyd, 2019). In addition, context can also guarantee attention, or lack thereof. One of the most effective ways of catching attention is already having it be caught: a famous example of this being advertisements that are run during the National Football League's Super Bowl. These advertisements are highly prized and sought after for advertisers, as there is a wide television audience who is already attending to the television due to the game itself (Hartmann & Klapper, 2018).

By contrast, the modern-day context is reducing the effectiveness of methods such as television advertising through the availability of media multitasking. By always having a phone available, individuals no longer want or need to pay attention to advertisement breaks between the content they are interested in. These methods of multitasking also take attentional resources, meaning those resources will not be available to process and remember advertisements that are displayed (Angell et al., 2016). As a result, the impact of selective attention on advertising is stronger than ever.

To make things more difficult, repetition can be a method of improving recall and building associations between items (Jansson-Boyd, 2019), but advertisers must also combat the effects of message fatigue. Message fatigue comes as a result of: (1) a viewer's perception that they have been over-exposed to the message; (2) a viewer's perception that this repetition is redundant, not adding any new information or reason for it to be repeated; (3) a viewer's exhaustion after hearing a message repeated; and (4) the tedium that comes with this type of repetition, due to lack of interest or lack of emotional response (Thomas, 2023). Message fatigue is particularly important to consider in the area of health messaging, where reducing the amount

of repetitive advice is not necessarily a feasible option (So et al., 2017). However, different advertisements for similar products still can be effective, and there is particular evidence that utilizing many different communication channels could be a method for combatting message fatigue (Jansson-Boyd, 2019; Sundstrom et al., 2021). Repetition also appears to work best when: (1) individuals are not particularly involved with the stimuli they are exposed to, as this repetition then increases the likelihood of the information moving from short-term to long-term memory; (2) the viewers are not motivated to criticize the content of the message; and (3) no competitive interference is occurring, particularly with similar messages coming before or after the intended advertisement, so the stimuli cannot be confused or melded together (Jansson-Boyd, 2019).

The influence of attention and many barriers to achieving it is why this element has become such a point of focus for advertisers. Attention is growing more and more difficult to achieve; as a result, many advertisers centre their efforts on this singular barrier to reaching their consumers. The effects of this emphasis will be one of multiple elements explored throughout this dissertation. In moving from attention, Chapter 1 continues to the next step in the process: interpretation of an advertisement.

### 1.3.2 **Advertising and Interpretation.**

Interpretation follows a similar pattern to attention: it is a barrier that advertisers aim to lower. When something is perceived, it is then processed. The ease through which it can be interpreted is known as processing fluency. Different aspects of a stimuli may be interpreted through different mechanisms, and therefore processing fluency contains: (1) perceptual fluency, meaning the ease with which physical characteristics (e.g., product design, font size) are

interpreted; (2) conceptual fluency, meaning the complexity of assigning meaning to a stimulus based on prior knowledge, experiences and context; and (3) retrieval fluency, meaning how readily and fluidly the relevant information can be recalled from memory into consciousness (Graf et al., 2018; Schwarz et al., 2021; Storme et al., 2015).

Importantly, the experience of these different types of fluencies feels the same; the subjective process of processing fluency does not distinguish between the types. A viewer will feel a similar ease or difficulty of processing regardless of that fluency being perceptual, conceptual or retrieval in nature (Graf et al., 2018). However, these fluencies can be affected differently; for example, perceptual fluency is influenced by aspects such as the familiarity of a speaker's accent, the readability of text or font, and contrast between what is perceived as foreground and background (i.e., figure-ground contrast; Graf et al., 2018; Schwarz et al., 2015).

In comparison, within conceptual fluency, a stronger role is played by priming viewers to expect a particular message to aid with adding meaning, thereby providing a context that allows for prediction (Graf et al., 2018). The influence of context becomes particularly relevant when discussing influences on decision-making, such as framing and priming effect, wherein individuals are influenced by the environment around them in how they perceive and interpret the stimuli in front of them (Jansson-Boyd, 2019; Stipp, 2018). These effects can influence behaviour through changing what individuals are using to inform their perceptions (Jansson-Boyd, 2019). For example, a viewer may appear to prefer one car over the other when viewing them, but their mind may be changed if they are able to drive one of the cars.

Similarly, familiar stimuli are easier to process than novel material, as the context of the information is more readily available. This information readiness can result in individuals

mistakenly believing an easy-to-process stimulus is one they have simply seen previously, even if it is new to them—or, by extension, believing that a familiar stimulus is one that has higher clarity than others. The effects of familiarity can reach further, into familiar spokespeople being more persuasive, even if that familiarity has come from exposure to a photograph or the photo's perceptual fluency (Schwarz et al., 2021). The influence of these prior experiences is another reason why advertisers focus on aspects such as brand familiarity and the effects of repetition.

Conceptual fluency also comes into play in the context of viewer appreciation.

Resonance, also known as congruence, refers to a feeling of similarity between advertisement elements; advertisements that evoke a stronger feeling of resonance tend to be more well-liked. Resonance can occur between visual, textual or verbal elements of an advertisement. They can also occur between the advertisement and the ideas, experiences and prior knowledge that might surround the subject (De Pelsmacker et al., 2002; Stathakopoulos et al., 2008). For example, an advertisement that has a young child consuming alcohol is incongruent with prior knowledge of an idea.

Although unexpected and novel imagery may be effective at catching attention through a contrast effect causing it to stand out (De Pelsmacker et al., 2002; Jansson-Boyd, 2019), these advertisements would not be as well-liked (De Pelsmacker et al., 2002; Stathakopoulos et al., 2008). The experience of novelty can also be influenced through the surrounding environment. Advertisements can feel congruent or incongruent with the world around them (Stipp, 2018), with an example of the former being an advertisement for a coffee in a café. Importantly, the effects of congruence are not always consistent. De Pelsmacker and colleagues (2002) found that viewers who were highly interested in a particular advertisement rated advertisements that were in an incongruent context as clearer and more likable, while less interested persons preferred a

congruent context for clarity and likability. The context itself can also play a role.

Advertisements within a highly appreciated context or medium tend to be rated as more likable (De Pelsmacker et al., 2002).

While it is common to distinguish advertisements as being either easy to process or difficult to process, processing fluency encompasses the full spectrum between both ends (Graf et al., 2018). More fluent advertisements also cause more cognitive processing, as opposed to less; perceptually fluent advertisements allow for more attention and motivation to understand, and therefore cause deeper interpretations and connections to the content. This depth, in turn, results in more positive attitudes towards the advertisement. The process of understanding creates a favourable emotional response. By contrast, a more difficult to interpret advertisement may cause a negative emotional response (Schwarz et al., 2021; Storme et al., 2015).

This depth of understanding and ultimate positive perception is the impact of perceived clarity. Storme and colleagues (2015) found processing fluency to be a mediating factor in the relationship between clarity and attitudes towards advertisements. Conceptual fluency was related to semantic clarity, while perceptual fluency was related to visual clarity. Clarity is a widely discussed aspect of advertising as it is another lowering of a barrier to processing. For example, the two false perceptions associated with selective acceptance (assimilation and contrast) are minimized if the position within the message is perceived as very clear (Koelen & Van der Ban, 2023).

Clarity comes into contrast with other aspects that can be beneficial in advertising, such as creativity. Creativity is directly linked to novelty through its emphasis on different and unusual aspects, while still retaining meaning (Dass et al., 2023). Creativity also involves

complex conceptual or visual meanings. The feeling of figuring out the puzzle-like meaning of complex messaging can elicit a positive response. However, there is a point where complexity outweighs understanding and this relationship no longer has a positive effect. Therefore, the effect of the relationship between creativity and complexity on advertisement appreciation and purchase intention follows an inverted U-curve (García-Madariaga et al., 2020).

Clarity also comes into play in the use of language. Persuasive communication can be divided into direct and indirect language. Directive language is explicit, easier to understand, and includes high controlling statements such as “any reasonable person must acknowledge” and “conclusive evidence” (Staunton et al., 2020, p.614). By contrast, indirect language is more implicit, harder to understand, and includes low controlling statements such as “why not give it a try?” and “good evidence” (Staunton et al., 2020, p.614). As such, directive, high controlling language avoids ambiguity, and therefore it is associated with promoting attention seeking behaviours, persuasion, and behavioural changes. The arousal associated with the response to the directive is more likely to motivate action (Staunton et al., 2020). By extension, low controlling language has received criticism as a form of misinformation, particularly in messaging about alcohol use during pregnancy that emphasizes uncertainties (Lim et al., 2019).

The limits of directive language return to the discussion of autonomy in Chapter 1.1.2. Messaging that reads as orders, direction or as controlling the viewer’s actions can be perceived as a threat to the viewer’s freedoms and ability to make their own decisions. Originally described by Brehm (1966), the unpleasant arousal response that comes as a result of this perception is known as reactance, or psychological reactance theory. This theory explains why certain types of messaging may be unsuccessful in persuasion. Individuals have a natural predisposition towards preserving personal freedoms and will be motivated to act to preserve or restore the feeling of

having their autonomy when they perceive this type of threat. In many cases, this restorative action is to reject and dismiss the directive, controlling messaging (Matarazzo & Diamantopoulos, 2022; Staunton et al., 2020). Alternatively, individuals can experience increased attraction towards the forbidden behaviour, denying the existence of the threat, or questioning the credibility of the source (Staunton et al., 2020).

The greater the perceived threat, the stronger the restorative impulse will feel to prevent this freedom from being lost. This increase can be due to increased perception of threats to freedom, multiple threats taking place, or multiple freedoms being threatened (Matarazzo & Diamantopoulos, 2022). Therefore, the four components of reactance theory are freedom, threat to freedom, reactance, and restoration (Staunton et al., 2020).

The dangers of reactance are one of the reasons non-directive language can be beneficial, particularly for audiences such as younger populations, which are known to be particularly reactive to directive language (Staunton et al., 2020). Staunton and colleagues (2020) argue that both approaches have their benefits, with directive language excelling in clarity, and non-directive language excelling in avoiding reactance. Accounting for reactance in some way is particularly important, as it has been linked to other unintended effects of messaging (Thomas, 2023). For example, repetition is an important way to improve recall, but message fatigue may cause this repetition to induce reactance, and dismissal of the message, even if it is recalled. This accidental reactance is one of the problems with focusing on attention over acceptance. Indeed, directive language is associated with increased arousal, and this arousal both can increase attention and motivate action, but this action may in fact be the opposite of what the advertisement intends. This type of response is known as a boomerang effect (Sprengholz et al., 2023; Staunton et al., 2020; Thomas, 2023).



As a result of these unintended negative effects, several ways of messaging have been proposed to reduce reactance. One of these ways includes non-controlling language, but others may be: (1) restoration taglines, a postscript type message which is presented after the directive message in order to remind the viewer that they can choose how to move forward, thereby restoring their freedom; (2) narratives, wherein the persuasive appeal is hidden through a story of cause and effect and told through characters; (3) inoculation, wherein viewers are warned that they may feel a reactive response to a following message; (4) other-referencing, where the messaging focuses on the effects the action may have on others and thereby avoids making the persuasion explicit; and (5) overheard communication, wherein messages are explicitly addressed to one audience, while actually targeting a different audience that may be listening (Staunton et al., 2020).

Failures in persuasive messaging can also come about in other ways, such as a negative response to an advertisement. Gilbert and Ewald (2023) studied reactions to graphic anti-smoking imagery in individuals who smoke. They found that the warnings within the imagery were dismissed as irrelevant, lacking in credibility, and perceived as being fake. This response demonstrates reactance, but it also demonstrates the impact of dislike. Advertisements such as pop-ups, or those that dishonestly represent the product in some way, are notably disliked (Mbugua & Ndavi, 2021; Zeng et al., 2021). The idea of honesty is a pattern within disliked advertisements. Perceptions of these ads as deceptive, misleading or inauthentic lead to this dismissal response (Zeng et al., 2021). As a result, advertisers use other tactics, such as targeting authenticity through relatable social media influencers (e.g., Shoenberger et al., 2020). Interpretation is highly influenced through these subjective responses, including reactance,

dislike, and emotion. Emotion has not yet been discussed. To do so, another influencer on advertisement response must be explored: colour.

### 1.3.3 Advertising and Colour.

Colour is a fundamental component of messaging and has a wide variety of literature regarding its influence on perception, interpretation and emotion (e.g., Jiang et al., 2022; Martínez et al., 2012; Pazda et al., 2024). Colour can be decorative or informational, depending on how it is used. Colour can have visual impact through aiding with brightness, contrast, visibility, readability or harmony between aesthetics designs. Informationally, colour has symbol and cultural associations. It can also be associated with many other things, such as temperature, ideas, and concepts (e.g., green being associated with nature). Therefore, while colour can be used to highlight certain aesthetics or bring attention to different components of an advertisement, it can also provide specific contextual or emotional information. In this way, colour can be linked with both perceptual and conceptual fluency and can function as its own mechanism of communication (Martínez et al., 2012).

Colour also has other unique characteristics. For example, it can reduce search times for consumers searching for a product, and colourful advertisements tend to be perceived as more likable in comparison to black and white ones. This likeability may be because of the easier processing colour provides through its enhancement of processing fluency (Jansson-Boyd, 2019). Another characteristic is that colour can help with interpretation if something is seen very quickly; if interpreting something over a longer period with plenty of detail, colour does not have as positive an effect on interpretation of the advertisement. However, if the advertisement is blurred in some way, such as a road sign when the viewer is driving past, colour helps to protect

the viewer's ability to interpret the stimulus (Wedel & Pieters, 2015). Similarly, if a viewer has less time or ability to process an advertisement, they tend to prefer it to be distinct in colour from its surrounding environment. However, as explored in Liang (2006), this effect can be moderated by the individual trait of the viewer's need for uniqueness within the ad; those with a higher need for uniqueness preferred advertisements that were distinct without contrast between colour and context.

Alternatively, colour can provide information about meaning. For example, the colour red tends to be associated with negativity, while green is associated with positivity (Kawai et al., 2020; Kawai et al., 2023; Moller et al., 2009). These types of connections are due to the associations of red with danger in everyday life, through stop signs, failures, warnings, or phrasing such as "red flag" (Moller et al., 2009, p. 898). These types of associations are culturally framed and therefore not always consistent. Red can also be associated with sexual activity, feelings of passion, love, high social status, excitement, ripeness in fruit or warmth (Kawai et al., 2020; Kawai et al., 2023; Moller et al., 2009). As such, Gonzalez (2005) found that an advertisement with a red-coloured background may cause a brand to be perceived as more sophisticated and exciting than one with a blue-coloured background. Both negative and positive interpretations are equally salient; the explanation for these inconsistencies is that it is the combination with other colours and context where meaning emerges. The usage of red and green together evokes the meaning of the negative-positive relationship (Kawai et al., 2020; Kawai et al., 2023).

The connections between colour and meaning can influence congruence as many advertisers use gain-loss framing, either emphasizing the benefits of engaging in a behaviour the advertising is promoting, or emphasizing the consequences of engaging in a behaviour the

advertising is looking to reduce. Through using the implicit associations specific colours have, the resonance of visual-verbal elements can be influenced. For example, a negative statement written in green is viewed as incongruent, while a negative statement written in red is viewed as congruent (Kawai et al., 2020). However, these types of relationships can be culturally-specific. The red-green negative-positive relationship is found more strongly in Western populations, for example, in comparison to Chinese populations (Kawai et al., 2020).

There may also be gender differences in how colours are preferred by different subgroups, as Joeng and colleagues (2023) found that individuals who identified as female preferred a pink and green coloured label on an alcoholic beverage as opposed to a tan-coloured one. This more colourful label was also perceived as associated with younger demographics. This trend of colour being preferred by youth is a common perception (Martínez et al., 2012) and was found to be true for a young adult population (Ackay et al., 2012). That said, these age-related connections are not always consistently found (Westland & Shin, 2015).

One of colour's strongest associations is that with emotion. In fact, colour is said to infect emotional sensations, strengthening the tone that is already present (Martínez et al., 2012) The specific characteristics of a colour can be broken down into hue, lightness and chroma. Chroma refers to the purity of the colour (i.e., increased chroma means increased colourfulness), and there is evidence that chroma holds specific information in regard to emotional content. More colourful images tend to be preferred over less colourful images; less chroma is associated with sadness, while more is associated with happiness. As such, participants who are allowed to shift the amount of chroma within an advertisement will often adjust it to be congruent with the emotion (i.e., adjusting an advertisement to be more colourful if it was a happy topic). However, the arousal caused by high chroma imagery means that lower chroma images are perceived as

being calmer (Pazda et al., 2024). Therefore, colour is intrinsically linked to one of the most vital components of advertising: emotion.

#### 1.3.4 Advertising and Emotion.

“All advertising is emotional,” Percy (2012, p.74) writes. Although there is often a distinction made between rationality and emotionality, Percy (2012) argues that this distinction is erroneous. Indeed, emotion is a common and persistent presence across advertisements, particularly as stimuli that evoke emotion are detected more quickly than those that do not. In this pre-perceptual or pre-attentive sensory process, the amygdala links the stimuli with the emotion and its emotional significance is encoded into memory. What this means is that emotional memories are unconsciously entering working memory before conscious processing of the advertisement is even beginning. As a result, the emotion that the advertisement elicits will be a direct influence on the interpretation of it, as well as how it will be remembered in the future (Percy, 2012).

Emotions serve a functional purpose. According to basic emotion theory (Ekman, 1992), our emotions serve as solutions to specific problems that have been selected for over generations. This theory centres around six emotions: anger, disgust, fear, sadness, happiness and surprise. These six emotions were isolated by Ekman (1992) because they are distinct from each other in many ways (including functionally, behaviourally, physiologically and neurologically), and because they serve this evolutionary purpose of problem solving, while being genetically coded and passed down across generations (Codaro, 2024).

Basic emotions distinguish themselves from other emotions, but also from each other. They share the characteristics of being involuntary, having a fast onset, having a brief duration, and involving some sort of coordination between different bodily systems. They are also

different from each other through such things as the events that activate them, the importance we assign them, the way they subjectively feel, the way they make us think, and the way they make us act (Codaro, 2024). This theory posits that emotions other than the basic six are complex emotions, created from different combinations of those six building blocks (Codaro, 2024; van Heijst et al., 2023).

Emotions can also be conceptualized as positive or negative, which is particularly important when it comes to motivation and behaviour. Positive and negative emotions motivate differently. Negative emotions tend to follow the introduction of a problem, and therefore the person is motivated to reduce the negative feeling by removing or avoiding the problem in some way. The reward for this process is relief, as the problem is solved. By contrast, positive emotions motivate through the movement of a neutral state to one of happiness; an example of this being a picture of someone enjoying food. When viewing emotion within an advertisement, if the emotion is perceived as authentic, the viewer also ‘feels’ this emotion in turn. Therefore, depictions of happiness can cause happiness, and depictions of sadness can cause sadness (Percy, 2012).

The difference between positive and negative emotions when it comes to motivation lies in the sequence of ways they are processed. In the case of the former, the elicitation of the positive emotion is the benefit. This positive emotion comes directly from the elements of the advertisements. In the case of the latter, the connections are more indirect. The emotional response depends on the evaluation of whether the offered action adequately solves or avoids the problem, thereby providing the benefit of relief from the negative emotion (Percy, 2012). The difference in the sources of these emotions may explain why advertisements that use prosocial messaging require very strong positive emotional engagement, while advertisements that use fear

or threatening language are less reliant on the strength of the emotion elicited (Heffner et al., 2021).

The difference in reaction to positive and negative emotions could also be explained by negative bias, wherein negative events tend to be more salient than positive ones, as it is evolutionarily beneficial to remember which problems to avoid (Fessler et al., 2014). This bias also extends to information; we tend to view more negative statements as more 'true' (Hilbig, 2009) as well as the way we attend to information, as negative stimuli tend to more strongly attract automatic attention (Miyazawa & Iwasaki, 2009).

As a result, the pathway of inducing negative emotion to relax it is found in many examples of advertisement. Advertisements cause feelings of disgust (Fumagalli & Shrum, 2024), shock (Irvine & Nguyen, 2021; Joo et al., 2022), fear (Job, 1988) and guilt (Bedford et al., 2011; Guttman & Salmon, 2004; Xu & Guo, 2018) to deliver the message of a problem and solution. This type of communication is also common in health messaging, where ill health is represented as a problem, and campaigns communicate a solution.

It is important to consider that the findings from Percy (2012) indicate that this pathway is a series of complex emotions that are navigated along an execution path. It is not enough for an advertisement to evoke fear or sadness without offering a component of solution to complete this path. The other important takeaway is that the weaker association between emotional strength and behavioural change for negative emotion as compared to positive means that increasing intensity of negative emotion in messaging such as fear or sadness may not result in subsequent increases in messaging effectiveness. The efficacy may be better described as an effect of negativity bias or selective attention based on evolutionary mechanisms rather than an

effect of the emotional intensity (Heffner et al., 2021). Alongside questions of effectiveness, this type of messaging has been questioned in health promotion literature (e.g., Bell et al., 2016; Guttman & Salmon, 2004), particularly in regard to the ethical and moral implications of purposefully evoking a negative affective response in individuals that the messaging is aiming to help.

### 1.3.5 **Advertising and Health Promotion.**

The goal of health messaging is to deliver credible, accessible, and actionable information to an intended audience (Nutbeam & Muscat, 2021). In this way, health promotion is not necessarily different from other types of advertising; the goals for attention and understanding remain present. Even Jansson-Boyd's (2019) component of brand identity applies to health promotion, where the perceived trust, empathy and credibility of the knowledge source becomes a vital influence in whether the message will be accepted (Paul-Mutei & Mutuku, 2022).

However, health promotion also has barriers that are unique to its specific nuances. Five of them are described by Koelen and Van den Ban (2023) as: (1) unhealthy attractions, which refers to the challenge of seeking to change pre-existing habits that may be strong, desirable and enjoyable; (2) unrealistic optimism, which refers to the tendency of a person to view themselves as above average in health and less likely to be at risk of disease, thereby making health messaging easier to dismiss; (3) probabilistic outcomes, which refers to the uncertainty around making health decisions, wherein engaging in healthy behaviours may reduce risk, but it does not completely eliminate all probabilities of disease or disorder (in combination, health-related behaviours often only have noticeable effects in the long-term, while less healthy behaviours are associated with short-term pleasures); (4) cynicism about health messages, which comes as a



result of the message fatigue around disease-causing habits; and (5) competition with opposing messages, which refers to the other competing advertisements that promote unhealthy habits in an attractive way.

Selective attention and acceptance also mean it is preferred to accept messaging that confirms existing attitudes; health messaging that challenges these attitudes then becomes easier to dismiss. In addition, health messaging is not always consistent, both across health organizations and across differing sources. Alcohol use during pregnancy is a great example of the inconsistencies in health messaging. Unfortunately, this type of conflicting advice results in individuals seeking less knowledge, sharing less information, and ignoring more of the health messaging; this effect has been found regardless of the health topic (Koelen & Van den Ban, 2023; Wang et al., 2024).

The cynicism about health messaging mentioned by Koelen and Van den Ban (2023) is also a reaction to the overwhelming amount of health advice readily available at any point in time. This type of excessive exposure and repetitive messaging has caused message fatigue, which has been found to be a factor in motivating counterarguments, annoyance, message resistance and message avoidance (So et al., 2017; Thomas, 2023). Unsurprisingly, message fatigue is also connected to reactance, as well as the boomerang effect (Thomas, 2023). Therefore, the barrier of sheer excess of health advice is a significant challenge to health promotion initiatives, and it is also not one that is able to be reduced (So et al., 2017).

Health messaging is also up against another challenge related to this reactance: feelings of unsolicited advice. Health advice is best received when it is actively sought (Coombs et al., 2022). In the context of health promotion, this is often not the case. The result may cause

feelings of unsolicited advice, which is often a negative experience (Chaput et al., 2015). Unsolicited advice can also impact the credibility of the source, as individuals tend to perceive those giving unsolicited advice as self-serving, and solicited advice as prosocial (Landis et al., 2022). Unsurprisingly, then, unsolicited advice is also connected to a reactive response, while solicited advice causes less reactance (Paik, 2020). Therefore, feelings of unsolicited advice are another barrier to health messaging acceptance.

Reactance is intrinsically intertwined with many of the barriers health messaging faces (Koelen & Van den Ban, 2023; Paik, 2020; So et al., 2017; Thomas, 2023). It is also a response to messaging that feels as if it is threatening personal freedoms or ability to make decisions (Matarazzo & Diamantopoulos, 2022; Staunton et al., 2020). As a result, messaging that uses these tactics, such as fear, has been found to be ineffective in the realm of health behaviour (Golub, 2018). It has also been overused and therefore has strengthened the negative effects of message fatigue over the years (Brennan & Binney, 2010). This type of messaging is not only particularly damaging to those who experience intersections of social inequities (Golub, 2018), but also more likely to prevent action and promote self-protective behaviours (Brennan & Binney, 2010). Therefore, negative messaging is less likely to promote active behaviours, which are often called for in health communication. There is also evidence that individuals who are in the precontemplation stage of behavioural change experience a particularly reactive response (Cho & Salmon, 2006), meaning the intended audience must be well-known and planned for before using these types of tactics.

The effects of reactance are already exacerbated in the world of health communication. However, despite all of these barriers, we know that initiatives, such as health promotion mass media campaigns, can be effective in changing health behaviour (Wakefield et al., 2010). The

key to effective prevention is careful study of the topic at hand, as well as the intended audience. Therefore, add to this discussion of reactance the stigma surrounding alcohol use during pregnancy and the barriers to seeking health advice. From here, next steps can be discussed.

#### ***1.4 FASD, Alcohol Use During Pregnancy, and Prevention***

People are not only tired of the excess of advertising (Banerjee & Pal, 2022; Mbugua & Ndavi, 2021; Nguyen et al., 2020; Wright et al., 2010), but also fatigued by the amount of health advice they receive (Koelen & Van den Ban, 2023; So et al., 2017; Thomas, 2023). This health advice is multiplied during the experience of pregnancy, where individuals become the target of an abundance of persuasive messaging and health advice (Armstrong, 2017; Lyall et al., 2021). Therefore, pregnant people are more at risk of message fatigue, and, by extension, reactance, than the average person.

However, current messaging around alcohol, pregnancy and FASD does not always take this abundance and fatigue into account. In Canada, dominant discourse was found to villainize both individuals with FASD and their mothers: (1) individuals with FASD through predominantly discussing the disability in the context of criminal activity; and (2) their mothers through the lens of societal expectations, and the label of the “bad mother” (Aspler et al., 2018; 2019). Frames such as these are also present in other media, such as the use of “FASD is 100% preventable” as a common tagline (e.g., No Safe Limit, 2017), depictions of individuals who use alcohol during pregnancy as villainous in television shows (Harding et al., 2022), and campaign posters such as the one that portrays a child growing at different stages of his life, with the final stages being handcuffed and homeless (FASDC, n.d.).

Messaging along these lines often rely on shock and fear to discourage individuals from drinking alcohol during pregnancy (Aspler et al., 2019; Eguigaray et al., 2016; Roozen et al., 2020). As a result, they are also prone to evoking a reactive response. The results of the above literature review indicate that the manifestation of this reactance may be the reason for certain forms of misinformation. Articles that use muddled messaging through stating that only binge drinking can cause FASD (Kirby, 2017) or that drinking early in pregnancy has less risk (LeWine, 2013), create pathways for stricter messaging about alcohol use and pregnancy to be dismissed. If people tend to take in messaging that they already agree with and ignore those that they disagree with (Koelen & Van der Ban, 2023), then it follows that to reach people who are misinformed about alcohol use and pregnancy, messaging must not be perceived to be explicitly, or judgmentally, disagreeing with them.

When the indirect contribution of shame and blame to misinformation (e.g., Kirby, 2017, LeWine, 2013) is combined with the more direct negative impacts on pregnant people and individuals with FASD (e.g, barriers to accessing care, prevention of early diagnosis [Badry et al., 2023; DeJong et al., 2019; Winsor, 2020]), it is no surprise that current guidelines about FASD prevention messaging call for movement away from stigmatizing language (e.g., CanFASD, n.d.; Wolfson et al., 2020). Some campaigns have followed this path of support, such as the community-built Australian campaign StrongBorn (Williams et al., 2024) and the Canadian ThinkFASD campaign funded by the Public Health Agency of Canada (CanFASD, 2020). Although this type of thinking does not yet represent a norm in persuasive or common messaging, it does represent the middle ground of informed choice, the ideology that can exist in harmony between autonomy and preventing harm. Current efforts in FASD prevention call for further exploration of these types of initiatives (CanFASD, n.d.; CanFASD & the Centre of

Excellence for Women’s Health [CEWH], 2022; Eguiagaray et al., 2016; France, 2011; Roozen et al., 2020; Wolfson et al., 2020; Zizzo & Racine, 2017).

#### **1.4.1 Exploring FASD Prevention.**

Current frameworks for FASD prevention acknowledge its complexity. Prevention does not only exist at one level. In South Africa, Adebiyi and colleagues (2019) focus on prevention across multiple sectors, emphasizing that FASD prevention must be based in human rights, consider culture, and avoid the criminalization of alcohol use during pregnancy. They also focus on strategies across the domains of health, education and community. In Canada, Wolfson and colleagues (2019) explored consideration for FASD prevention programming in Indigenous communities, finding benefit from culture-driven principles, focusing on existing community strengths, and acknowledging social/structural determinants of health. Similarly, a model adapted for use with small Indigenous communities across Australia emphasized the need for wraparound services, as well as collaboration through policy and community (Poole, 2022). This model was adapted from Canada’s multi-level FASD prevention model, created in 2008, and updated in 2013, for the Public Health Agency of Canada (CanFASD & CEWH, 2013; Poole, 2008;). The model defines four levels of prevention: (1) the first level, focusing on raising broad awareness of the public; (2) the second level, focusing on giving women of all childbearing years the opportunity for safe discussions regarding alcohol use during pregnancy; (3) the third level, focusing on providing recovery and support services for pregnant women with alcohol use or other issues; and (4) the fourth level, focusing on supporting new mothers to initiate and/or maintain the healthy changes they have made. As such, a Level 1 FASD prevention campaign aims to adequately inform the public about the possible effects of alcohol use during pregnancy.

There are several aspects of this model to note. The first is the reciprocal way these levels interact. The broad-spectrum awareness of Level 1 contributes to other aspects, such as creating the safe environment to allow for discussion regarding alcohol use during pregnancy. Safety in this sense also works at multiple levels, including having specialized care that is trauma-informed, harm reduction-oriented, and culturally safe. Harm reduction approaches are explicitly defined as “promoting safety” (Rutman & Hubberstey, 2019, p.9) due to the freedom from judgement they offer, being rooted in fundamental respect for the clients regardless of substance use. At the centre of these four levels is supportive alcohol policy, which strengthens and supplements prevention efforts. Policy must be evidence-based and avoid further contributing to the damaging effects of stigma.

One other aspect of note is the fact that alcohol use during pregnancy and FASD are separate, but overlapping, topics; therefore, prevention campaigns for each topic may appear differently. As discussed by Poole (2008; CanFASD & CEWH, 2013), campaigns for the prevention of alcohol use during pregnancy are a component of FASD prevention and therefore although they can be described as Level 1 FASD prevention campaigns, it should be noted that they are not all of what Level 1 FASD prevention may entail. For example, alongside broad educational resources or signage, Level 1 FASD prevention also includes system-level strategies such as warning labels on alcohol bottling, as well as initiatives within the community. Similarly, awareness and prevention are also two separate topics, but Poole (2008; CanFASD & CEWH, 2013) defines awareness about alcohol use during pregnancy as a component of FASD prevention. To keep terminology clear and consistent, it should be noted that this dissertation subscribes to the above terms as utilized in Poole (2008; CanFASD & CEWH, 2013).

More recently, CEWH and CanFASD (2022) updated the ten components of FASD prevention, originally published in 2010 (CanFASD Northwest FASD Research Network, 2010). The 10 fundamentals similarly involve creating safe and open environments through the reduction of stigma, remaining harm reduction-oriented, trauma-centred, culturally specific and taking into account all other interconnected aspects of health that may come into play through social determinants. These components are one, five, six, eight, and seven, respectively. Component two, relational, returns to previous discussions of the connections between pregnancy, alcohol use, and loneliness (Crawford et al., 2020; Nowland et al., 2024). This component emphasizes the importance of trust, especially as early trauma experiences can reduce a person's relational capacity, thereby increasing risk of an alcohol-exposed pregnancy. Similarly, component nine, supportive of mothering, discusses the period of transition that pregnancy represents and how to support pregnant and parenting people as they struggle with trying to attain the perfection ideal. Along these lines, component three, self-determining, returns to the discussion of autonomy as it emphasizes that individuals have the right to choose their own paths and ways forward. Component four is termed women+ centred, including the diverse gender and sexual identities that pregnant people may have and moving past the emphasis on the fetus over the pregnant person (CanFASD, n.d.; Haaker, 2021; Milne, 2020) through empowering and strengthening them. Finally, component ten returns to the lens of FASD, emphasizing the importance of using a FASD-informed and disability lens due to the nuances and complexities of the topic.

CEWH and CanFASD (2022) represent a combination of the discussion of Chapter 1's literature in the form of recommendations for future prevention efforts. Not all prevention initiatives or messaging about alcohol use and pregnancy in general follow these guidelines, but it

is important to acknowledge the endeavors of those pushing support forward. As such, messaging around FASD and alcohol use during pregnancy is currently in a period of transition. How long that transition lasts, and if it will complete, may rely on the efficacy of the prevention approaches themselves.

#### **1.4.2 Informing Future Campaign Development.**

This dissertation concerns Level 1 FASD Prevention campaigns as defined by Poole (2008; CanFASD & CEWH, 2013). Current recommendations around the development of campaigns like these have been put forth, including substitutions for language and imagery (CanFASD, n.d.). However, not all of the campaigns that will be explored adhere to these recommendations. The intention of this dissertation is not to critique these existing campaigns, nor is it to bypass them. Instead, this dissertation aims to explore community opinions, attitudes and perspectives on these campaigns to guide what future campaign creation could look like.

The community being discussed is that of Laurentian University, a unique intersection between Northern Ontario and individuals of childbearing age. The dichotomies of Sudbury as both an urban and Northern setting were explored in Chapter 1.2.2, and the specific ways alcohol culture and this period of transition affects individuals of childbearing age in a university setting were explored in Chapter 1.2.1. This population represents a singular point of intersection where pressures to consume alcohol are intensified (Gambles et al., 2022; Hua & Flaherty, 2021; Paradis et al., 2023), isolation from care and supports may be heightened (Conn et al., 2018; HQO, 2018; Moseson et al., 2019; Nowland et al., 2024; Waldbrook, 2008; Wilkens & Foote, 2019), and stigma around alcohol use during pregnancy and FASD still persists (Eguigaray et al.,



2016; Matebese et al., 2021; Mulherin & Johnstone, 2015; Paris et al., 2020; Roozen et al., 2020; Schomerus et al., 2006).

FASD benefits from a community-based approach, especially considering its lifelong and whole-body nature (Moritz et al., 2023; Tortorelli et al., 2023; Williams et al., 2024). Given the evidence of under-reporting of alcohol use in Sudbury (BORN Ontario, 2015; Coons et al., 2017; Tough et al., 2008; Viljoen et al., 2002), this region could benefit from a supportive Level 1 FASD prevention campaign. Building this campaign from the community-level first, it then becomes important to ask: what are the thoughts, opinions and perspectives of Laurentian University undergraduate students on existing Level 1 FASD prevention campaigns? This is the primary research question this dissertation will explore.

The structure of the following chapters is two-fold: Chapter 2 will explore the methods and methodology of the dissertation, and Chapters 3, 4, 5, and 6 are a combination of results and discussion. While the separation of results and discussion is common in positivist paradigms, Braun and Clarke (2012) describe that with the use of thematic analysis, the combination of these sections works well when the connections between the two are strong, thereby avoiding repetition. This connection is the case for the results and discussion for this dissertation. Therefore, Chapters 3, 4, 5 and 6 are broken down by topic, as opposed to section, and combine to define the way undergraduate Laurentian University students defined effectiveness when it came to Level 1 FASD Prevention campaigns. These chapters explore a model of their definition, termed the “Pebble in Your Shoe” Model, as well as the broader influences through which they operated, including lenses of shame, lenses of support, and the overall context of the study, participants, and society.

## Chapter 2

### 2 Methods and Methodology

The focus of this study was to explore the thoughts, opinions and perspectives of Laurentian University undergraduate students on Level 1 FASD prevention campaigns. This study employed a basic qualitative design (Merriam & Tisdell, 2015). Data collection occurred through semi-structured focus groups, both in-person and online. The COVID-19 pandemic occurred during data collection; therefore, the first three focus groups were conducted in person, while the latter four were conducted online, through the medium of Zoom.

During data collection and analysis, it became clear that participants' thoughts, opinions and perspectives on these campaigns were often discussed through the lens of what they found to be "effective". However, the ways through which they used "effective"—such as effective at preventing alcohol use during pregnancy, effective at delivering a message, or simply effective at capturing attention—varied. As such, the analysis of these results aimed at clarifying the thoughts, opinions and perspectives of Laurentian University undergraduate students on how they viewed effectiveness when it came to Level 1 FASD prevention campaigns.

#### 2.1 *Study Design*

A basic qualitative study design (Merriam & Tisdell, 2015) employs the characteristics found among all types of qualitative studies, following the commonalities between them (Merriam, 2009), and synonymous with a qualitative descriptive design (Lambert & Lambert, 2012), a basic qualitative study design involves data being collected through interviews, observations, or document analysis. Which data is collected is dependent on the theoretical framework, and analysis involves generating recurring themes or patterns within the data. Overall, the result of a

basic qualitative study is “the researcher’s understanding of the participant’s understanding of the phenomenon of interest” (Merriam & Tisdell, 2015, p.24). As such, the benefits of this study design are in its flexibility; without the additional considerations associated with other types of qualitative research methods, a basic qualitative study is easily adapted to suit the needs of the research question (Merriam & Tisdell, 2015). In this case, this basic qualitative study (Merriam & Tisdell, 2015) was informed by intersectionality theory (Collins, 2015; Crenshaw, 1991; Greaves et al., 2014; Hankivsky, 2012; Hankivsky et al., 2009) to answer the main research question described above.

Through semi-structured focus groups, this study aimed to capture the perspectives of university students, recruited through a convenience sample of undergraduate students of all genders and programs at Laurentian University. As described in Chapter 1, this population represents a high-risk population for an alcohol-exposed pregnancy, being at an age where both sexual activity and binge drinking commonly occur. Participants aged 17 to 45 were recruited through the use of social media, emails, posters and in-class talks (example poster in Appendix A, example recruitment script in Appendix B). Incentives were used for all participants: prior to the COVID-19 pandemic, a \$10 Shoppers Drug Mart gift card was provided in person. Upon the move to virtual data collection, the incentive was shifted to a \$10 Amazon gift card to allow for ease of use for participants. A receipt of gift card acknowledgement is available in Appendix C.

Prior to data collection, participants first completed the consent form for their respective group (see Appendix D), followed by a demographic questionnaire (see Appendix E). This demographic questionnaire was not meant to explore individual backgrounds, but to help gain a sense of which perspectives were represented in the data sample. The students then participated in a semi-structured focus group, wherein 10 images from existing image-based FASD and

alcohol use during pregnancy prevention campaigns (i.e., poster campaigns; see Chapter 3 for campaign images) were displayed. Focus groups ranged from two to eight individuals (with a mean and median of four), with the exception of one group where only one participant arrived, and therefore a one-to-one interview was conducted instead. The campaign images were printed for in-person data collection, and screen-shared during online data collection. The participants were then asked questions regarding their attitudes, ideas, and reactions (see Appendix F for full focus group interview guide).

Semi-structured focus groups were chosen as these types of focus groups are particularly well suited to exploring group processes and social interactions (Stokes & Bergin, 2006), which lend themselves well to exploring the effects of public campaigns. However, although focus groups are well suited for collecting data for this study, group interaction also has its drawbacks. It is important to have all participants feel comfortable within the group (Hanson & Weber, 2018), namely to allow for participants to dissent from the larger group, and prevent false consensus. It is important to note that dissention did occur during the focus groups themselves, and the interviewers took care to encourage all perspectives both prior to and during the interview. However, as false consensus is still known to occur in focus groups, it is recommended that focus groups be used to reveal the nature and range of participant perspectives, not the strength of these views (Robson & McCartan, 2016; Sim, 1998; Stokes & Bergin, 2006). They should also be limited to infer about collective phenomena, as opposed to individual ones (Stokes & Bergin, 2006). As such, the results of this study refer to the group of the Laurentian University undergraduate students who participated, and although their thoughts, opinions and perspectives are explored, the particular strengths of these individual views are not investigated within the context of this study.

The design of the focus group was determined through two different pilot groups. These pilot focus groups included a convenience sample of individuals who were arms-length to the researchers, with the first consisting of pregnant people, new parents and their partners, and the second consisting of Laurentian University students. The first pilot focus group was used to narrow a list of 84 previously used campaigns. From this discussion, 10 images were selected for their differing types of message delivery, people of focus, source of message, and ways of using imagery. Campaigns were selected for their diversity: for example, Image #4: *This is why I supported her not to drink while pregnant* was the only poster to depict a father as the sole adult in the poster, and Image #5: *Alcohol and pregnancy don't mix* had a distinct cartoon image as its focus. In the second pilot focus group, it became clear that discussion of all 10 campaigns would result in a focus group much longer than participants were likely to have time for. Rather than cutting down images further, focus groups were structured as follows: (1) focus groups would alternate between in-depth discussion of images 1-5, or 6-10; (2) participants would be shown each of the five main images one by one; (3) participants would then be shown all five images to allow them to revisit their original impressions, and; (4) participants were then shown all 10 images, and encouraged to share if any new images stood out, or new perspectives arose. These steps are detailed in the focus group guide in Appendix F.

## **2.2 *Ethics Considerations***

This study was approved by the Laurentian University Research Ethics Review Board (Appendix G) and the Public Health Sudbury & Districts Research Ethics Review Committee (Appendix H). However, as the COVID-19 pandemic occurred during this study, an ethics amendment was submitted and accepted by the LUREB wherein data collection was changed to virtual focus groups. Appendices I, J and K demonstrate the new materials that were developed for electronic

recruitment of students; three focus groups were conducted in-person, and the latter four were conducted virtually.

As this research involved data collecting through focus groups, participants were made aware that confidentiality could not be guaranteed (Appendices D and K). Anonymity was protected through password-protecting all data files and using pseudonyms for all transcriptions and final documents. Demographic questionnaires were stored separately from audio recordings and were not linked to any individual responses. In addition, as the campaign imagery and related questions discussed a sensitive topic, community resources were made available for all participants if necessary (Appendix L), and an FASD fact sheet was developed to combat misinformation (Appendix M). Participants had every opportunity to withdraw from the study, avoid certain images, or decline to answer questions without penalty. No participants withdrew during this study, but they were assured that they could do so at any point, and their data would be removed through shredding and/or electronic deletion. They were also informed that they would receive their respective incentive regardless of data collection completion.

### **2.3 *Participant Overview***

This study consisted of a convenience sample of 29 Laurentian University undergraduate students, across 13 different programs of study. Participants ranged from age 19 to 31, with an average age of 21.4 and a median of 20 years old. Participants' reported gender identities aligned with their sex, with this study recruiting six males, and 23 females. Seven individuals were Francophone and two were Indigenous, with both identifying as Métis. When it came to relationship status, none of the participants reported being pregnant or having children. Three were in a common law marriage, four were in a relationship, one was engaged, one was married,

19 reported being single, and one participant misinterpreted the question, answering that they were a “student”. Throughout this dissertation, pseudonyms are used for all participants.

This study aimed to replicate the demographic of Sudbury and its districts, by—for example—having at least 24% of participants be Francophone, and 13% be Indigenous (PHSD 2018a; 2018b; 2018c; 2024). This study did manage to reach proportions of 24% Francophone and 7% Indigenous students in our participant group. While the proportion of Francophone students hit the intended target, the Indigenous population was underrepresented. In addition, the Indigenous participations identified as Métis, and therefore no perspectives from First Nations or Inuit individuals were included in this study. Given the stigma surrounding FASD in Indigenous communities, an Indigenous-led adaptation of this study should be conducted to determine what a Level 1 FASD prevention campaign would look like through the lens of Indigenous teaching and learning. These perspectives should then be considered alongside the results of this study and adapted to the context of future campaign development.

This study also had a higher proportion of female participants, with 79% participants reporting being female, and 21% reporting being male. The demographics reported in 2016 by Laurentian University were 62% female to 38% male (CUDO, 2017). The overrepresentation of women within this study may be due to the topic, as pregnancy is often seen as a woman’s topic (Lohan et al., 2010; Shand & Marcell 2021). In addition, the students’ areas of study skewed towards health-related fields. The proportions were as follows: three students studying Psychology, seven studying Special Education/Concurrent Education, two studying Kinesiology, six studying health promotion, one studying Education with a specialization in English Literature, one studying Geology, two studying Architecture, one studying Midwifery, two studying Nursing, one studying Computer Science, one studying Political Science, one studying

Mining Engineering, and one studying Biomedical Sciences. Therefore, of these students, 18 (62%) were within the Faculty of Health. This proportion may also be an effect of the participants' interest in the study: individuals that were involved in health-related fields may show more of an interest in participating in health-related studies.

All in all, this study represents a population of Laurentian University undergraduate students which are mostly female, studying in a health-related field, and who have not reported being pregnant or having children. These students are also discussing their experiences through a Northern Ontarian lens, something that is referenced throughout the results. The impact of this context and others is further explored in Chapter 6.

## 2.4 *Revisiting Intersectionality: A Theoretical Perspective*

Chapter 1.1.5 explored the history and background of Intersectionality, including its application to the project. Intersectionality is a diverse theoretical perspective, working on both macro and micro levels, whether the intersections between broad social categories or an individual's specific place within them are being considered (Gopaldas, 2013). This theory bridges components of feminism (Hancock, 2016) and constructionism (Crotty, 1998; Greaves et al., 2014) to create a holographic understanding of reality, where three overlapping systems exist all at once: the objective outside world, the inner subjective world, and the quantum world of intersections. One assumption to keep in mind, then, is that this theory acknowledges relativity, where individuals exist within their own realities that differ from one another due to the intersecting systems they exist within (Greaves et al., 2014).

By extension, this theory then must acknowledge the influence the researcher has on the research. Indeed, reflexivity is a key component of intersectionality, wherein researchers are



called to both reflect on their point of view, but also the point of view of their research project (Greaves et al., 2014). This type of thinking was adapted into a tool to be used for policy analysis in the world of FASD (Hankivsky, 2012). The Intersectionality-Based Policy Analysis framework consists of a series of questions for the researcher to answer, including both descriptive questions to explore the policy context and approach, and the transformative questions to address issues of social justice and change (Hankivsky, 2012).

Although developed for health policy, the lens through which this framework views policy issues is applicable to this study, and has been adapted in Appendix N. For example, questions two and three involve exploration of the framing of the “problem”, including public beliefs about the issue and how the definition of the problem has changed over time; this exploration of alcohol use during pregnancy was completed in Chapter 1. Similarly, Chapter 1 began to explore question four, which asks for consideration of how groups are differentially affected (such as in the case of Indigenous peoples, Northern Ontarians and individuals of childbearing age). Contextual considerations such as these will continue to be considered in the following chapters, particularly Chapter 6. Questions such as question five, which asks about current health promotion responses to the issue, can be considered one of the central questions of this dissertation: campaigns around alcohol use during pregnancy are the current health promotion responses to the issue.

In addition, many of the transformative questions lend themselves to future campaign creation; for example, “what role can diverse communities play in [campaign creation]? How will they be meaningfully engaged and supported in providing input?”, “What are feasible short, medium and long-term solutions [that will be implemented alongside the campaign]”, and “How will implementation and uptake be assured?” (Hankivsky, 2012, p. 41) are all important

questions that could be used in future development and evaluation. Alongside providing a framework to consider the perspective of the project, this framework also provides specific questions for researcher consideration. The questions which explore the researchers background and the ways the project influenced them throughout the process (Appendix N), have been taken into consideration for the chapter section below (2.4.1).

### 2.4.1 **Reflexivity.**

In this section, I explore my perspective, including the knowledge and experiences I have brought forward with me into the project—and those that I have gained from the project in turn. Some aspects about me include: (1) my gender and biological sex are both female; (2) I was born and raised in a small town in Southern Ontario; (3) my undergraduate degree was in Health Sciences, where my training was largely in the biomedical model; (4) I completed an M.A. at Laurentian, and lived in Sudbury both during that time and for the first three years of my PhD; (5) my first language is English, although I was raised with Czech and Slovak at home; and, (6) although I do plan on having children, I have never been pregnant, and I am not immediately intending on becoming a parent.

I list these aspects to consider my social categories—female, Southern Ontarian, white, Anglophone—and how they intersect in the social process and systems such as colonialism, racism, and patriarchy. I also list them to demonstrate an area of overlap I have with my participants: I am an individual of childbearing age who is not immediately intending on having children. In addition, some participants were not from Sudbury or Northern Ontario, but they were not excluded from this study; the decision was made to consider all living in Sudbury, no matter how short a time, as individuals who could contribute to the development of a campaign

for this region. Due to my lack of fluency in French, recruitment materials and interviews were only offered in English; alongside a Francophone project, I believe there is value in an Indigenous-led project being conducted to gather perspectives of Sudbury that this dissertation is missing.

In addition, I consider my educational background for this dissertation to be in the world of FASD due to the work of my M.A.; therefore, I entered this project with little familiarity with advertising or its relevant literature. With my background in FASD, it should be noted that prior to beginning this project, I was aware of literature recommendations (e.g., CanFASD, n.d.; CanFASD, 2022; Eguiagaray et al., 2016; France, 2011; Roozen et al., 2020; Zizzo & Racine, 2017) to move away from the shame, blame and stigma that many prevention campaigns contribute towards. However, I was also aware that public opinion often does not echo these recommendations; as such, my goal was to hear the participant perspectives as they were, consider them against the backdrop of the literature, and reconcile the two together.

Another important influence was that I was given the opportunity to work with Canada's FASD Research Network, which has brought me further into the world of FASD. As a result, I have seen firsthand the results of stigma, blame, shame and judgement on individuals with FASD and those that support them. Therefore, I do not hold a neutral opinion on the subject: based on my research and experiences, I do not believe shame and blame are effective in promoting healthy pregnancies. I believe this type of judgement only reinforces the structural inequities these individuals face, and I believe it actively damages the self-efficacy of both the caregiver of the individual with FASD, and the individual with FASD themselves. I believe applying the ideology of preventing harm to alcohol use during pregnancy does indeed do the opposite, and I

challenge those who place emphasis on the child over the pregnant person to consider when that emphasis begins and ends.

The contrasting perspectives of the participants and literature provided a great amount for me to reflect on. One aspect of this project that has transformed the way I think is the connection of advertising to capitalism; namely, the role of capitalism in the prevalence of constant advertising, the way this prevalence has contributed to both a general annoyance against advertising (Banerjee & Pal, 2022; Mbungua & Ndavi, 2021; Nguyen et al., 2020) and message fatigue (Armstrong, 2017; So et al., 2017; Thomas, 2023), and how that, by extension, has impacted the overall efficacy of all advertising, including health promotion efforts. My role in this project is both a researcher of advertisements, but also someone to which advertisements are targeted to—as such, one element I struggled with in general advertising literature was where persuasion of a viewer ended and manipulation of them began. This is a consideration of power. Advertisers hold power over their viewers, including over their emotional state, strength of opinions, and future behaviours. In matters of health, I believe this power should be used responsibly to not further contribute to message fatigue, reactance, and stigma.

## 2.5 *Analysis Methods*

Upon completion of data collection, the focus groups were transcribed and reflexive thematic analysis (Braun & Clarke, 2019; Braun et al., 2016) was conducted. Thematic analysis is a widely used method of data analysis, well suited to analyzing textual data. It also aligns well with the ontology, epistemology and methodology of this particular study, with an emphasis on the researcher as a tool of the process. Therefore, a clear understanding of where the research

stands amongst the data and related choices are necessary for good thematic analysis (Braun & Clarke, 2012).

There are three main outcomes of thematic analysis: (1) identifying patterns (as “themes”) from the data; (2) describing those patterns; and (3) interpreting the meaning and importance of those patterns. In this way, thematic analysis is both descriptive and interpretive. In line with Braun and colleagues’ (2016) description of thematic analysis, the two aspects that are explored within this study are: (1) the patterns in participants’ perspectives regarding alcohol use during pregnancy and existing FASD prevention campaigns; and (2) the ways that participants construct the notion of what is “effective” when it comes to these campaigns. The focus on perspectives and the participants’ specific and differing definitions stems from intersectionality’s epistemology of constructionism. Part of this study’s central assumptions is that all of the participants have their own individual realities constructed by them, and that all of these realities are valid in their own ways. The goal of this study was to find the common threads between these realities.

Braun and colleagues (2016) outline a six-phase model to conducting thematic analysis. The phases are as follows: (1) familiarization, an informally analytic, active process to gain an understanding of the data through re-reading and noting initial ideas; (2) coding, a more systematic, formal analytic process wherein codes are assigned as labels that capture the analytic relevance of that data segment; (3) theme development, wherein codes are collated into higher-level patterns that add diversity, nuance, and layers; (4) theme refinement, wherein the codes and patterns are checked against the raw data in order to ensure the patterns are coherent and do not misrepresent the data; (5) theme naming, where depth and detail is added into the analysis to present the themes in the context of quoted data; and, (6) writing up, which involves compiling,

developing, and editing the existing analytic writing and situating it within the rest of the discussion. It is important to note that these phases are not sequential; instead, “the progression through [thematic analysis] is more like following a hose through long grass, where you cannot clearly see the way ahead, and the path is not direct: sometimes you move forwards; other times you coil back on yourself” (Braun et al., 2016, p. 196). Indeed, data analysis during this study was not linear. See Appendix (O) for the decision trail which includes changes that occurred throughout analysis.

In addition, thematic analysis is inherently interpretive and reflexive. The tendency to discuss themes as “emerging” from data is a misconception. The analysis is not inherently within the data, but is rather an intersection of the researcher’s knowledge, skills, experience, and theoretical assumptions along with the data content (Braun & Clarke, 2019; Braun et al., 2016). As such, and in line with intersectionality, the researcher must be considered alongside the data. This consideration is included with many others in the quality checklist that Braun and colleagues (2016) describe. This quality checklist for thematic analysis (see Appendix P) was regularly referred to throughout the data analysis phase of this project.

## ***2.6 Ensuring Methodological Rigour***

Alongside the quality checklist for thematic analysis, other considerations for study rigour include truth value, consistency, confirmability (or neutrality), and applicability (Guba & Lincoln, 1994; Noble, & Smith, 2015). Each of these components will be discussed alongside what has been done to maintain the rigour of this study.

### 2.6.1 Truth Value.

Truth value, or credibility, is concerned with the multiple realities between individuals, and accounting for these realities to accurately represent participant perspectives (Guba & Lincoln, 1994; Noble & Smith, 2015). Truth value can be enhanced through reflectivity, peer debriefing, appropriate data samples, and respondent validation (Barbour, 2001; Guba & Lincoln, 1994; Noble & Smith, 2015). A reflexive researcher deeply explores their own perspective to account for it, including any biases that may arise within them. In line with intersectionality, reflexivity acknowledges that multiple realities (and therefore interpretations) exist; therefore, the researcher's own perspective, pre-existing knowledge, background, culture, and understandings must be clearly and accurately displayed (please refer to the reflexivity piece above). Peer debriefing was also built into this project through meetings with the supervisory committee and co-investigators throughout the entire process. For example, the preliminary themes were discussed with the research team, as were any major decisions, such as changes in data collection methods (see Appendix O for the decision trail).

In regard to an appropriate sample, which successfully explores all perspectives that it aimed to, it is important to refer back to Chapter 2.3. The participant group within this study is not representative across Canada, for example, and therefore no assumptions will be made for the perspectives across Canada. Rather, this participant group demonstrates the perspectives of a community of undergraduate students studying in Northern Ontario. In addition, during data analysis, multiple quotes and data segments were necessary to develop supporting evidence for themes, therefore avoiding an anecdotal approach which could skew data analysis (Guba & Lincoln, 1994; Merriam & Tisdell, 2015; Noble & Smith, 2015).

### 2.6.2 **Confirmability and Consistency/Neutrality.**

Confirmability is concerned with the transparency of the research, or the ability for an independent researcher to recreate the study and arrive at similar conclusions. Consistency, or neutrality, on the other hand, relates back to the ability to account for the fact that the study findings are intrinsically linked to the researcher's philosophy, experience, and perspectives. Two related methods of enhancing the confirmability and consistency of qualitative research are keeping a decision trail and keeping a research diary (Guba & Lincoln, 1994; Noble & Smith, 2015). The decision trail can be found in Appendix O, which documents all major decisions to allow for clarity and transparency. A research diary can also be found in Appendix Q which focuses more explicitly on the research process and any challenges within it to explore if the findings may be impacted by the process (Guba & Lincoln, 1994; Noble & Smith, 2015). In the same vein, confirmability and consistency also call on the researcher to be flexible; in the case of this study, it was decided that if methods were found to be unsuitable once data collection had begun, they would be revisited and adapted to suit the needs of participants (Guba & Lincoln, 1994; Noble & Smith, 2015). This study did evolve throughout the research process, and as such, all changes are documented in the research diary and decision trail (Appendices O and Q).

During the research project, not all focus groups had the same facilitators and note-takers; these differences were due to allotted time and restrictions due to the COVID-19 pandemic. In addition, not all focus groups had discussions that flowed in the same path. These possible differences were minimized through the use of a semi-structured interview guide (Appendix F), and standardized facilitator training. In addition, the themes were discussed with research team members (in this case, the supervisor, committee, and co-investigators), which allowed for them to be challenged, explored, and re-evaluated. The consideration of multiple perspectives is a



method of accounting for the researcher's intrinsic links to the data analysis process (Guba & Lincoln, 1994; Noble & Smith, 2015).

### 2.6.3 **Applicability.**

Applicability, or transferability, involves considering how, or if, the conclusions of this particular study can be applied across different settings or contexts (Guba & Lincoln, 1994; Noble & Smith, 2015). In this way, Chapter 2.3 again needs to be referred to, as this project's findings aimed to be applicable and relevant across Northern Ontario. That said, many of the results may be limited to the scope of this participant group. The possible restrictions of these participant perspectives are explored more in-depth in Chapters 6 and 7.

It is important to note that the limitations of this transferability are also this study's strength, as the intersections between discussed in Chapter 1 require unique and specific consideration. The thoughts, opinions and perspectives of Laurentian University Undergraduate students on Level 1 FASD prevention campaigns represent a strong basis on which recommendations for future campaign creation can be built. Therefore, Chapter 3 begins the combined results and discussion section of this dissertation; in examining the results of the seven focus groups, the research question of this study will both be explored and elaborated upon.

## Chapter 3

### 3 Results and Discussion: The “Pebble in Your Shoe” Model of Effectiveness

Chapters 3, 4, 5 and 6 contain the combined results and discussion for this dissertation. These chapters have been separated for ease of reading: Chapter 3 introduces the “Pebble in Your Shoe” Model of Effectiveness, created from seven themes that were identified in participants’ descriptions of what they found “effective”. Chapters 4, 5 and 6 discuss broader influencing factors on the ways participants conceptualized “effectiveness”: (1) Chapter 4, which examines the lens of campaigns that were perceived to be shaming; (2) Chapter 5, which explores the lens of campaigns perceived as supportive; and (3) Chapter 6, which focuses on surrounding contexts, including the study, participants, and culture of alcohol use and pregnancy. Throughout these chapters, pseudonyms will be used for all participants.

#### 3.1 *Exploring Participant Perspectives*

Chapter 1 established a background on FASD, prevention, and the stigma surrounding alcohol use during pregnancy. Following the model established by the Public Health Agency of Canada (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016), the campaigns discussed within this study are at Level 1, which focuses on raising the broad awareness of the public about FASD and alcohol use during pregnancy. The participants were shown these campaigns to establish their thoughts, opinions, and perspectives. In doing so, these perspectives could be used to build a new campaign that would stem directly from thoughts of this community.

The discussion within these focus groups largely centered around one topic: effectiveness. Whether a campaign was effective, what it was effective for, in what settings it

would be effective, and how elements of the campaign could be altered to increase effectiveness are all topics combined to create an overarching discussion of what actually made Level 1 Prevention campaigns effective. While effectiveness has several definitions within the literature (CanFASD, n.d.; Estévez & Fabrizio, 2014; Koelen & Van den Ban, 2023; Nutbeam & Muscat, 2021), the goal of this study was to use the thoughts, opinions and perspectives to guide the formation of a new community-level campaign. As such, the participant perspectives on each campaign are presented in Chapter 3.2. Chapters 3.3 and onwards serve to define what “effectiveness” meant in the eyes of the participants, and how this definition could be used in the creation of future Level 1 Prevention campaigns.

### **3.2 *Overview of Selected Campaigns***

The focus groups were shown 10 images of existing Level 1 FASD prevention campaigns. As detailed in Chapter 2, alternating groups of five images were discussed in more depth within the focus groups, after which all five images were viewed, followed by all 10 images. *Images #1 to #5* were the first grouping of five images, while *Images #6 to #10* were the second grouping. Each image is displayed below, with a summary of participants’ perspectives towards them. Participants also rated each campaign in effectiveness and likability; a summary of these ratings is available in Table 1.

## Figure 1

*Image #1: If she declines a drink this season, just go with it.*



*Image #1* was an image of a drink in front of a blurry background. Participants felt that the message of alcohol came across, but the pregnancy aspect was missing; therefore, participants were unsure if they would have understood the message of FASD prevention or alcohol use during pregnancy outside the context of the focus group. Some participants expressed that they could confuse the campaign for an advertisement for a bar or a drink.

This campaign was perceived as targeting an older, more professional demographic, and was not necessarily relevant to the student population. The image was spoken about positively when discussing its aesthetics, as well as its non-shaming nature, but the confusion surrounding what the campaign might be targeting diminished participants' overall perception of the campaign. While not discussed particularly negatively, Simon summarized the image as one that "just doesn't strike a chord with me. [...] I don't get what it's about right off the bat."

This image ranked first and last for likability once, first in effectiveness once, and last in effectiveness twice. Although the campaign was not discussed particularly negatively, the context of its confusion with topics other than FASD prevention brought down the participants' perception of the campaign. Overall, most votes went to other campaigns, and those that did vote for this image were relatively evenly spread.

## Figure 2

*Image #2: Alcohol and Pregnancy Don't Mix.*



*Image #2* portrayed a male and female couple, standing together with the arms on the woman's stomach, as if pregnant. The bottom of the stomach is cropped out of the photo slightly. The couple was described as looking "normal", if "a bit staged"; participants felt that the campaign was very supportive and spoke about that supportiveness positively. Participants appreciated taking the onus off the pregnant person and felt that those outside of this person were the demographic being targeted by this campaign but called for more inclusion of resources and/or statistics. Participants felt that this campaign was quite clear in its message, but some found issue with the image and text clashing. The students within this study also noted that they

did not think the target audience was “people [their] age”, likely as this campaign felt “geared towards a planned pregnancy”, with a “couple that’s happy” and “settled down”, while our participants tended to be in more of a transitional phase in their lives.

This image never rated as first or last in effectiveness. Participants most frequently discussed liking the supportive aspect, leading it to be rated first three times in likeability, although it was also rated last once. Although this campaign got its message across, participants seemed to agree that there were others that stated the supportive messaging more effectively.

**Figure 3**

*Image #3: Baby or the Bottle.*



*Image #3* has a bright red background, with a silhouette of a pregnant individual drinking alcohol. Within the silhouette, there is a baby that is being engulfed by the alcohol. This campaign created debate both among and within participants. Many elements were picked up on by the students, such as the ultimatum in the main message, the implication of choice, the

shaming nature of the larger text and supportive nature of the bottom text, and shocking nature of the image. This campaign received more emotive language from participants, such as “icky”, “shaming”, “black and white”, “preachy”, “cut and dry” and “jarring”. The participants noted that this campaign excelled at catching the eye, and successfully would be perceived as discussing alcohol use during pregnancy. However, the participants explained they had to set their own personal feelings of dislike aside to acknowledge the effectiveness of the campaign.

In addition, they noted that the negativity of the ultimatum and emphasis on “never” would overpower the message of reaching out for support that is included at the bottom of the campaign; the participants would have appreciated more emphasis on this supportive message. As a result, while this campaign excelled at conveying the fact that it was about alcohol use during pregnancy quickly, participants felt that it would be better placed somewhere where a reader had more time with the campaign in order to find the message of support (e.g., a reader has more time to take in messaging that is on a bus versus messaging on a billboard when they are driving). The emphasis on the silhouette of the mother alone made participants feel that this campaign was targeting single mothers. Participants felt that this campaign was less effective for the general public, “just because it [did] support that stigmatization against mothers who drink during pregnancy or have had a drink or two before they knew they were pregnant”. More time was spent discussing the demographic targets and overall reaction than in other campaigns.

Five participants rated this image as last in likability, and nine rated it as first in effectiveness. No participants rated it as their first choice in likability or last in effectiveness. This image had a very strong reaction, and firmly divided the two categories for participants. Participants largely agreed that although they did not like the campaign, they could see its

effectiveness through its clear message and ability to grab attention. As such, this campaign placed first in effectiveness by one vote, over *Image #4: It's safest not to drink while pregnant.*

**Figure 4**

*Image #4: It's safest not to drink while pregnant*



This image portrays the bottom half of a pregnant individual's face, as well as their stomach. They are wearing a simple black shirt against a greyscale background. As this image



was given to participants directly after “Baby or the Bottle”, comparisons between the two were often made (namely the differences in colour, directness of language and perceived goals of the campaign). Participants found this campaign to be focused on raising awareness and/or educating the reader, as opposed to prevention of alcohol use during pregnancy. Words used to describe this campaign included “soft”, “nice”, “positive”, “perfect”, “favourite”, “non-judgmental”, “informational”, “awareness”, “inconsistent”, “confusing”, “unsure”, and “wishy-washy”.

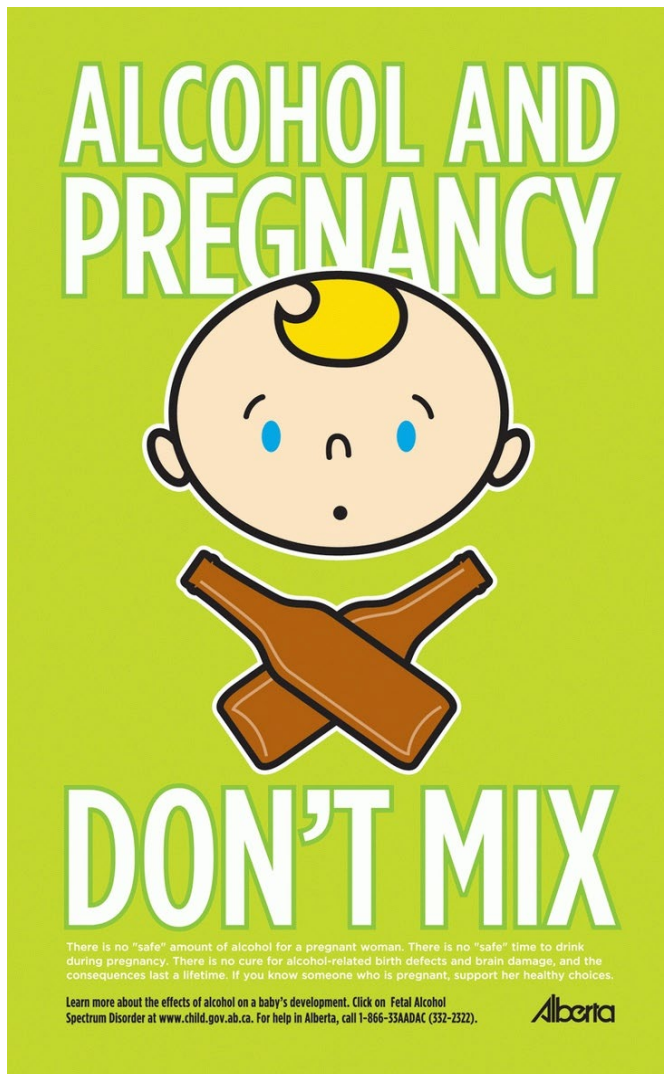
On average, this campaign was spoken about positively. Participants agreed that the campaign conveyed its message, although the effectiveness through which it did so varied when compared to other campaigns. At minimum, the campaign conveyed the topic of FASD and alcohol use during pregnancy and was able to do so at only a brief glance. Joseph compared the campaign to the abstract of a research article, explaining that the image had a large title to catch attention and explain what it was about, and continued into a summary of more information. Participants felt that the campaign was calm and clear, and contrasted directly with the loud and colourful message of *Image #3: Baby or the Bottle*.

However, there was some debate about the language of the campaign’s main text: “it’s safest not to drink while pregnant”. Some participants felt that this was confusing, that they had to read the campaign multiple times and came away with the feeling that even the creator of the campaign was not sure of their statement. Others argued that it felt inclusive, as the phrasing of “it’s safest” did not exclude those that had drunk during pregnancy—in addition, some participants explained that this phrasing felt more truthful to them, as it replicated the inconclusive answer that is present in research about alcohol use during pregnancy, therefore being a more “accurate” representation of the topic.

This campaign was seen as being applicable “almost anywhere”, and applicable to “anyone who is pregnant, thinking about becoming pregnant and those around them.” It, therefore, was seen as a broad and versatile campaign. In total, 15 participants rated this campaign first for likability, and 8 rated it first in effectiveness. One participant dissented from the rest and put this image as last for both categories. This image had the highest number of total votes for first place, although if split, *Image #3: Baby or the Bottle* won by one vote in the most effective campaign category. All in all, *Image #4: It’s safest not to drink while pregnant* was seen as supportive and educational, broadly applicable, and likable while still being effective. As Selena put it when giving advice on future campaign creation: “follow a similar format to [*Image #4*]. Out of all of us in the room, that was the one we brought up the most with the most positive comments”.

**Figure 5**

*Image #5: Alcohol and Pregnancy Don't Mix.*



This image had a cartoon drawing of a baby's head, with two alcoholic bottles crossed below it to depict a play on a skull and crossbones. The background of the image was a bright neon green. Participants discussed the use of the cartoon and bright background as elements to catch the eye, but felt these pieces distracted from the message and clashed with the tone of alcohol use during pregnancy and FASD. Participants felt that the goal of the campaign was

simply the “point-blank statement” about awareness, and that the campaign felt “more about the graphic than the information.”

The most notable part of this campaign was the cartoon; participants discussed this aspect of the campaign more so than any other. The participants made the distinction between “eye-catching” and “visually appealing”; this campaign was described as the former, not the latter. Therefore, this campaign demonstrated an example of when catching attention did not result in full effectiveness of delivering a message. The cartoon felt “childish”, and therefore led participants to feel as if a tone inappropriate to FASD was being taken. They also felt as if a younger demographic was the one being targeted by the campaign. As such, participants mainly discussed this campaign as existing in the context of high schools and health classes.

This image was rated as last in effectiveness and in likability by two participants. It did not place first for any participants. However, one participant did rate it second in effectiveness, saying that “as much as I’m not drawn to it, [...] it’s so bright and it would catch your attention if you were just walking by”. Overall, the use of the cartoon seemed to overshadow the message and disrupt the potential of the campaign.

**Figure 6**

*Image #6: Let's meet at the coffee bar.*



This campaign showed two glasses filled with coffee, one of which was rounded to appear as if it was pregnant. The text above read “let’s meet at the bar”, with the word “coffee” added to read “let’s meet at the coffee bar”. Overall, participants liked the supportive nature of the campaign, describing it as clever, informal, and aesthetically appealing. Participants noted that the messaging of this campaign was more passive and subtle than other images and enjoyed that the campaign did not seem “preachy”.

However, this came at the expense of the clarity of the campaign; participants often noted that they needed to spend a longer time looking at the campaign to understand its message and

explained that they were unsure if they would have understood the campaign was about FASD prevention and alcohol use during pregnancy if they were outside the context of the focus group. In particular, the participants thought they would confuse this campaign for an advertisement for coffee or a café. The coffee mugs, made to depict a pregnant and non-pregnant individual, were a clever, but subtle touch. As such, participants explained that this component was easy to miss, and therefore the campaign's relation to alcohol use during pregnancy could be missed as well, especially as "alcohol-free is supportive" does not mention pregnancy. However, participants also expressed that once they understood the message, they had greater appreciation for it. Therefore, the effectiveness of this campaign was heavily tied to the amount of time that a reader would have to take it in.

As a result, the most appropriate contexts for the campaign were discussed as somewhere where the image would not be quickly passed by. Participants brought up the bus as an example, and social media was discussed through Instagram, as that would allow the viewer to read and take in the image at their leisure, while also allowing them to zoom in. The other point of contention within this campaign was the use of caffeine. Participants explained that this added another layer of confusion, as caffeine intake is recommended to be limited during pregnancy (Healthwise Staff, 2013; James, 2021). While the clarity of the image and use of coffee were discussed as points of contention, participants largely discussed how much they simply "liked" the campaign. This likability was often connected to its perceived supportiveness of the messaging; participants expressed their appreciation for the encouragement of social interaction and inclusion.

This campaign also included other, secondary images that were shown to participants if prompted (e.g., during discussion of coffee consumption during pregnancy). These other

versions of the campaign included a version with mocktails and a version with root beers, as alternatives to cocktails and alcoholic beers, but the images of the cups remained similar (see Appendix R).

This campaign rated last in likability for two participants and last in effectiveness for three. While participants often discussed liking the campaign, they placed other campaigns as more likable; therefore, this campaign was never rated first in likeability and was rated last twice. It was also rated last in effectiveness by three participants. All in all, this campaign took time to deliver its message, and while participants appreciated the call to create supportive environments for pregnant individuals, they were unsure if that message would fully come across in a non-focus group setting.

### Figure 7

*Image #7: This is why I supported her not to drink alcohol during pregnancy.*



This image depicted a man kissing a baby's cheek. Large text spelled out "This is why", with the rest of the message in a smaller font; the graphic largely consisted of neutral beige tones. Participants appreciated the large text to draw the eye, the simplicity of the campaign, and

the resources at the bottom of the campaign. However, this campaign was interpreted in two contrasting ways, being described as “straightforward”, “relatable”, “heartfelt”, “informative” and “effective”, while also being described as “guilt-ridden”, “confusing” and “negative”.

Participants appreciated the inclusion of “the partner side of things” and discussed how others around the pregnant individual could be brought into the conversation, but some found the absence of the mother jarring and indicative of a “male saviour” framing, a term they used to describe the conceptualization of men “saving” women, and women needing to be saved. These participants felt that there was an “insinuation [of] the man dictating what the woman should or should not do”, and that the absence of the mother within the image itself “cast blame on what could have been.” There was also discussion of how the man was “random” and “out of place”, which may be connected to the common perception of pregnancy as a women’s topic (Lohan et al., 2010; Shand, & Marcell 2021). These interpretations of the campaign are further explored in Chapters 3 and 5.

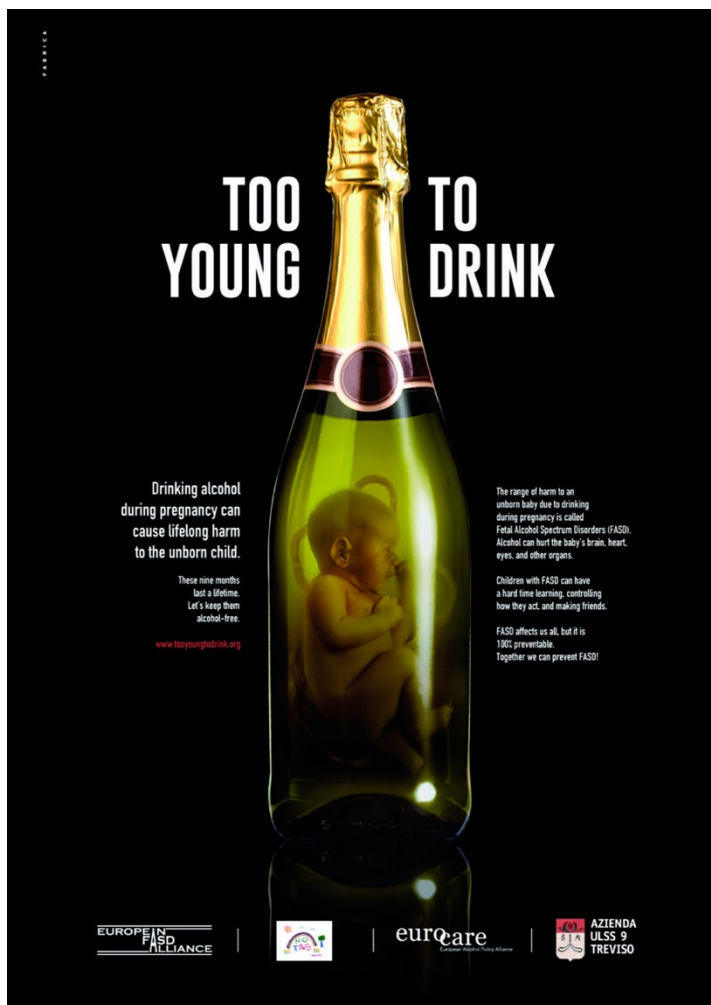
Gender and gendered perspectives were discussed during this campaign more than any other. Some participants who identified as male particularly connected to this campaign, remarking how much they wanted to be a father. This campaign also had an element of confusion, particularly around the phrasing of “her not to drink” which was described as “hard to read.” This phrasing also added a “negative” component to the campaign through the use of “not”, which may have contributed to the divergent readings of this campaign; participants explained that they felt as if they were expecting a negative message to come from the campaign due to the use of the word.



This campaign was discussed as being aimed more towards awareness, as opposed to prevention of FASD. It was also mainly seen as targeting fathers, or partners of pregnant individuals, and participants noted it would benefit from being placed in the context of health, such as in a health textbook or clinic waiting area. This image placed first in likability and effectiveness for seven individuals. It placed last in likability for four, and last in effectiveness for three. All in all, this image was debated and had multiple interpretations, which likely resulted in the wide spread of ratings.

## Figure 8

Image #8: *Too Young to Drink.*



This image caused a strong, visceral response at first glance amongst the participants, more so than any other image. The campaign was described as “strong”, “traumatizing”, “disturbing”, “somber”, “a bit heavy”, “passing judgement”, and “startling”. However, the campaign was also described as “effective”, “subtle”, “eye-catching”, and “not shaming”. Overall, the participants noted that the image worked to catch the eye and was effective in drawing attention. However, the subtlety of the fetus did not make it immediately clear that FASD and alcohol use during pregnancy were being discussed.

In addition, the text was frequently discussed as too small, difficult to read, and having too many words. The students explained that a reader would struggle to take in all of the messaging on the campaign completely, such as the website that linked for more information. In particular, participants worried that the smaller and lower areas that could be missed included information they thought to be more effective and supportive. Participants appreciated the seriousness of the tone and felt it fit with FASD. They also noted that this campaign felt aimed at preventing FASD as opposed to raising awareness. This image was also compared to *Image #3: Baby or the Bottle* in the way it “[hit] hard” and “[got] very harsh at the same time”.

This campaign was notable in its immediate reactions from participants, being one of few campaigns to elicit verbal surprise, such as “oh my god” and “oh my goodness, okay.” This campaign stuck with participants, with Brooke noting that she “literally [had] this image in [her] head”, and Robin bringing this campaign up when viewing *Image #1: If she declines a drink this season, just go with it*, fearing that there “was another baby in the glass... Ugh, I was like, ‘no!’”. In this way, this campaign employed shock value to catch attention. However, some participants brought up worries about this method of effectiveness, which will be further explored in Chapter 4. Within the context of this campaign, the shock value was also influenced

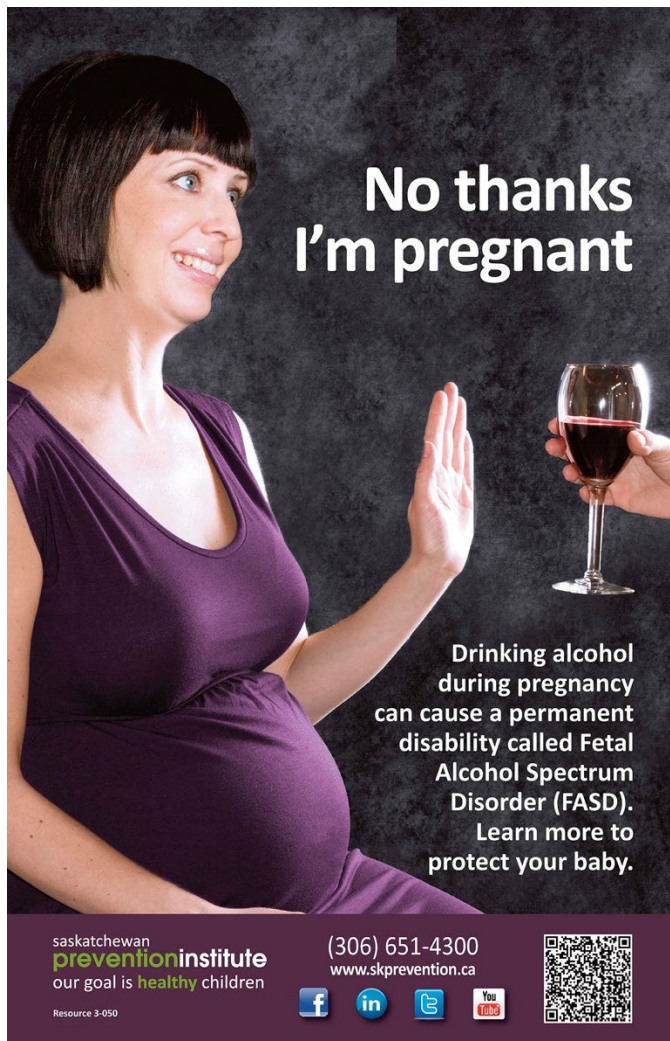
by whether students had a background in medical education. For participants who were used to medical imagery, this campaign was perceived as less shocking.

There was also some discussion around confusion of the campaign. Participants largely agreed that they needed a minute to understand the message of this campaign, largely attributing it to the small text and subtlety of the fetus within the bottle. Participants noted that despite the confusion, they did feel that the message came across if the reader was given time to interpret the image. This campaign was compared to *Image #3: Baby or the Bottle* in its methods of catching attention, and the way that participants had to separate their personal feelings of dislike from appreciating its effectiveness.

While the demographic targets were perceived as relatively flexible, the inclusion of the champagne bottle made participants feel that an older demographic was the intended target of the campaign. Participants discussed this campaign as relatively versatile but noted that it would be important for it to be placed somewhere conversation could immediately occur, to reduce feelings of fear, guilt and anxiety. In this image, more than most, the context was discussed as something that could change how the message was received. This image was rated first in likability by two participants, and first in effectiveness by seven. Although the reasons for effectiveness did vary among participants, they largely discussed this campaign as effective.

## Figure 9

Image #9: *No thanks, I'm pregnant*



This image portrayed a woman with her hand up, rejecting a glass of red wine. The expression on the woman's face, clear pose, and association with stock photo imagery caused many participants to refer to it as a "meme" and struggle to take it seriously. The words "forced", "photoshopped", "staged", "cringey" and "awkward" were also used to describe the campaign. One group noted that the campaign "didn't feel genuine or sincere", and another gave it a nickname of "no thanks, I'm phony". Participants found benefit in the wording and clarity of the

message but noted that the image used for the campaign made it unlikely that the appropriate message would get across.

Participants struggled with their emotions to this campaign in a different way from the rest: the participants' initial reactions tended to be laughter, and therefore they found it difficult to take the campaign seriously. However, they did note that this campaign did a number of things well. Participants noted that there was little room for misinterpretation, as the image depicted "a very clear message that pregnancy and alcohol shouldn't mix together, not even a little bit." Participants liked that FASD was explicitly named, as opposed to the vaguer messaging of "alcohol is bad." The students also appreciated the inclusion of red wine, as misinformation tends to be more widespread around the consumption of wine during pregnancy than other alcohols (i.e., wine is viewed as a lower-risk alcohol [Corrales-Gutierrez et al., 2020; Crawford et al., 2020; Crawford-Williams et al., 2015; Deroover et al., 2021]).

This campaign also used a Quick Response (QR) code, and although there was some debate as to how frequently individuals pull out their phones to scan a code when just passing by, participants appreciated any attempts that were made to make accessing information easier. In this vein, they also spoke well of the inclusion of social media and noted that these would often be easier to remember than an entire website URL.

Regardless of these positives, this image was rated last in likability for eight participants, and last in effectiveness for eight participants. No participants rated the image as first in any category. The participants' low rating was largely due to the perception of the campaign's image, which was discussed as humorous, awkward and insincere. The comparison of the campaign to a "meme" came up in multiple focus groups: the staged pose of the model, the comparison of the

background to “school photography”, and overall perception of the image as inauthentic overshadowed all of its positive aspects. Further discussion of this result is explored in Chapter 6 through discussion of relatability and realism.

### Figure 10

*Image #10: For the love of children, don't drink while pregnant*



This campaign portrayed a naked pregnant individual, standing behind a sign that read “love”, with their pregnant belly in the “O”. In the bottom corner of the image, there is an upside-down wine glass with the numbers “049” on it, representing “zero alcohol for nine months”. Participants described this campaign as “creative”, “positive”, “supportive”, “clear”,

“subtle”, “catchy”, “empowering”, “straight-forward”, “very real”, “versatile” and as “very bright compared to the other ones”. It was also described as having a “welcoming tone”, which allowed the image to act as a conversation starter around the topics of alcohol use and pregnancy. Participants enjoyed the creativity and cleverness of the campaign, calling it “unique” and “outside the box”. It was also complimented for its diversity in comparison to other campaigns that largely involved white women, as well as its authenticity. Although the interpretation of the “049” component was not always immediate or straightforward, participants spoke positively of it once they made the connection. The wording of “there’s no safe amount” was also spoken of positively.

Participants noted that the image, at a brief glance, could likely be confused with a simple pregnancy or body positivity campaign, as the alcohol piece was more subtle. This campaign was discussed as being aesthetically pleasing, but there were some differences in perception around the supportive nature of the campaign. Although many participants found the message to be supportive, filled with messaging around “love and care for the child instead of guilt having to do with the child”, others found that the text “insinuate[d] that if you drink you don’t love your baby”, and gave a strict ultimatum, much like other campaigns that were viewed as more shaming. This campaign received a similar backlash when open to the public (e.g., The Huffington Post Canada, 2014). A similar sentiment was also brought up about the phrasing “100% preventable”, which has been identified as a statement based in implicit stigma (Badry et al., 2023; Choate et al., 2022; Tortorelli et al., 2023).

In addition, one of the participants, Caroline, also viewed the naked woman as “a little bit out of place”. She stated, “my first thought was “man, sex sells everything [...] do we really need a naked woman for the shock value to tell people not to drink alcohol when pregnant?” Although

participants appreciated the clarity and non-cluttered nature of the campaign, some called for more resources and information about FASD. Despite these negative readings, participants largely felt that this campaign was supportive and positive.

This campaign was also part of a series of images, which were available at focus groups to discuss (see Appendix R). These three other images included a similar image of three different naked pregnant individuals, standing behind signs that read “joy”, “mom” and “hope”. The phrases for these images were: “cherish your bundle of joy, don’t drink while pregnant”, “love your body, love your baby, don’t drink while pregnant”, and “for a future with hope, don’t drink while pregnant”. These secondary images were displayed if conversation and time allowed, but participants always chose *Image #10* as their favourite of the displayed campaigns.

All in all, this campaign was largely perceived as supportive, bright, and positive. Some participants perceived it in a different way, and one participant noted that it did not particularly speak to them. As a result, the ratings on this campaign were relatively mixed. Five participants rated the image as first in likability, one participant rated it as last in likability, one participant rated it as first in effectiveness, and two rated it as last in effectiveness. Overall, this campaign was versatile and reached a broad audience, but had some confusion with body positivity that hindered its effectiveness. Regardless, it was mostly spoken of positively.

These 10 images will be discussed throughout this dissertation. It is important to note that the purpose of this dissertation is not to critique these images themselves, but rather explore how they are perceived by the participant group of this study. Below are the perceptions of participants’ likeability and effectiveness of the 10 campaign images.



**Table 1**

Summary of Participant Rankings of all 10 Campaigns

	Votes for First in Likeability	Votes for Last in Likability	Votes for First in Effectiveness	Votes for Last for Effectiveness
<i>Image #1: If she declines a drink this season, just go with it</i>	1	1	1	2
<i>Image #2: Alcohol and Pregnancy Don't Mix</i>	3	1	0	0
<i>Image #3: Baby or the Bottle</i>	0	5	<u>9</u>	0
<i>Image #4: It's safest not to drink while pregnant</i>	<u>15</u>	1	8	1
<i>Image #5: Alcohol and Pregnancy Don't Mix</i>	0	2	0	2
<i>Image #6: Let's meet at the coffee bar</i>	0	2	0	3
<i>Image #7: This is why I supported her not to drink while pregnant</i>	7	4	7	3
<i>Image #8: Too Young to Drink</i>	2	0	7	0
<i>Image #9: No thanks, I'm pregnant</i>	0	<u>8</u>	0	<u>8</u>
<i>Image #10: For the love of children, don't drink while pregnant</i>	5	2	1	2

Participants chose their first and last places for both likeability and effectiveness. Some notes that should be taken into consideration are as follows: (1) during discussion of in-person focus groups, some participants did not specify if they were voting for likability or effectiveness. In that case, they were counted for both; (2) some participants chose multiple images for their rankings (e.g., two images were their first in likability); therefore, some totals may be over the

maximum; (3) displaying all 10 images at the end of the focus group enabled participants to choose new campaigns to vote for: the new rankings of these seven participants were added alongside their original first and last place votes when looking at the original five campaigns; (4) in-person ratings allowed for participants to indicate second places, but the virtual limitations of Zoom's polling feature did not have this flexibility. Therefore, only first and last places have been demonstrated here; and (5) the "least effective" ratings of focus group #5 are missing due to technical difficulties. All that is known is that these results were "more mixed" in comparison to the "most effective" ratings; therefore, there may be more votes in this section. The winning votes are bolded and underlined.

In summary, *Image #3: Baby or the Bottle* was rated as the most effective campaign. *Image #4: It's safest not to drink while pregnant* was rated as first in likability and placed second as the most effective campaign by one vote. *Image #9: No thanks, I'm pregnant* received the highest number of votes for last in likability, and last in effectiveness. The reasons for these perceptions, and the splitting of likability and effectiveness, will be discussed in the next section, where the definition of what participants meant by "effective" is explored.

### ***3.3 Explanation of the "Pebble in Your Shoe" Model of Effectiveness***

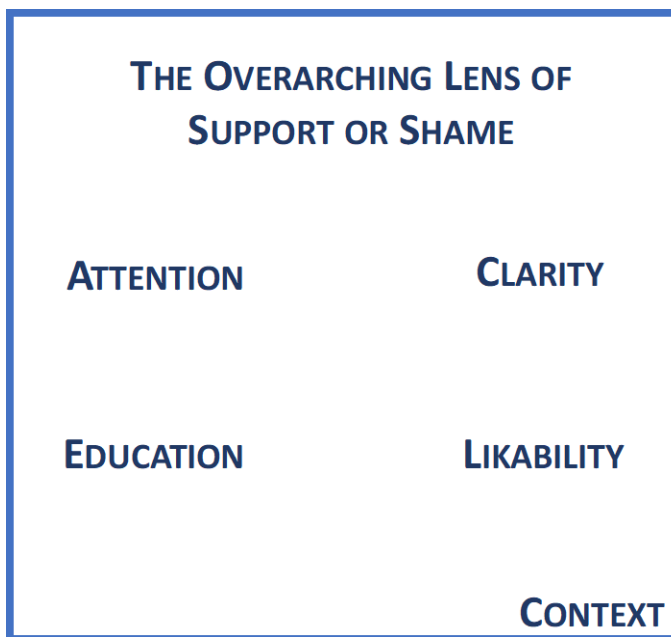
During discussion of the participants' thoughts, opinions, and perspectives of the 10 campaigns that were shown to them, it became clear that what participants meant when they said "effective" was inconsistent, and often conflicting. As such, the analysis within this dissertation aims to clarify this definition, resulting in Figure 1.

This figure was created to represent the connections between the themes that were generated upon analysis. Together, these themes combine to represent how participants defined

effectiveness. These themes included: (1) effectiveness as clarity; (2) effectiveness through attention; (3) the relationship of likability to effectiveness; and (4) the ability of the campaign to educate. The themes also included the lenses through which the campaigns delivered their message, including: (1) the lens of support; (2) the lens of shame; and (3) the overall context of the campaign.

**Figure 11**

*The “Pebble in Your Shoe” Model of Effectiveness.*



*Note.* This figure represents the way the participants of this dissertation defined effectiveness. Participants felt that effectiveness included attention, clarity, education and likeability. However, campaigns tended to act either through support or shame, and were also influenced by their surrounding contexts. As such, their relative effectiveness were also influenced by these three components.

The elements of attention, clarity, education, and likability are discussed below, in the rest of Chapter 3. Chapters 4 to 6 will focus on shame, support, and context, as the nuances

through which these campaigns were viewed explain the different perspectives of the participants and provide insight as to how the topics of FASD and alcohol use during pregnancy need unique treatment and consideration when it comes to prevention campaign development. It is important to note that although all of these components influenced perceived effectiveness in some way, not all of them were necessarily needed for a campaign to be effective in the participants' eyes. For example, a campaign that held a reader's attention for quite some time did not necessarily need to be as clear as a campaign that held attention for a shorter duration.

These components do not fit together as individual parts, but much like the intersectional nature of FASD, they overlap and intertwine with each other—and all of them are heavily influenced through the lens in which they are interpreted to be acting through. The underlying philosophy behind this model is described by Jessica, who coined the name of the model:

I don't think that seeing a single poster is going to get rid of someone's addiction. It's not about 'oh, if we make the perfect poster, then that woman's not going to drink anymore and her baby's going to be healthy'. I think it's more about—people say planting a seed or I've heard putting a rock in someone's shoe. When you have a little pebble in your shoe, it's not something that changes your life completely, but it bugs you and you think about it all the time and eventually it's like 'okay, I've got to do something about this.'

As Jessica described, a campaign is not meant to be a cure-all solution, but rather a step in the right direction: a small motivator that builds to long-term change. With this goal in mind, the ways through which a campaign can effectively create this result are defined in Chapters 3, 4, 5 and 6.

### 3.3.1 Effectiveness Through Clarity.

*“[...] you look at it, you get it.” - Joseph.*

The first component of the “Pebble in Your Shoe” model is clarity, which involved whether a campaign was understandable on sight. Clarity has been frequently explored in advertising and health promotion literature through the discussion of high and low controlling language (Staunton et al., 2020), its relationship with creativity (Dass et al., 2023) and the influence of processing fluency on attitudes and intentions to act (Schwarz et al., 2021; Storme et al., 2015). The results of this dissertation are no different; the perceived clarity of the campaigns was a major factor in the participants’ evaluation of them. If a campaign failed to get its perceived message across, the participants tended to feel all other aspects of the campaign failed alongside it. Therefore, concepts around clarity were often used interchangeably with effectiveness during participant discussions; in fact, whether a campaign was deemed effective often came down to whether or not a viewer could “take one look and [know] what [the campaign] was talking about”, especially outside the context of discussing FASD in a focus group.

The concept of clarity was broken down by participants into three different subthemes: (1) clarity through simplicity; (2) clarity through specificity; and (3) clarity through consistency. Whether a campaign was simple, whether it was specific to FASD, and whether they felt messaging about alcohol use during pregnancy remained consistent were all elements that affected its overall clarity, and by extension, effectiveness.

The simplicity of a campaign was linked to its processing fluency (Schwarz et al., 2021; Storme et al., 2015) and ease of comprehension (CanFASD, n.d.): the easier a campaign was to process, the easier understanding came to the participants. Therefore, campaigns that were

simple were viewed as more effective at delivering their intended message. The simplicity of a campaign was described as its ability to be understood at a glance, include more information if necessary, and not overwhelm the reader enough for them to feel they have to look away. A key component of simplicity came down to how it was perceived: messaging did not have to be factually simple as long as it was perceived to be so. Campaigns that looked easy to understand were more likely to be attended to; participants often alluded to the hypothetical busy viewer with many other competing distractions for their attention.

As discussed by Koelen and Van der Ban (2023), selective perception is essential; no single person can attend to every stimulus that is presented to them. Whether a viewer is walking by a board filled with campaigns, or scrolling past an image on a cellphone, “they’re not reading all that fine print,” Chris explained. “It takes too long.” The simplicity of a campaign allowed it to be perceived in full, regardless of time or competing distraction. However, like the discussions of balancing creativity and clarity in slogan-brand alignment (Dass et al., 2023), not all campaigns needed to be simple in order to be effective. The participants still complimented the “clever way to approach [FASD]” in the campaigns that were more subtle. For example, the component of “049” on *Image #10: For the love of children, don’t drink while pregnant*, specifically required more thought and consideration than the hypothetical busy viewer had, but regardless of this extra ask of their attentional resources, the participants expressed their appreciation of this complexity.

Another example included *Image #6: Let’s meet at the coffee bar*, where Peter noted that it “also took me a moment for some reason to see it [...] maybe five seconds before I was like ‘oh, yeah now I get it’. And I think once I did understand it, I grew more appreciation for it.”

One particular campaign that seemed to balance these scales, according to Diana, was *Image #4: It's safest not to drink while pregnant*. She explained,

It gets the message across if you just see it passing by, but if you see it more close-up and you're more inclined to read the text, that gives you more information [...] The main text informs you that you should avoid alcohol while pregnant. It's not safe. And then again if you're more inclined to continue to read, then you get additional information which I like in a poster. But even without the additional information, it still gets the message across.

*Image #4* still has a considerable amount of text, but it also has bold messaging, large text, and a considerable amount of contrast, all of which are aesthetic components that ease processing fluency (Reber & Schwarz, 1999; Schwarz et al., 2021; Song & Schwarz, 2008; Storme, 2015). As such, it had the appearance of simplicity, and therefore avoided the overwhelming feeling that could cause the reader to look away. Returning then to an opposite example of *Image #8: Too Young to Drink*, Peter described his experience of perceiving the campaign,

This one really took me a long time to digest, but that might be because of all the text [...] I didn't actually understand the message as I'd like to have understood it when I first saw it. "Too Young to Drink" actually hit me as a mother who's really young. [...] I don't know why that took me so long to figure out, and I found myself really bouncing between that text, [I] was kind of trying to read it all at once.

The information itself was present on the campaign. However, the participants felt the experience of the campaign was not, and that the campaign required too much time and effort from a viewer to be able to deliver its full message.

The link between aesthetics and simplicity (and by extension, clarity), can also be positive: some campaigns held imagery that was immediately recognizable. Participants singled out: (1) the olives in the glass from *Image #1: If she declines a drink this season, just go with it*, as a martini, a commonly known alcoholic drink; (2) the dark liquid in a wine glass from *Image #9: No thanks, I'm pregnant* as red wine, something participants felt was applicable and relatable to the discussion; (3) the stomach and hand from *Image #4: It's safest not to drink while pregnant* as a familiar depiction of pregnancy; and (4) the fetus with umbilical cord from *Image #8: Too Young to Drink* as a common depiction of an unborn baby. The former two represented alcohol, while the latter represented pregnancy, but importantly, these depictions held something so familiar to participants that the topic was immediately recognized without any further information. While some components could be confused, such as *Image #1* being a bar advertisement as opposed to a FASD campaign, the “alcohol” portion of the message was successful.

Therefore, to summarize the simplicity component of clarity, participants in the study recommended that that an ideal campaign should: (1) get its message across immediately, even if more time can be taken to read on further; (2) deliver the same message both through its image and through the text; (3) be understood in the same way from different angles, and from different pieces of the campaign being perceived; (4) use font choices that are bold, uncomplicated, and big; (5) use contrasting colours that aid readability; (6) include “bite-sized” pieces of information, with enough elaboration to explain without overwhelming the reader, and; (7) emphasize its resources and links to find out more just as much as the initial messaging.

The next subtheme of clarity was specificity, which broke FASD as a concept into the participants’ understanding of its component parts: alcohol and pregnancy. Campaigns that were



missing one or the other were seen as missing the mark of sending an FASD-specific message. This result of missing components was seen in the example of *Image #6: Let's meet at the coffee bar*, which had subtle messaging that left “room for interpretation”, making the message “vague”, and “confusing.” Holly went on to add that the campaign’s tagline “to me is no relation [to FASD]. [...] When I read it, I would not think [...] about supporting pregnancy, or not drinking.” For Holly, the inclusion of only alcohol without the component of pregnancy resulted in an ineffective campaign that had no relation to FASD.

This lack of specificity to FASD was one of the reasons the campaign could be misinterpreted about other topics, such as an advertisement for coffee. *Image #10: For the love of children, don't drink while pregnant* was another example, as although it included an upside-down wine glass, this component was small and frequently missed. As such, *Image #10* was perceived as missing the component piece of alcohol within its image, resulting in the misinterpretation of it being a body positivity campaign. As such, participants wanted both alcohol and pregnancy to be represented within the text and within the image of a campaign. In this way, the image and the text of a campaign had separately acting clarities that both needed to be read as simple, specific and consistent to come across as clear.

Specificity also went on to be of importance in other aspects of the campaigns, such as the websites and resources. In discussion of *Image #7: This is why I supported her not to drink alcohol while pregnant*, Peter explained, “HowToHelp.ca, if I was just to type in that address, I would not expect to get to that page. [...] If they indicated a little [of] what are we going to be helping, I think that'd be good.” Peter went on to elaborate that the “counterpart” to their point was that HowtoHelp.ca was “really easy to remember” and that some sort of balance needed to be struck between clearly indicating the link would lead to resources on FASD and allowing the

resources themselves to be clear to someone who is new to the topic. The student added, “I’m not necessarily going to remember F-A-S-D, which order were those letters again? [...] Writing “fetal alcoholism spectrum disorder”, I think I got that right, right? That’s a lot to write, seriously.” Peter contrasted “HowtoHelp.ca” with of *Image #8: Too Young to Drink*’s URL of “tooyoungtodrink.org”, as this URL was more clearly about FASD.

Peter also commented on the usage of domain extensions, explaining that .com felt “commercial” in a way that would detract from the message, .ca felt “Canadian-ish” in a way that would be “helpful” to the message, and .org made him think of “hugs”, as organizations are typically working “for the better.” Different domain extensions have different meanings, and these meanings can influence the perception of the information being presented; for example, information from a .edu domain appearing more credible than a .com (Lorenzen, 2001). As such, the phrasing of the website is as important as the phrasing on the information of the campaign: it requires the same clarity and memorability to be effective. In this case, it also needs to succeed in being informative as to what the website will entail.

The participants of this study called for the aspects of pregnancy and alcohol use to be obvious and clear throughout the campaign, both within the text and the imagery. Steven pointed out that even if a campaign “didn’t initially make [a reader] think FASD”, “the minute you say ‘alcohol can harm an unborn baby’ and state a fact, you’ve already got that person”. The participants also appreciated FASD being called by its name, as “specifically saying [FASD] puts a name [to] what you’re doing, versus just saying ‘alcohol is bad’ [without further explanation].” In this way, specificity to FASD was a way to help clarify the muddled messaging (Aspler et al., 2019; Dumas et al., 2018; Hammer & Rapp, 2022; Popova et al., 2022) around alcohol use during pregnancy.

The last subtheme was heavily intertwined with this muddled messaging. Participants searched for consistency in their campaigns about alcohol use during pregnancy. Participants searched for “just straight facts” over language and imagery that left room for interpretation—or, in the case of FASD, misinterpretation. The messaging within *Image #4: It’s safest not to drink* was discussed by participants within this context, with participants noting that the sentence structure was “interesting”, but that “you could infer different things from it.” There were worries that that this type of soft messaging would add to the confusion around alcohol use during pregnancy, as opposed to clarifying the issue.

While the language in *Image #4* was also discussed positively, as will be discussed in later chapters, this feeling of contradiction and/or confusion was also brought up around *Image #6: Let’s meet at the coffee bar*. Steven asked, “aren’t you not supposed to have coffee when you’re pregnant? [...] I thought coffee is another thing that people usually like to stay away from.” This sentiment was brought up across focus groups by multiple participants, who brought up their confusion and self-doubt. The questions around the campaign distracted and detracted from the overall message and introduced confusion where there could have been clarity. This subtheme of the search for consistency is important to keep in mind for discussions in later chapters, particularly Chapter 4.

When viewing a campaign, the immediate barrier to overcome is the one that prevents understanding. The characteristics of simplicity, specificity, and consistency come together to create a clarity that can overcome that barrier to understanding. Campaigns that were easily understandable at a glance, fully conveyed the message of alcohol use during pregnancy through image and text and did not introduce misinformation or confusion were effective in their clarity. Importantly, when it came to simplicity, finding a balance between clarity and detailed

messaging came down to giving the perception of simplicity, making the aesthetic arrangement of the campaign essential to consider in future campaign creation. Campaigns that are not clear at a glance may need a moment longer to read them—and they may get that moment, if they are able to effectively capture attention.

### 3.3.2 Effectiveness Through Attention-Grabbing and Retaining.

*“[...] that’ll definitely catch your eye.” - Carter*

Within this study, the participants often equated a campaign’s ability to catch their attention with its effectiveness. For example, *Image #3: Baby or the Bottle* was rated as first in effectiveness amongst the focus groups (see Table 1), and when asked to elaborate, participants cited the bright colour and bold imagery. A campaign’s ability to draw a viewer in and ask them to read more is vital for understanding, especially in the case of campaigns that have further elaboration underneath bigger, bolder messaging.

The literature on catching and keeping viewer attention in advertising is dense. What catches attention can change depending on the particular social media page (e.g., pictures with human faces influences more sharing on Twitter, but not on Instagram [Li & Xie, 2020]), attitudes around the topic (e.g., people are more likely to attend to information that is consistent with their beliefs [Jansson-Boyd, 2019]), or the particular situation the campaign happens to be in (e.g., advertisements displayed during the Super Bowl championship football game are highly prioritized as viewer attention has already been caught by the game [Hartmann & Klapper, 2018]). Recall can be assisted by rotating key messages or varying content, thereby keeping it novel and avoiding message fatigue (CanFASD, n.d.; Sunstrom et al., 2012), and less attention is attracted by campaigns with vertical text and those that require too many clicks on a website

(CanFASD, n.d.). Attention is focused on for a reason; it is an essential component on the path to understanding, and remembering, a message.

In this study, participants often spoke well of campaigns that were “eye-catching”: something that would make them stop in their tracks, or take “a second look and be like, ‘oh, am I seeing that right?’”. Some participants commented on the colours of different campaigns—some noted the contrast as the piece that drew their attention or credited the imagery itself. Other campaigns had big, bold text that worked to catch the eye and intrigue the viewer into reading more. Among all of these campaigns, one thing stayed consistent among the participants: a campaign needed to catch and keep a viewer’s attention in order to be deemed effective.

There were several subthemes through which attention interacted with effectiveness. These subthemes were: (1) attention through aesthetics, exploring the visual components participants found effective and ineffective; (2) attention as persisting, and how to enhance that retention; and (3) attention through emotion, discussing different emotions and how campaigns used them to attract the attention of the reader.

Within the context of aesthetics, much like what is found in advertising literature (e.g., Jansson-Boyd, 2019; Schwarz et al., 2021; Storme et al., 2015), participants noted that brighter colours and strong contrast worked to catch attention. Contrast was deemed more effective than bright colours themselves, as the brightness could make images or text unclear, and muted colours were deemed eye-catching when the contrast was strong. The effects of colour can be dependent on context, such as its ability to catch attention being related to its ability to stand out within its surrounding environment (i.e., a colourful poster in a colourful setting is not as eye-catching as a colourful poster in a dull setting [Jansson-Boyd, 2019]). The relationship between

colour, contrast and effectiveness was best demonstrated in the examples of *Image #5: Alcohol and Pregnancy Don't Mix*, where the bright colouring, but lack of contrast hindered the visibility of the campaign, and in *Image #4: It's safest not to drink while pregnant*, where the considerable contrast allowed for the campaign to catch attention despite the muted colours.

Colour could also influence the tone of the messaging. For example, the red colour of *Image #3: Baby or the Bottle* contributed to the negative and fear-inducing tone of the campaign, with participants describing the campaign as “jarring” and feeling like a “scare tactic”. Colour is a vital consideration in advertising that can be used to highlight or define an object entirely—it can also be used to enhance emotion (Martínez et al., 2012). Although influenced by context and culture, the colour red has a strong association with negativity (Kawai et al., 2020; Kawai et al., 2023; Moller et al., 2009).

However, *Image #10: For the love of children, don't drink while pregnant* also used a bright red colour, but was not perceived as having the same negative tone; the contrast in view of *Image #3* and *Image #10* may be due to the difference in use of colour (i.e. perception of a solid block of red colour and using red as accents), the associations of the colours used (i.e. perceptions of black-red versus red-white) or divergent tones that the colour exacerbated or enhanced. In general, participants tended to feel that *Image #3* was less supportive than *Image #10*, an influencer on effectiveness that will be explored in Chapter 5, but white and black show similar positive and negative associations as red and green (Kawai et al., 2020; Kawai et al., 2023).

Colour and contrast also played a vital role in how the campaigns were perceived. Steven described his experience of looking at *Image #8: Too Young to Drink*, and how the colours affected his overall understanding:

I think [the campaign] does a good job [...] The top of the bottle's shiny, and [with] the flashy colours, my eyes immediately went to the top, which is how you want to read an advertisement. You wouldn't want me to start in the middle [...] without seeing the top.

Natalie noted something similar when viewing *Image #7: This is why I supported her not to drink alcohol while pregnant*. At first glance, the campaign had relatively neutral colouring, however Natalie explained that “[she didn't] mind them here necessarily,” further explaining that the colour allowed the reader to “be drawn towards the green text on the bottom and drawn towards the image of the baby and the father.” In these cases, these campaigns were able to not only capture attention, but direct it in a way that helped with overall understanding of the campaigns.

A different example came about in discussing *Image #4: It's safest not to drink while pregnant*, where Caroline explained:

Personally, this is my favourite ad that I've seen so far. [...] It invites the reader to read more if they should want to but the tag line gets the message across. So, for example, if I'm walking by, I see that “it's safest not to drink while pregnant”, and if I want more information, there's more below the tagline if I'd like to read up on it.

Participants discussed the ability of the campaign to “hook [someone] in”, as well as what was done with the attention given. Given that “there's only so much a poster can really do to a

person,” the participants appreciated that this campaign “gives you information, it doesn’t shame anybody, it just tells you the fact[s]”. Although colour and contrast were two pillars of aesthetics that influenced this attention, the interaction of colour, text and imagery all influenced the way the campaigns were perceived.

When it came to imagery, some of the aesthetic aspects that participants explicitly cited as appealing or interesting were the Inuktitut writing on *Image #3: Baby or the Bottle*, the visible diversity of the couple on *Image #2: Alcohol and Pregnancy Don’t Mix*, the “pregnant”-appearing mug of *Image #6: Let’s meet at the coffee bar*, the image of the baby within the bottle of *Image #8: Too Young to Drink*, and photos of real life babies, such as in *Image #7: This is why I supported her not to drink alcohol while pregnant*. Participants explained that “anything to do with babies is pretty impactful”, and both the “baby in the bubbly bottle” and “the pregnant mug” were described as “stand[ing] out”. A participant also explained that as a visible minority, they found the “multi-racial couple [...] really eye-catching”. Similarly, when describing how to make a campaign more specific to their demographic, the participants often discussed making models appear younger, including aspects of education—such as a backpack—and making them relatable to them in some way. Attention, then, could be caught both through non-conventional imagery, and through a personal relationship or interest with the campaign. These methods of catching attention are in line with Jansson-Boyd (2019)’s components of attracting attention in advertising, particularly novelty and personal relevance.

The aesthetic of text also played a role, both through avoiding overwhelming the reader with too much of it (which would then reduce the campaign’s ability to catch and keep attention [Rayner et al., 2001]), and through choosing what to emphasize through size of the text. For example, participants discussed how not all large text was immediately actionable, although it



was the emphasis of the campaign. *Image #8: Too Young to Drink*, for example, would catch attention, but would not provide any new information or next steps within the message of “too young to drink”. Participants called for aspects such as resources to be more emphasized through being made larger. A key component that was emphasized in this subtheme of attention was that the aesthetics of the campaign could smooth out the process of understanding but could not make up for a campaign that did not have something more substantial to deliver. Attention is only useful in allowing the viewer to process the information and message that the campaign aims to send; for the message to be retained, it is not enough for attention to be fleeting.

Therefore, the next subtheme involved participants’ discussion of the need for attention to persist. “I feel like this is a type of ad that I’d look at and it would just go over my head,” Megan explained, discussing *Image #5: Alcohol and Pregnancy Don’t Mix*. “I wouldn’t take the time to read additional information, and so it would just go over my head, and I wouldn’t think about it again.” Although a campaign could catch attention, deliver its full message on one glance, and let a viewer move on with their day, participants discussed these quick glances as often unsuccessful, as the campaign could be misinterpreted, or quickly forgotten about. Interest in a subject and repeated exposure to it can both increase likelihood of recall (Jansson-Boyd, 2019); as such, the concept of needing a “second glance” or “[taking] a moment” to understand a campaign was not discussed as necessarily a negative thing, in spite of the frequent allusions to the hypothetical busy viewer.

Participants would correct a previous opinion as they noticed something new, point out pieces of images that would go easily missed, bring up amounts or complexity of wording that were not easily or immediately understood, and, on occasion, express that although they would understand the message eventually, their attention would have moved on. “Well, I mean olives in

a drink...I assume, yeah, that's [...]...people drink that. I kind of see...a club?" Joseph said, studying *Image #1: If she declines a drink this season, just go with it.* "Actually, that does look like a woman in the background, but you have to really look deep." Participants explained that they did not make the connection to pregnancy "fast enough", but that they could "see it now, afterwards." The need for an extra moment of interpretation did not necessarily render the entire campaign ineffective, but it did mean that the persistence of attention was required for full understanding.

Megan had a similar complaint about *Image #8: Too Young to Drink.* Although this image did not have the same subtlety, it could still be confused at first glance as an advertisement of the legal drinking age. The wording of "too young to drink" did not have the specificity of *Image #4's* "it's safest not to drink while pregnant", and therefore needed to retain attention enough for the reader to view the rest of the messaging to pass on the full message of alcohol use during pregnancy. This difficulty in receiving the entire message at a glance was echoed by the sheer amount of text on the campaign, which took participants a few moments to read through, consider, and collect their thoughts.

While *Image #8* benefitted from extra time and effort to take in all of the messaging it conveyed, other campaigns, such as *Image #7: This is why I supported her not to drink while pregnant* benefitted from this longer lasting attention due to the complexity of the wording. "It took a bit of time to get there," Peter explained, referring to his understanding of the message, "likely due to the wording." The necessity of attention persisting was brought up for *Image #3: Baby or the Bottle*, as well, the campaign that was rated as the most effective. Caroline pointed out:

As much as I love how effective and direct the message is, what I really don't like about it is the fact that I had to look at it for a good five, six, maybe seven seconds before I saw the 'for help to stop drinking, reach out to your healthcare provider.' And for me, that is the most important part of the ad. [...] I know there are no subways in Nunavut, but if I was walking by a subway platform or I saw this on the side of a bus or something, all I'd catch from that is maybe the 'baby or the bottle' and the graphic, but I wouldn't catch the message that says to reach out to my healthcare provider, which I personally think is most important.

Caroline's comments return to the discussion of whatever messaging is immediately attended to is often all that will be taken away and boiling down the complexity of FASD into a single phrase or image is difficult without something being missed. In the case of *Image #3: Baby or the Bottle*, the message that would be missed is that of being able to find support; given that the campaign's strength lay in delivering its message quickly, having the "most important" message relying on prolonged attention had its weaknesses.

Therefore, the discussions within the focus groups alluded to two ways effectiveness through attention could be achieved: (1) through delivering a message fully at first glance; or (2) relying on attention to keep the viewer reading. To achieve the latter, the participants discussed strategies through which to catch and keep attention, such as through curiosity; some advertisements acted as a puzzle, providing a question that could only be solved through reading and interacting with the campaign. The examples that participants gave were the unexpected pregnant cup shape of *Image #6*, and the Inuktitut language on *Image #3*. Campaigns that deliver their full message at first glance leave few questions remaining, but if a campaign begins with a

question, a viewer may be intrigued to find the answer; in this way, attention is caught (García-Madariaga et al., 2020).

This puzzle-like aspect to some campaigns where a vague first glance could work to draw a viewer in and help them engage with the information did work effectively for some participants, but not for others, who felt that it prevented *Image #6* from being easily memorable or able to stand out from other campaigns. Peter described his experience as being somewhere in the middle, explaining:

For me when I first saw [the campaign], I really was just focusing on the image at first and I immediately thought of a [Mothers Against Drunk Driving] commercial or something. [...] It took me a moment to see and make the transition to pregnancy and all that. And I'd like to say it took a little bit longer than I'd like it to, you know? You prepared me and said this [study] was going to be for FASD and stuff like that, but it also took me a moment for some reason to see it, and I don't really know why. [...] Maybe it was coming down to like the glasses are so very much resembling what you would drink out of, so that was just the message for me. Then I kind of focused on it and was like "wait a second", this glass isn't what I'm expecting [...] It's a clever way to approach it.

The two glasses on *Image #6* failed to display their unconventional shape to Peter on his first glance, and therefore, the puzzle-like aspect did not translate into the curiosity that could work to catch and keep attention. However, once Peter realized what the campaign had been intending, he appreciated it much more; this reaction is keeping with García-Madariaga and colleagues' (2020) exploration of visual metaphors, where advertisements with metaphors tended to evoke more positive reactions than those without. Participants such as Peter also noted that the extra

effort required to understand the message helped retain the information for longer and kept their attention. This method to catch and keep attention is difficult to master, as while appreciation tends to increase with the complexity of a non-conventional image or metaphor, there can come a point where the advertisement or campaign becomes too difficult to understand (Dass et al., 2023; García-Madariaga et al., 2020).

The results of this study support this point of complexity and its tendency to differ amongst different individuals. It is possible that decreasing the subtlety of the non-conventional image (and therefore increasing the simplicity) could be a way to balance the clarity of the campaign with its ability to catch and keep attention. Although the specific effectiveness of *Image #6: Let's meet at the coffee bar* was not necessarily agreed upon across the participants, it generated a wealth of discussion around the topics of attention and using the “second glance”. Whether the subtle or straightforward approach would be favoured was not a simple answer. As Simon summarized:

*[Image #6: Let's meet at the coffee bar]* is, again, it just hits the message home more in terms of alcohol. It takes a second to understand it, but it is more visually appealing, so I'm more likely to look at it. But *[Image #7: This is why I supported her not to drink while pregnant]* is very straight-forward, so even if I'm just walking by, I will probably be able to read all of it, and that would just be more effective in terms of the subliminal messaging.

In this way, both methods had their benefits. While attention on the campaign itself could change from campaign to campaign, one aspect was necessary for effectiveness: the ultimate retention of the campaign's message. A campaign's information did little good if it would be forgotten before

it could be translated into action. Creating awareness of an issue can translate into behavioural change, but that result is not guaranteed, and with not only selective attention to contend with, but also selective acceptance (Koelen & Van den Ban, 2023), catching attention in a meaningful way was an essential component of effectiveness. In discussing how attention could persist long enough to embed a campaign's message into memory—and perhaps then into action—one topic of discussion came up frequently: the use of emotion.

“You're not gonna forget that one!” Steven laughed, talking to Robin and Chris about *Image #8: Too Young to Drink*. The participants joked that they were “scarred for life” after viewing the campaign and feared that *Image #1: If she declines a drink this season, just go with it* would be a similar image. Tapping into a reader's emotion was an effective way to immediately have the campaign be memorable, whether that emotion was negative or positive. When something is attended to, the emotional response to that stimulus is processed ahead of our selective attention. That processing will influence how that stimulus is encoded into memory (Percy, 2012). How and if a campaign will be remembered, then, is influenced by the emotional response to it.

“Anything having to do with babies or a picture of a very young undeveloped infant is going to [have] more of a lasting impact. At least to me, I would think it has more of a lasting impact,” Natalie explained, viewing *Image #8: Too Young to Drink*. “I think for those who are pregnant and they see this, yeah, it's going to grab their attention and get them really thinking about it,” Chris added on. This sentiment came through in a positive sense for the participants when viewing *Image #7: This is why I supported her not to drink alcohol while pregnant*. The participants referred to this campaign as “touching”, “emotionally [...] very strong”, and “powerful”, particularly when it came to the picture.

Participants discussed both positive and negative emotions. Positive emotions received good reviews when they were warm or fuzzy feelings, but participants explained that elements such as humour felt inappropriate, as if jokes were being made about a serious topic, and that the wrong message would then be taken away from the campaign. On the other hand, negative emotions such as shock at graphic imagery were effective at catching attention, but participants were split on if this graphic image would remain deeply ingrained into their heads or be something they quickly tried to put out of their minds. Participants often alluded to the strength of negativity. Negative and positive emotions appear to be processed differently (Heffner et al., 2021), and there is evidence that negative emotion catches our attention both more quickly and automatically (Carretié et al., 2001; Miyazawa & Iwasaki, 2009).

However, this strength of negativity was often overpowering, and ended up with participants expressing their dislike of the image alongside their appreciation for its effectiveness. In discussing positive emotions, Kayla discussed that *Image #4: It's safest not to drink while pregnant* left her with a “good” feeling not only in first encountering the campaign, but upon leaving it, as well. She explained:

I feel like, ‘okay cool, I’ll move forward with this, good to know,’ whereas the others kind of left you with a little bit more of an icky feeling, and—well, for me, I felt a little bit shamed [when reading *Image #3: Baby or the Bottle*]. I didn’t really feel good reading it, and this one I feel like I have been educated and that I can move forward feeling good and that this is a good decision.

This “feeling” that Kayla had while reading *Image #4* stayed with her and worked as a method to retain her attention. A long-lasting warm feeling from a campaign could have the same

effectiveness as a jarring, graphic image—but these feelings are difficult to invoke among all readers. Steven argued for the benefit of the negative emotional response purely due to this longevity:

I still think that the sort of [negative] reaction is important, ‘cause like that’s obviously going to get you thinking, and I think—what do we see? We see 10,000 ads a day. Like I’d remember that, in the same way—whatever it was—what was it, 7UP or Kickstart had the like puppy monkey baby or whatever? People remember that now, because it’s obviously very jarring, but I don’t remember a Lays chip ad where somebody gives a bag of chips away or something.

Steven was referencing a Super Bowl commercial for Mountain Dew’s Kickstart, which featured the aforementioned “puppy monkey baby” with the head of a pug, body of a monkey and legs of a baby. The public response to this campaign was famously mixed, as were initial testing audiences: individuals either really liked the campaign, or very much did not, and the testing company did not recommend for the advertisement to move forward. However, Mountain Dew ran the advertisement, and received a large reaction from the public and media (VanHooker, 2021). “[The Mountain Dew ad is] annoying, but it makes you remember it,” Brooke added, agreeing with him, “because it’s so annoying.”

There existed a spectrum between harsh, intense imagery that caught attention quickly and effectively, and safe, “more typical” imagery that caused the eye to slide by without notice. “Images do play a powerful role,” Joseph explained, viewing *Image #4: It’s safest not to drink while pregnant*, “I dunno, I find the image [in this campaign to be] just so typical. [...] It doesn’t really show anything.” He went on to discuss a point of balance in this spectrum that could stem



from unconventional imagery, without crossing the line to something jarring or disturbing. “If it’s something outside the norm, that’s when it catches somebody’s eyes,” he explained.

“Always.” While a pregnant woman is a typical image and therefore easy to ignore, finding an unconventional image that used surprise without negativity could walk the balance Joseph was looking for. For some participants, this is what *Image #6: Let’s meet at the coffee bar* managed to do: the surprise of the unconventional cups managed to catch attention without relying on graphic imagery.

Alongside colour, personal preference and brand identity, novelty is one of the main ways of capturing viewer attention (Jansson-Boyd, 2019). In advertising, surprise has been experimented with in a number of ways, such as (1) the novelty of the Old Spice advertisements, a men’s grooming brand which featured such scenes as a man riding a horse backwards as the world transformed into absurd scenes around him; (2) the wide, sweeping landscapes of The North Face, an outdoor clothing brand which exchanged typical advertisements for large installations of landscapes; and (3) the off-colour language of the Poo-Pourri and Dollar Shave Club brands, both of which make blatant allusions to swearing (Gunasheelan, 2023). Bringing in the unexpected was a way to avoid the negative consequences that came along with evoking the negative emotions; as the participants explained, surprise did not have to be an inherently negative emotion. The benefits of positive versus negative emotion when it comes to capturing and keeping attention were a topic of debate among our participants, as they are in health promotion literature (e.g., Heffner et al., 2021), but on one point they remained in agreement: emotional responses were an effective way of catching and keeping a reader’s attention.

For a reader to engage with a campaign, it first needs to catch their attention, and it then needs to retain it (Jansson-Boyd, 2019). Aesthetic factors such as eye-catching imagery, bright

colours, large text, and bold messaging can all work to catch attention, and influence where it goes. Different colours and sizing of messaging can call the eye to different areas of the campaign, and aid with attention and understanding. In addition to the aesthetic components, emotional responses, whether they be positive or negative, could also influence attention, and particularly work to make the campaign memorable.

Although attention alone is not enough to create an effective campaign, without attention, an effective campaign cannot exist. As the participants explained, if an effective campaign was one that drew their attention, an ineffective one was one that did not. When images were “plain”, “bland”, or “blended in”, even if the message was effective, informative and well-worded—it simply would not be seen. However, if a campaign is seen and its message is delivered, the next part of effectiveness comes into play: the information that the message is sending.

### **3.3.3 Effectiveness Through Education.**

*“That’s the thing, we’re always taught, “oh, yeah you shouldn’t do it, don’t do it.” You see those campaigns everywhere. But [...] I don’t actually know what happens.” – Kayla*

The participants of this study described wanting to come away having learned something. They called for strong, clear truths that left them feeling as if they could confidently move forward in their future decisions. For the topic of FASD, that is not currently the case. Misinformation about alcohol use during pregnancy is widespread (Alcohol.org, n.d.; Chai, 2013; Kelly et al., 2008; Kirby, 2017; LeWine, 2013; Lim et al., 2029; Popova et al., 2022; Ruiz, 2014), and individuals often report confusion and uncertainty about the conflicting guidance they receive (Aspler et al., 2019; Dumas et al., 2018; Hammer & Rapp, 2022; Popova et al., 2022). The results of this study do not indicate this population’s knowledge is any different. “I know that Fetal Alcohol Syndrome is a thing,” Kayla explains, “but I don’t know what that entails and I don’t really

know kind of the actual effects of it, other than just it's bad." Caroline agreed, and further elaborated on her own confusion:

We all know that drinking is bad, but for example a woman goes to a wedding and she has a sip of some champagne during a toast, is that bad for the fetus? If, for example, a pregnant woman has half a glass of wine at the end of the month after a stressful Friday at work, is that harmful to the fetus, right? I think there's been a lot of emphasis on "this is bad", but how do we get to that point? What am I allowed to do? What am I not allowed to do, right? Like, for example, it's not recommended to drink caffeine either during pregnancy and there's all this information out there that can be very stressful for moms as well, and some of them might even say, like, "well, everything is bad, I might as well just have my glass of wine a month, at this point".

The overwhelming nature of misinformation leaves individuals of childbearing age feeling confused, and as if they do not know what is truly "bad". Participants wanted easy instruction on what they were allowed and not allowed to do, but the inconsistent, differentially activated nature of FASD (McQuire et al., 2019; Petrelli et al., 2018; Sambo & Goldman, 2023) limits that type of black and white direction. In addition, message fatigue is already a threat for health advice in many domains (Thomas, 2023), and alcohol use during pregnancy is no exception (Armstrong, 2017).

With the complex nature of information surrounding FASD, participants found campaigns that clarified this confusion to be helpful. When *viewing Image #7: This is why I supported her not to drink while pregnant*, Simon described it as "more effective [...] just because it's more informative", thereby equating the two. It was enough to cause debate around

the topic of too much text. As Simon went on to explain, *Image #7* was “informative, but [...] for a quick look, it’s just way too much for me to actually be attracted to it and to keep reading through it.” However, Natalie replied that she “[didn’t] have as much problem with the amount of text.” As some of our participants, such as Caroline, admitted that they “like[d] bricks of information”, the appreciation for amounts of information seemed to vary from participant to participant. The appreciation for information could have been influenced by their individual contexts as well; as will be further explored in Chapter 6, many of these undergraduate students were in school seeking further education, and therefore did not shy away from information-heavy campaigns.

With this focus on education, three subthemes played a role in connecting education to effectiveness. These subthemes are: (1) education through “consequence”; (2) education through new knowledge; and (3) methods of education. The first subtheme explores the idea of education through informing the reader of consequences of actions, and the stigma that it both arises from, and contributes to. The word “consequence” is inherently stigmatizing. A consequence follows an action, and therefore connects back to the idea of choice. Similar to phrasing like “100% preventable”, there is implicit blame being placed on the pregnant person (Badry et al., 2023; Choate et al., 2022; Tortorelli et al., 2023).

This blame contributes to stigma that has harmful effects on individuals with FASD and their caregivers, largely through preventing alcohol use during pregnancy from being disclosed and acting as a barrier to care and support (Badry et al., 2023; Corrigan et al., 2018; Morrison et al., 2020; FASD ONE, 2016; Weber et al., 2021). The participants of this study did not necessarily seek this stigma: they sought the clarity behind it. The vague emphasis on alcohol consumption during pregnancy being “bad” without concrete explanation of what “bad” might

mean adds to the already overwhelming experience of being pregnant. As Caroline explained, this feeling might backfire. As the possible imperfections mount, the experience of a harmless pregnancy becomes an unattainable goal and what follows is the feeling that there is no point to even try.

What helps defeat this feeling is that of being in control—knowing a set of rules, a cause and effect, an action and a consequence. In the search to make FASD more clearly defined, participants often focused on this piece: the consequences of FASD. When discussing the weaknesses of *Image 6: Let's meet at the coffee bar*, Steven explained:

I feel like for a couple people I know who smoke, more and more effective tactics was when they changed the boxes on the cigarettes to kind of show that—obviously you're not going to show that with a malformed baby, probably, but...something a little more jarring, because I think the vast majority of people know alcohol is bad when pregnant, but they don't know when you drink it's not just [...] like my dad's mother drank a bit and smoked so he has like malformed earlobes. [...] Maybe jarring is a bit extreme, but something that addresses the severity of doing it.

The use of graphic imagery has been studied in the topic of smoking cessation and noted to be effective in increasing odds of the viewer attempting to quit smoking. Notably, this jarring emotional response was necessary to increase these odds (Farrelly et al., 2012). With the example Steven used, smoking imagery on cigarette boxes shows a clear visual “consequence” that *Image #6* did not have.

However, when it came to FASD, deciding on this type of imagery was not so simple. The participants found it difficult to agree on what a visual representation of FASD could be

without being “offensive”, and this issue is particularly complicated given that FASD is often not a disorder that can be recognized on sight alone (Bell et al., 2016; Riley et al., 2011). As CanFASD (2019) puts it, “the vast majority of people with FASD are not visibly different; you cannot see FASD” (p.1). The lack of physical characteristics in most individuals with FASD is already a complicating factor to receiving a diagnosis (Carrick & Hamilton, 2023); placing more emphasis on these visuals could worsen this issue by placing more emphasis on a “face” of FASD that is not representative of the population.

However, visual components are clear and eye-catching. This topic also came up in discussion around *Image #8: Too Young to Drink*. “When Steven was talking about, like on the cigarette packages about like the mouth and mouth cancer, and all that, this is what came to mind for FASD,” Robin explained. “Like it’s disturbing to see.” This image captured attention through shock value, showed a clear cause and effect, and described some effects of FASD within its text. By doing so, participants explained that campaigns like *Image #8* helped to clarify their blurry understandings of FASD and how it worked. Participants also pointed out that this type of clarification was especially important in areas like those in Northern Ontario, where access to timely healthcare can be limited (Burnett et al., 2020; HQO, 2018; Mandal & Burella, 2021; Wilson et al., 2020).

The participants’ focus on education through consequence was summarized by Kayla, who explained:

When I understand what’s going on, when I understand the reason why something is not a good decision, then I’m more likely to say ‘okay yeah, this is a bad decision, here’s why it’s a bad decision and I’m not going to do that, then’, whereas if you just say ‘oh,

it's a bad decision' but no follow-through to why and here's the effects of it, I think, 'yeah, yeah whatever' and then you just move on from it, so I think it is important to understand the actual negative effects of something like this.

The balance between educating through effects and perpetuating stigma is delicate and will be explored further in Chapters 4 and 5, but it is important to note that the basis of the students' call for "consequences" was a search for clarity and understanding. By shifting the discussion to focus on the ultimate result that students actually desire, that being education around FASD, this element of stigma could be avoided while still taking the advice of the participants. In this way, this subtheme explores the participants' search for answers in the muddy waters of education around alcohol use during pregnancy.

In keeping with this search for answers, the second subtheme was education through new knowledge, which involved participants' appreciation for feeling as if they had learned something new from the campaigns they viewed. Learning new information often came up in discussion of breastfeeding, which some of the campaigns included, such as *Image #4: It's safest not to drink while pregnant*. Although alcohol use while breastfeeding is a postnatal topic (and as such, consuming alcohol while breastfeeding cannot cause FASD [Poole & Wolfson, 2020]), participants did not feel that the information was out of place and expressed their appreciation that it was brought into the discussion. "In the other campaigns, breastfeeding wasn't even a factor mentioned—it was just pregnancy," Selena said. "So you could think, 'oh, I gave birth, I'm done, I can drink,' but if you are breast-feeding that's still [coming from] your body." She further expressed that she liked that the campaign explained the specific risks around alcohol use.

This example demonstrated the real-time positive response participants had to learning something new, thereby making this campaign “a lot more informative” than other campaigns. While it is interesting to note that the participants did not make the distinction between pre- and post-natal information, instead expressing their desire for a more comprehensive education around pregnancy in general, these perspectives also stemmed from the participants recognizing a gap in their knowledge. When discussing the focus group as a whole and looking back on the experience, Joseph brought up learning as one of the benefits. “I found it interesting,” he said. “It just opened to some of the issues, ‘cause...like I said, we usually had our eyes closed. We have to see certain things before we understand them.”

With the muddled messaging around alcohol use during pregnancy (Aspler et al., 2019; Dumas et al., 2018; Hammer & Rapp, 2022; Popova et al., 2022), coming away from a campaign with a feeling of understanding could create a powerful effect. This power represented an overlap with attention, especially when it came to information-retention. Participants were likely to remember the message of a campaign that answered a question they had often been wondering about. There is some evidence that the aesthetics of a campaign matter less for those that are highly curious about the topic (Okazaki et al., 2019). In future campaign creation, then, it becomes important to consider how to create that curiosity, and what questions to answer, to create this powerful effect.

The last subtheme of effectiveness through education explored the different methods through which the campaigns educated their viewers. Within this study, most campaigns relied on their text. They had a large main caption to capture attention, and a smaller but more informative piece underneath; participants appreciated this approach. However, they were searching for a particular piece of education to help them understand the full story of FASD.



When a campaign cautioned the reader not to consume alcohol during pregnancy, the participants called for a detailed answer to the question of “why?”. This answer one area where many campaigns faltered, such as *Image #10: For the love of children, don’t drink while pregnant* (which was relatively well-received, but did not include this aspect participants were searching for) and *Image #5: Alcohol and Pregnancy Don’t Mix* (which did include this aspect, but in very small and difficult to read white text at the bottom of the campaign, which caused participants to criticize the lack of emphasis).

Information did not just come in the form of text; some campaigns used numbers to convey their message. Percentages and statistics represented a clear, concise way to get a fact across, something that participants appreciated. “I like it personally when there’s statistics on posters—you actually have facts,” Selena explained. “That just draws my attention more.” Lily pointed out, however, that “some people who read [a campaign] will see numbers on it and be like ‘okay, woah’. Some people might not like that.” She further emphasized that campaigns should avoid being “too statistical” and that she liked more “general information”. The effects of quantifying messaging can be beneficial, but is dependent on many factors, such as the framing of the message, perception of its effectiveness, and the viewer’s ability to process numbers (Ju & Park, 2013).

One unique way of using numbers to deliver a message was shown by *Image #10: For the love of children, don’t drink while pregnant*. On the bottom left corner of the image, the campaign had an upside-down wine glass with the numbers “049”, representing the idea of “zero alcohol for nine months”. Peter discussed his moment of realization when viewing the campaign:

I was super confused with the upside-down wine glass, then I was like, ‘that makes sense then,’ and then under it I was like, ‘049’. I had to say that out loud, or maybe not out loud but I had to mouth it. And then I was like, ‘049, oh my gosh that makes so much sense,’ and then once I realized it, I thought it was a really cool way to think about it [...] and, having that quick—I don’t know if it could be a hashtag or something, but 049 is just a quick way to talk about this as a way to spark the conversation, could be really interesting.

The “049” component was an example of a subtle addition to a campaign that needed an extra moment to be understood but created greater appreciation as a result. Not all participants noticed or understood the “049” at first glance, but upon noticing or having the element be explained to them, no participants reacted negatively.

The last method of education was perhaps the most widespread and perhaps the most necessary: additional resources. Almost all campaigns had some element of resources that aimed to further the reader’s education past what was strictly on the campaign. Whether it was the organization name, a link to more information, a phone number or a QR code, participants universally expressed their appreciation for resources on campaigns. These resources were seen as particularly essential for individuals who could not easily access a healthcare provider, thereby providing them with expert sources on alcohol use during pregnancy. While resources cannot take the place of accessible healthcare, it can ease the burden of finding trustworthy knowledge for those who cannot reliably access supports or care. Diana also brought up the idea of a reader wanting more information because the advice could “maybe apply to a friend”, offering another element of information that campaigns could provide: how to effectively offer support to a pregnant friend specific to the topic of alcohol use during pregnancy.

Methods of giving this outside information varied, although a website was one of the more common ways of doing so. One campaign linked to their website in a unique way: *Image #9: No thanks, I'm pregnant* had a QR code in the campaign's bottom right corner, which involves requiring a smartphone with a QR code scanner; upon scanning the image, the linked website will open on the phone. Although the campaign also included the website URL, the QR code was a topic of discussion. "I have a barcode scanner on my phone that I use for things," Simon noted, "instead of having to type in the website address." Lynn agreed, pointing out that, "especially with technology evolving today, everyone just takes pictures and the easy route. So if you can get the information faster, then hey."

However, the inclusion of the QR code was not always beneficial; in some cases, the QR code could make the process more difficult, when it was meant to be easier. Differences in smart phones could influence the ease of access of this information, and the question of whether scanning a QR code required less effort from the reader than typing in a URL did not have a steady answer. This element could also exclude individuals who did not have a smart phone on hand, or at all, or simply readers who were unfamiliar with this type of technology. In addition, it was also pointed out that if a reader was going to immediately pull out their phone and scan the code, it is likely that they were already invested enough in the topic to remember the website or write it down.

Although the method itself was not necessarily lauded, the sentiment behind using a QR code was: the attempt to ease the barrier of finding more information. A single poster or image could not explain everything every type of reader wanted to know but it could lead them to a place where that knowledge would be gained, and for that, participants were vocally appreciative. The linking of viewers to other means of being educated is particularly important,

as different methods of communication may protect against message fatigue (Sundstrom et al., 2021), and therefore it is promising that it was also an aspect that the participants liked. One campaign that was able to elucidate this feeling was *Image #4: It's safest not to drink while pregnant*, which was praised for its informative nature. The campaign was described as able to pull in the reader, educate without shame, and included a resource of “DrinkWise.org”, a URL that was simple to remember and specific to alcohol. Notably, this campaign placed first in likability, and second in effectiveness by only one vote (see Table 1). When discussing the campaign, although its clarity and ability to guide attention were noted, it was *Image #4's* ability to inform and educate the reader to which participants attributed its effectiveness.

When the participants of this study were asked what they wanted when it came to future campaign creation, they often simply replied information and education. The participants asked for clear cause-and-effect information regarding FASD including the concrete facts of the disorder and what individuals who have FASD experience. The students expressed their appreciation for anything new that they learned, such as the discussion around alcohol use during breastfeeding; although not strictly within the prenatal domain of FASD, participants felt that the topics fit well together within the boundaries of a single conversation. The thought stemmed from a desire to be well-educated on the topic, and this theme flowed throughout all discussions of campaign images.

#### **3.3.4 Effectiveness Through Likability.**

*“Yeah, I love this ad, actually.” – Chris*

One unexpected finding during the events of this study was the separation participants made between the campaigns that they liked and the campaigns they found the most effective. The different ratings between campaigns arose naturally during discussion in focus groups,

where participants asked for clarity in what they were rating by. Although not always separate, effectiveness and likability were often separate concerns in the participants' minds. The campaigns that they liked the most were not always what they thought would be the most effective in reducing alcohol consumption during pregnancy.

This separation came across in the totalled ratings seen in Table 1: two different campaigns were voted as first in likability (*Image #4: It's safest not to drink while pregnant*) and first in effectiveness (*Image #3: Baby or the Bottle*). However, *Image #9: No thanks, I'm pregnant* placed last in both categories with the same number of votes. Sometimes, it came down to imagery; others it came down to messaging—often, it differed depending on the participant who was asked. Likes and dislikes were discussed as coming from a personal viewpoint, while the participants discussed effectiveness as something more rational and objective. While these viewpoints often coincided with participants liking campaigns they found more effective and disliking those they found less effective, the fact that this was not universally the case meant it was important to separate the two. The subthemes within this component of effectiveness include: a summary of likes, a summary of dislikes, and the differences in effectiveness and likability.

Participant likes were as follows: (1) campaigns that were perceived as versatile, being similarly effective in different contexts; (2) conscious and respectful of diversity within campaigns; (3) the presence of resources within campaigns; (4) the feeling of coming away from a campaign feeling educated; (5) positive campaigns that elicited warm, comfortable feelings; (6) campaigns that took the onus off of the pregnant individual, or focused on support around them, without eliminating the pregnant person from the conversation; and (7) campaigns they felt they

could relate to. Of these, there were three consistent universal likes: versatility, diversity, and resources. These components were always discussed positively by participants.

The versatility of campaigns came back to the environments and contexts in which they were to be placed. Participants expressed their like for campaigns that were flexible, which were viewed as campaigns that did not require a specific setting to be effective or to be understood. Although it did not necessarily take away from campaigns that did excel in their particular setting, it was always discussed positively when campaigns did not require a particular setting to hit their mark, such as already being in a healthcare environment in order to prime the reader to expect a discussion around health. Campaigns that were adaptable also avoided the exclusion of certain demographics, such as campaigns that would be most effective at a bar thereby excluding those who were not of legal drinking age.

The second universal like discussed a similar topic: diversity within campaigns allows for a broader demographic, and broader relatability. Participants called for more inclusion within the campaigns, commenting that “this is the only one that hasn’t been [a] white female,” or noting that the couples often came from a heteronormative lens. Three campaigns were praised for their diversity: (1) *Image #10: For the love of children, don’t drink while pregnant*, which included a non-white female; (2) *Image #2: Alcohol and Pregnancy Don’t Mix*, which featured a multiracial couple; and (3) *Image #3: Baby or the Bottle*, which included a version of the campaign where all writing was in Inuktitut.

Participants called for more representation across campaign creation, noting that this inclusivity was an aspect that they felt was “important”. The connections of diversity to supportiveness and relatability will be discussed in Chapters 5 and 6, but it is important to note

that campaigns did not need to explicitly depict the reader's personal background to connect to them. The participants within this study called for this type of inclusion and therefore, diverse campaigns felt as if they were taking their viewpoints into account, thereby representing a part of themselves to relate to.

The last universal like for the participants came down to a discussion of information. While facts and statistics were broken down into nuances and struggled over, there was one element of information that was always discussed positively: the inclusion of resources. Anything that provided the reader with an opportunity to learn more was discussed by participants as something they liked, and it was rare that a campaign's resource remained uncommented on within the focus groups. These resources were never discussed negatively, unless it was the method through which they did so, such as the debate around the ease of a QR code or the clarity of a website URL.

As such, while the methods of providing resources could be a place where opinions differed, the presence of the resources themselves was always viewed as a good thing. Resources lowered barriers to accessing information, including allowing knowledge to be gained while avoiding being blamed or shamed for showing interest in a stigmatized topic. As Megan explained, "if you're afraid to actually consult your doctor at first, then [these resources provide] a different type of source that you can look at types of risks and everything to gain more knowledge."

When it came to methods of resource delivery, social media was discussed positively, as it could lower the barrier of remembering website links, be used to share resources among friends or colleagues, and hit different demographics through the use of different social media

platforms (e.g., Facebook is more commonly associated with older demographics, while Instagram is more commonly associated with younger ones [Boardman, 2019]). Social media allows for advertisements to go beyond their original context out into the world, which can be a powerful force in spreading awareness and information—or misinformation (Sasidharan & Janodia, 2018). Any type of resource was appreciated, however, and participants also expressed their desire for more.

Participants also appreciated the feeling of being educated, but education itself was difficult to universally achieve amongst participants. Participants expressed their appreciation for facts, although there was a balance to be struck between too little and too much information. Although education was intrinsically part of effectiveness, its relationship with likability was strong, and often stronger than that of effectiveness. One of the clearest instances where this relationship came into play was in discussion of *Image #4: It's safest not to drink while pregnant*, which was rated first in effectiveness by eight individuals, but first in likability for 15 (see Table 1). One of the reasons for this disparity was participants' appreciation for the factuality of the “soft” phrasing, despite acknowledging that they felt it could be “wishy-washy” and unclear. Whether or not the admittance of a grey area results in a more effective outcome was a topic of debate. However, through the lens of likability, this admittance was appreciated by the participants.

Where likability and effectiveness really began to diverge was in the area of the most subjectivity: emotion. Campaigns that used supportive, positive messages were well-received, even though these messages were not always deemed the most effective. Participants discussed campaigns that were “touching”, “soft”, “nice”, “open” and “welcoming”. These types of



emotions and the effects they have on a surrounding environment are further explored in Chapter 5, but they were also largely subjective.

When successfully elicited, participants expressed their appreciation for positive emotion, but not all campaigns were successful across all participants. *Image #10: For the love of children, don't drink while pregnant* was one such example, and *Image #7: This is why I supported her not to drink while pregnant* was another. Both campaigns had participants that particularly loved the campaigns, and participants who did not. These perspectives are reflected in their mixed ratings in Table 1. *Image #4: It's safest not to drink while pregnant* was a campaign that was more successful in consistently eliciting a positive emotion across participants, as it was described as a campaign that was able to “get deep down into that core, human element of people and reach [that] area.” The participants later emphasized the importance of being able to tap into that “human element” when creating future campaigns, explaining that it “work[ed] for [them]”. Participants associated the feelings of love and care with this humanity, explaining that campaigns that evoked feelings of care would, in turn, also make the reader experience this care, a mechanism that is validated by the literature (Heffner et al., 2021; Percy, 2012). *Image #4* was able to depict a caring emotion that the participants perceived as authentic, therefore evoking that care within them, as well.

Positive emotions tended to be discussed as well-liked, and as a result, campaigns that were seen as supportive also tended towards increased likability. One component of supportive campaigns that is further discussed in Chapter 5 was what was termed as “taking the onus off the mother”. While many campaigns depict a pregnant individual and speak directly to that individual, these types of campaigns can place “all the weight” of having a healthy pregnancy on the pregnant person’s shoulders. This weight exacerbates the pressures already put on the

pregnant person, wherein they are expected to uphold all rigid standards of the moral caretaker while their wellbeing is placed below that of the fetus (CanFASD, n.d.; Haaker, 2021; Milne, 2020; Murphy, 2012).

Campaigns such as *Images #6: Let's meet at the coffee bar*, *#2: Alcohol and Pregnancy Don't Mix*, *#1: If she declines a drink this season, just go with it* and *#7: This is why I supported her not to drink while pregnant* were perceived as shifting those pressures away to speak to those around that pregnant individual which was an element participants liked. *Images #1* and *#7* elicited their own unique conversations, with *Image #1* being perceived as working on a broader level than other campaigns. Although one of the main criticisms of the campaign was that it did not convey FASD clearly enough, Caroline explained that this could be one of its strengths:

It is supposed to be targeting Fetal Alcohol Syndrome and that might not be your first thought [when looking at the campaign], but I think it's just a broader ode to our drinking culture and drinking culture around the world in general, that it's not necessarily always social or socially acceptable to decline a drink [...] So I think this isn't targeting so much the mother in trying to warn her of the consequences of 'oh, you know, don't drink while you're pregnant', I think it's more so targeted at the people who would pressure pregnant mothers into having that drink.

As Caroline explained, her view of *Image #1* was that FASD was an indirect target of the larger goal of the campaign. The pressure to consume alcohol, regardless of pregnancy, was the "broader problem" being targeted, through which FASD could be a result. By addressing this larger contributor, alcohol use during pregnancy could be reduced. The perceived goal of *Image*

#1 was another example of an element that reduced a campaign's perceived effectiveness but increased its overall likability.

*Image #7: This is why I supported her not to drink while pregnant* was also discussed as a campaign that shifted these pressures, but its unique discussion centered around the role of the partner: in this case, the father. Gendered perspectives played a larger role in discussion of this campaign than in any other, and the issue of “the father” was a mixed bag when it came to likeability. The perspectives are demonstrated within the ratings of Table 1; ratings on this campaign were relatively split between first and last in likability, although it was more positively received than negatively. While the anonymous voting in virtual focus groups allowed for participants to feel they could vote honestly, they also prevented analysis of the role of gender in these rankings. However, of the in-person participants and those that disclosed their votes, *Image #7* rated generally higher in likeability among students that identified as male in comparison to those that identified as female. The exception was one male participant who rated *Image #7* as last in likeability; as this participant also identified as a queer man, the heteronormativity of the campaign may have played a role in this assessment.

The divergent perspectives were as follows: (1) participants who did not like the campaign viewed it as controlling, shaming and talking down to the pregnant person, as if “the mother had to be coddled the whole pregnancy and [the father had to say] ‘no, no, sweetie, you can’t have that drink’”; and (2) participants who did like the campaign viewed it as touching, supportive, and as explicitly including the father in a conversation where partners tend to be “almost forgotten.” Indeed, participants who did not like the campaign reported feeling as if the man was “out of place” and “random” in the campaign, which may have been contributed to by the historic emphasis on sexual and reproductive health as a woman’s issue (Lohan et al., 2010;

Shand & Marcell 2021), which may have contributed to the participants' perspectives of the man as misplaced or incongruous with the topic.

These contrasting perspectives were also contributed to by the absence of the mother within the campaign. Participants explained that it was not the inclusion of the father, but rather the absence of the mother, that led to an overall feeling of shame and blame. Sophia explained:

I'm not sure if this is just my interpretation of the campaign but I don't like how the focus is the father. [...] Of course a father needs support and needs to be involved in the pregnancy [...] if they're in the picture, then it's of course good to get the father's input, but I just think that the absence of the mother is potentially problematic...and almost casts blame on what could have been. I'm not sure if I'm just reading too far into it, but I'm thinking just the absence of the mother in this picture looks like it's favouring the child over the mother and then in doing so, taking away from the mother.

The emphasis being placed on the child and the father excluded the mother from the conversation, and in the topic of pregnancy, wherein the fetus can often be emphasized and personalized in place of the person who carries it (CanFASD, n.d.; Haaker, 2021; Milne, 2020), participants felt this exclusion had "problematic" implications. Another element that exacerbated this feeling was a perception of the mother being ordered by the father, thereby removing her choice and agency. In this campaign's case, it came down to the subtext of whether or not the father was simply helping the pregnant person or making their choices for them—the latter being another hot topic in discussions around pregnancy.

Two other elements caused the divergence in perceptions around *Image #7*. The first was in its phrasing: the use of "not" created a feeling of "this is something you shouldn't be doing",

as opposed to something fathers should be doing. This phrasing therefore biased the participants towards expecting a negative or shaming message, which they found implicitly within the absence of the mother. The other element that explained this divergence was relatability, a concept that will be discussed more in Chapter 6; participants who could relate to the campaign, such as male participants who expressed their desires to be fathers in the future, tended to both like the campaign and view it as supportive. Participants who disliked the campaign openly noted that they felt they “[didn’t] personally feel [they could] relate.” In this vein, campaigns that were relatable tended to be viewed as raw, truthful, and honest, while campaigns that were not relatable were viewed as dishonest, staged and formal.

As is represented in the discussion of likes, then, it followed that most of the dislikes of participants were the opposite of their likes. This mirrored response was the case for campaigns that were missing elements of effectiveness (e.g., participants tended to dislike components that were not perceived as clear), had a lack of diversity within campaigns (including heteronormative elements, gendered language and a focus on Caucasian individuals), and elicited negative emotions. Emotion did have a unique component where it was not only the experience of negative emotions that could make a campaign disliked, but also the experience of no emotions at all. Some participants explained that campaigns “[didn’t] strike a chord” with them, that they were “meh”, and that they “didn’t feel anything” in response. *Images #1: If she declines a drink this season, just go with it, #6: Let's meet at the coffee bar, and #10: For the love of children, don't drink while pregnant* received reviews like these, and participants that expressed this lack of emotional connection to the campaigns also tended to express their dislike for them.

Another area of unique dislike came in the form of tonal contrast or dissonance within the same campaign. *Images #5: Alcohol and Pregnancy Don't Mix* (depicting a cartoon), #2:

*Alcohol and Pregnancy Don't Mix* (depicting a photograph of a couple) and #9: *No thanks, I'm pregnant* were cited as having an “off-putting” feeling to them. In the case of *Image #5*, the tonal clash came from the “childish” feeling of the cartoon and perceived humour of the pun contrasting with the serious nature of the topic of FASD. Interestingly, *Image #2* did not receive similar criticism for the “pun” within its wording, but rather the font choice, which was seen as “jarring” and as “a car crash kind of font”, while the photograph of the couple and rest of the campaign took a calmer, more “relaxing” approach. The font choice was eye-catching but was better suited to a different campaign that matched that “jarring” tone.

*Image #9: No thanks, I'm pregnant* did, however, fall victim to a similar tonal clash as *Image #5*. The reaction to *Image #9* among participants was often laughter, with participants vocally expressing that they felt bad that they were laughing. The term “meme” came up frequently in reference to this image, with participants noting how it appeared to be a “stock photo” or particularly “staged”.

The term “meme” comes from Richard Dawkins’ *The Selfish Gene*, wherein Dawkins described the ways humans store and distribute elements of culture: memes, through this definition, were a self-replicating unit of culture (Benveniste, 2022; Malodia et al., 2022; Mirsharapovna et al., 2022). In modern usage, internet memes have flexible, fluid and co-created definitions, although these definitions tend to share the components of being: (1) sharable by nature (and therefore capable of rapid spread); (2) able to be reproduced through text or picture; and (3) engaging to a viewer through some form of humour, sarcasm or other singular form of captured relatability (Benveniste, 2022; Harbourne, 2020; Malodia et al., 2022). The rapid changing of memes has been compared to the way language changes over time, and their ability

to capture small moments of culture has had them compared to the editorial cartoons of the internet (Benveniste, 2022).

The nature of requiring rapid creation and shareability means that memes often use stock photographs with a text overlay. Therefore, the layout of this campaign was seen as emulating common elements of an internet meme. Participants referred to the “awkward face” of the model and the “posed” nature of the image which hindered its relatability and authenticity. As a result, participants felt that the text at the bottom of the campaign had a “sombre” tone that clashed with the rest of the “light-hearted” campaign. Although humour may not have been the intended effect of the campaign, the reaction to it was almost universally so among the participants. Ultimately, that response created a dissonance between the messages the campaign held about alcohol use during pregnancy and the reader’s perception of its light-hearted, meme-like nature.

One campaign came the closest to being disliked, and it was the one with the biggest disparity between its likability and its effectiveness. *Image #3: Baby or the Bottle* was rated first in effectiveness by nine participants, but first in likability by none. On the contrary, it placed last in likeability for five participants, and last in effectiveness for none (see Table 1). The reason for this difference came down to the way it made the participants feel. Jessica described her reaction to the campaign:

I personally don’t love the “Baby or the Bottle” one, I find that was the first one that I saw and maybe it’s just me, but I found it very aggressive [...] and it’s not supportive [...] the “Baby or the Bottle” one sounds like, “oh, you’re choosing to either love your baby or you don’t care about your baby and you’re choosing a drink anyways.” [...] I don’t think

it's sending the message that it needs to. I don't think it would be very effective if I were pregnant and this is what I were seeing.

While acknowledging that the campaign was the first one she saw when looking at multiple images, Jessica described her reaction to the campaign to be so strong, it impacted her perception of its effectiveness. The "aggressive" nature, lack of support, emphasis on the pregnant person only, implication of choice and feelings of shame all contributed to her dislike, and those feelings could make it so that the message was lost. However, it did still catch her eye, an element other participants pointed out.

In particular, Kayla described her struggle between acknowledging the campaign's efficacy at grabbing attention and her own feelings of discomfort. As she described:

"Baby or the Bottle" is also a really interesting slogan. [...] I have my own personal thoughts on it where I'm like "eh, I don't like it", but [...] putting my personal opinions aside, I think this is an effective ad. [...] No, I don't like it because again you're putting that onus entirely on the person who's pregnant, and I feel this more shames them into it than anything else [...] That's, again, why I'm trying to put this feeling aside, because I think that could get in the way of me thinking it's effective, because I do genuinely think it is effective and I think it is a good ad, but I just get this icky feeling from it, can't tell you why.

Kayla had to put her own personal feelings aside to appreciate the effectiveness of the campaign: there was an internal battle between appreciating all the interesting, attention-grabbing elements that made it effective, and the "icky feeling" that threatened to overwhelm them. There was



another nod to the association of effectiveness with rationality here; effectiveness was logical and free of emotional influence or bias.

In contrast, likeability embraced the influence of the way campaigns made participants feel, which led to the disparity between the two. Kayla was also quick to note that these feelings were “personal” and something she had to dismiss as unique to her. However, the findings of this study indicate that other participants similarly struggled with this campaign. As a result, it is possible that these personal feelings would be a large barrier for a reader to overcome when viewing this campaign on their own to connect with and listen to the message. The effect of annoyance on advertisement effectiveness has been a focal point of dislike literature (e.g., Banerjee & Pal, 2022; Nguyen et al., 2020); pop-up ads, for example, are so negatively received that they have been deemed entirely ineffective (Mbugua & Ndavi, 2021). While there is some research that this dislike may only extend to the advertisement and not to the brand itself (Banerjee & Pal, 2022), the realm of health promotion may complicate matters, particularly as health advice can be seen as unsolicited and therefore cause a reactive response (Paik, 2020). *Image #3* excelled in delivering its message, but a reader’s dislike of the methods of its message could then fail to translate that message into meaningful action. For a campaign to be effective, understanding is not enough. The message must also be able to be taken to heart.

When it came to the components of what participants did not like, their explanations returned to elements of negativity and shame. Participants spoke about advertisements that had a “guilt trip kind of vibe”, those that “sound[ed] degrading”, those with strict and inflexible instructions, and those that tried to “force the message”. Participants did not like directive language in messaging or campaigns that were perceived as oversimplifying a complex issue. Participants also felt that, in many cases, their personal feelings would impact their view of the

campaign's effectiveness, even as they tried to put them aside. There was a balance to be struck between shocking campaigns that were so harsh participants felt they would flinch and try to forget them, and campaigns that were so calm and neutral that they would be read and immediately forgotten about when out of sight.

This balance was also the balance between effectiveness and likability. There were areas of overlap just as there were areas of difference. These differences were the last subtheme identified within the component of likability: campaigns could be rated as highly effective without being liked. The opposite was also true: participants admitted that some campaigns, although they might not be the most effective, were ones that they very much liked. *Images #1: If she declines a drink this season, just go with it* and *Image #6: Let's meet at the coffee bar* were examples of campaigns that were relatively liked, but not perceived as effective. Elements of campaigns that tended to follow this trend included those that: (1) were calmer, without a hard-hitting emotional impact; and (2) had subtler messaging that would not be picked up on a first glance.

In summary, a campaign could be perceived and understood very effectively, and that effectiveness could amount to nothing if the message was not taken to heart. Likeability was the key to making sure that was not the case. Participants discussed versatility, resources and diversity as three universal likes: three aspects that were always discussed positively, although not without consideration of how they could be best utilized. Participants also liked: (1) coming away from a campaign feeling educated; (2) positive campaigns that elicited warm, comfortable feelings; (3) campaigns that took the onus off the pregnant individual, or focused on support around them, without eliminating the pregnant person from the conversation; and (4) campaigns they felt they could relate to.

When it came to dislikes, participants wanted future campaigns to avoid: (1) tonal clashes between different elements of the same campaign; (2) having no emotional connection or response from the reader; (3) removing the pregnant person from the conversation or speaking for them; (4) depicting support as only one type of relationship (i.e., a heterosexual partnership); (5) evoking guilt as a way of manipulating behaviour; (6) oversimplifying complex situations into black-and-white choices; and (7) ordering the reader to do or not do something. These findings together paint a picture of what participants liked and did not like. As a whole, participants appreciated supportive campaigns and felt negatively towards those that evoked shame or guilt. Taking these results together with the participants' appreciation for attention and clarity, the findings of this component of effectiveness indicate that a supportive campaign that can evoke emotion and depict support in an appropriate manner, all while remaining clear to understand and eye-catching for attention, would be both an effective and well-liked campaign.

### **3.3.5 Discussing Shame, Support and Considering Context.**

The components of attention, clarity, education, and likeability address how participants defined effectiveness, but they were not the only influencers on the topic. The lens through which campaigns acted, or were viewed, played a large role in their perception. These lenses included shame, support, and the surrounding context. As discussed in Chapter 1, shaming campaigns have been found to exacerbate the stigma that pregnant people and individuals with FASD face. However, participants of this study still found those methods to be effective. Why and how shaming tactics are deemed effective—and if those mechanisms can be distilled into a form that does not create shame—are important to explore. Therefore, Chapter 4 discusses the lens of shame, including the subthemes of: (1) shame, stigma, and pregnancy; (2) shame as power; and (3) tactics of shame: fear, guilt and shock.

The subthemes of Chapter 5, the lens of support, on the other hand, fall into two categories: means of effectiveness and encouraging support. While the mechanisms through which shaming campaigns were effective seemed to be relatively straightforward (e.g., through their attention-grabbing nature, or sharp clear simplicity), supportive campaigns were discussed as having their own unique means through which they could effectively get their messages across. These means of effectiveness included: (1) support through emotion; (2) education as a method of support; (3) support through safe environments for conversation; (4) support through speaking as equals; and (5) support through solutions. Participants also proposed three ways campaigns could encourage support from their readers, by: (1) taking the onus off of the pregnant individual and involving the community around them; (2) acknowledging larger societal pressures; and (3) focusing on diversity. These two lenses are represented in the model not as a component of effectiveness, but rather as an overarching surrounding factor that both influences the component elements of effectiveness and is influenced by them in turn.

Lastly, Chapter 6 broadens the discussion to the overarching context in which this study, and the campaigns, exist. The results of this dissertation do not exist within a vacuum, and neither will a campaign that is being viewed. The context of the worlds the campaigns exist in are powerful influences over their effectiveness. Subthemes within this section include: (1) the context of this study, which explores participant biases and expectations; (2) the context of the setting that the campaign would be placed within, and how that could change its messaging entirely; (3) the context of the reader, and the influence their perception can have over what might be an entirely effective campaign on paper; and (4) the context of larger society, culture, and civilization, as the topics of FASD and alcohol use during pregnancy are intersectional in nature.

## Chapter 4

### 4 Results and Discussion: The Lens of Shame

*“If their child is living with Fetal Alcohol Syndrome, they’re obviously guilty.” – Steven*

The power behind negatively perceived campaigns came from their clarity. Campaigns that were discussed as shaming were inflexible with no room for interpretation, and therefore they were strict, strong, and clear. One of the areas of confusion around alcohol use during pregnancy was a frequent topic of discussion within the focus groups: “how much [alcohol during pregnancy] is too much?”

Most participants agreed that the answer was “none”, given that “at a certain point, it becomes unsafe”, therefore explaining that if “you don’t know that point, any amount of it would be unsafe”. There was an emphasis on the idea that if the threshold at which FASD occurs is unknown, no risks should be taken, and therefore no alcohol should be consumed. But other participants pointed out that avoiding acknowledging the unknowns and skipping straight to the idea that a pregnant individual should “never” drink felt like “a bit of misinformation”. The debate of whether the unknowns should be acknowledged was discussed in the context of *Image #3: Baby or the Bottle*, but it also connects to the appreciation participants had for *Image #4: It’s safest not to drink while pregnant*, which took a less clear stance in exchange for what they perceived as factual information.

“Scientifically, they don’t know the amount,” Robin explained, “and with each person, each individual, body and how it metabolizes [...] you don’t know the effects it’ll have on your child.” The idea of “not knowing” became a common thread along which alcohol consumption and FASD was discussed within the focus groups. It was unknown how much alcohol could be

“safely” consumed, and it was unknown if different types of alcohol would have different effects.

With the knowledge of the participants echoing the muddled messaging found within the literature around alcohol use during pregnancy (Aspler et al., 2019; Dumas et al., 2018; Hammer & Rapp, 2022; Popova et al., 2022), it is no surprise that participants searched for answers in the campaigns that were shown to them. Campaigns that were strict, clear, and directive gave them these answers. In this way, the participants found them to be effective—something that cleared the fog over the complexity of FASD. These campaigns tended to be powerful but harsh, and on occasion, stigmatizing.

#### 4.1 *Shame, Stigma, and Pregnancy*

“It needs to be destigmatized,” Janelle explained, giving advice on how to move forward.

“People need to be reaching out [...] I feel like a lot of people would hide [their alcohol use].”

Janelle advocated for a change from stricter campaigns to those that advocated for

communication. “Providing an opening,” she explained, “like, ‘it’s okay that this happens [...]

you can reach out for help.’” Sophia, too, advocated for different tactics when it came to alcohol use during pregnancy, explaining:

I think just recognizing that addiction is a very complex thing that you have to approach delicately and not just like, ‘no, you can’t have this’ [...] I don’t think anybody likes being put in a box or being forced to do something or to not do something. I believe that most pregnant people do want the best for their unborn children, of course, but it’s not always as simple as black and white. I think more supports need to be offered for people

who are struggling with addiction or alcoholism, but I do think [alcohol use during pregnancy] should be avoided at all costs.

The participants of this study advocated for a movement towards the destigmatization of alcohol use during pregnancy. The ostracization and shaming of individuals who have consumed alcohol while pregnant does not consider the complexity of alcohol use during pregnancy (Popova et al., 2022), nor does it offer support for the individuals with FASD, who will be raised within the isolation of their disability being met with blame, shame and judgment (Roozen et al., 2020). The participants of this study acknowledged these negative outcomes, and it was with this type of perspective with which the participants largely met the campaigns.

However, they also acknowledged that the road to destigmatization would not be a simple one. Muddled messaging is contributed to by a backlash against stigma: articles such as “Why I drank when I was pregnant” (Ruiz, 2014) and “A Daily Glass of Wine is Okay During Pregnancy” (Sutherland, 2012) reassure pregnant individuals that they can “breathe a sigh of relief” if they consumed alcohol while pregnant (Sutherland, 2012, para.1), but by seeking to reduce stress, they introduce misinformation. Victoria described how she had seen the narrative around the topic change:

There’s always a bad stigma around [alcohol use during pregnancy], but more recently a lot of people on social media have talked about this and how some of their doctors have said a glass of wine here or there is okay for the baby. But not full getting drunk all the time.

This misinformation is in line with the findings of Popova and colleagues (2022), but it is important to note that there is a difference between flexible language, such as “it’s safest not to

drink while pregnant” and the messaging above that indicates some alcohol is safe. There is no evidence that any amount of alcohol is always safe for all individuals, and therefore, it is the safest course of action to avoid alcohol consumption during pregnancy. This nuance in language can be confusing, however: the language of “none” is much clearer cut and easier to quickly understand. Where it is not easier is on the pregnant individuals, as this type of black-and-white language co-exists with the underlying assumption that any alcohol consumption, other than “none”, is an act of harm towards a developing fetus.

#### 4.1.1 **Stigma: Participant Perspectives.**

With the complexity of finding a balance between clarity and destigmatizing language, it is unsurprising that the participants found judgment somewhere within most campaigns shown to them. Even more positively perceived campaigns, such as *Image #10: For the love of children, don't drink while pregnant*, for example, still had underlying shaming that came through. “If you love yourself and if you love your children, don't drink while pregnant,” Natalie explained, summarizing the campaign's message as she understood it.

The problem was explained by Selena, who noted that the campaign “insinuate[d] that if you drink, you don't love your baby,” a reaction that was also described when the campaign was originally available to the public (The Huffington Post Canada, 2014). Other campaigns were more explicit in their aim to influence through harsher messaging—such as *Images #3: Baby or the Bottle* and *#8: Too Young to Drink*. Although participants by and large emphasized support over shame, there was a debate when it came to the specifics of the campaigns. When viewing *Image #8*, Chris explained his hesitancy with using harsher tactics:

Because if you were a parent and your child had FASD and you walk by this, what is



your response? Guilt, shame. And I don't think the purpose of any educational advertisement is to judge, I think it should be to educate. And I think that there's a fine line there too, a fine line to educate people on risks, but then when you put in a visual image that could be perceived as judgmental as well or as harmful [...] it places then judgement instead of education.

Chris was in favour of an educational approach, whether the campaign's goal be prevention or awareness. He explained that education was a route to both, while stigma represented a block. However, not all participants agreed with this path. In reply to Chris, Steven argued:

But I think the more important part of an advertisement is [to act] in the same way smoking advertisements are meant to, in some way, make the person feel guilty. You're obviously not able to reverse and go back and [not] drink, I think the concern of the advertisement should be preventing it from happening again, not the reaction of somebody who did it. Because I think that's just a side effect. [...] If their child is living with Fetal Alcohol Syndrome, they're obviously guilty.

Steven preferred a different focus of the campaigns, explaining that it was a moot point to focus on parents of children with FASD, as "you're obviously not able to reverse" the situation.

The discussion between Chris and Steven also demonstrated the implicit way stigma can colour conversation around alcohol use during pregnancy. Participants often emphasized their preference of non-stigmatizing, more supportive approaches. However, their language occasionally betrayed them, as Steven's also did in his statement: "if their child is living with Fetal Alcohol Syndrome, they're obviously guilty." The word "guilty" implies wrongdoing that is often associated with crime, and although Steven was vocally supportive of non-stigmatizing

approaches such as harm reduction in the treatment of alcohol use disorder, the societal stigma around alcohol use during pregnancy still influenced him.

This stigma is connected to public perception of alcohol use as a choice and influenced why participants sought out “consequences” when looking to learn more about FASD, as described in Chapter 3. A consequence comes of an action: it follows a choice that was made, and although this ask came from the participants’ simple desire to feel more educated about FASD, the influence of the stigma, blame and shame around alcohol use during pregnancy played a strong role. The judgement of immoral action is present when a pregnant individual does not act in accordance with social norms (Burtscher et al., 2020; Loyal et al., 2022; Murphy, 2012; Nichols et al., 2021), and it is from this idea that the “use of alcohol during pregnancy [is perceived to be] a dangerous act on an innocent bystander” (Meyers, 2014, para. 3); in other words, something to be judged as morally criminal. Whether the influence of those ideals was unconscious or not, Steven was not the only participant that had moments of judgement slip through.

“I don’t think it’s right,” Joseph explained, discussing his views on alcohol use during pregnancy, “‘cause you’re harming a human being who’s defenseless, and they’re going to have to suffer the lifelong repercussions of your shenanigans.” The ideas of morality, innocence and preventing harm returned here, with Joseph emphasizing that “it [was] a human life.” Carter, too, when advocating for a campaign that really captured the way “we really genuinely care about kids and babies”, explained that that kind of campaign would deliver the message that “this baby is worth way more than a damn couple of beers or a few shots and a good feeling”, which holds an implication that there is a judging of worth between a baby and alcoholic drink: and that some individuals place more worth on the “couple of beers” and “good feeling”. In this way, the

unborn baby and the act of consuming alcohol are pitted against each other—the desire to care for a child facing the desire for pleasure perceived as fleeting. This battle between the two came up for Hana, as well, who brought up the possibility of some sort of “incentive” to avoid alcohol consumption, caveating it with “eh, hopefully [a healthy baby] would be enough, but I mean...”

These moments of judgement were often implicit and clashed against the participants’ vocal desire for supportive and non-stigmatizing language. This underlying stigma echoes the language of *Image #3*: where there is a fight between the baby or the bottle, and the winner is decided by the mother. In the case where the perceived winner is seen as alcohol consumption, the pregnant individual faces the judgement of doing something that isn’t “right”, as “harming a human being who’s defenseless”, as choosing “a damn couple of beers or a few shots and a good feeling” over their child, and as someone for which a healthy baby was not “enough”. Alongside these judgements, there is an emphasis on the behaviour being active—the individual has made a conscious choice to consume alcohol.

#### 4.1.2 **Stigma: The Concept of “Choice”.**

“I think it is something that’s based on your choices,” Selena explained, “and yes you can ask people keeping you on those choices, but it is your choice to make.” Framing the conversation of pregnancy as choices an individual makes—including both the pregnancy itself, and consuming alcohol during it—places the control in the hands of the pregnant individual. While the placing of this control may be positive through the lens of bodily autonomy (Wright et al., 2018; Mercer, 2018), it also results in the blame being placed alongside it.

Carter explained his thoughts on alcohol use during pregnancy, and how it relates to autonomy, control, and consent:

In bioethics it's kind of hard because she has total—well they would talk about she has consent over her own body, but if she's willing to go through with the pregnancy, then she's harming the child while doing that, so it's kind of weird, where does consent lie? Is it the kid's or is it the mother's? And either way it's a double-edged sword, so it's bad...yeah.

Carter's view referred back to Joseph's idea of the “defenseless” innocent infant, being harmed by the mother's actions. Steven also discussed the issue through the lens of choice, explaining:

I consider if I was going to be a prospective father or mother—I would just say that the health of my child would be one of the most important things to me, so I wouldn't want to take any steps to [...] in any way be a detriment.

If the pregnant individual is fully in control of their body and their choices, this perspective implies they are the only ones left to take the blame for taking these steps. Steven went a step further, explaining that he not only saw it as a choice, but as an informed choice:

I would say it's a reflex of most people not to drink [...] I think it's something that the vast majority of people, if not most people, know that alcohol has a negative effect on pregnancy and I would even say people who probably drink when they're pregnant know that it's having a negative effect. It's just probably the magnitude at which it has the negative effect.

Steven's theory that all individuals who consume alcohol while pregnant know that they are pregnant and know that they are having some sort of negative effect on their child, explains the stigma, blame and shame that these individuals face later in life. According to this perspective,

the choice is easy, and avoiding alcohol use during pregnancy is a no-brainer. As Megan put it: “Why would you do it? [...] Don’t do it.”

However, it is important to note that despite these moments of judgment and implicit stigma, the participants also reacted negatively to judgements that were placed in front of them. One such example was *Image #3: Baby or the Bottle*, which participants described as “aggressive”, “black and white” and “not supportive.” The concept of choice was also immediately put forth by the ultimatum on the campaign: “you’re choosing your baby or alcohol.” The participants found this implication of the wrong choice making the individual “a bad mom” to be “very dismissive.” Kayla’s particular thoughts discussed alcohol use disorder and choice as a whole:

This gives me this icky feeling because often times, alcoholism is treated as a choice, and you chose addiction and you choose alcoholism, when we know that that’s not true [...] it’s not a full choice, and so I feel like this is shaming it a little bit and going towards almost saying that it is a choice.

Kayla expanded the discussion to include addiction and alcohol—a field in which the concept of choice and where it relates to stigma is not new territory. Alcohol use disorder is highly stigmatized, and this stigma both presents a barrier to receiving care and prevents recovery through the perpetuation of self-stigma.

While there is a perception that judgment, blame and shame can act to protect against alcohol use, this stigma actually does the opposite (Matthews, 2019; Morris & Schomerus, 2023). The discrimination and othering of individuals with substance use disorder results in a public attitude that sees a choice to use alcohol as “an ongoing weakness that needs to be

overcome by the patient who does not deserve or need public funding” (Schomerus et al., 2006; p. 209). This view of alcohol use disorder does not account for the lack of choice in other influences around alcohol use, on which control cannot be exerted (Matthews, 2019; Morris & Schomerus, 2023; Schomerus et al., 2006). As Kayla put it, “yes, they made that decision technically, but a lot of times there are external factors that also come into it.” Therefore, another unintended consequence of campaigns such as *Image #3: Baby or the Bottle* is the reinforcement of this stigmatizing view: that alcohol use is always a choice.

The participants emphasized that this view was misplaced; “you can’t just say don’t drink for the next nine months,” Gem explained. “It’s not that easy.” Jessica went on to point out that many campaigns missed the complexities entirely, too, through their depictions of restaurant environments or social settings. As she explained:

It’s not the fancy going out, it’s the ugly stuff that happens at home. [...] It’s not going to a restaurant once and you have to make that decision, this is a daily thing that you struggle with. This is all the time, this is at my house, this is when no one else is looking, this is when it’s me by myself, there’s beer on the counter, no one else is watching and I have to make this decision, and I’m used to going to that every time because you know, my ex is doing this or I have other things going on. It’s not just about ‘oh, I want to have a drink, but I shouldn’t’.

Some individuals use alcohol to cope with stress, and also can consume alcohol for a number of other reasons (Popova et al., 2022), such as Robin’s friend, who “didn’t initially know they were pregnant and so they had been drinking [...] once they knew, they stopped drinking.”

The ultimate result of the perception of informed choice is that all individuals are judged

as equally causing harm, regardless of circumstance. These two contrasting perspectives replicate those found in Thomas and Mukherjee (2019), in which individuals who consumed alcohol while pregnant displayed two conflicting perspectives: that FASD was preventable, and that FASD was inevitable. The latter perspective came with the acceptance that there were circumstances outside of the individual's control (such as intimate partner violence, or a family history of substance use and/or mental illness), echoing the complexity Jessica described.

As a result, the participants of this study largely emphasized the role of support, even when acknowledging the perceived effectiveness of shame. Even participants who expressed moral judgement supported routes such as harm reduction. "If we agree, in totality, alcohol is bad for a child," Steven explained, "there's probably circumstances where you'd go...maybe ten glasses, versus a hundred if the person tried to go cold turkey and failed." Similarly, Joseph explained, "ideally, you'd try to aim for none, and if you can't do that, then I guess a bit is okay," acknowledging that the physical difficulty with quitting alcohol could result in hospitalization (Trevisan et al., 1998). Other participants also supported harm reduction, such as Chris, who emphasized that "if you're someone who is an alcoholic and you become pregnant and now you're dealing with that factor...it's going to be different. It's going to look differently, right?" Gem suggested substitutions, Holly brought in the role of a partner in supporting abstaining by abstaining from alcohol themselves, and Janelle expressed that acknowledging these different paths through pregnancy would help most people, including those who were worried they had consumed alcohol before they knew they were pregnant.

In fact, no participants expressed anything but support for harm reduction approaches, although they did tend to express that an "ideal" was that no alcohol be consumed. When faced with explicit stigma, they rejected it—unless a possible benefit was clear. In the discussion

around shame and stigma, one possible benefit participants discussed was the vitality of campaigns that made an impact: in this way, shame could be powerful.

## 4.2 *Shame as Power*

As such, one of the main elements of effectiveness according to the participants was through its clarity, discussed in Chapter 3.3.1. The clearer messaging was, the more easily it was understood, and therefore the more effective the campaign was at getting its message across. For some campaigns, clarity went hand in hand with power and strength, such as *Image #3: Baby or the Bottle*. *Image #3* was described as “impactful”, “stand[ing] out” and “obvious”; while its power was directly connected to its effectiveness, the elements that gave it this power also made it feel negative.

The ultimatum language of “Baby or the Bottle” was clear, but also strict, feeling “shameful” and “aggressive”. Joseph described the photo as “traumatizing” due to the baby visibly suffering, but immediately after explained, “it’s just—it’s strong.” The red colour was associated with anger, or a stop sign—something sudden and serious (Kawai et al., 2020; Kawai et al., 2023; Moller et al., 2009). All in all, the visual experience of the campaign resulted in a “startling” experience which “hit the hardest” to “stop [alcohol use during pregnancy] dead in its tracks”.

While those feelings came with a more negative experience of reading the campaign, the participants also brought up that more supportive campaigns were missing this “power” to make them effective. “[It] doesn’t really jump out at me,” Joseph explained, describing *Image #2: Alcohol and Pregnancy Don’t Mix*, “the message for some would be strong, for some [...] it could be more powerful.” When discussing how to improve the effectiveness of *Image #5*:



*Alcohol and Pregnancy Don't Mix*, Hana pointed out that moving the bottles could depict a clearer message of the skull and crossbones that the cartoon alluded to, thereby making it “more effective...and it'd be harsher then.”

Participants were searching for this “power” and strength within the campaigns, often finding it in those that utilized negative emotions. “It's morbid,” Joseph pointed out, “but then good again, ‘cause it's spreading awareness.” Negative emotion was described as “influential”, and as something that would make messages stick within memory. “When something is more traumatic or more emotionally strong, it conveys a message,” Joseph explained, when viewing *Image #1: If she declines a drink this season, just go with it*. “Not that I would recommend having like a horrific image on there, but, at the same time, that would really jump [out more].” The catching and keeping of attention was one of the main attractions of using negative imagery and harsher language, culminating in Robin's reaction to *Image #8: Too Young to Drink*, where she described being unable to stop herself from remembering the campaign, despite disliking it and the experience of viewing it.

The negativity was also contributed to by the inflexibility of language, something Hana touched on. She explained being hesitant to even use language that suggested an alternate path to complete abstinence of alcohol consumption, explaining that “it still kind of encourages it a little bit,” she explained, “as opposed to making it like ‘this should not be happening’ kind of thing.” Hana also went on to explain that there was a realism to that negativity that should be faced; “with constant alcohol consumption, there is a high risk of having a baby—like there being consequences with that,” she said. “It does face that reality.” Joseph emphasized the importance of tactics like these for his demographic. “Many people—they have this attitude that they're invincible, and it's younger people [that] usually do dumber things,” he explained, therefore

explaining that the campaign would be something that would need to hit hard, and “have to be something that jumps out at you”.

The seriousness behind more negative campaigns was also something participants discussed as a benefit. A serious topic should be met with the same tone, some participants explained, and negative, shaming campaigns treated it so. Campaigns such as *Image #1: If she declines a drink this season, just go with it* and *Image #10: For the love of children, don't drink while pregnant* received this type of commentary; participants were looking for something that “addresse[d] the severity” of consuming alcohol while pregnant, and noted that these campaigns “[didn't] seem to be very sombre in terms of FASD.” Peter compared *Image #10* with *Image #8: Too Young to Drink*, as two contrasting tones of messaging:

I think [*Image #10*] has a great spark, but at the end of the day, for me it's that the importance of the tone and the image [of *Too Young to Drink*] and that dark tone has more power for me.

Peter's return to the concept of power further emphasizes the reason for which campaigns perceived as shaming were deemed effective: the driving factor was not the shame itself, but rather the element of “power” behind it. Campaigns are processed with a series of complex mental faculties, and not all that is perceived will be accepted, or translated, into action (Koelen & Van den Ban, 2023). The “power” that the participants refer to are what they perceived to be a driving motivating factor for a change in mindset. However, negative emotions are not the only method of creating this drive.

One promising field of research is in regards to awe, a complex positive emotion that is distinct in its category as it not only is able to capture interest, but also can result in

accommodation, a process through which a viewer finds a discrepancy between the object of awe and their existing mental structures (e.g., their knowledge and beliefs) and therefore attempts to resolve this discrepancy (e.g., by changing their beliefs; Septianto et al., 2020). Awe can also lessen the differences that are felt between current and future selves, therefore making the ideal future self feel in more achievable reach (Pan & Jiang, 2022). Although commonly discussed in the context of beauty, it is also discussed in the context of childbirth (Dahan, 2023). The use of awe or other positive emotions to create this “power” without stigma could be a future area for exploration.

However, even in these discussions of the power behind shame and negative messaging, a common thread among the language of participants was the way they did not want to go too far. “Jarring” was too extreme, “horrific” imagery wouldn’t be recommended—but the emotions behind them could be effective if those emotions could be utilized without stepping past a perceived boundary. Participants were searching for this balance and found imbalance even in campaigns such as *Image #10: For the love of children, don’t drink while pregnant*’s language of “100% preventable” and “049”. The language of “100% Preventable” comes into conflict with its inflexibility—although the message is clear it’s not entirely true across all populations (Popova et al., 2022; Thomas & Mukherjee, 2019). As Lily explained, “for people who are dependent on alcohol, it’s just not a hundred percent preventable”. It also contributes to the stigma surrounding the topic, creating an expectation that if all cases of FASD are 100% preventable, the pregnant individual chose to cause FASD in their child (Badry et al., 2023; Choate et al., 2022; Tortorelli et al., 2023).

Similarly, Selena noted that “zero alcohol for nine months” had the same issue. “If someone with alcohol dependencies or addictions saw that, I feel like it’s very negative,” she

explained. Clarity conflicts with flexibility, in this case—and that flexibility is essential to being both applicable across different readers and realistic to what can be achieved. Literature on messaging in campaigns indicates that high controlling, directive language, such as the “never” that is used in *Image #3: Baby or the Bottle*, is straightforward to understand, but it also has a higher risk of inducing reactance than low controlling language that does not explicitly order or direct (Staunton et al., 2020). The language being inapplicable to certain populations would also be something to consider, as Diana noted, explaining that *Image #3: Baby or the Bottle* was not necessarily appropriate for the general public, “just because it does support that stigmatization against mothers who drink during pregnancy or have had a drink or two before they knew they were pregnant.”

Participants also pointed out that the “preachy” tone of voice of some campaigns, such as *Image #3: Baby or the Bottle*, could turn some readers off from listening to the message. As Melanie explained, she doesn’t “like being ordered to do something” and would therefore “take it the wrong way.” In line with reactance theory (Brehm, 1966), the message itself means little if the reader doesn’t take it to heart and as Melanie explained, tactics that take a more positive lens may have a better chance at getting through to a reader. “I would take [a positive message] more to heart and take more from that ad,” she explained. Although they lack a strength that participants attribute to negativity, that strength could possibly come from any emotion at all—as long as it is deemed appropriate to the topic and allows for a connection to the message.

One of the most significant issues with using shame as a tactic for effectively and powerfully delivering a message was explained by Diana. When viewing *Image #3: Baby or the Bottle*, she noted:

Because it is such a jarring image with fairly negative text, as a healthcare provider, I would be worried that if my patients were to see it, they wouldn't feel comfortable coming to talk to me about alcohol and pregnancy. And I would want them to feel that they could come to talk to me about alcohol and pregnancy, especially in the mind of an adolescent; they may see this and feel like they're going to get in trouble, especially because they're underage drinking. I wouldn't want them to feel that way. I would want them to feel like they are coming to see their healthcare provider who is non-judgmental and there to help and educate.

*Image #3* holds a contrast between two messages: text that encourages the reader to reach out to their healthcare provider, but a message that encourages keeping quiet. The implications of this messaging in a healthcare setting are already demonstrated: provider judgement is an explicit barrier to a trusting patient-provider relationship (Renbarger et al, 2020), and therefore, individuals do not feel safe to disclose their alcohol use (DeJong et al., 2019; FASD ONE, 2016; Paris et al., 2020; Weber et al., 2021). The ultimate result is not in line with the ideal of preventing harm from which this judgement stems. Individuals who consume alcohol while pregnant are prevented from receiving advice and supports, while their children are unlikely to receive an early diagnosis without disclosure of alcohol use. The use of shame, guilt and blame in prevention campaign messaging is one of the ways stigma remains reinforced in the healthcare setting.

#### **4.3 *Tactics of Shame: Fear, Guilt and Shock***

Within the campaigns that used more negative messaging, participants noted three tactics used by the campaigns: “fear-mongering”, “guilt trips”, and “shock value.” All of these tactics were a

method of eliciting negative emotion, and all of these tactics were therefore associated with that same “power”. Not all tactics were discussed similarly, however, and as these emotions are different, they will be discussed separately.

#### 4.3.1 **Tactics of Shame: Fear.**

The Public Health Agency of Canada argues that fear is implicitly part of any health campaign (Burgoyne, 2006). Inducing fear in a reader—or a fear of a possible consequence of an action—can cause them to re-evaluate and change their behaviour. Fear elicits an arousal state which causes individuals to seek relief—either through removing the problem, or avoiding it (Percy, 2012). “Have you ever seen the show “Beyond Scared Straight”?” Steven asked, going on to describe, “they bring in kids with conduct disorder into prisons and they get all the stories, and—it shapes them. You know, they change afterwards. [...] It’s effective—so I assume it’d be the same for [FASD/alcohol use during pregnancy].”

While this perspective takes the stance that the use of fear of a consequence—going to prison, in the case of the TV show—is an effective tactic at changing behaviour, research (e.g., Petrosino et al., 2013) has found that interventions such as “Beyond Scared Straight” were ineffective crime prevention strategies, resulting in effects on the individuals within them that created more harm than doing nothing at all. In addition, two elements of stigma underlie this perspective: the “consequence” being a necessary punishment as a result of informed choice, and the comparison of having a child with FASD to a prison sentence. These ideas dehumanize individuals with FASD and their caregivers (Hellard, 2018). While fear is viewed as an effective motivator for behaviour, it is stigma that reinforces it as an appropriate tactic at reducing alcohol use during pregnancy. As a result, the Public Health Agency of Canada emphasizes that to be

effective, a perceived threat must feel lower than a person's perceived ability to take action (Burgoyne, 2006).

The campaign where fear was discussed the most was, in fact, the one rated as the most effective: *Image #3: Baby or the Bottle*. As Nicole explained:

In terms of the way it could've been presented, it's a little too harsh. I mean, it kind of gets the point across that there are kind of side effects that are very harmful as well, so in terms of that, I guess it's favourable 'cause it does give it a harsher way of explaining it to people, whereas [*Image #2: Alcohol and Pregnancy Don't Mix*] was a much more calmer tone for people to understand,. [...] It has that tone that would scare a mother during pregnancy.

Nicole's experience analyzing the campaign reflected other participants, with an initial reaction of feeling the campaign was too harsh, and on further analysis, acknowledgement that it could be effective despite their personal feelings towards the campaign. In fact, participants acknowledged that the fear could be a benefit—the “harsher way of explaining it to people” could be more favourable as opposed to images with “calmer” tones.

However, the inducing of fear by this campaign made it complex and made participants uneasy. Participants would often contradict themselves when viewing the campaign, doubt their prior opinions, and trail off mid-sentence, getting lost in their thoughts. These conflicting feelings were less present for other campaigns that relied on support, rather than shame, where campaigns could be experienced as effective without accompanying discomfort. When viewing *Image #10: For the love of children, don't drink while pregnant*, Simon explained:

Yeah, there's no shame attached to the drinking during pregnancy concept, which I think is really discouraging as a mother. [It] scares you into not drinking, where this one is more encouraging, and it's trying to appeal to *you* to not drink to help out your kids personally.

Shame, as described by Simon, was a discouraging tactic—something to prevent motion, as opposed to spur it.

These dispiriting effects of shame are reinforced by literature around fear: there are nuances to its effectiveness as a motivator. For example, the effectiveness of fear is influenced by the stage of change that the viewer is in, with particularly damaging effects if the individual is in the precontemplation stage (Cho & Salmon, 2006). In addition, the arousal response of fear changes behaviour through easing the anxiety it causes. Therefore, for fear to change behaviour, an immediate action must be offered to provide a solution to the presented problem. In the world of health promotion, such solutions are not often immediate, as is the case of alcohol use during pregnancy. Therefore, the use of fear has been found to be an ineffective motivator of health behaviour, and to have damaging effects in the long-term, including reducing the effectiveness of subsequent health promotion initiatives on the topic (Golub, 2018; Job, 1988).

#### 4.3.2 **Tactics of Shame: Guilt.**

The second most common tactic that participants brought up was that of guilt. Guilt is a state of negative affect wherein an individual feels as if they have violated a personal norm. The guilt then causes a negative view of themselves and is therefore believed to motivate change in behaviour through a desire to increase self-esteem (Bedford et al., 2011). Guilt differs from shame through its interaction with this type of identity: guilt is related to the identity of the self,



while shame relates to social identity. As Schmader and Lickel (2006) put it, “people feel ashamed for who they are, but guilty for what they do” (p.46).

In the context of the discussion around the campaigns, participants noted that guilt could be an effective way to catch and keep attention. “I think that it’s effective,” Natalie explained, discussing *Image #7: This is why I supported her not to drink while pregnant*. “I say it’s kind of guilt-ridden, but in this sense, that seems to be a good thing, I think it gets the message across.” However, like fear-mongering, it still caused conflict in participants’ minds. “I don’t like advertisements that kind of have a guilt trip kind of vibe to it,” Natalie went on to explain, “but for this it’s important. So I guess I’m just kind of conflicted over that.”

As a result, guilt largely came up in the context of the participants’ dislike of it—largely in the active praise of campaigns that did not induce guilt. Campaigns such as *Image #10: For the love of children, don’t drink while pregnant*, *Image #7: This is why I supported her not to drink while pregnant*, and *Image #9: No thanks, I’m pregnant* were discussed as images that chose the route of support, rather than guilt, and were commended for doing so. “It’s encouraging love and care for the child instead of guilt having to do with the child,” Natalie pointed out, “guilt isn’t always a very effective strategy—I think this [encouraging love and care] might be a bit more ideal.” Natalie’s opinion is in line with current literature around guilt; explicit guilt-inducing advertisements are read as manipulative, and therefore cause a reactive response (Bedford et al., 2011; Lee et al., 2016; Thomas, 2023).

In addition, it has been suggested that guilt is more effective at elicited behaviour for already held personal norms as opposed to promoting a change in behaviour (Bedford et al., 2011). Guilt is not necessarily ineffective; there is evidence that guilt can result in a change of

attitudes and/or intentions, particularly if the message is only text-based (Xu & Guo, 2018). The difficulty with utilizing guilt comes from its widespread effect; individuals who did not know they were pregnant or who used alcohol for reasons that were out of their control will also experience this guilt. The use of guilt in health promotion has particular moral and ethical concerns (Guttman & Salmon, 2004; Guttman & Lev, 2021; Hansen et al. 2021; Trnka & Lorencova, 2020), especially if centering on the ideological position of preventing harm. Inducing guilt, and therefore knowingly contributing to a lowering of self-esteem, could be considered an act of harm.

One of the issues with trying to avoid guilt, however, was the subjective nature of interpreting campaigns. In the case of *Image #7*, some participants felt the image of the man and baby was very supportive—something warm and welcoming. Others felt that the mother was being removed from the conversation, and that the father was speaking on her behalf—a much more shaming message. *Image #10* had a similar issue, where although some participants found the campaign “empowering” and supportive, others felt that the wording on the campaign implied that if a pregnant individual did consume alcohol, they did not love their child. The use of a “guilt trip” as a tactic to make a message stick was relatively inconsistent, and often seemingly unintended. In comparison to both the use of fear and shock, guilt tended to be judged as less effective, as well. “The [tender loving care] just really hits home,” Simon summarized, “rather than the shame and the guilt.”

### 4.3.3 **Tactics of Shame: Shock Value.**

The third tactic was the most frequently discussed and the one viewed at the most effective: the use of shock value. Shock value is commonly used in advertising, so much so that the term

“shockvertising” (Hashem et al., 2021, p.1) has been coined to combine the words. Shock value has been commonly used in smoking cessation, where graphic imagery has been placed on packaging warning against negative health impacts (Irvine & Nguyen, 2021). Although there is evidence that this approach can be effective at changing health behaviours (e.g., Joo et al., 2022; Parry et al., 2013), reviews are also mixed (e.g. Gheorghe et al., 2017; Purwanto et al., 2018). The introduction of graphic health warnings on cigarette packaging in Canada did not appear to impact cigarette sales, although negative sentiment against smoking grew during that time (Irvine & Nguyen, 2021).

In addition, shock value appears to have a short-lived effect, as the novelty of the imagery wears out over time (Drovandi, 2018; Gheorghe et al., 2017; Thornton & Rossiter, 2001). As a result, the graphic imagery on cigarette labels is not perceived to be as shocking as it once was (Drovandi, 2018; Gheorghe et al., 2017). Within this study, two campaigns were the most frequently discussed as using this tactic: *Image #3: Baby or the Bottle* and *Image #8: Too Young to Drink*. These campaigns often were met with vocal surprise and reactions like Ella’s:

Um, I’m being freaked out by the whole baby in the bottle, umbilical cord thing. It’s just my... yeah, give me like five seconds, and I will come up with more intelligent feedback, but right now I just feel like I’m just—the shock of it is just taking me back a little bit.

Participants used words such as “disturbing”, “harsh”, “traumatizing”, and “startling” to describe these images, but these aspects were not always a downside to the campaigns. “I personally find it a little harsh,” Melanie said, referring to *Image #3*, “but, it also does contribute to the [campaign’s] shock factor.”

Steven said something along similar lines, as previously discussed in the context of attention—“we see 10,000 ads a day,” he explained. “I still think that the sort of [shock] reaction is important.” Hana felt that the “shock factor probably hits harder” when asked if support or shame would be a more effective messaging tactic, and both Holly and Selena noted that the shock factor was an element that they liked. “It has the highest shock-value of all the ads we’ve seen so far,” Caroline explained, referring to *Image #3*, “I think it’s very effective in that sense.” Carter, on a similar note, but referring to *Image #8*, noted that “the shock value [...] it speaks paragraphs.” Shock worked to catch the eye and attention, even if the image was “disturbing to see”. Participants felt that it worked to “get [the reader] really thinking about it”, noting that the images felt “direct” and could prompt a “second look.”

However, participants also struggled with likability when it came to these aspects. “One thing I don’t like about it though, is it’s just—it seems like it’s almost shaming the woman,” Hana explained, “but I think that also contributes to its shock value and how hard it hits.” Kayla had a similar conflict, where she was forced to put her “personal opinions aside” in order to fully view the campaign as effective. In this personal opinion, she did not like the campaign, and noted that “you’re putting that onus entirely on the person who’s pregnant. I feel like this [campaign] shames them more than anything else.” Despite the “icky feeling” *Image #3* gave her, Kayla emphasized that she did “genuinely think it [was] effective,” and “a good ad”.

*Image #8*, too, had a strong emotional response with occasional dislike attached. Brooke pointed out that this powerful emotion could be a good thing, explaining, “even though I didn’t really like it at all, this would help me remember because I don’t like it so much—I literally have this image in my head. Even though I don’t like it at all.” Victoria agreed, noting that the campaign made her “cringe” and that she did not “like the idea of the advertisement”; however,

she also acknowledged that it would be effective “with some minor changes.” The reaction to *Image #8* was so potent that some other participants brought up fearing that it would come back in other images, such as *Image #1: if she declines a drink this season, just go with it*. While the participants laughed about being “scarred for life”, there was a threshold where shock value became too much for participants to appreciate.

“I just find the red one is too much for me,” Gem explained. Chris agreed, noting that while the shock value was effective, he personally thought there were “better ways of getting that same information across without doing it that way.” Brooke, too, brought up that using shock value that hit too hard could diminish the message entirely. When viewing *Image #8: Too Young to Drink*, she explained:

I don't think [a viewer] would read the text. [...] They may be so shocked by it, they'll just look at the picture, and move on. 'Cause I wouldn't read the text. The text doesn't draw my attention. At all.

In Brooke's case, the image was so shocking and so eye-catching, the text was lost entirely, therefore only delivering part of the message—the same as if she had only briefly glanced at the campaign. These were not the only unintended consequences that could come about from using shock value that hit too hard, as Chris explained:

I think for those who are pregnant and they see this, yeah, it's going to grab their attention and get them really thinking about it. I think it's a bit harsh for those who have maybe gone through it. Like I said before, I think [this campaign acts] more [through] passing judgement than it [does] on just education, but that's my personal take on it. [...] Oh, it [could have unintended consequences]—emotionally, absolutely. Yeah, yeah.

Chris' experience of *Image #8* was the feeling of being judged, as opposed to being educated, something that he did not find to be the most effective way of delivering information. Even if shock value was utilized, finding the point where the "fine line" was crossed would prove to be difficult. Victoria called into question the comparison with smoking, noting that using shock value for that topic was "such an easy thing to do, you show the rotting gums or you show the bad lungs, but I feel like for this topic you have to be more creative with it. [...] What would you show?"

The ways through which to use shock, and how it could be effectively utilized, also came up in comparing the two images that were perceived as using it the most: *Image #3* and *Image #8*. When discussing both of the images, and the ways they both surprised, Carter felt a difference, although he could not put it into words:

I think they both shock in a different way. Like, the "Too Young to Drink" [is] more like my baby's drowning and [*Image #3* is] like—well, actually the baby's kinda drowning too, um...I don't know. I feel like they're different, I don't know why. [...] But they both shock pretty well, yeah.

Although their shock factors felt different, both of them achieved a level that participants felt hit hard. These campaigns were harsh, but they were also powerful. Interestingly, when also viewing the two, Kayla explained that the feelings of shame seemed to be diminished in *Image #8*:

I think the "Too Young to Drink" one though, I will say it's a lot more effective in my opinion in that it's not shaming. You don't get that shame, you don't get that—a little bit, but not as much.

While *Image #3* was rated as first in effectiveness by nine participants, and last in likability by five, *Image #8*, on the other hand, had less of a disparity. It received seven ratings as first in effectiveness, and two in first in likeability. As last place, *Image #8* received no votes (see Table 1). Despite being criticized for its “traumatizing” imagery, not all participants perceived *Image #8* the same way—as Sophia, Ella and Jessica discussed. “The umbilical cord didn’t bother me,” Sophia explained, “but perhaps people who aren’t exposed to like medical content or images often would be kind of disturbed or off-put by it, so I can see where Ella’s coming from.” Jessica agreed, noting that:

For me, I’m used to seeing that sort of thing, so I can see how it could definitely be a shock factor but for me [...] I don’t get the same [shock factor from it]. I’ve seen that sort of thing before, so I’m more used to it.

It was here where the participants’ backgrounds came into play. Students that came from a nursing background, or who were well-acquainted with medical imagery, did not find the image of the fetus to be as shocking and negative as those to which it was a newer experience. These findings are in line with research on shock value and wear out where novelty is an important component (Drovandi, 2018; Gheorghe et al., 2017; Thornton & Rossiter, 2001). These individual differences represent another difficulty in finding the “fine line” of where shock can be used to catch and keep attention without inflicting pain or discomfort on the viewer—the difficulty of considering every viewer background.

The tactics of fear, guilt, and shock value share the same weakness: they are inconsistent. Fear required a method of immediate assuaging to be effective (Job, 1988), guilt was disliked due to a common perception as a manipulative tactic (Bedford et al., 2011; Lee et al., 2016), and

shock value was subjected to wear out depending on time and experience (Drovandi, 2018; Gheorghe et al., 2017; Thornton & Rossiter, 2001). The difficulty with using these tactics is that a campaign that does not effectively prevent alcohol use during pregnancy is not only an ineffective health campaign anymore, it may now be an active contributor to harm. Tactics that use guilt, judgement and shame can reduce self-esteem (Bedford et al., 2011), promote inaction as opposed to action (Brennan & Binney, 2010), and ultimately represent a barrier to care (DeJong et al., 2019; Renbarger et al., 2020; Weber et al., 2021; Winsor, 2020). In the creation of a new campaign for the prevention of alcohol use during pregnancy, the decision must be made as to whether this risk is worth taking.

#### 4.4 *The Lens of Shame: in Summary*

The lens of shame finds its footholds in stigma. Although participants often vocally preferred supportive messaging, and advocated for the reduction of judgement, implicit stigmas persisted within some of their discussions, such as the assumption of alcohol use during pregnancy as an active choice, thereby condemning the pregnant individual to the guilt of their actions.

Campaigns that used shame to deliver their message were described as powerful. Comments were often made on their strength, how hard they hit, and the way the message would linger in the mind.

Participants described three tactics through which these campaigns delivered their messages: fear, guilt, and shock. Participants felt that fear could be an effective motivator for change, or inhibitor to action; guilt acted similarly, but was viewed as more inconsistent. Guilt, as opposed to shame, often seemed to be an unintended response of a campaign. Shock value was most commonly discussed, and while participants often felt conflicted about their feelings



towards the campaigns, they noted that aspects that were “a little harsh” could actually add to their benefit. Given the importance of the message, and how well they wanted the message to linger, turning to the power of negative emotion seemed like a simple conclusion.

However, other participants described the ways the campaigns crossed a line for them, becoming too emotionally charged to consider as a mechanism for change or education. They also described the way these campaigns told the reader to reach out, while showing them that they would be shamed if they did so, thereby discouraging further conversation about alcohol use during pregnancy. Although shame steps from the base that the stigma surrounding alcohol use during pregnancy has built, it also rebuilds it in return—the shaming tactics utilized by campaigns help to reinforce the idea of pregnant individuals choosing to harm their children, that this harm is equivalent to drowning a fetus, and that any attempts to discuss the issue will be met with judgement of the pregnant individual. This guilt, shame and stigma is then internalized by these individuals (Weber et al., 2021), making behavioural change feel even farther out of reach.

When separating votes by likability and effectiveness (see Table 1), *Image #3: Baby or the Bottle* won its first place in effectiveness with nine votes. *Image #4: It's safest not to drink while pregnant*, however, won its first place in likeability with a vote of 15, and stayed a close second in effectiveness with eight votes. These results indicate that if presented with two options that were perceived to be equally effective, participants would unanimously choose the option they perceived to be more supportive. The challenge, then, becomes creating a campaign that stays steady in its support, while not sacrificing any of its perceived effectiveness.

## Chapter 5

### 5 Results and Discussion: The Lens of Support

*“I think people kind of ostracize those who use substances during pregnancy and I don’t think that’s an effective way of giving support or offering help.” - Sophia*

“I think this is just so heartwarming and heartfelt,” Brooke explained, discussing *Image #7: This is why I supported her not to drink while pregnant*. “I just like this one. It’s just something that I feel is important.” Participants often described their appreciation of positive messaging—campaigns that were less harsh, that got their point across without casting blame or shame, and that participants could enjoy reading. Campaigns that were clear but were able to create a “welcoming tone” were highly regarded. Some of the campaigns that were praised for their supportive tones included *Image #10: For the love of children, don’t drink while pregnant*, *Image #7: This is why I supported her not to drink while pregnant*, *Image #4: It’s safest not to drink while pregnant*, *Image #5: Alcohol and Pregnancy Don’t Mix*, and *Image #6: Let’s meet at the coffee bar*. Although *Images #5 and #6* were discussed, most praise centered around *Images #4, #7 and #10*.

These campaigns were discussed as well-liked, and participants pointed out that the “welcoming tone” within these campaigns made them “more likely to be open to the message”. Their discussions were supported by their ratings, with *Images #4, #7, and #10* being the most chosen three as first in likability (with *Image #4* placing first, followed by *#7*, followed by *#10*). *Image #6* was hindered by its lack of clarity, while *Image #5* struggled with its relatability, causing participants to give these two campaigns lower scores (see Table 1).

As a result, much of the advice given by participants encouraged future campaign

creation to focus on support, as opposed to shame. “Number one, I think it’s important to not cast blame or shame on the mother,” Sophia advised, “like ‘you do this and you’re a good mother’ or ‘you don’t and you’re not a good mother’—just to avoid that sort of messaging.” Similarly, Natalie elaborated that in a campaign, it is important to remember that individuals are being represented in some way, whether it be pregnant individuals, families, or individuals with FASD. She advised to focus on a positive message, noting that she “could definitely see where the concern would be” with using the campaigns that focused on shock value or judgement.

Diana brought in the lens of their demographic—as students, she explained, “I mean I’m not planning on becoming pregnant at this age, I’m just starting my career, but things happen.” Young people experience a specific intersection between age and pregnancy that exposes them to judgement regarding their fitness to parent, decision-making capacity, and autonomy (Conn et al., 2018; Mulherin & Johnstone, 2015). This stigma may be compounded if alcohol is consumed, and with the anxiety that can accompany fear of judgement, Diana emphasized that “if looking at [developing a campaign for] our age group specifically, creating a campaign that offers a no judgment policy, and inviting people in to discuss this issue with their healthcare provider” would be the best angle to use.

Therefore, the discussions during focus groups centered on two aspects of support: (1) the unique means through which participants felt supportive campaigns were effective, and (2) how to encourage support within new or existing campaigns.

### ***5.1 Means Through Which Support is Effective***

The lens of support had unique ways through which it acted to be effective. Those discussed by the participants included (1) the benefits of utilizing positive emotions; (2) education and support

going hand in hand; (3) support as a method to create safe environments for open conversation; (4) the benefits of a supportive tone wherein the reader is spoken to on equal ground; and (5) supportive campaigns providing solutions and paths forward.

### 5.1.1 Means of Effectiveness: Support Through Emotion.

If one of the benefits of shaming campaigns lies in the power behind the emotion it can cause, it follows that powerful positive emotions could have a similar effect. Emotion has an influential effect on attitude (Hamelin et al., 2017), and participants often spoke of their emotions in the context of the likability of the campaigns: namely, that they liked experiencing positive emotion, and did not like feeling negative ones. Positive emotions struck a chord within participants and avoided the otherwise lukewarm reception that campaigns could have if emotion was omitted entirely—where participants described the campaigns as “typical”, “vague”, “okay”, and “fine”. The inclusion of emotion stopped campaigns from becoming bland or forgettable, whether the emotion was negative or positive.

*Images #7: This is why I supported her not to drink while pregnant, #10: For the love of children, don't drink while pregnant, and #4: It's safest not to drink while pregnant* were all discussed as campaigns that caught attention through positive emotion, with *Image #7* being brought up the most frequently. As Joseph put it, “this has a very good image. [...] It shows powerful emotion behind it.” The image of the father kissing his baby captured something touching, heartfelt, and personal. As Steven explained:

I think it would also be kind of powerful if you were a female, to kind of think of the person you love, probably more than anyone else in the world, your partner or spouse [...] it would move the dial a little bit.

Brooke agreed, noting that the image and the text both exhibited the same warmth and support: “you can tell how it supports the statement [...] how much he cares for his child.”

Participants who felt that they were able to relate to *Image #7* found it to be profoundly supportive, with participants such as Carter expressing, “I didn’t even read it. [...] I want to be a dad when I’m older, I really want to be a dad.” Another participant noted his role on a committee for fathers and emphasized that “this is something that we would have focused on and really advertised and pushed is the role of the partner.” *Image #7*’s high emotional content was both its strength and its weakness. The highly personal nature of the campaign meant that participants either felt it was incredibly supportive and loved the campaign, or felt it was stigmatizing and shaming, due to the exclusion of the mother. The difference between these perspectives determined whether participants experienced a reactive response. This subjectivity is one of the difficulties in creating campaigns that catch attention through this method.

Those that found *Image #7* relatable described it as “personalized”, “heartfelt” and “cute”, and noted that these were some of the reasons this campaign stuck out to them amongst the others. Other positive emotions were found in campaigns such as *Image #4: It’s safest not to drink while pregnant*, which Natalie noted “add[ed] a more personal touch” through the image of the pregnant woman, a familiar and relatable figure. *Image #10: For the love of children, don’t drink while pregnant* was also discussed as a positive campaign, with participants noting that it seemed to add a feeling of “self-love” alongside its intended message.

However, part of the difficulty in utilizing positive emotions comes from negativity bias, where negative statements are perceived as more factual than positive ones (Hilbig, 2009). In discussing campaigns such as *Image #3: Baby or the Bottle*, Hana noted that the campaign

“face[d] that reality.” Peter also compared *Image #10: For the love of children, don’t drink while pregnant*, which he described as “joyful” to *Image #8: Too Young to Drink*, which he described as having a “very dark theme” and “serious tone”. Although Peter thought well of *Image #10*, he believed *Image #8* had more potential to bring about change and did a better job of emphasizing the importance of the issue. However, he also noted that he “didn’t necessarily like how the image was being portrayed.” This connection to negativity as truth and objectivity may also explain the participants’ contrast between effectiveness and likability. They were searching for an effectiveness that was a rational truth, and therefore were possibly biased towards those with a negative lens, despite their personal preferences of positive ones.

While both negative and positive emotions are difficult to utilize effectively due to their subjective nature, campaigns that focused on positive messaging avoided the discomfort and dislike that some participants found reduced the effectiveness of campaigns that used shock, shame, and guilt. On giving advice for the creation of the final campaign, Kayla compared the two, explaining:

I think shame is effective in some respect, but I think it’s more effective when you actually get deep down into that core human element of people and reach [that] area, right? And show them like ‘hey look, these are human beings that you’re dealing with, this is a life that you could affect.’ [...] Shame can be a motivator, absolutely, but I think [support] is a more effective motivator. When you’re acting from genuine love and care, you’re a lot more motivated and I think when you get an ad that does that, people will really resonate with that message and want to move forward with it.

Utilizing positive emotions in campaign creation is a challenge. Negative emotions were quick to catch attention. They tended to be more easily conveyed and less commonly misinterpreted among the participants. However, campaigns that did effectively catch participants' attention through positive means received glowing reviews. A campaign that could capture a personal touch, while being expansive enough to relate to a wider audience, could have the opportunity to be hugely influential.

### 5.1.2 Means of Effectiveness: Education as a Method of Support.

One of the main pieces of criticism that campaigns perceived as shaming received was their oversight of what the students thought should be their main purpose: informing and educating the reader. According to the participants, education was a key component of effectiveness, and one that they discussed as intrinsically linked to support. Participants would directly contrast campaigns they perceived as shaming to those they perceived as educational, noting that a campaign “gives you information, it doesn’t shame anybody” or, vice versa, that the campaign “places then judgment instead of education”. These were goals of campaigns that contrasted against each other, and although education was brought up in conversation about stigmatizing messaging and imagery, through the lens of “educat[ing] people on risks”, participants largely agreed that education existed within the realm of support. Kayla summarized the difference in the experiences of *Image #3: Baby or the Bottle* and *Image #4: It’s safest not to drink while pregnant* as “I felt a little bit shamed in [*Image #3*], I didn’t really feel good reading it, and [*Image #4*] I feel like I have been educated and that I can move forward feeling good.”

These feelings could be due to the methods through which these messages were transmitted. Stigmatizing campaigns used strong, shocking images, while education tended to

come from the text of the campaign. There are differences in the ways images and text are perceived; people tend to spend less time looking at pictures, despite them typically catching more attention than text. This difference has been hypothesized to be because more information can be encoded in a shorter time from pictures than from words (Jansson-Boyd, 2019; Rayner et al., 2001). Individuals tend to read a specific amount of text, and not read anymore, regardless of content (Rayner et al., 2001). However, this tendency is also context-specific: in studies of social media, for example, images are less influential on Instagram, but more influential on Twitter, due to the former's natural emphasis on images and the latter's natural emphasis on text (Li & Xue, 2020).

There is also evidence that emotions such as guilt are more effective at changing attitudes when advertisements only use text, as opposed to accompanying the text with images, perhaps as the guilt becomes less explicit and therefore less reactance is exhibited (Xu & Guo, 2018). In the context of this study's campaigns, the text was less likely to be emotionally charged and more likely to include resources or information, which could have contributed to the association of education with support as opposed to shame. However, one of the main strengths of this approach, as Kayla described, was the way it empowered the reader, allowing them to feel informed and in control where they could otherwise feel shamed and powerless.

As such, the discord between education being perceived as supportive and participants calling for education in a stigmatized fashion (i.e., through "consequence") could be resolved as follows: a key component of feeling educated involves knowing how to move forward. A reader is not left feeling educated and informed if they are presented with new information that makes them feel lost, anxious, or backed into a corner. While stigmatizing campaigns can offer



resources or messages to reach out for help, the judgment underlying these campaigns closes these paths off.

The participants' desire for paths forward was one of the reasons for their emphasis on resources within campaigns. Resources represented a way forward, and a way for campaigns to become the "pebble in [a reader's] shoe" that eventually would lead to longer term change. To have this impact, however, participants emphasized that the resources and the campaign itself had to be perceived as coming from a trusted source of some kind. Janelle pointed out that *Image #5: Alcohol and Pregnancy Don't Mix* had "an Alberta stamp at the bottom which sort of endorses it", noting that "for most [people], having a governmental stamp or endorsement may increase their trust in what is being said". Having an indicator that information was somehow "official", "what healthcare providers are recommending" or "what the province is recommending" acted to invoke trust in what was being said. Diana also noted that it would serve to act as a place to "go get more information", for example, "if it were the Sudbury Health and Districts logo, you would think 'oh, I can go get more information on this there', [and that would be the] same with a governmental website."

The idea of a trusted source existing somewhere within the campaign also extended to outside of it. Part of the impact of having the campaign in a healthcare setting, for example, was that the placement would indicate in some sense that the healthcare workers approved of the message, thereby acting as the trusted source. For those who could not readily access healthcare providers, resources became even more essential, as Diana and Caroline explained—not all appointments are available on short notice, and not all individuals, particularly in Northern Ontario, have easy access to healthcare (Burnett et al., 2020; HQO, 2018; Mandal & Burella, 2021; Wilson et al., 2020). Resources that are seen as coming from a trusted source of

information serve to bridge that gap and could allow for more concrete answers than are currently available when individuals are left to research pregnancy, alcohol use, and FASD on their own.

### **5.1.3 Means of Effectiveness: Support Through Safe Environments for Conversation.**

Supportive campaigns also contributed to education in a different way. As participants discussed, one of the main barriers to seeking help for alcohol use during pregnancy and/or FASD is the stigma that still surrounds it (Badry et al., 2023; Choate et al., 2022; Hellard, 2018; Thomas & Mukherjee, 2019; Tortorelli et al., 2023; Weber et al., 2021). Campaigns that echo the sentiment of stigma tended to echo its effects as well: participants described how they, as the reader, would feel shamed into staying silent. In contrast, campaigns that took a more supportive tone tended to create safer, more supportive environments and in some cases, create conversation where there could otherwise be none.

Diana described her worry about patient comfort when it came to viewing *Image #3: Baby or the Bottle* if it were placed in a medical setting, emphasizing the importance of comfort, as well as feeling as if the healthcare provider “[would be] non-judgmental and there to help and educate.” Healthcare providers can be seen as a position of authority (Betz et al., 2016; Hudson et al., 2008) and while this position can lend credence to their advice, it can also result in patient fears of being blamed, shamed or facing repercussions by someone who they feel does not understand their situation (Paris et al., 2020; Renbarger et al., 2020). The consequences of judgement and blame impact both the pregnant individual and their children (Hellard, 2018; DeJong et al., 2019; Winsor, 2020). The participants noted the importance of providing an

opening for difficult conversations to begin, and how campaigns, in the right location and with the right messaging, could help create that kind of environment.

“It’s just a reminder,” Nicole explained, referring to *Image #5: Alcohol and Pregnancy Don’t Mix*, “just for them to understand that ‘yes, I guess I probably should inform my healthcare provider’.” To her, the campaign did not read as “scary” as other campaigns, which therefore contributed to “helping the pregnant women feel safer”, and, by extension, “prove[d the campaign’s] effectiveness.” *Images #4: It’s safest not to drink while pregnant* and *#10: For the love of children, don’t drink while pregnant* received similar praise. *Image #4* was described as a campaign that “allow[ed healthcare] providers to open up that conversation [...] without coming off as judgemental.” As Diana described it, “we all have a grandmother or a great grandmother who maybe had a glass of wine every now and then during one of their pregnancies, so it gets that dialogue going.”

Jessica contrasted *Image #10* with *Image #9: No thanks, I’m pregnant*, noting that the differences in body language of the model resulted in the latter feeling as if the discussion was “very closed off and very like, ‘we don’t need to talk about it, I’m not taking it, end of story’”, whereas the former campaign felt “so vulnerable and so welcoming [...] it invites conversation.” The body language of *Image #10*’s model resulted in an open, welcoming tone that Jessica felt promoted discussion in a very supportive way, creating a safe environment in which individuals could reach out for support without being judged.

*Image #7: This is why I supported her not to drink while pregnant*, too, received praise for the way it opened conversation by inviting partners in and reminding pregnant individuals that they had supports available to them. “It just shows that there is support out there,” Victoria

explained. “It might not be close, but there is support out there for the topic.” Although some participants noted that those supports might not be consistent across all individuals, and that certain imagery could serve to remind the reader of supports that they did not have, as opposed to what they did, the sentiment behind opening the conversation to include the partner was appreciated by participants, particularly as another step in creating that safe environment for discussion.

The context of the outside environment also came into play in discussing campaigns as conversation starters. While more stigmatizing campaigns could work to stimulate discussion, these were much more cautious and particular. When viewing *Image #8: Too Young to Drink*, Peter explained that it would make much more sense in a medical setting, rather than somewhere like a university.

The location does matter and for me, when I first thought of it, the university’s promoting our well-being, so I could kind of see it being there—but, at the same time, it makes so much sense having it in a clinic setting, ‘cause you have that actionable conversation sparker. If you’re going to go see a medical professional, if you want someone to talk about—that’s someone who I would trust to speak about that with and I think that’s the point that was trying to be brought out. [...] So, I think the location really does matter, but I see there’s value in sparking it at a place like a university, but with caution because you wouldn’t have that opportunity to speak to someone about it, so you might either forget about it or it might just ruin the rest of your day or something.

For campaigns such as *Image #8*, the environment played a strong role in what could happen next. As Peter explained, the absence of a discussion with a healthcare professional could result

in the campaign “ruin[ing] the rest of [the reader’s] day”, leaving them in a worse mental state than where they began. Although not all readers would respond in the same way, the inclusion of shock value and imagery perceived as stigmatizing meant that that campaign now came with a risk, and that that risk needed to be mitigated by having the campaign in an appropriate setting, where it could be further discussed. Conversation, in that case, was not necessarily a benefit of the campaign, but a method of mitigating consequences.

The contrast was clear in comparison to other campaigns such as *Image #10: For the love of children, don’t drink while pregnant*, which was described as a campaign that could even go as far as to follow the “therapeutic modality of normalizing substance use”, resulting in an experience of “[it] is okay if you’re going through this, it’s cool, it’s fine, let’s try and help you, let’s not shame you.” Campaigns perceived as supportive, such as *Image #10*, might not necessarily require the appropriate context for them to promote conversation, but that did not mean that their context would not have an effect. As Sophia pointed out:

When you’re going to a clinic or a doctor’s office, [...] if you see [an FASD prevention campaign, it] might serve as a reminder to you or it might spark that conversation, like ‘hey, I’ve been struggling with this and I think I might be trying for a child. [...] What supports are available to me?’ and it also sends that message that your doctor’s office or whoever is working there is supportive of that message and of your journey with that. I think that’s equally important: that they’re there to support you and not to judge you, so that’s a big fear for a lot of people who are going through something like this.

For the participants of this study, it was important that that fear was reduced, as opposed to added to. As Sophia’s quote explains, the message of a campaign within a healthcare setting is

often assumed to be the voice of the healthcare provider, and that can have differing effects. For example, the campaign is now seen as a trusted source of information, as the healthcare provider is perceived as having approved the message in some way by having it within that location. However, this perceived approval also means that if the campaign's message is one of judgement, the reader will be going in to speak with their healthcare provider under the impression that they, too, will receive judgement if they disclose their alcohol use during pregnancy. This expectation of stigma is a large barrier to disclosing alcohol use, thereby preventing individuals and their children from receiving the supports that would be of benefit to them (DeJong et al., 2019; FASD ONE, 2016; Morrison et al., 2020; Paris et al., 2020; Weber et al., 2021). For this reason, it is essential to consider the messaging within healthcare environments: FASD prevention campaigns should aim to reduce barriers to support, not add to them.

#### **5.1.4 Means of Effectiveness: Support Through Speaking as Equals.**

Another means through which supportive campaigns were discussed as effective was the way in which the reader felt they were being spoken to: namely, avoiding the feeling of being spoken down to. Participants expressed their praise for campaigns such as *Image #6: Let's meet at the coffee bar*, *Image #9: No thanks, I'm pregnant* and *Image #4: It's safest not to drink while pregnant*, appreciating campaigns that could “[get] the message across still, very clearly with the text [...] without having to blame women.” Natalie further explained that “sometimes I find that advertisement for things like this might be—not necessarily preachy, but maybe a little bit in your face,” and appreciated that *Image #6* was more subtle, appealing, and straight-forward.

On the other hand, Simon referred to *Image #3: Baby or the Bottle* as “very preachy”, and Carter noted that he found *Image #4: It’s safest not to drink while pregnant* to be “way better” in effectiveness than other campaigns, which felt as if “someone [was] yelling at [him].” The appreciation for campaigns that avoided speaking down to the reader was brought up by participants in their advice for future campaign development, as well. Sophia put it as her “number one,” explaining:

I think it’s important to not cast blame or shame on the mother, sort of in a very divisive, like “you do this and you’re a good mother” or “you don’t and you’re not a good mother”. Just to avoid that sort of messaging.

This messaging is pervasive and often linked to alcohol use during pregnancy (Aspler et al., 2019; Eguigaray et al., 2016; Roozen et al., 2020). Promotion of health equity is increasingly being recognized as a common good (Coggon, 2020), in which public health units should play a role. Messaging towards the social and familial role of the mother is prominent, particularly in areas of maternal or child health. However, this messaging is also prone to dehumanization and objectification; these campaigns both demand responsibility and remove agency. They then contribute to the sexualization of non-sexual acts (e.g., breastfeeding), and promote paternalism towards those the messaging may be meant to benefit (MacKay, 2020).

“Preachy” messaging often takes this paternalistic form as it includes a moral judgement of the “good mother” (i.e., the speaker of the campaign being morally superior to the reader of the campaign who they are placing judgement upon). “Preachy” campaigns were connected to those that felt directive and caused a reactive response; in the context of this study’s demographic, it is also important to consider that preachiness receives a particularly negative

reaction in youth and causes campaigns to be deemed unrelatable and/or unrealistic (Schar et al., 2006). As a result, participants cautioned against these types of tactics, as they would be “take[n] the wrong way.” While these types of campaigns, such as *Image #3: Baby or the Bottle*, were typically discussed as both shaming and effective, the “preachy” tone resulted in several aspects that participants identified as aspects that made these campaigns less effective than those that were perceived as supportive.

One of these elements had to do with unintended consequences towards specific populations. Teenage pregnancy came up in conversation, and the difficulties in reaching out to perceived authority figures, as well as listening to messaging that would make them feel as if they were getting in trouble. The young adults within this study are within the demographic that would experience judgement during parenthood due to their age and would therefore experience similar difficulties in reaching out for support (Conn et al. 2018). As previously discussed, these are not the only populations who would experience the fear and anxiety around being judged, as the tones of shame and blame were found to “support that stigmatization”. Natalie discussed the difficulty in navigating the topic, explaining:

I found that the most effective [campaigns] were the ones that did not focus on somebody’s face or any individual person. And I think that also kind of ties into the fact that you don’t want to blame individual women or anyone in particular for the issue of FASD or related disorders. I could understand how [not] having a person in the image at all, not having anybody in the image, I don’t think that would be a great idea. But yeah, at the very least I think the focus on not the individual person and their identity would be a good idea.



Stigmatizing, shaming campaigns that had individuals clear and represented on them risked tying that stigma to those individuals, or the groups that they belonged to, a particularly problematic risk considering the calls for diversity in campaign creation. With the history of racism and stigma regarding the topic of FASD (Choate & Badry, 2018; Hoyme et al., 2015; McKenzie et al., 2016; Oh et al. 2023; Tortorelli et al., 2023), the demographics of the represented group would have to be considered to not further contribute to these negative stereotypes.

In addition, these campaigns tended to have “black and white” language, which offered little flexibility or way forward. Participants felt shaming campaigns gave instruction without any methods or help to follow them, making it difficult for the campaign to reach the long-term effectiveness of reducing alcohol use through support or being educated about FASD, as the reader was left without a clear way to follow the advice. As soon as advice or help was offered, participants felt that the campaigns leaned back towards feeling supportive. In addition, campaigns that were viewed as “overly preachy” were seen as less professional by participants, which could be as result of the commonly held (but often misguided) distinction between rationality and emotion (Percy, 2012), or due to the perception of advertisements that use emotions like guilt as manipulative, and therefore not speaking from an objective lens (Bedford et al., 2011; Lee et al., 2016).

Therefore, although shaming campaigns were often associated with effectiveness, for some participants, this connection went the opposite way: it was positivity that they felt was truly effective. Participants expressed that although the shame and guilt tactics often came from a place of wanting to change behaviour, they often only ended up ostracizing these individuals—taking away help, as opposed to adding to it, a perspective which is supported by the literature (Health Canada, 2019; Morris & Schomerus, 2023; FASD ONE, 2016; Stuart, 2016; Thomas &

Muckherjee, 2019; Weber et al., 2021). In addition, as Jessica pointed out, the messaging within these campaigns was often not presenting new information to the reader.

It's not anything that pregnant women don't likely already know. [...] Most women, when they're pregnant, want the best for their child. I don't think anyone is going to maliciously, purposely, like 'hahaha! I know this is bad but I'm going to do it anyway!' and then they see a poster and [they say] 'aw, shoot!' you know? [...] It's not something that's going to stick with them like, 'oh, maybe I should've thought of that' because it's probably something that they already have thought about.

To Jessica, the assumptions that campaigns that use shame and guilt make are irrelevant to the reader. There are many reasons pregnant people may use alcohol during pregnancy, including misinformation about alcohol type or quantity that can cause FASD, influences by family or friends, and unplanned pregnancy (Popova et al., 2022). Campaigns that use shame and guilt to get their message across work through assumptions of the reader's situation which may not necessarily be true; they stem from the ideal of the moral caregiver, where anyone acting with less than perfection is seen as causing harm (Murphy, 2012). This judgement contributes to the "preachy" feeling of these campaigns. The reader is not placed on equal ground and is treated as someone to be spoken down to.

This inequality may help to explain the contrasting perspectives of shaming tactics that were found to be effective (for example, *Image #3: Baby or the Bottle* being rated as first in effectiveness), and the same shaming campaigns that were not, with participant advice on future campaign creation almost universally noting the importance of positivity. When discussing their own points of view, participants tended to appreciate shaming campaigns less. However, when

discussing hypothetical individuals outside of themselves, participants were more open to acknowledging the hypothetical effectiveness of these more negative campaigns. While it was difficult for participants to appreciate being spoken down to about their own situations, it was easier for them to picture other individuals' situations in which the more shaming campaigns could apply. However, if studies were done with these hypothetical individuals, it is unlikely that this hypothetical effectiveness would emerge, given the negative reactions to “preachy” tones of voice in advertising (e.g., Messerlian & Derevensky, 2006; Schar et al., 2006).

#### **5.1.5 Means of Effectiveness: Support Through Solutions.**

The next method through which supportive campaigns were effective was akin to the social liberation behavioural process of change as explained by Koelen and Van den Ban (2023). These campaigns offered an “instead” as opposed to a “don’t.” *Image #6: Let’s meet at the coffee bar* was a campaign that showcased this idea: as opposed to saying something like “do not drink alcohol with your pregnant friends”, it offered an alternative (e.g., meeting at a coffee bar). Other versions of the campaign offered the “instead” of having a mocktail as opposed to a cocktail, and a root beer as opposed to a beer (see Appendix R). Participants appreciated that the campaign offered a path towards support, a “substitution” for alcohol. “Say you’re dating or whatever, and a guy asked you to get drinks,” Melanie explained, “and you happen to be pregnant [...] this is a substitution. You wouldn’t be able to go get drinks but you could go get coffee. Or something. Or tea.”

The inclusion of caffeine was a point of contention and confusion for participants, as current recommendations for pregnant women include avoiding or limiting caffeine (Healthwise Staff, 2013; James, 2021). However, it was the tone of the campaign that participants

appreciated. “It didn’t just say ‘don’t go to the bar’, it wasn’t like, ‘oh, don’t do this’,” Jessica pointed out. “It was giving an alternative, because in a lot of cases [...] people don’t want to be told what not to do.” The rules that apply to campaigns that are seen as preaching or ordering still apply; readers do not want to feel judged or as if they’re being ordered (Brehm, 1966; Matarazzo & Diamantopoulos, 2022; Staunton et al., 2020). Campaigns that read like an order or a demand may capture attention (Sprengholz et al., 2023), but result in the reader disregarding the message, even after taking it in (Staunton et al., 2020).

*Image #10: For the love of children, don’t drink while pregnant* was also praised for its alternative options:

I like that the message is positive, you know? Like a lot of the ones that we’ve been seeing have been what I was saying earlier, like “don’t do this, don’t do that” and those often are less effective, in my experience and from what I know and from what I’ve seen and personally experienced, than a positive message. [...] It’s better to have an ‘instead’ rather than just a ‘don’t do this’, so I like that [in] this one, it’s not about ‘don’t hurt your baby’ it’s about ‘help your baby’. [...] To me, resonates more with support and trying to help rather than trying to tell people what to do.

Jessica emphasized the importance of the wording on the campaign, a sentiment that was also echoed by other participants. There was a difference between “don’t hurt your baby” and “help your baby”, the difference being whether the campaign felt as if the goal was offering help or controlling the reader’s actions. “Stronger” campaigns that used shaming tactics tended to lean towards the latter, and although these campaigns were discussed as effective in getting their

point across, that point did not resonate with Jessica as effectively as those of more supportive campaigns. Elaborating on this difference, Jessica also went on to explain:

If we're just coming out and saying, 'pregnant women can't do this and can't do that, can't do this,' like 'you can't go to the bar, you can't go out here, you can't do that,' it's going to be overwhelming, and I think it's good that it gives an alternative rather than just saying 'don't do this'. [It] gives another opportunity for them to go out and still be social and still go see your friends and still chat with people and all those things.

The advice given to pregnant individuals is already vast. Among dietary restrictions, individuals are recommended to avoid caffeine, raw or unpasteurized dairy, raw or undercooked meat, unpasteurized juices, raw sprouts, unheated hot dogs, non-dried deli meats, refrigerated meat spreads, raw eggs, soft cheeses, and blue cheeses (PHAC, 2022). Individuals are recommended to take multivitamins with folic acid every day, aim for 150 minutes of moderate exercise a week, eat fish low in mercury, avoid high temperature activities like sunbathing and saunas, avoid lying on their back after the first trimester—the list continues (Fletcher, 2022; PHAC, 2022).

When taken in all at once, this advice can feel overwhelming, or even impossible to perfectly obey. Campaigns that take a strict “do not drink alcohol” stance leave no room for imperfection, increasing the already high pressures on pregnant individuals (Evans et al., 2020; Holland & McCallum, 2015). The danger of this pressure is that the judgement of the immoral caregiver leaves no room for imperfection (Murphy, 2012) and if an individual is judged as unfixable and immoral at first mistake, the ideal of the moral caregiver becomes so fully out of reach, it could be deemed that there is no point in even trying. The results of this study indicate

that this feeling of overwhelmed helplessness is exacerbated by campaigns that only give instructions without alternatives.

Jessica also alluded to the “social” importance of campaigns that gave an “instead” rather than a “don’t.” Sophia also noted this thought in discussion of *Image #6: Let’s meet at the coffee bar*, explaining:

I think it supports the idea that just because the goal is to abstain from alcohol during pregnancy doesn’t mean that you are socially isolated, and I think it highlights the fact that social interaction is equally as important during pregnancy and that it can be attained through other means besides alcohol use. So I do like it.

Social interaction doesn’t lessen in importance during pregnancy, as Sophia explained, but many social environments may be inherently exclusionary or unsupportive to pregnant women. “If you’re in that environment, with someone who is pregnant,” Chris explained, “[being supportive] means not going in an area where [...] you’re going to be more prone to wanting to have a drink [or] put that pressure on.” Exclusion can often be the result of pregnant individuals not being able to partake in social drinking—whether it be through avoiding alcohol at the setting or not going to the setting at all.

As discussed in previous chapters, the feelings of social isolation are already exacerbated when it comes to alcohol use during pregnancy, as the stigma surrounding the topic causes it to be seen as something to be dealt with in private, as opposed to something that can be spoken about openly (Matebese et al., 2021; Paris et al., 2020). Pregnancy can already be a stressful experience (Nowland et al. 2024; Rokach, 2004; Yu et al., 2020), and the combination of these exclusionary forces only promotes the difficulties that pregnant individuals may be facing.

Sophia went on to explain that the goal of *Image #6: Let's meet at the coffee bar* appeared to “encourage social interaction—encourage that life doesn’t end during pregnancy and that you can still have that fun, have the social interaction.” The idea that the campaign is trying to send the message that “life doesn’t end during pregnancy” alludes to the way pregnant individuals might be feeling: that “life” did end during their pregnancies. As a result, campaigns that were perceived as reducing this isolation were appreciated, with Sophia summarizing that “social bonding is necessary, if not more needed during pregnancy, [...] it doesn’t need to involve alcohol.”

## ***5.2 Methods of Encouraging Support***

Campaigns perceived as supportive were discussed as being effective through more specific ways than campaigns perceived as shaming. Although some components that made up an effective campaign were applicable across all types of campaigns, such as aspects to catch the eye and clear messaging, supportive campaigns utilized other tactics that participants found to be effective. For example, campaigns such as those utilizing positive emotions, providing education, promoting safe environments for open conversation, speaking as equals, and offering solutions were deemed effective. If supportive campaigns were well-liked and provided opportunities for effective campaign messaging, the question then became what made a campaign feel supportive, as opposed to feeling neutral or shaming.

### **5.2.1 Encouraging Support: Taking the Onus off the Pregnant Individual.**

The first of these ways came up in discussion of those outside of the pregnant individual, and involved campaigns that seemed to explicitly target bringing those outsiders in. Participants felt

campaigns such as *Images #1: If she declines a drink this season, just go with it*, *#6: Let's meet at the coffee bar* and *#7: This is why I supported her not to drink while pregnant* did not target pregnant individuals as their intended readers, but rather those around them—and through doing so, spread some of the responsibility of the topic to their friends, family, and/or partners. As part of Jessica's discussion of *Image #6*, she said:

I thought it was kind of nice that it was like, if you have a pregnant friend, you meet them where they're at. Like even if you want to go to the bar, you meet them where they're at, like 'let's go for coffee or tea,' or whatever it is. [...] I'm not going to have a cocktail when you can't have one.

Jessica was alluding to a feeling of shared responsibility over the pregnancy. Her reaction to the campaign represented the way it managed to shift the pressures of pregnancy from solely on the individual to those around them.

A similarly acting campaign was *Image #1: If she declines a drink this season, just go with it*, of which Gem remarked, "I like that it's not targeting the mother. [...] This one's more targeting the people around her." These campaigns took a similar tactic, and it was one that participants noted as an effective way of showing support. Chris explained:

It's showing support not just for the individual who's pregnant, it's showing that it's more than just the one person. [...] Whoever is the partner, whoever is supporting that individual through the pregnancy as well, I think it's [...] putting more [of] the emphasis on them to make good choices as well.



Campaigns that emphasized the spreading of responsibility tended to be well-liked, with participants like Gem stating that *Image #7: This is why I supported her not to drink while pregnant* “shows the message that I’ve been talking about, the support around the mother.” She went on to say she “really like[d] that message” and expressed her support for campaigns that used similar methods, such as *Image #2: Alcohol and Pregnancy Don’t Mix*. Although *Image #2* was not seen as necessarily only speaking to those around the pregnant individual, it made efforts to include them.

“I really like that it says, ‘Healthy mothers and babies need everyone’s support’,” Gem explained. “But maybe not even necessarily the word healthy...just in general. Like, ‘mothers and babies need support’.” Sophia and Kayla also expressed their support for the message behind the campaign. “The message I think is fantastic,” Sophia explained. “It just sort of acknowledges that it’s not just the mother’s responsibility to contribute to this kind of journey.” Campaigns such as these rejected the messages of isolation that other images sent with pregnant individuals standing alone, being the sole person in charge of their choices and bearing the full brunt of judgement for them. By expanding the conversation to simply include others, participants explained that *Image #2* managed to have a similar tone and message as *Images #6: Let’s meet at the coffee bar* and *Image #7: This is why I supported her not to drink while pregnant*.

*Image #1: If she declines a drink this season, just go with it* was also discussed as having a similar effect but on a larger scale. Hana described *Image #1*’s message as a “bigger call for everyone” in comparison to *Image #2*, elaborating: “I think that [*Image #1*] makes people think a little bit more, but it wasn’t as obvious, as to what it is. If that makes sense.” Although *Image #1* received criticism for its clarity, the message was well-received which was a message of support,

attained through targeting and including those outside of the pregnant individual in the discussion.

Although deemed a very supportive campaign, *Image #7: This is why I supported her not to drink while pregnant* was also a topic of debate due to the differing ways it was perceived: as a campaign that encouraged individuals to support their pregnant partners, or as a campaign that spoke over the pregnant person to shame and control them. The latter perception was attributed both to the negative phrasing of “her not to drink” as well as the exclusion of the pregnant person from the campaign imagery. These two aspects may explain why this criticism was not brought up for campaigns such as *Image #2: Alcohol and Pregnancy Don’t Mix*, which included an image of a partner, and messaging to include the partner in the conversation.

The former perception, which was positive, was attributed to the way this campaign also acted to shift responsibility and onus. This campaign was perceived as speaking specifically to partners, shown through its image of only a father and baby, and the messaging speaking from the perspective of the partner. “A lot of them are being targeted towards women I find,” Hana pointed out, contrasting the campaign against the others. “This one is definitely more targeted to men.” Peter also reacted when he first saw the campaign, explaining:

I didn’t think the mother was actually part of this at all, and this is my perspective because I think it’s actually not targeting women at all. It’s targeting the father and to try and get him to be supportive. Because the mother, she’s going to be doing her best, but there are temptations and stuff and I think having someone else there for you is really important.

Participants appreciated the inclusion of partners, particularly noting that “whether you’re talking about FASD or whether you’re talking about breastfeeding support, a lot of the times, it’s the partner and it’s the dad that get almost forgotten a little bit [...] consciously making them aware that they’re a big part of that in supporting that process I think is really important.”

The conclusion participants came to when discussing their contrasting perspectives of the campaign was that isolation of one person or another should be avoided. Natalie explained:

When it was isolating either the mom or the dad, it makes you feel like it’s one or the other’s kind of responsibility. In [*Image #2: Alcohol and Pregnancy Don’t Mix*] at least I get the sense that it’s more of a shared responsibility, I suppose. [...] And if you go with subtext of “healthy mothers and babies need everyone’s support” then I think that showing the husband and the wife is effective and appropriate for that.

Chris agreed, noting “you could have an ad that says, ‘we supported each other,’ as well, right? So they’re in it as a couple, right? It’s together, taking that ownership.” Participants stressed furthering the isolation of pregnant people, especially in conversations around alcohol use; they pointed out that “anyone within that family dynamic” could be included, including grandparents or close friends.

On the other hand, Selena pointed out that “not everyone has a support system”, and so, campaigns that depicted a pregnant individual standing on their own left their supports “open for interpretation.” Bringing in supports that individuals do not have may lead to further feelings of isolation, something that participants explained supportive campaigns should avoid. “Like maybe you could talk about the support, but not necessarily in the photo have that support with you,” Lily pointed out, explaining a compromise. “Like in [*Image #2: Alcohol and Pregnancy Don’t*

*Mix*], that's very targeted to someone who's in a relationship, like a male and female relationship, right?"

Following Lily's train of thought, although *Image #2* was viewed as more consistently supportive by the participants than *Image #7: This is why I supported her not drink alcohol while pregnant*, it is unclear if the same results would be attained if interviewing populations that were not the "male and female" relationship she alluded to, such as a population of single parents, parents in same-sex marriages, or parents in other gender nonconforming relationships. Therefore, although participants agreed that an effective way to create a supportive campaign was to include those around the pregnant individual in the conversation, the methods through which these individuals were included had to be highly tailored to the target population in mind, lest they accidentally become exclusionary and isolating.

Although the creation of a universally supportive campaign was a challenge, participants pushed for these attempts to be made. After seeing more supportive campaigns, they would sometimes comment on how shaming campaigns could have been improved with a simple change, such as in *Image #8: Too Young to Drink* (e.g., "I also like how [it] says "together, we can prevent FASD" and not just like the mother herself," Megan noted. "Just wish it was a little bit bigger, but when I did notice I really liked it.")

The attempts to include others outside of the pregnant individual were noticed and commented on, and in giving their future advice for campaign creation, participants returned to this method of encouraging support. "I really [...] think that the ones you're designing should be targeted to women and their supports in mind," Gem noted, "so targeting both audiences, if possible." Sophia agreed, emphasizing that acknowledging pregnancy as a "team effort" and not

something “just on the mother” was an important aspect to include. “Big task to do,” she added on, with a laugh. “I applaud you.” While the participants acknowledged it was not an easy ask, they emphasized that it was an important way to contribute to a more supportive environment for pregnant individuals.

### **5.2.2 Encouraging Support: Acknowledging Larger Societal Pressures.**

The next method of encouraging support also included expanding beyond the pregnant individual, but this time, going further than those who supported them. Participants discussed their appreciation of campaigns that tackled a larger societal problem: feeling pressured to drink alcohol. Although *Image #1: If she declines a drink this season, just go with it* and *Image #9: No thanks, I'm pregnant* were not necessarily well-received when it came to overall rankings, these campaigns tackled the issue in a way that other campaigns did not, and in doing so, were perceived as encouraging support in a unique way.

Similar to the campaigns that felt as if they took the onus off the pregnant individual, these campaigns were seen as targeting a larger demographic. As Caroline explained, her appreciation of *Image #1: If she declines a drink this season, just go with it* stemmed from the campaign’s “ode to our drinking culture” through its targeting of the “broader problem in our culture where it’s not always socially acceptable to decline that drink.” This changing of focus from FASD to those who would pressure an individual to consume alcohol during pregnancy targeted something equally important, in Caroline’s mind.

The social acceptability and pressure to consume alcohol whether visibly pregnant or not is still a topic relevant to FASD and alcohol use during pregnancy. Indeed, some individuals may feel pressured to accept drinks to avoid outing the fact that they may be pregnant or trying to become pregnant. Pregnancy is commonly not announced until the end of the first trimester due to the higher risk miscarriage during that time (Main Line Health, 2012). The stigma against pregnancy in young adults and associated fear of judgement could also prevent individuals from disclosing their pregnancies (Conn et al., 2018; Mulherin & Johnstone, 2015).

These interactions are particularly relevant for the participants of this study, as they are a group that is likely to be exposed to social norms of alcohol use and pressures to drink (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016). Individuals who are pregnant are pressured to accept drinks or pressured to out themselves, resulting in an environment that feels largely unsupportive, and one that could further the isolation that individuals already experience. Campaigns that were read as targeting these broader societal pressures were therefore seen as supportive as they were attempting to correct the environment that increased these pressures on pregnant individuals. There were three main aspects of these campaigns that participants discussed: the way they could make the reader think, the way they encouraged understanding, and the permission they gave to decline.

The first two aspects were in the context of targeting those outside of the pregnant individual. “I think it would make people at a bar think,” Selena explained, “like ‘oh, you know what? She did decline that drink and...okay, that makes sense,’ and ‘I shouldn’t have pressured someone into doing that.’” In this way, these campaigns would act as a reminder of external reasons, such as possible pregnancy, for refusing a drink, as opposed to feeling as if a refusal was a refusal to engage in social niceties and norms (Hardcastle et al., 2019; Hua & Flaherty, 2021;

Mäkelä & Maunu, 2016). Nicole also discussed how these campaigns could encourage understanding, as she felt that they communicated both that it was the pregnant individual's "secret to keep", as well as emphasizing "not to pressure the person to drink." These aspects required an element of reflection for the reader, making them effective in increasing support (or reducing unsupportive actions) if the reader engaged with the message and took it to heart.

The third aspect of these campaigns that participants commented on was the way they spoke to pregnant individuals, namely giving them the encouragement and/or confidence to be able to decline a drink. There was an element of permission-giving within these campaigns, as they could serve as a reminder that rejection was okay and that they were not in the wrong for declining a drink in an environment where they felt pressured to accept. Janelle explained her thoughts on *Image #9: No Thanks, I'm Pregnant*:

As someone who is a people pleaser and who maybe would feel pressured to take something because someone is telling me over and over again I should have it—like, for example, offering a glass of wine—[the campaign] is an easy way [to say], 'yes, you can say no if someone's offering it to you if that's what you're struggling with particularly in pregnancy.'

Declining an offered drink can be seen as a rejection and can be difficult for someone who does not want to offend or upset others, which Janelle alludes to. This action is made more difficult by the cultural norm of alcohol use, especially in the college or university setting (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016; Paradis et al., 2023). "It lets one know that they can decline," Diana explained, "and they don't have to feel pressured to accept an alcohol beverage while pregnant." While the campaign cannot speak for them, it can serve as

encouragement that they are not stepping over a line or acting inappropriately, and a reminder that declining a drink should be an acceptable norm, not an outlier.

As a result, some participants brought up the external pressures around alcohol use as something to be explored in future campaign creation. For example, Felicia gave the advice that campaigns ought to “raise [...] awareness that it’s okay to decline if you’re pregnant [as] a lot of people I know are pressured to do things they don’t want to all the time and it’s...it’s rough.” Individuals in young and emerging adulthood experience a “fear of not belonging” (Hua & Flaherty, 2021, p.248) that is unique to the transition point ongoing in their lives. There is a shift from parental to peer influence when transitioning to the college or university setting, and the culture of the environment places alcohol in a central role in social events (Gambles et al., 2022; Keyzers et al., 2020; Paradis et al., 2023). The combination of these factors places them particularly at risk for an alcohol-exposed pregnancy.

While not able to change this environment completely, campaigns could encourage a more supportive environment alongside other efforts, to eventually result in a change of societal norms. Campaigns with this type of goal exist and some show promising results (e.g., Schmidt et al., 2009), but evidence of the effectiveness of these campaigns is limited—namely, evidence implies that any changed social norms are not a result of the health campaign, but rather may be a result of the other ongoing initiatives that tend to accompany them (Campo et al., 2004; CanFASD, n.d.; Wakefield et al., 2010). This challenge echoes the thoughts of the participants, including the underlying philosophy of the “pebble in your shoe”: that these campaigns cannot act as a motivator for change on their own.



In addition, there were two elements of campaigns that were perceived as acting to change a social norm that received criticism. The first was that these campaigns tended to put the onus back on the pregnant individual, and the second was that FASD, while relevant to the topic, was not the main issue at hand. While the reduction of pressure was one of the main benefits of campaigns such as *Images #1: If she declines a drink this season, just go with it* and *#9: No thanks, I'm pregnant*, participants cautioned that these campaigns could actually result in a movement of pressures as opposed to an overall reduction. Jessica explained:

The 'no thanks, I'm pregnant', I feel like that puts a lot of pressure on the women that 'no, you're the one that's pregnant, and it's your responsibility, you're doing it by yourself, you better say no,' you know? [...] This ad could feel overwhelming for the mom, just because they feel like they're doing it on their own and that they have all this pressure that people are offering them things and it's their own responsibility, that they are the only person involved and they have to say no. [...] I'm sure that's obviously not the message they're trying to get across, but I just feel like there could have been a better way that it could've been conveyed to show more support.

*Image #9* returned the onus back to the pregnant individual to say "no", and that feeling was also present in *Image #1*, despite that campaign being perceived as speaking to those around the pregnant individual. The expectation of a pregnant individual to say "no" to alcohol was clear in both of these campaigns, something that may not always be easy, or even possible (Popova et al., 2022; Thomas & Mukherjee, 2019). Jessica went on to explain that the contrast was especially clear in comparison to campaigns that focused on "showing that it's the responsibility of everyone who's involved in the pregnancy, whether that's a partner or even a parent or

something depending on what the situation is, to be supportive,” as these campaigns could tend to do the opposite and increase the isolation that pregnant individuals felt.

Another participant, Janelle, also pointed out that the implication of these campaigns could be “that it’s okay to pressure women to drink when they’re not pregnant, but if they are pregnant like cut them some slack”, which she described as “a little bit problematic”. This implication was connected to the second main criticism of this tactic, the fact that the topic of societal emphasis on consuming alcohol is an issue that goes past FASD, and that this broader issue is not necessarily best tackled through the lens of pregnancy. In fact, *Image #1: If she declines a drink this season, just go with it* had difficulty being interpreted through the lens of pregnancy at all, with participants mainly feeling as though it was targeting broader alcohol culture.

*Image #9: No thanks, I’m pregnant* was voted as last in effectiveness and likeability by eight participants—the highest number across all campaigns (see Table 1). It received no votes in first in effectiveness and likeability. *Image #1: If she declines a drink this season just go with it* received single votes in all categories except for last in effectiveness, where it received two votes. However, participants vocally expressed appreciation for their discussion of alcohol culture and felt that addressing this topic would both be supportive, and effective, if done appropriately.

The reason for these conflicting messaging from participants seems to lie in the combination of their criticisms: by viewing the issue through the lens of pregnancy, the discussion was limited to only alcohol consumption for individuals who may be pregnant, while shifting the pressures onto them to stand up for themselves and reject a drink. The solution, then,

seems to be to expand the dialogue past pregnancy, and instead have the main goal of a campaign be to reduce the social pressures around consuming alcohol as a whole. This larger type of campaign would then aim to create a more supportive environment for everyone, not only pregnant individuals, therefore avoiding putting the onus back on them, and addressing the fact that the issue is not only limited to pregnancy.

Therefore, it seems this method of encouraging support does not necessarily belong as a main branch of FASD campaign development; however, it does still stand behind it. Larger societal pressures and norms when it comes to alcohol use are absolutely an influence on alcohol use during pregnancy and contribute to the unsupportive environment that pregnant young and emerging adults face when it comes to alcohol (Conn et al., 2018; Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016; Mulherin & Johnstone, 2015). With heavy episodic drinking peaking within the early 20s age range (Cho & Yang, 2023), and norms of alcohol use in college and university settings (Gambles et al., 2022; Paradis et al., 2023), it should also be considered that pre-pregnancy alcohol use is associated with post-pregnancy alcohol use (May et al., 2020; Popova et al., 2022; Skagerström et al., 2011). The normalization of alcohol does not disappear during pregnancy; therefore, while this method of encouraging support is not advised to be the main driver of campaign creation when it comes to alcohol use during pregnancy, it should still be considered.

### **5.2.3 Encouraging Support: Keeping Language Positive.**

The next method of encouraging support came up frequently in conversation with participants. Students often expressed statements such as “I really like that one” when it came to “soft and nice” campaigns, noting that they tended to include aspects participants felt were “important”

and be campaigns that participants “would like to read the most.” In fact, one of the most frequent pieces of advice for future campaign creation was to focus on “keeping it positive.”

Alongside avoiding shocking or shaming imagery, participants often turned to language to lay out their advice and corrections. Campaigns such as *Image #10: For the love of children, don't drink while pregnant*, while generally received as a supportive campaign, received criticism for its negative language use. “I personally don't see how this is a positive approach,” Peter explained, “‘cause it's all ‘don't drink while pregnant’.” On brainstorming with his fellow participants, they offered “have an alcohol-free pregnancy” as a more positive alternative, avoiding the negativity and demand of phrasing that takes a more “don't do this” approach. “If you could avoid the ‘don't’ word, that would be ideal,” Sophia agreed, further elaborating that resources or contacts “for more information” could have also been beneficial. Participants also recommended avoiding the phrasing of “100% preventable” as it contributes to the implicit stigma around alcohol use during pregnancy (Badry et al., 2023; CanFASD, n.d.; Choate et al., 2022; Tortorelli et al., 2023).

Wording also came up in discussion of *Image #7: This is why I supported her not to drink while pregnant*. Although this campaign was largely seen as supportive, other participants also felt less support from the campaign due to its phrasing. “The ‘her not’ part,” Peter noted, “the negative, [...] I really don't like the negativity, I think flipping it, if you could make it positive would be just a little bit easier to digest.” He further elaborated that simply “the use of ‘not’ made it seem like this is something you shouldn't be doing: like a no smoking [...] campaign.” Sophia agreed, noting that she also “didn't like the negative term” and that it caused her to “paus[e] a few times”.

The elements of the campaign that were read as giving an order or forbidding an action were viewed as negative, and therefore reduced the perceived supportiveness of the campaigns. This type of directive language is clear, but also prone to inducing reactance (Staunton et al., 2020). The most common discussion around directive language occurred when viewing *Image #3: Baby or the Bottle*, which introduced an ultimatum. “Personally, I don’t like that it says ‘never’,” Gem explained. “I don’t think that pregnant women should drink, but I feel like the way the word ‘never’ is emphasized is too much on the poster.” Melanie and Lily agreed, noting that the campaign sounded “aggressive” and “harsh.” Selena also pointed out that the experience of *Image #3* would be more negative if being read by someone with alcohol dependencies or addictions. In giving advice for future campaign creation, Holly went on to say: “Maybe don’t use words like ‘never’ or ‘it is only safe’. [Messaging like] ‘It is safest not to’ draws more people, because it’s not offending anything.” This comparison of high and low controlling language echoes the results of Staunton and colleagues (2020).

While some participants expressed worry about low controlling language, noting that phrasing that leaves the option of alcohol use open may be “encourag[ing] it a little bit” as opposed to framing the issue as something that “should not be happening”, the strict language of *Image #3* was also criticized for its perceived inaccuracy. With so many conflicting messages about safe levels of alcohol use (Popova et al., 2022; Ruiz, 2014; Sutherland, 2012), campaigns that take a stern, uncompromising tone introduce a feeling of campaigns misrepresenting or exaggerating information for dramatic effect. Perceptions like these make it easier for this harsh language to be disregarded, such as in the case of smokers dismissing cigarette package warnings as fake and not credible (Gilbert & Ewald, 2023). Therefore, although strict language tends to be

introduced for the sake of clarifying knowledge around alcohol use and pregnancy, it may contribute to the opposite outcome.

It is important to note that despite all these comments, *Image #3* did include a supportive element. The bottom line of the campaign reads “for help to stop drinking, or for more information about FASD, talk with your health-care provider.” Encouragement to reach out for support is an effective way to encourage a more positive campaign, according to the comments made by the participants of this study. However, when paired with the ultimatum, shocking imagery, and harsh language of the campaign, the support of this phrase was diminished to the point where it was only discussed to note that participants would have appreciated more of a focus on it. As such, and as seen in the case of *Image #7: This is why I supported her not to drink while pregnant*, if a campaign is perceived as including both shaming and supportive elements, the shaming element tends to take precedence, particularly in emotional reactions to the campaign.

As such, participant advice to maintain positivity in campaigns also included text and emphasized the avoidance of terms such as “don’t” and “never” that took on an inflexible, demanding tone. Participants advised to avoid ultimatums and to represent facts as they are, without taking the next step to exaggerate their importance. Participants also advised to look at phrases, such as “100% preventable” with a more critical eye, given the implicit stigma underneath the idea (Badry et al., 2023; Choate et al., 2022; Tortorelli et al., 2023). Above all, participants needed supportive campaigns to remain feeling positive. As a result, any aspects of campaigns that reduced that positive feeling also reduced the campaign’s perceived supportiveness.

#### 5.2.4 Encouraging Support: Focusing on Diversity.

The last aspect that participants brought up in discussion around support was the diversity represented within the campaigns, whether it be different languages represented on the campaigns, having individuals of different ethnicities, or moving outside the heteronormative couples that are typically represented and discussed in the pregnancy sphere. The campaigns did not have to focus on any of these elements. Diversity itself, to the students, was inherently supportive.

“This is the only one that hasn’t been [a] white female right away,” Jessica noted, when seeing *Image #10: For the love of children, don’t drink while pregnant*. She was not the only participant to lament the lack of racial diversity in the campaigns presented to them, and not the only participant to express appreciation for campaigns that broke the mold. Another participant discussed *Image #2: Alcohol and Pregnancy Don’t Mix*:

I did want to mention [...] the other thing I really liked about that [campaign]. I don’t know if it’s just because I’m a visible minority, [but the] multi-racial couple: that, to me, is really eye-catching and it speaks a lot more to me. But that might just be because I am a visible minority and coming from [that] fact.

Although the student attributed their perspective to be their own opinion, it was echoed in other focus groups, as well as in the advice participants gave for future campaign creation. The link between diversity and support lies in its inclusivity, and the return to the desire to avoid feelings of isolation. Participants felt so strongly about these aspects that even when presented with relatively similar images, they preferred the ones with visible racial diversity. On comparing

*Image #10: For the love of children, don't drink while pregnant* to another image from the same campaign, *Extra Image #4: Cherish your bundle of joy* (Appendix R), Sophia said:

I think it's worth noting that [*Extra Image #4*] I like less than [*Image #10*]. [...] In this image, I think the woman is a bit more slender, again she's white, has straight hair, I just like the other image because it feels so raw, she has natural hair, I don't know. Just thought I'd mention that, even though this wasn't part of the original five.

For Sophia, diversity also felt raw as there was a realism and honesty that was not present in *Extra Image #4*, which contributed to her preference. *Image #10* was often discussed as evoking feelings of warmth and inclusivity; it is possible that if *Extra Image #4* had been used in its place, these comments would not have been as strong.

Class was also brought up within these discussions with Sophia noting the more "typical" images, with white women, tended to be "targeting one class of individual." Ella also brought this up, elaborating:

Something that I've noticed in almost all of the campaigns., in my perspective, is they're almost all targeting middle-class individuals. So, the first one was like really fancy coffee cups which anyone who goes to a coffee shop in town knows your six dollar latte for example or your mocktail, if you're going out for a mocktail, that's not necessarily cheap. And then the second poster was a white male with a white baby, white baby again in the third one and then we have a white woman in this one, so I feel as though the diversity is lacking. And then particularly in this one, it gives you mixed messages with the school backdrop, annual photo thing, with "no thanks, I can't have my glass of red wine", just is really...yeah, so that's where I'm coming from. [...] As a collective project, I'm just



seeing the similarities of what class that we're trying to target, and whether or not we can include diversity and inclusion of all different types of people, I think would really help and be effective.

As Ella pointed out, there was some inherent exclusion to many of the advertisements. Coffee shops and mocktails implied a middle-class environment, and the overrepresentation of white individuals when people were present within the campaigns contributed to an overall diminished feeling of support. A more inclusive campaign, that could apply for "all different types of people", could create a much more supportive feeling, which, for Ella, would translate into its effectiveness.

Inclusion was also fostered by language. Namely, *Image #3: Baby or the Bottle* received praise for its Inuktitut writing with some participants commenting on it immediately as part of their first reaction. "I do like that it's in two languages," Gem said. "I like that it's in two languages. Like right away." Although the rest of the campaign received criticism when it came to its supportive elements, this was one aspect participants universally agreed that it did well. Joseph put it simply: "it's better when other people are able to read it."

Another element participants discussed was the heteronormativity within campaigns and within discussions of pregnancy campaigns as a whole. Although *Image #2: Alcohol and Pregnancy Don't Mix* was complimented for its diversity, Selena described it as looking "stereotypical." "Because you see a mother and a father," she explained, "but for some situations, maybe the person's alone, maybe it's a friend who's there beside them. Maybe that position is not even there, and they don't even have support." Not all children are born into a cisgender, male-female couple. Selena described more open interpretations of who could be there

to support the individual: not necessarily a partner, but a friend, or having no supports at all. The issue of representing supports that may not be there in reality is one to consider in future campaign creation. Therefore, the unintended consequences of messaging must be considered in future campaign creation, and ideally, tested with diverse and varied groups of targeted individuals.

Gender and the heteronormativity of campaigns was one of the reasons *Image #7: This is why I supported her not to drink while pregnant* received criticism. Lynn struggled with interpreting her reaction, expressing:

I actually don't like it, and I don't know why. I don't know why I just don't like it. [...] I get the message and the fact that the father is supporting the child, but at the same time, there's so much going on in our society, I feel like it could be more diverse. It doesn't have to be a father. [...] It could have been two women or two men or even just having more people on it to show that it's not just [stating that] only men can support you during your pregnancy. [...] I just feel like there should be more of a community.

Lynn's reaction was similar to other participants who discussed how representing that partners could support during pregnancy could lead to feelings of *only* partners being able to support pregnant individuals during their pregnancy, thereby excluding those without partners, or with partners who are unable to support them. This campaign could be read as even more exclusionary, given its emphasis on gender. The interpretation could then shift from only partners being able to give support to only men.

Exclusion through gender also arose in discussion around *Image #2: Alcohol and Pregnancy Don't Mix*. As Kayla explained:

I think the problem when it comes to a couple, and this is just kind of my two cents chiming in here, is then you potentially isolate people by doing that, right? When you have a straight couple there, you are then isolating all those partners who are pregnant who are not straight, right? [...] And so I think it's better to steer clear of that, because you want to make it known that this message is something that is applicable to everyone, and when I see a straight couple, I think, 'oh, that's not applicable.'

Kayla emphasized that the result of this lack of inclusion is a loss of applicability to the reader. If the campaign is not relatable, then it simply does not apply. The findings of this dissertation indicate that the link between relatability and support is strong and can have a profound influence on effectiveness. While relatability is further explored in Chapter 6, the implications of what a relatable campaign can achieve are powerful. Campaigns that are perceived as relatable are understandable, interesting, and viewed as inherently supportive. Harnessing this way of encouraging support could contribute to effective campaign creation in the future.

Gender also came up in discussion around *Image #6: Let's meet at the coffee bar*, which depicted two glass cups—one that appeared to be pregnant, and one that did not.

What I did notice right away is the fact that it had a very female body and a male body. Like I know that's technically how you create children, but I feel as though if you want to reach a wider array of individuals, you kind of have to be mindful of the fact that it's not always a heterosexual relationship. It can be a transgender individual, it can be someone who is in a female-female couple, a male-male couple that might be adopting a child. [...] Just to broaden that perspective, that's where I went to. [It felt like] just a very conservative, male-female type perspective.

Sophia agreed, acknowledging that she “hadn’t even considered that at first”, but upon viewing the campaign again, she saw that the “the slender cup signific[ed] a man.” Interestingly, both Sophia and Ella also noted that since the campaign was being created for Northern Ontario, more heteronormative depictions of populations was likely “fair”; the participants perceived Northern Ontario as not particularly diverse, with an emphasis on white, heteronormative perspectives that mirrored its population. Demographics in Northern Ontario are largely European (Statistics Canada, 2017a; 2017b), with the three most frequently reported cultural groups within Sudbury and its districts being French (not otherwise specified), Irish, and Canadian, respectively. However, the diversity of Sudbury is increasing, as evidenced by the jump from 3.7% to 6.5% (from 2016 to 2021) of the total population being a visible minority (Statistics Canada, 2022a). “Even though we’re in Northern Ontario,” Ella emphasized, “that’s definitely a population that needs to be considered and heard and addressed.”

The discussions around gender also included aspects such as text and the neutrality of language. Sophia discussed her sticking point with *Image #1: If she declines a drink this season, just go with it:*

I’m iffy about [*Image #1*], particularly because of the word “she”, just because trans men can be pregnant too, which is something I don’t think a lot of people consider, but it’s just not as inclusive as it perhaps could be.

The language used in the campaign became inherently exclusionary, according to Sophia, which clashed with the campaign’s aim to support pregnant individuals. Having campaigns that depict support while not being perceived as supportive themselves, even if unintended, can result in a conflicting experience of reading a campaign—something that underpinned much of the

discussion around *Image #7: This is why I supported her not to drink while pregnant*. On the opposite end of the spectrum, Kayla discussed one of her favourite aspects of *Images #4: It's safest not to drink while pregnant* and *#5: Alcohol and Pregnancy Don't Mix*: their gender neutrality.

I think [*Image #5*] is good in that it's gender neutral, in acknowledging that you don't have to be a woman to be pregnant, right? Same with [*Image #4*], there was no talk of like "a woman must do this" or "a woman must do that", which is also why I really liked [*Image #4*], but [*Image #5*] also does that, so I do like that element as well. [...] That's a really interesting and important thing to remember when making this kind of stuff as well. There are going to be people who are pregnant who will not identify as women, right? And there are going to be people who are going to be pregnant who are going to be non-binary, who are going to identify as male and when creating an ad, you want it to be as representative as possible, and I think doing something that doesn't necessarily specifically call out women, but still will be inclusive of everyone is one of the best ways to go about it, which is why I love [*Image #4*] so much 'cause you don't see it talking about women, you don't see the face, you don't see all that, so coming back to [*Image #4*], loved that one and [*Image #5*] has a little bit of an element in it.

The inclusivity of gender-neutral language was a simple and effective way to show support, according to Kayla. Diversity, in general, was represented in this way: campaigns with more diversity felt inherently more supportive because they were inherently more inclusive. It is unsurprising, then, that participants who called for more support also called for more diversity.

Participants did note some challenges about including diversity or avoiding only

depicting one specific type of person. One participant brought up using stick figures to be inclusive to all, but the idea did not seem to appeal to their peers. Others noted the difficulty in adding proper representation if the campaign was only going to depict one individual. Participants also noted that it was important not to add to racial stereotypes through FASD campaigns in particular, which is a particular challenge if creating a campaign that uses the lens of shame (CanFASD, n.d.). Recommendations around campaign creation currently also include not excluding the pregnant person's face in order to focus on their belly, as this is another example of favouring the fetus over the mother (CanFASD, n.d.). This type of exclusion was spoken about the most in the context of *Image #7: This is why I supported her not to drink while pregnant*, which removed the pregnant person from the image entirely.

Despite the challenges in creating diverse and inclusive campaigns, participants emphasized that overcoming these challenges was vital to the creation of a fully supportive campaign. The supportiveness of diversity returned to the idea of avoiding isolation. Campaigns that were only in English, displayed white and female-presenting people, or depicted a heteronormative couple were inherently exclusionary to individuals that were not represented by those groups. This exclusion is made worse by the fact that some of these populations have been systematically isolated over time (Wells, 2009; Yantha, 2020; Yantha, 2021). If the ultimate goal of a campaign is to improve the situation of a parent, or a child, then promoting feelings of isolation is not the way forward. According to the results of this dissertation, diversity is one of the methods through which these campaigns can enhance their support, and in turn, their effectiveness.

### 5.3 *The Lens of Support: in Summary*

Campaigns that take a supportive lens have their own unique challenges and strengths. The participants of this study discussed five methods through which support felt effective to them, and, in giving advice for future campaign creation, emphasized support so heavily that they discussed four methods through which campaigns could be made more supportive.

Support was effective through its emotion—like those that used shame, but with a focus on positive emotion. Campaigns that did not successfully evoke emotion tended to receive lackluster reviews. Negative emotions were powerful but could have unintended consequences. On the other hand, positive emotions tended to feel warm and supportive, and participants responded well to those campaigns that successfully induced positive emotions. However, as with all emotion, these experiences were subjective, and trying to plan for all readers to experience them the same way was a challenge. While negative emotions tend to be more easily conveyed and less commonly misinterpreted, the results of this study indicated that successfully induced positive emotions were an effective way for participants to connect with a campaign and take in its information while avoiding the discomfort and dislike associated with campaigns that used blame, shame and guilt.

Support was also effective through the way it could educate. While education is its own key component of what makes up the effectiveness of an FASD campaign, as explored in Chapter 3.3.3, participants also felt that education was intrinsically linked to support. In other words, education felt inherently supportive. Providing information and resources to the reader allowed them to feel informed and in control as opposed to other campaigns, which could leave them feeling shamed and powerless to take back actions that had already been committed.

Education within campaigns can also provide information from a trusted source, such as having organizational or governmental endorsement which could help to counteract misinformation by allowing the reader to verify and challenge what they think they know. The empowerment that came from being educated was important and was a benefit of utilizing campaigns that took a supportive approach.

One of the more unique ways supportive campaigns were deemed to be effective was the way participants felt they could affect the environment around them. Stigmatizing campaigns, even in a confidential healthcare environment, served to close conversation. In some cases, participants thought that a simple campaign could be enough of a conversation starter to aid in the difficulty of discussing alcohol use during pregnancy without appearing judgemental (Bibr, 2018; France, 2011; Kerimofski et al., 2024; Muggli et al., 2015; Wilson et al., 2023; Winsor, 2020). The campaigns could also open conversation between peers by sparking something as simple as the “049” slogan. Importantly, participants felt that these campaigns worked to reduce the fear around having these conversations—a vital way to receive diagnoses and connect to supports in the future (DeJong et al., 2019; FASD ONE, 2016; Paris et al., 2020; Weber et al., 2021).

The effectiveness of supportive campaigns was also discussed through the way they tended to speak to the reader as an equal. Participants noted that more shaming campaigns sometimes left them feeling as if they were being degraded or “ordered to do something”. Importantly, they noted that this experience made the campaigns feel less effective, even though blame, shame and guilt were acknowledged as strong ways to catch and keep attention. This finding is in line with literature that notes that advertisements that elicit reactance do tend to capture attention, despite the reactance response (Sprengholz et al., 2023). Although participants



would be more likely to notice the campaign, they noted that they would struggle to take the information to heart.

The overall experience of stigmatizing campaigns was one of closure: closing the reader off from further conversation, further action, and further seeking support. Supportive campaigns seemed to have the opposite effect, where the effect of speaking to individuals without judgment would allow them to open up about what they need. It is possible that some of the perceived effectiveness of the more stigmatizing campaigns came from the fact that participants did not feel they were the person being spoken to and looked down on. It was easier for participants to acknowledge the effectiveness of negative campaigns for a hypothetical individual, who would be better served by hearing the “harsh realities” they needed to. When participants applied this situation to themselves, they were unlikely to acknowledge the effectiveness of this type of method.

Supportive campaigns could also be effective through their solutions which often came down to having an “instead” as opposed to a “don’t”. The offering of a solution was one of the ways supportive campaigns were more associated with opening paths forward, as opposed to closing them, and one of the ways they promoted social inclusion, as opposed to isolation. Providing ways to support pregnant individuals and providing ways that pregnant individuals could have a healthy pregnancy regardless of their paths up to that point was something that participants felt was an effective component of supportive campaigns.

When it came to advice for future campaign creation, participants looked to the ways supportive campaigns had done well: (1) through speaking to those around the pregnant individual, and therefore taking the onus off of them; (2) acknowledging the larger societal

norms and pressures around alcohol use in general, regardless of pregnancy, although participants did conclude that this topic was best tackled as its own goal; (3) keeping language positive, and simply avoiding the use of words such as “don’t” and “never”, which could change the experience of reading a campaign entirely, and; (4) focusing on diversity, an effective way to promote inclusivity and avoid those feelings of isolation that already have a negative effect on pregnant individuals.

While many campaigns still take a stigmatizing approach to sending their message, research in the world of FASD and alcohol use during pregnancy calls for movement away from that type of messaging (CanFASD, n.d.; CanFASD, 2022; Eguiagaray et al., 2016; France, 2011; Roozen et al., 2020; Zizzo & Racine, 2017). In analyzing the participant responses, the results of this dissertation support this movement. While stigmatizing tones can be an effective way of initially delivering a message, that tends to be where their effectiveness ends. From there, the message can either be dismissed (due to dislike, feelings of being judged, being unable to take in the message without it causing too much pain, or simply being presented with no path forward), or can have unintended consequences resulting from the closure these messages promote including decreasing the confidence of pregnant individuals in seeking supports, closing conversations before they can occur, and, ultimately, increasing the feelings of isolation they may already be facing (CanFASD, n.d.; Green et al., 2016; Morrison et al., 2019). Supportive campaigns are a challenge to create in a cohesive and comprehensive manner. Not all methods are equally supportive to all individuals, and some readers may interpret messaging in a way that is unintended. However, if done correctly, these campaigns can be effective in every way, not only in sending their message, but in carrying it through. For these reasons, the results of this dissertation heavily recommend this path forward.

## Chapter 6

### 6 Results and Discussion: Considering Context

*“[...] I think seeing this at a school would have a very different effect than seeing it at your doctor’s office or something like that, right?” - Jessica*

Campaigns and advertisements do not exist in a vacuum. Differences appear in how campaigns are perceived depending on the social media site (Li & Xie, 2019), individual attitudes towards the topic (Jansson-Boyd, 2019), and how many clicks on a website they take (CanFASD, n.d.). The perception of an ad can be made more negative by the one shown before it (Shipp, 2018), and the congruency between an ad and its context’s tone and topic can also play a vital role. The effect of this congruency is dependent on the person themselves. For people who are highly interested in the topic, advertisements in contrasting contexts appear clearer more likeable and clearer, while those that are less interested find ads in congruent contexts to have those qualities (De Pelsmacker et al., 2002). This impact of personal interest may be because those who are highly interested are more invested in the context itself, therefore distracting from the ad (Stipp, 2018).

It is also important to note that a context is not one-dimensional, and therefore it should be considered how many dimensions of a context an advertisement is being congruent with. There are two processes through which it has been hypothesized that context influences campaigns: (1) the attention-transfer process, wherein individuals that are highly interested in a context will then transfer their attention to the campaign placed within it; and (2) a priming effect, wherein a person’s emotion or cognitive processes are primed to process a campaign in a particular way through the context it is in (Stipp, 2018). An example of the attention-transfer process would be advertisements at a sports game, such as the Super Bowl, while an example of

the priming effect may well be why the campaigns of this study were commonly discussed as being placed in a healthcare setting, where individuals would be primed to expect education about their health.

The participants discussed the ways through which context influenced the campaigns that they were in and the effects this could have on their effectiveness. Some campaigns were deemed to be more effective for different demographic groups or more acceptable within certain settings. For example, as mentioned in Chapter 4.3, campaigns that used medical imagery, such as a fetus, had less of a shock factor when viewed in a medical setting (e.g., doctor's office) than a location where medical imagery would be less expected, and therefore more jarring. Some depictions on the campaign itself helped to provide a context, such as the bar-like setting participants perceived in *Image #1: If she declines a drink this season, just go with it*, although this provided setting also aided in the misinterpretation that the campaign was an advertisement for a bar or a drink. The reader of the campaign also provided their own context. Different campaigns spoke to different people, and the ability of a campaign to be relatable was directly related to how effective the participants thought it was.

However, within the discussion of context, it is best to first return to the methods of this dissertation: namely, the participants. This dissertation aims to explore the perspectives of the individuals of childbearing age, which are represented by a unique demographic group: undergraduate students at Laurentian University. Undergraduate students are a high-risk group for an alcohol-exposed pregnancy, experiencing unique pressures to consume alcohol and have unprotected sex (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016). With their participation, these students brought in perspectives of living in Northern Ontario, their own

experiences with FASD and alcohol, and their understanding of effectiveness when it came to discussing alcohol use during pregnancy.

## 6.1 *The Context of this Study*

The students came to participate in the study for varied reasons. Some signed up to join a friend, some were promised bonus marks in their classes in exchange for participation in various research projects, some were interested in learning about child health and wellbeing, some were interested in research in general, and some were interested in FASD specifically. Participants appreciated the applicability of the campaign to Northern Ontario, and Sudbury specifically, although not all students had extensive experience there.

Perspectives varied from being “new to Sudbury,” and simply interested in “how to better educate the community in general” to explaining that being from Sudbury, “anything that will help in this area will be good”. Some students looked at the study as beneficial to their future, explaining that “because I’m going to be going into education, I thought this study would help give me some insight on students that I may be dealing with.” Other participants had explicit experience with FASD and/or alcohol use during pregnancy, whether it be through knowing someone who had FASD, knowing someone who had consumed alcohol while unknowingly pregnant, or working in the field of alcohol addiction, which influenced their perspectives on the topic (and by extension, the campaigns).

However, a good portion of participants were clear about their lack of experience and understanding regarding the topic. Jessica, for example, explained:

I don't really have a lot of knowledge in the topic or a lot of experience with it, so I thought I'm more of an average perspective, if that makes sense. And more of just a regular person who doesn't really know a lot about it, but I figured that might be helpful too.

The varying levels in experience and understanding were beneficial in providing a more comprehensive view of the perspectives of Laurentian University undergraduate students, although the study was still confined to this demographic group. Students came from primarily health-related fields, although the degrees participants were studying included psychology, education, health promotion, kinesiology, geology, architecture, nursing, midwifery, computer science, political science, mining engineering, and biomedical biology. Students had limited experiences with pregnancy: no participants noted they had been pregnant before, had children, or were currently expecting. Participants were 79% female, had an average age of 21.4, and out of the 29 participants, seven identified themselves as Francophone and two as Indigenous (Métis).

The context of this study, and these particular participants, are important to explore, as their experiences influenced their perspectives on what created an effective campaign for alcohol use during pregnancy. For example, in the discussion around effectiveness through shame, Sophia and Jessica explained that their medical and health-related backgrounds meant that they did not view *Image #8: Too Young to Drink* as graphic or as jarring as other participants who were not as used to that kind of imagery. In this way, their backgrounds meant that the negative side effects of this type of shock value were lessened, allowing the campaign to seem more effective. This type of effect may be explained through the wear out of shock value, wherein

familiarity with the shocking image or topic lessens the shocking effect over time (Drovandi et al., 2018; Gheorghe et al., 2017; Thornton & Rossiter, 2001).

Participant perspectives from a Northern Ontarian lens also came out in a few different ways. For example, participants called for more realistic “small town” gatherings to be depicted in alcohol use during pregnancy campaigns. These realistic gatherings were casual and were more likely to have beer as opposed to other alcohols. While wine is associated with sophistication and mealtime, beer is associated with leisure and has no particular requirement for food for socially acceptable consumption (Pettigrew & Charles, 2006; Silva et al., 2017). Beer is also the alcohol of choice for Canadians (Paradis et al., 2023), implying that these perceptions could be different if this study was replicated in other populations with differing associations around these alcohols. To paint all of Northern Ontario as the same is an oversimplification of this diverse region (Wenghofer et al., 2014); however, participants also often alluded to the scarcity of healthcare, something which has been identified as a barrier in this area (Burnett et al., 2020; HQO, 2018; Mandal & Burella, 2021; Wilson et al., 2020). Therefore, the perspective of campaigns as essential in making up for these gaps in access to care may also be a component that was influenced by the participants’ Northern Ontarian backgrounds.

Other areas where participant perspectives came up were in discussions surrounding pregnancy. Although some participants did touch on their desire to be a parent in the future, participants largely discussed pregnancy as something outside of themselves. Undergraduate students are a high-risk population for an alcohol-exposed pregnancy (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016), but participants did not discuss themselves as such. Instead, participants were confident that they would avoid alcohol completely without question. While they were understanding around the context of alcohol being consumed before

an individual knew of their pregnancy, the students did not allow for any leeway in discussions of their futures if they were to become pregnant. In addition, during discussion around the social isolation that individuals can experience during pregnancy, participants explained how important it was to encourage the view that “life doesn’t end during pregnancy” and that “some good can come out of pregnancy”. These phrases were evocative of their demographic group and stage in life, where many individuals view pregnancies as unplanned and unwanted barriers to the lives they had planned, as it will alter their relationships, financial stability, and academic/career goals (Hua & Flaherty, 2021; Mumah et al., 2020; Schlegel & Smith, 2021).

These attitudes represent an outsider’s perspective on pregnancy—one that doesn’t view these campaigns as necessarily relevant to them. However, individuals within this stage of life who experience an accidental, alcohol-exposed pregnancy are a group for which these campaigns are certainly relevant and may very well be necessary. There is a strong cultural norm of alcohol use in university and college settings, and it is also a time where peer influence becomes a focal point (Gambles et al., 2022; Keyzers et al., 2020). Individuals who are transitioning to college and university are experiencing a large transition to which they want to adapt to. In doing so, they are at risk of participating in specific behaviours to belong (Hua & Flaherty, 2021).

Planning for pregnancy is also associated with feelings of being ready, both emotionally and financially (Gòmez et al., 2021). The intersections of social categories can come into play here as well, as alcohol use during pregnancy is also often associated with structural inequities, so much so that Shanker (2016) criticized the focus on alcohol at all as a method of prevention. Emerging adults who experience structural inequities report feeling as if they will never be prepared to have children, and therefore pregnancy prevention stops being salient, resulting in



inconsistent condom and contraception use (Gómez et al., 2021). For these reasons, these campaigns are relevant, but they are also the reasons they may be dismissed.

Therefore, it is important to consider that outside of the context of this dissertation, many individuals in this demographic group could dismiss these campaigns as irrelevant to them. This possibility is supported by the fact that many participants came to the study with a reason outside of pregnancy planning to be there, whether it be their interest in research, FASD, or child health. This perspective underscores both the importance of a campaign that lingers somewhere in memory—that pebble in the shoe remaining despite immediate relevancy—but also a societal change to destigmatizing FASD, therefore reducing the need for campaigns which encourage pregnant individuals to seek out support.

The differences between when feelings of congruency between advertisement and context are better than feelings of contrast, and vice versa, have been explored in the field of advertising (De Pelsmacker et al., 2002; Stipp, 2018), but it is interesting to note that the individuals within this study, although expressing their interest in the focus group, did not tend to express their like for contrast within the campaigns themselves, particularly with contrasting tone. This finding is different from De Pelsmacker et al. (2002), who found higher interested individuals felt that contrast between advertisements and context made them clearer and more likable, and lower interested individuals felt the same about congruence. Whether the effects of contrast and congruence would change if the environment itself (i.e., the context of the focus group) became contrasting would be an area for future exploration, as these findings also have implications for the use of congruence in context for the young adults who have a low interest in learning about pregnancy and alcohol use.

In addition, the findings of this dissertation need to be considered alongside the fact that participants were expecting discussion around alcohol use and pregnancy when they came to the focus group. Although participants were quick to bring up that they may have not understood a campaign if not already knowing it was about FASD, it is possible that further misinterpretation could have occurred if the readers had not been primed for the correct topic. In addition, it is possible that campaigns were considered less jarring or shocking than they otherwise could have been, as the topic of these campaigns met their expectations, as opposed to clashing against them. These limitations exist within any study that focuses on a particular demographic and represents the need for similar studies to occur in other populations, such as pregnant individuals and their partners (e.g., Watkins, 2023). The influence of the study's setting also replicates the same phenomenon that occurs anywhere else a campaign is placed: effectiveness can be highly dependent on where an advertisement, or a campaign, is placed (De Pelsmacker et al., 2002; Stipp, 2018).

## ***6.2 The Context of the Setting***

The context in which the campaigns sat played a role in how they were perceived. Different campaigns were perceived as more “appropriate” for different settings. The location influenced their effectiveness, their shock value, the perception of where the message was coming from, the parts of the campaign that could be perceived, the amount of time the reader had to view the campaign, who was able to see the campaign at all, and what distractions competed with the campaign for the reader's attention. Participants discussed settings such as magazines, social media, doctor's offices, clinic waiting rooms, alcohol support group events, FASD support or awareness events, grocery stores, Walmart, bars, clubs, bathrooms, restaurants, health classes, pamphlets, university halls, bus stops, and buses themselves. These contexts tended to be within

the realm of settings the participants' themselves would see them in, making it important to note that this section is influenced by their demographic. Regardless, however, it was clear that setting and location were a powerful influencer which could hold power over many other aspects of effectiveness.

“It’s mixing in my mind a lot, because in different settings I could see the effectiveness change,” Lily said, as she was attempting to rank the images in terms of effectiveness. Participants agreed, often noting that campaigns “could be effective if used in the right location” or ineffective if used in the wrong one. Selena provided an example in discussing *Image #1: If she declines a drink this season, just go with it* by stating, “at a bar, that would be the most effective one by far.” This campaign was only voted as first in likability and effectiveness by one participant, but the context in which it would be placed could change that. In the context of the focus group, as compared to different campaigns about alcohol use and pregnancy, the campaign was confusing and not clear about its intended topic. However, with the context of the right environment, the explanation of offering a drink to a pregnant woman would already implicitly be there, thereby enhancing the clarity of *Image #1*.

However, participants tended to view campaigns that were effective across multiple settings as more effective in general, while discussing campaigns only suited to one context as less effective, even if that campaign was particularly suited to that specific environment. “It has so much versatility,” Ella said, in discussing *Image #10: For the love of children, don’t drink while pregnant*, “that’s another part that I really do enjoy about this poster.” Carter said something similar about *Image #4: It’s safest not to drink while pregnant*, explaining that “it’s what I like about it. [...] I feel like you could put it almost anywhere. Like on a bus, in a mall, even in a bar.” Participants felt so strongly about the ability of campaigns to be effective across

contexts that it came up in the advice that they gave for future campaign creation. Holly summarized her thoughts, advising:

Try to aim to have a campaign that can be placed in as many places as possible. I find that the [Image #1]—I only see that at a bar, I don't see that being placed anywhere else, and there's some [that] when I look at them, I can only picture them being in one place, so if you would like try to put it somewhere else, I don't think it would be effective. So just aiming to make something that [...] could be seen, yeah, in many places.

This opinion on the context of campaigns was one of the unique ways the participants of this study conceptualized effectiveness; campaigns that were very effective, but only in particular settings, were ranked as less effective than campaigns that could be effective in multiple settings at once. In proceeding with future campaign creation, it is important to consider that this definition of effectiveness, in itself, is also dependent on context.

Location also influenced effectiveness by influencing shock value. The amount that the reader could be surprised was dependent on the context in which they saw the campaign. The experience of surprise reflects a discrepancy between expectations and reality (Antony et al., 2021), and the participants discussed the way the surprise with which the campaign was viewed was influenced by how appropriate it felt in the context itself as the reader would have certain expectations as to what they would see and would perceive the campaign through the lens of those expectations. “You know how sometimes in chiropractor offices like you'll have pictures of spines and stuff like that or even in dentist offices?” Jessica explained. “So, you associate that with more graphic images [...] you'd be more expecting it there then to just kind of see this randomly show up at your economics class at university.” In this way, the expectation of that

type of imagery worked to reduce its graphic nature and participants described how the same images could be perceived as more or less graphic and shocking depending on the environment they were in.

Sophia went on to explain that something as simple as the amount of text on a campaign could be deemed as more or less appropriate, depending on the setting in which it was placed. “I think in a public—let’s say grocery store—a more light-hearted, simple, less text message might be more appropriate,” she said. “But in a setting like a medical facility, it might be more appropriate to have more text.” She also went on to point out that the environment around the reader influenced the headspace they were in:

When you’re going to a clinic or a doctor’s office, most of the time, you’re in a state where you want to better yourself or you want to solve an issue that’s been going on in your life, so you’re already in that mind set of wanting to help yourself.

As Sophia explained, individuals who were already visiting somewhere for help could be more open to hearing messaging as to how they could be helped. In this way, their expectations could promote effectiveness in the campaigns if the campaigns were appropriate to the setting they were in. This finding lends more evidence for the expectation that congruence of context and health campaign could result in greater likeability.

However, to give evidence to the contrast effect (De Pelsmacker et al., 2002), some participants noted how this could work the other way, explaining that campaigns that clashed with or jarred against the environment around them could act as a method of using shock value to catch and keep attention. “I don’t think it would fit in, which I mean maybe is some sort of tactic, right?” Kayla explained. “Because if it doesn’t fit in with the location, you’re going to

look at it.” The use of expectation was something other participants discussed, such as Peter, who noted that campaigns that were expected could go unnoticed, while those that were not would “catch [him] off guard”, and therefore catch his attention. However, Peter also went on to caution about using this tactic, explaining the benefits of having a campaign that worked with the environment it was in—such as a campaign meant to teach in a university setting, or a campaign meant to be an “actionable conversation starter” in a clinic setting. The effect of campaigns that were built to work within their specific context is something that future studies could explore. While attention could be detracted from, it is also possible that this type of congruency could lead to added effectiveness through easier understanding and paths forward.

As discussed in Chapter 5, Peter explained that campaigns that relied on an immediate conversation available to ease anxiety needed to be used “with caution” as campaigns like these could “just ruin the rest of your day.” Peter was specifically discussing *Image #8: Too Young to Drink*, a campaign that was discussed as being more influenced by its environmental context than any other campaign, particularly when it came to the shock value of its imagery. Participants described the way an open or closed tone of a campaign could influence the environment around it, such as Joseph noting that the choice of location could work to supplement stereotypes depending on the choices that were made (e.g., only placing certain campaigns in “rough neighbourhoods”), and Diana’s discussion of the way *Image #3: Baby or the Bottle* could work to make a clinic or healthcare type of setting feel uncomfortable, judgemental, and not a safe place for discussion. In this way, tone was both influenced by location and had an influence on the location in turn.

If shame and judgement could be promoted by specific locations of campaigns, it also followed that these settings could influence a more supportive tone. Jessica went on to explain

how the location that a campaign was placed in became part of the speaker from which the message was coming from. As she said:

If I didn't know someone and I just randomly went up to them and they were pregnant and I was like, 'you better not be drinking!' They're not going to take that well. That's not my place to say that; it's just disrespectful. [...] But if you were at your doctor's office, and your doctor who's someone who you know is knowledgeable and who you know wants the best for you and your child and you respect and they say something, obviously in a more respectful way, you're going to think about that and you're going to consider it more, you know? You're going to respect their opinion a lot differently. So, I think even with a poster, it would be different to just see it in some random place and say 'well, who are you to tell what I can and can't do?' Whereas if you're in a clinic or something like that, that's like 'ok, no, this is evidence-based, this is scientifically proven' and they're coming at it from a place that they want to help. I think that's really important too, the placement.

Jessica explained that putting a campaign about alcohol use and pregnancy in an unexpected location created an equivalent feeling of unsolicited health advice, such as a stranger randomly approaching and lecturing them. This feeling then became one of being disrespected, and a reaction of "well, who are you to tell what I can and can't do?" Unsolicited advice is rarely positively received (Chaput et al., 2015), and often undermines the credibility of the giver. Individuals tend to believe that givers of unsolicited advice have self-serving motives, while those giving solicited advice are behaving more prosocially (Landis et al., 2022). In addition, unsolicited advice has particularly negative implications in the context of pregnancy, where the voice of the pregnant person is regularly undermined (CanFASD, n.d.; Haaker, 2021; Milne,

2020). Unsolicited advice can be perceived as another way of taking autonomy away from the pregnant person (Chaput et al., 2015).

Therefore, avoiding this experience is important for messages not to be dismissed as self-serving and discriminatory. Focusing on settings where the campaign's message would fit and interact with the location around it, such as a message about opening discussion with a healthcare provider within a healthcare setting, created both a more supportive feeling for the clinic itself, and a more trustworthy feeling for the campaign, as the message then seemed to be coming from a credible source. In this way, the participants of this study discussed how location could help or hinder the message of a campaign and could also play an influential role in the overall tone, credibility and perception of the message.

Participants also discussed location's influence on other aspects of a campaign, such as the angle it was seen from, the time a reader would have to take it in, who would be able to see it, and the competing distractions that would be around it. When it came to the angles through which a physical poster would be seen, *Image #5: Alcohol and Pregnancy Don't Mix* was discussed as an example by Gem, who explained that different aspects of the campaign caught her attention depending on where she viewed it from. From one angle, she saw a head and the 'X', but only when she held it up did she notice the skull and crossbones. When she held it further away, the image then looked like a baby. The location of the campaign in relation to the reader played a role in which aspects of the campaign were noticed first, or at all, which therefore influenced the overall perception of the campaign.

These aspects were also influenced by the time the reader had to take in the campaign, something participants brought up as related to location. Places that individuals would already be



spending time at, such as bus stops, bathrooms or waiting rooms, allowed for the reader to have more time to take the campaign in, and therefore allowed campaigns that took more than an instant glance, or that were more text-heavy, to be more effective. Some participants even noted that outside of these types of environments, they may not have even bothered with reading the campaign at all, as the amount of text or confusing nature would cause them to move on. Size of text was also related to time, as participants noted that campaigns with smaller text required more time to take in, and would not be suited to something like a billboard, for example, where someone would be quickly going by.

Comfort also influenced time, as participants noted that alcohol use during pregnancy can be a stigmatizing topic, and therefore a reader may feel they could be judged for taking interest in it, causing them to move on from the campaign where they otherwise would have spent more time taking in the information, or possibly looking for more. Putting the campaign within an environment that felt safe and non-judgemental, or promoting privacy through location—whether it be within a bathroom stall, enclosed in the pages of a magazine, or limited to the screen of a phone—could increase the effectiveness of a campaign through allowing a reader to spend more time with it. It is worth noting that this comfort, or lack thereof, would interact with the messaging and tone of the campaign, making it difficult to promote a non-judgemental environment if the campaign itself used tactics based on shame and judgement.

The benefit of campaigns within a waiting room or a bus stop also went beyond allowing for more time to reducing the judgement around reading stigmatizing messaging. Participants explained that within the context of an environment where individuals are waiting and possibly bored, staring at the images around them regardless of their content becomes less likely to be gauged as interest in the stigmatizing topic, and therefore more socially acceptable. Some

participants, such as Sophia, also noted, “I know the posters that are in my GP’s office kind of are engraved into my head, ‘cause I just sit there with nothing to do, twiddling my fingers, reading the posters.” Therefore, locations like these could also encourage reading the same poster over and over again, thereby promoting retention of the information (Jansson-Boyd, 2019).

Alongside time and the angle at which a campaign could be read, location also played a role in who would be viewing the campaign and the distractions it would be competing against. As Holly explained, certain locations could be targeted to promote specific demographics viewing the campaigns, such as a bar setting for people of drinking age. A bar setting can also be a loud, social setting, equipped with distractions to pull the reader away from the campaign, therefore being more suited to a type of campaign that did not require more time to be effective, unless put somewhere like a bathroom stall.

Participants also discussed areas where they often saw posters, such as at Laurentian University, where there is a bulletin board with many posters together. Although an appropriate place for campaigns in general, Peter explained that when visualizing a poster such as *Image #7: This is why I supported her not to drink alcohol while pregnant* alongside all other posters that were competing for his attention, that *Image #7* struggled to stand out and deliver its message. In that type of setting, with many campaigns competing for understanding, clarity seemed to be key. This finding is likely as clarity lends itself to quick understanding through smooth processing fluency (Schwarz et al., 2021; Storme et al., 2015). Theories of attention stress that a viewer only has a finite amount to give to the stimuli around them (Angela et al., 2016; Lang, 2000; Kahneman, 1973), and so the easier a message is processed, the less strenuous it is on the reader.

The setting also went beyond physical location itself, and into the setting that was presented by the campaign. Participants explained that the settings the campaigns themselves had depicted within them also provided context to the messaging. In fact, the settings often imitated the physical location of the setting in its influential factors. For example, the background could feel inconsistent and jarring against the message of the campaign, such as within *Image #9: No thanks, I'm pregnant*, where the background reminded participants of photos taken at an elementary school, which provided a confusing and clashing element to the message of the campaign. The background of the campaign could also become an element of distraction, something that was brought up for *Image #9*, but also for *Image #1: If she declines a drink this season, just go with it*, where participants found themselves caught up in examining what was going on in the blurry bar-like scenery, as opposed to focusing on the messaging of the campaign.

In addition, this background gave a context that participants felt was misleading through focusing further on the alcohol by depicting a bar setting, and therefore contributing to the lack of balance in the message of alcohol use during pregnancy. As participants explained in Chapter 3.2, *Image #1* struggled in clarity due to the perception of its singular focus being on alcohol and not including a component that depicted pregnancy. Alongside the confusion of adding an elementary school-like component, the participants also noted that the background of *Image #9* added to the feeling of the image being staged and unrealistic, thereby clashing against the woman within the photo. Participants explained that having a more realistic environment, such as a social setting as opposed to a photography backdrop, would have been less distracting from the message and possibly would have changed the tone of the campaign.

In other words, the resonance between the campaign's background imagery and other messaging was incongruent. In advertising, it has been demonstrated that resonance of meaning between stimuli can have a positive effect on viewer perceptions (Stathakopoulos et al., 2008). The results of this dissertation indicate that this positive effect may be added to through priming the viewer to expect a certain topic, therefore enhancing the ease of processing. Colour, too, can be used for priming, often through influencing the perception of a message through associated tone (Gerend & Sias, 2009; Jiang et al., 2002). In discussion of *Image #3: Baby or the Bottle*, participants noted the bold, consistent red as depicting tones of "worry", "caution", "anger" and "stop", which acted to jar the reader and catch their attention but influenced tone through causing the campaign to then feel like "a scare tactic". The multifaceted ways colour interacts with perception may be the reason attention does not always translate into recall, or even message acceptance. While King and colleagues (2021) found colouring warnings yellow increased both attention and recall, this increase did not translate into perceptions of the advertisement as more effective or changes in behaviour intentions.

There were two aspects of these background settings that were discussed differently than settings in real life. The first was the realism of the campaign, as discussed for *Image #9: No thanks, I'm pregnant*. Not only did this lack of realism contribute to a confusion around its message, but it also hurt the relatability of the campaign. Participants described how the photography background then added to the "staged" and "photoshopped" feeling of the campaign, thereby hurting the credibility of its source, as participants felt it to be inauthentic.

This response contrasts to *Image #4: It's safest not to drink while pregnant*, which participants commended for a background that "[didn't] look like a stock image." For *Image #9*, Peter commented that "the natural setting would've made the difference." There is also evidence

that simply depicting natural imagery on campaigns or advertisements enhances their ability for attention and recall; the attention restoration theory postulates that natural imagery restores a viewer's ability to give direct attention to other stimuli (Hartmann et al., 2013). Therefore, natural imagery included on a health promotion campaign could restore a viewer's ability to give the rest of the campaign's messaging their attention.

The second aspect that participants discussed about the settings within the campaigns specifically was a particular feeling: the background as feeling lonely. This feeling relates back to the discussion participants had of the isolation pregnant individuals can feel, and how campaigns that depicted an individual standing alone could contribute to the feeling of alcohol use during pregnancy being an unspoken topic, to be dealt with privately (Matebese et al., 2021; Paris et al., 2020). Even campaigns such as *Image #7: This is why I supported her not to drink while pregnant*, and *Image #2: Alcohol and Pregnancy Don't Mix*, both of which included the father of the child in the image, had participants calling for more depictions of support.

"I just feel like there should be more of a community," Lynn explained, while Lily noted that there was an exclusionary aspect to depicting a male and female relationship only. Participants appreciated the inclusion of partners but wanted more from their campaigns. They wanted the support to be depicted in the world around them. In that sense, participants were looking for a supportive, inclusive world as something the campaigns promoted as well. While evidence on whether campaigns can change behaviours is mixed (e.g., Gheorghe et al., 2017; Joo et al., 2022; Parry et al., 2013; Purwanto et al., 2018), campaigns can influence beliefs, awareness and knowledge, as well as reinforce what is already known (CanFASD, n.d.). The results of this dissertation indicate that Level 1 FASD prevention campaigns could act to change

the expectations of whether alcohol use during pregnancy would be met with support or with judgement.

Participant opinions on each campaign's perceived appropriate contexts are summarized in Chapter 3.2. In general, participants tended to match the context to what was represented in some way by the campaign. For example, *Image #1: If she declines a drink this season, just go with it* was discussed as well-suited to a bar or fancy restaurant, matching both the setting depicted in the campaign itself, and perceived extravagance represented by the martini glass. Similarly, the association of *Image #5: Alcohol and Pregnancy Don't Mix* with younger demographics due to the imagery, cartoon, and colour choices, caused participants to recommend school settings or health classes. In contrast to *Image #1*, *Image #2: Alcohol and Pregnancy Don't Mix* was explicitly mentioned as being unsuitable for a bar-like setting, being better suited to grocery stores, prevention programs, or health clinics, perhaps due to the lack of alcohol depicted on the campaign.

Many campaigns were also discussed as appropriate in places of healthcare, such as *Image #7: This is why I supported her not to drink while pregnant*, and *Image #8: Too Young to Drink*. Context was vital for effectiveness when it came to *Image #8*, as participants discussed the shock value of the medical imagery, and how the campaign could feel like a stranger making a judgemental comment out of the blue. For this reason, placing *Image #8* within a healthcare setting was important, as it reduced the shock value of the medical imagery. *Image #3: Baby or the Bottle* was also discussed with similar warnings, as both *Images #8* and *#3* utilized shock and shaming tactics that participants did not feel would be appropriate in a setting where the general public could encounter them. It is interesting to note that participants acknowledged shock value as an attention-capturing mechanism but sought to reduce this effect when looking for

appropriate contexts. This type of response likely returns to their contrasting opinions about these types of tactics, and the desire they had to avoid negative feelings, despite trying to look past them.

The medical setting was also beneficial for many campaigns as they provided long periods of waiting, therefore enabling individuals to spend more time with the campaigns. Campaigns that were mentioned as explicitly needing this extra time to be effective were *Images #1: If she declines a drink this season, just go with it*, *#3: Baby or the Bottle* and *#6: Let's meet at the coffee bar*. Extra time that was not necessarily needed, but would be beneficial, was mentioned for *Images #4: It's safest not to drink while pregnant*, and *#7: This is why I supported her not to drink while pregnant*. Although many campaigns were suited to a healthcare environment, not all were. Participants described that they associated health clinics with more serious, sombre messaging, and so campaigns such as *Image #10: For the love of children, don't drink while pregnant* felt more out of place. That said, *Image #10* was one of the campaigns that participants noted as the most broadly applicable across different contexts, alongside *Image #4: It's safest not to drink while pregnant*. *Images #1* and *#3* were cited as being particularly unsuitable for the participants' own setting of Laurentian University.

In summary, the setting that campaigns depicted, as well as the setting they were placed in, influenced the message, understanding, and overall effectiveness of the campaigns. According to the participants, location played a role in: (1) the expectations the reader came to a campaign with, thereby influencing whether or not the campaign would jar against those expectations; (2) the source from which the message is perceived as coming from, and whether that source is credible; (3) what aspects of the campaign were noticed first—or at all; (4) the time the readers had to take the campaign in; (5) who was actually able to see the campaign; and (6)

the distractions that could add to or take away from the ease of understanding the campaign. Settings also played a role in the campaign itself, with the settings depicted within the campaigns influencing effectiveness through all of the above aspects, while also adding two others: (1) the realism and relatability of the campaign, which therefore influenced the campaign's perceived credibility; and (2) the isolation depicted within the campaign, with participants calling for backgrounds that depicted support from the world around the pregnant individual.

The context in which the campaign was placed was not the only influence on the campaigns' effectiveness, however, as demonstrated in participants' differing opinions on whether the shock value of a campaign that contrasted against its location's expectations could be beneficial. These aspects of a campaign can be highly influenced by the context in which the campaign is placed, but they are also influenced by the reader themselves. The individual who views the campaign has a powerful role in whether a campaign is effective.

### **6.3 *The Context of the Reader***

The individual who is reading the campaign influences how it is perceived. For example, an individual who is not planning on getting pregnant may not find an alcohol and pregnancy campaign to be relevant to them, therefore enhancing their disinterest and reducing the effectiveness of the campaign. The participants within this study were quick to identify their opinions as their own, noting some natural quirks, such as Ella, who read *Image #10: For the love of children, don't drink while pregnant* as having a sarcastic tone, emphasizing the "for the love of" phrase. "I need to be cognizant of the fact that I'm a little bit out there," she explained, but her perspective demonstrated the ways different individuals could interpret the same images and phrases.



Differing perspectives came up in discussion around *Image #6: Let's meet at the coffee bar*, as well, with Jessica and Ella explaining the different ways they interpreted the cups on the campaign. While Ella saw the cups as depicting a male and a female, and therefore a heteronormative couple, Jessica did not see any specific genders within the campaign. Although participants tended to favour campaigns that could be applicable across the broader population, they explained that their differing perspectives were equally valid, and something to be taken into consideration. As Jessica put it, "I think it's kind of neat that I saw it totally differently than you did [...] these things can be perceived different ways, so maybe that's a good thing to consider when you're making these [FASD campaigns]."

*Image #3: Baby or the Bottle* was a campaign with an experience that was highly specific to the viewer. The participants found that there were two contrasting messages within the campaign: "the finger wagging message" which relied on shame, and the "reach[ing] out for help" message which encouraged them to ask for support from their healthcare provider. The effect the campaign had on the reader could be influenced by their experiences, as Janelle explained, noting that the campaign could be more effective for "an uneducated population that doesn't understand that alcohol does have the potential to be harmful", as the campaign demonstrated a clear line as to "how alcohol does go right to the baby".

However, she went on to explain, "then you have a whole different demographic of people who maybe do want to have a healthy pregnancy, but just [...] can't stop drinking alcohol." To this population, Janelle explained that *Image #3* could "induce more anxiety in pregnancy" and "do more harm than good." The effect of an individual's background and experience coming into play came up in discussion particularly when it came to reading campaigns as more shaming or more supportive. *Image #8: Too Young to Drink* was also

previously discussed as having this interplay, where the shock value of the image could fluctuate depending on the familiarity of the reader with medical imagery, with less familiarity resulting in a more shocking image.

Between participants, there were also debates on what they found to be supportive. Aspects such as the isolated pregnant individual, positive language around anticipating pregnancy, and the presence of male-presenting individuals within the campaign could feel supportive or shaming depending on who was interpreting the message. When it came to the pregnant individual standing alone in a photograph, participants largely discussed the feelings of isolation when it comes to alcohol and pregnancy, and how many individuals can feel it is something to be dealt with in private. These feelings prevent individuals from reaching out for support, as there may be questions as to if anyone would help them to begin with (Matebese et al., 2021; Paris et al., 2020).

However, the participants of this study also explained that “not everyone has a support system”, and therefore, representing a network of supports that did not exist in the pregnant person’s life could end up feeling more isolating. Having a pregnant individual standing alone left it more “open to interpretation”, not removing the idea of support being present, but also not presenting a situation that was unrealistic, and possibly hurtful. For example, a campaign with a couple supporting each other being read by an individual who does not have a supportive partner could be potentially isolating. Similarly, other supportive aspects, such as the positive language around pregnancy in *Extra Image #4: Cherish your bundle of joy* (originally from *Image #10*’s campaign; Appendix R), could feel negative depending on the reader, as some individuals “are not necessarily happy with the fact that they are pregnant.” Individuals who experience unwanted

pregnancy are still individuals to which campaigns about alcohol use and pregnancy are relevant, and therefore they should be considered.

In the same vein, campaigns such as *Image #7: This is why I supported her not to drink while pregnant* depicted support in a way that participants felt could backfire. “You gotta think about the women, too, who don't have spouses, right?” Brooke noted, explaining that the campaign could act as a trigger for bad memories which “may cause them to drink more”. While being discussed as a supportive campaign, and while participants were vocal that they understood what the campaign was trying to achieve, many participants felt that *Image #7* displayed a “male saviour” perspective that resulted in the campaign excluding the voice of the mother in favour of the father and baby. The removal of the mother from the image was essential to this perspective. Gender could play a role in interpretation of this type of campaign as well, as one participant who identified as male expressed that he wanted to be a father and spoke highly and positively of *Image #7*.

However, the discussion around *Image #7* also connected to the participants’ appreciation of campaigns that had the pregnant individual “isolated”: no one was trying to take that individual’s voice away. Alongside depicting support that may feel unrealistic or unattainable, bringing in other individuals into the campaign risked depicting the perspective that their voices matter more than the pregnant individual’s. As such, Natalie directly contrasted *Image #7* to *Image #10: For the love of children, don't drink while pregnant*, and explained that *Image #10* was “more empowering” and “more ideal” as it avoided the “guilt” and feelings that “the man should be enforcing [his choices] upon her”.

In this way, *Image #10* found a method of depicting support while maintaining a focus on the pregnant individual and avoiding the explicit inclusion of a support network on the campaign itself. However, it did receive its own criticism for the language and insinuation that “if you drink, you don’t love your baby” (e.g., The Huffington Post Canada, 2014). Participants also discussed campaigns, such as *Image #2: Alcohol and Pregnancy Don’t Mix*, which depicted a couple as feeling more balanced. “When it was isolating either the mom or the dad, it makes you feel like it’s one or the other’s responsibility,” Natalie explained. “In this one [...] I get the sense that it’s more of a shared responsibility.” Still, campaigns like *Image #2* received criticism for their heteronormative nature, another aspect that depended on the context of the reader.

Therefore, as demonstrated, it is important to note that these perspectives were not universal; they were subjective and varied amongst participants. By and large, campaigns that depicted support from outside the pregnant individual were received positively, little sarcasm was read within the campaigns, and medical imagery was found to be shocking. However, in the creation of future campaigns, it is important to consider the perspective from all different types of readers that may be viewing the campaign to anticipate the different ways a campaign could be interpreted. This type of anticipation also came into play in discussion of a common variation between individuals viewing a campaign: age.

The perceived age of the reader influenced the campaign’s effectiveness in several ways. Age played a role in both the campaign’s availability and relatability. Participants pointed out that different age demographics could view campaigns in different ways, citing campaigns such as *Image #5: Alcohol and Pregnancy Don’t Mix* as applicable for schools, or *Image #6: Let’s Meet at the Coffee Bar* looking like something they might see on social media. The location of

the campaign, then, could influence what age of reader would be more likely to see it, and campaigns could be tailored in this way if they were made appropriately relatable.

Relatability has been alluded to throughout discussion of the participants' definition of effectiveness. Relatability was a large topic of discussion when it came to the focus groups. In the context of age, participants pointed out that what was depicted on the campaign could play a role in whether different demographic groups would see campaigns as more or less applicable to them personally. This applicability was shown most clearly in the simple case of the campaign having a person depicted in the image, and determining what age that person appeared to be. Participants explained that campaigns like *Image #4: It's safest not to drink while pregnant* had effective messaging for a location like a school to appeal to a younger demographic, but that the image itself should be altered to make it more relatable, such as by changing the model, adding a backpack, and so forth.

Participants also discussed depictions of alcohol in relation to age. *Image #1: If she declines a drink this season, just go with it* was discussed as more applicable to an older demographic, rather than younger individuals, such as teenagers. Diana noted:

It is a martini, it's a more sophisticated alcoholic beverage, whereas a lot of teenage girls will go for fruity coolers and stuff like that. I would think [*Image #1*] would be geared more twenties or thirties.

The representation of more "sophisticated" drinks, such as martinis or chardonnay, made the campaign seem to target an older demographic. Younger demographics were more likely to be associated with colourful drinks or typical depictions of "binge" drinking. Interestingly, the element of "sophistication" found in martinis or glasses of wine both made the campaigns seem

to target older demographics and strayed further from typical depictions of binge drinking, regardless of the fact that binge drinking could occur with any type of alcohol. This “sophistication” may allude to the social acceptability of these types of drinks (Corrales-Gutierrez et al., 2020; Crawford et al., 2020; Crawford-Williams et al., 2015; Deroover et al., 2023), and the results of this study imply that more socially acceptable alcohols are less likely to be associated with, or perceived as, binge drinking.

When it came to a younger demographic, colour was not limited to alcohol. Brighter, bolder colours were seen as more applicable, and therefore more effective, when it came to that type of audience. The “sombre colouring” of *Image #8: Too Young to Drink* made Natalie think it was targeting an older demographic, and the bold, “eye-catching” nature of *Image #3: Baby or the Bottle* could reach a younger demographic who tended to be “more captivated by graphics.” Even in discussion of making *Image #4: It’s safest not to drink while pregnant* more applicable to a younger demographic, colour was discussed. “Instead of like the black ombré [background], it could be a different one,” Lily explained, “like a light blue [...] or even like the model can wear a different colour.” Holly agreed, noting that the black felt “more mature”, and that adding colour could make the campaign “a little more playful” if trying to target a demographic around high school age.

Colourful imagery is often used in children’s advertising (Martínez et al., 2012) and although there is some evidence that younger populations prefer more colourful advertising in comparison to older demographic groups (Akçay et al., 2012), that evidence is not consistent (Westland & Shin, 2015). Participants also discussed how the messaging itself related to age and associated older age with more education and understanding around alcohol use in pregnancy. In addition, in the case of *Image #1: Let’s meet at the coffee bar*, Simon explained that activities

outside of social drinking, such as going for coffee, “may not have the same appeal” for a younger population.

In this way, messaging also played a role in applicability to age, especially when it came to blame and shame. Participants discussed the difficulties with trusting authority figures that many younger individuals may have, particularly if they were already feeling like they may have done something that would merit moral judgement (Paris et al., 2020; Renbarger et al., 2020). When discussing *Image #3: Baby or the Bottle*, Diana explained how a younger age could exacerbate the shaming feeling, as the campaign could evoke a feeling of “get[ting] in trouble”, thereby preventing younger individuals from getting supports they may need, particularly if they are underage when consuming alcohol.

The combination of two areas of stigma, underage pregnancy and underage alcohol consumption, exacerbates the effect of the already-present barrier to care (Cherry & Dillon, 2014; Ussher et al., 2019). For example, young people have been reported to be afraid of information being spread through breaches of confidentiality of healthcare providers (Newton-Levinson et al., 2016). Through encountering campaigns that take a stigmatizing approach, the trust within the patient-provider relationship is immediately damaged (Renbarger et al., 2019), thereby exacerbating these types of fears. In the case of campaigns within a healthcare setting, campaigns can signal to a reader how that conversation may go, making it unlikely that the reader will choose to trust and seek out help if the campaign they have read only promises judgement. Although compounded in the case of teenage pregnancy, this point stands across all ages. People seek out help from those they trust, and the wrong messaging can work to call that trust into question (Popova et al., 2022; Renbarger et al., 2020; Weber et al., 2021).

However, the inflammation of the issue is likely why participants often brought up blame, judgement, and underage drinking unprompted. They made statements such as “[this campaign] wouldn’t blame [the teenagers] for anything, so [...] it’d be supportive and effective for younger populations as well,” and “[with] other photos, [the reader] might be a little scared of them, but this is a little more friendly.” The idea of unsupportive campaigns scaring younger populations away from taking in the information was a common thread throughout these discussions; stigma felt more harmful when considering a younger population of readers. Although the topic of age sometimes came up due to participants’ own associations, such as the background of *Image #9: No thanks, I’m pregnant* being associated with a school photography background, viewing the campaigns through younger eyes sometimes caused participants to reconsider campaigns they had dismissed.

This view was the context in which *Image #5: Alcohol and Pregnancy Don’t Mix* grew in effectiveness. Participants discussed how the campaign itself did not attract them, but that it could be “more appropriate” in something like a health class. Campaigns with colour, playfulness, or in *Image #5*’s case, cartoons, suddenly became more appropriate. Participants also brought up underage drinking and teenage pregnancy because of their own attitudes that it was an important topic to explore. When discussing how *Image #9* could be altered to suit a younger demographic (namely through making the model appear younger), Brooke explained:

It would be nice if they did have something in school with actual figures of teens ‘cause I watch Teen Mom on MTV, [...] even though their main goal is to promote their lifestyle and how it’s a struggle for them, it’s actually doing the opposite. These girls are now getting paid thousands of dollars to promote their lifestyle—they’re having more kids. So their message is actually the opposite and now more girls are getting pregnant and now



they're doing spin off shows so—if they could have pictures like this of more teens in high schools, elementary schools, maybe—it would be more of an effect.

Martins and Jensen (2014) surveyed U.S. high school students and found results that supported Brooke's perspective. Heavy viewers of the Teen Mom program were more likely to think that mothers on the show had involved partners, a good income, and an “enviable” quality of life (p.845). The study demonstrates the influence outside media can have on perceptions of pregnancy and motherhood. Brooke went on to explain that the campaigns would have to “meet their demographic and what they're seeing”, therefore becoming relatable to them.

The conversation also demonstrated what the participants saw as a larger issue and linked with the way they spoke about their own demographic. These individuals were still young, still learning, and not yet planning a pregnancy. Joseph focused on age when he discussed the strengths of shock value for younger demographics. “Many people have this attitude that they're invincible,” he explained, “younger people usually do dumber things [...] so, yeah, it would have to be something that jumps out at you.” Joseph focused on strength and attention, something to shock the reader into applying it to their situation. His advice mirrored others around shock value and stigmatizing tactics, that other people need a shock to their system, and that shock would reorient the way they think. In practice, shock and fear are difficult to utilize effectively in health-related campaigns, largely due to their dependency on requiring an immediate behaviour that is able to soothe the anxiety created by the campaign (Golub, 2018; Job, 1988; Percy, 2012), as well as their tendency to backfire if individuals are in the precontemplation stage of behavioural change (Cho & Salmon, 2006).

Other participants, like Diana, disagreed with Joseph's sentiment, explaining that future campaign creation should "offer [a] no judgment policy" that "invite[s] people in to discuss this issue". "I'm not planning on becoming pregnant at this age, I'm just starting my career," she went on to explain, "but things happen." Diana and her fellow participants' demographic group tend to be in a unique transition point that puts them at high risk of an alcohol-exposed pregnancy, particularly unintended (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016). Multiple participants discussed knowing others who had consumed alcohol before knowing they were pregnant. It has been estimated that half of the pregnancies in North America are unintended (Bearak et al., 2018), and many pregnancies are discovered in the sixth week of gestations or later (Ralph et al., 2022), there is a significant period of time, early in fetal development, where accidental exposure can occur.

Through this perspective, participants focused not on changing an individual's mind who was planning on drinking and having unprotected sex, but rather on what the next steps for that person could be, and how they could move forward with support. The difference in Diana and Joseph's perspective also echoes the discussion in Chapter 5.1.4 around the hypothetical individuals that could benefit from shame and judgment. Joseph focuses on the "many people" outside of himself that could benefit from a shock to their system. When Diana relates the situation to herself and her age group specifically, the call for support emerges. While different participants had different views on support and how beneficial it could be, this variance between the self and others was a common pattern to the way they offered their advice.

In connection to their youth, participants also discussed the imagery within the campaigns. There were immediate associations with some images: *Image #6: Let's Meet at the Coffee Bar* with a coffee shop advertising campaign, and *Image #9: No thanks, I'm pregnant*

with school photography, or memes, for example. *Image #1: If she declines a drink this season, just go with it* also had its own associations, as well, with the image of the martini causing participants to dismiss the campaign as not intended for them. “It feels more like a [...] late-twenties, thirties kind of age group, where they’re professionals going out for a drink after work,” Kayla explained, explicitly citing the martini as the reason why she felt the campaign did not feel appropriate for her age group. Caroline agreed, and elaborated:

It seems like something that would be displayed at a high-end restaurant, more so on the level of the Keg, and I just don’t see any of my peers being able to afford the Keg, ‘cause I’m sure we can all relate to crushing student debt, so...

The inclusion of the martini made the campaign appear so high-end that the campaign went past being neutral in participants’ eyes to wholly unrelatable. Campaigns that are easy to dismiss as inapplicable are then easy to ignore; if you do not relate to the campaign, then it does not necessarily apply to you. Along with brand identity, colour and novelty, the personal relevance a campaign has is an essential component of attracting attention (Jansson-Boyd, 2019). The idea of relatability was one of the most important pieces when it came to discussing how context played a role in campaigns around alcohol use during pregnancy.

The importance of relatability was best demonstrated in conversation around *Image #9: No thanks, I’m pregnant* which was viewed as “awkward” and compared to an internet meme. Most participants’ first reaction to the campaign was to laugh, with Natalie explaining her thought process:

I kind of had a little giggle immediately, because I was immediately drawn to her face. I think it’s the contrast of her skin tone with the background, but [...] I don’t know if this is

trying to appeal to younger [people], ‘cause honestly it kind of looks like a meme.

Because the face, the hand out like this, the short, grammatically shaky text of ‘no thanks, I’m pregnant’, like it kind of looks like it could be a meme on the internet, so I thought that was kind of amusing.

Participants connected the “awkward” feeling to the woman’s expression, but also noted that the background and posing of the campaign exacerbated it as well. Together, these components created a feeling that the campaign was insincere or fake. Participants compared the campaign to a “stock image”, “clip art” and noted that the model “[didn’t] even look pregnant.” The model seemed to visibly “[know] she [was] getting her picture taken” and participants criticized the editing of the campaign, explaining that the model seemed to be “copy and pasted” as “the thing she’s holding kind of fades into the background, so it just looks like she’s got random legs.” This “over-edit[ing]”, in combination with the “awkward” expression, created the “fake” feeling that prevented participants from taking the messaging seriously. Steven even joked, “I feel like there’s a gun in the other hand of the other person. It looks like extortion.” Robin also added that the “elementary background picture” was not an “actual environment that someone could possibly be in”, further taking away from the realism of the campaign.

Peter dug further into this fake feeling, exploring why it took away from the campaign’s overall ability to connect with him:

It looks really posed. [...] And what I meant by that is just it looks like [someone is saying,] “we’re gonna put your hand right there, and just a little bit higher.” If it looked a little bit more natural, I’d be more sold. And that’s not saying that I’m not agreeing with what it’s saying, it’s just—it would feel more relatable to me. That might not make a

whole lot of sense, but [...] the fact that it feels really posed to me implies that it's something that's not necessarily attainable to some, because it's all about the show aspect of it, and it's more important that it looks good than it actually is showing the message, if that makes sense. It kind of hits a bit to my morals, to me it's really more important to get the message across than to make it look perfect, if that makes sense. [...] Thank you—sincere was what I was trying to get to. Yeah, exactly.

Peter felt that the campaign's inability to capture a sincere authenticity resulted in a campaign that sent a new message: that this situation was so unobtainable, it had to be created under false pretenses. Jessica agreed, adding on that on top of the campaign not feeling "genuine or sincere", that it also felt "forced", as if the model felt something along the lines of "oh, I really want to take it, but I really shouldn't so I'm going to say no thanks". She went on to explain that a more "content" face could have created a less "staged" feeling.

Perceived authenticity in advertising is just as essential as it is difficult to achieve. Facial expressions, for example, with authentic displays of emotion cause the viewer to feel that emotion in response and include such nuances as if smiles include the facial muscles of the eyes (Percy, 2012). Zeng and colleagues (2021) found that individuals disliked advertisements that felt fake or untrustworthy to them, and Gilbert and Ewald (2023) discussed how despite perceiving smoking cessation imagery on tobacco packaging as graphic and offensive, individuals who smoked also perceived these campaigns as fake, irrelevant, and lacking in credibility. This lack of perceived authenticity results in dismissal of the message, regardless of other elements of effectiveness. This phenomenon was one that was replicated in the results of this dissertation.

The ultimate result of this feeling was that participants were unable to listen to the campaign's message, despite agreeing with it. "Say that this was on a poster or a billboard and I was walking by with my friends," Natalie said, "I probably laugh about it more than take it seriously." Although Natalie followed her thoughts up with "but maybe I'm just a bad person," many other participants thought along similar lines: Simon explained that "if this was at a bus stop or like a bench, [he] could definitely see someone drawing a moustache on it," and Sophia noted that she was actively "trying to avoid the mindset of a mean girl" when looking at the campaign. In fact, the common reaction participants had was summarized by Ella, where she explained that alongside the rest of her focus group, she laughed when she first saw the image, "realized how inappropriate [the reaction] was" and had to try "so hard" to stifle the laughter.

Participants found it very difficult to move past the aesthetics of the campaign to see the messaging underneath. Participants did acknowledge, if prompted, that information was present if the reader wanted to read further, and that the tagline was "pretty good", but as Sophia explained, *Image #9* was unlikely to be given the chance to be taken seriously as it almost immediately became "a joke" to the reader, as opposed to "a source of education." When viewing all ten images at once, Megan summarized her focus group's thoughts on the campaign:

I think a new bottom ranking is "No thanks, I'm pregnant" 'cause none of us really paid attention to it, or even discussed about it. It was more so like "oh, it's an awkward picture" and it was just that.

Gem agreed, noting that she "didn't even read it." Across participants, the reaction to the campaign caused them to "completely ignore the message," and as a result, the campaign was rated last in both likability and effectiveness, and never rated as first by any participants. This

result is consistent with the literature, in which inauthenticity both results in dislike of the advertisement, as well as dismissal of the message (Gilbert & Ewald, 2023; Percy, 2012; Zeng et al., 2021).

The campaign's dramatic posing and staged feeling led to participants explaining that it seemed like an internet meme. The association was so strong, some participants wondered if it was on purpose to target a younger demographic. Some participants, such as Carter, enjoyed the humour he found in the campaign, elaborating: "kids my age, we can get 'em pregnant and I love memes, and I know a lot of my friends like memes, so that'll definitely catch your eye." However, the idea that the campaign elicited humour on purpose rubbed other participants the wrong way, with Hana summarizing her thoughts as "I think [*Image #9*] makes a joke about [alcohol use during pregnancy] to a certain extent, and it's not really something to be joked about." This opinion alludes to how participants felt humour was inappropriate, as previously discussed, and demonstrates an example where that humour may have not been intended but the reaction remained the same.

Given their criticism, participants also discussed how they felt the campaign could be improved. In this case, all improvements were directed to the aesthetics of the image, as opposed to the messaging. Participants narrowed down most of the campaign's "awkward" feeling to the face of the model, calling for a more content expression, or even cropping the photo to only show the pregnant belly and the hand. The latter should be carefully considered, however, as this has also been cited as evidence of campaigns' further emphasizing the fetus over the mother (CanFASD, n.d.).

Other participants wondered if removal of real people was the answer, giving the idea of stick figures or other drawings; however, this participant received some criticism for the idea, as participants tended to lean away from the cartoons that were shown to them. It is also worth noting that another criticism of this campaign was the white woman, which caused Carter to refer to the campaign as “the Karen one”. “Karen” is an example of a textual meme, wherein the name “Karen” is used to refer to a hypothetical character who is exhibiting ignorant, selfish, racist, gullible or victim mentality behaviours (Bhasim et al., 2020). Although also explored as a mechanism of cultural critique (Williams, 2020), the association of the campaign with the “Karen” meme was another mechanism through which it was discredited, as it implied that the woman refusing the alcohol was engaging in exaggerated dramatics. As a result of all of this discussion around *Image #9*, when asked for advice in future campaign creation, many participants emphasized that if a person was going to be photographed, “don’t let [them have] an awkward face.”

The discussion around *Image #9: No thanks, I’m pregnant* was the clearest example of the influence relatability, or lack thereof, could have over the effectiveness of a campaign. However, it was not the only example. *Image #2: Alcohol and pregnancy Don’t Mix* received similar criticism over how “composed” it felt, as if the couple was presenting a false image to the world that did not read as genuine. Similarly, while *Image #4: It’s safest not to drink while pregnant* was complimented as feeling sincere, it did receive criticism for its depiction of “a little black dress, kind of sophisticated tone”, with the participant going on to explain, “I think most pregnant women don’t go around in ballgowns during their pregnancy, so I think just depicting more real attire [would be better].”



In a similar vein, *Image #1: If she declines a drink this season, just go with it* received criticism for the inclusion of its cocktail, as it seemed like a drink one would get at “a really fancy restaurant.” As such, it simply did not feel realistic that a pregnant individual would publicly consume alcohol in such a “posh” setting, when they could be a victim of judgement from those around them. Although judgment in public environments exists, such as when a bartender refused to serve a pregnant woman alcohol as he “didn’t want it on his conscience” (Meyers, 2014, para. 5), it was the emphasis on this setting that was interpreted as unrealistic, and therefore something she could not relate to. Peter also took issue with the depiction of refusing alcohol in a public setting, as he explained that in his view:

Really, it doesn’t matter if you’re refusing it in a restaurant, ‘cause it really shouldn’t be really about what other people think about this, it should be about you—like your love towards the child and that should be enough to...well, who am I to say that, but...that should be what the driving force should be. From my perspective, anyways.

While Peter acknowledged that this was his opinion, it represented a view that other participants had: that the refusal to accept alcohol in a more public setting felt inauthentic and dodged what they felt was the actual issue. Jessica, too, sarcastically referred to campaigns with this type of message as stating, “oh everyone look at me, I’m being so safe, I’m not going to drink”.

This movement away from “posh” representations of alcohol use during pregnancy was one of the elements that was praised about *Image #3: Baby or the Bottle*, which simply included a beer. Sophia explained:

What I do like about it is that I like how she’s just having a beer, you know what I mean?

I feel like that’s kind of the casual [...] it’s not the odd drink necessarily that is super

harmful, it's the consistency of those social beer. [I] attribute [the causes of FASD to be an individual] at home, by myself, hiding it and just drinking to what would really cause an issue, versus the one fancy, beautiful drink. [...] It's just more natural. I live in a really small community right now, and so there's a few women right now who are pregnant and so I see their husbands coming over or whatever, and they're all just having social beers and like I could see how they would feel maybe a little bit alienated and so, for me, I picture the small town group gatherings with beers.

The depiction of a more “casual” choice of alcoholic beverage felt “more natural” to Sophia; beer tends to be associated with more informal settings in comparisons to other alcohols, such as wine, which are associated with special occasions (Pettigrew & Charles, 2006; Silva et al., 2017). While informal, beer has its own specific associations, such as being a symbol of relaxation and the mark of crossing the border between the work and non-work day (Pettigrew & Charles, 2006). Beer is the alcohol of choice for individuals in Canada (Paradis et al., 2023), and its associations with both relaxation and socialization are those that Sophia was referring to.

This returned to the feelings of isolation during pregnancy; with pregnant individuals feeling excluded from the social drinking of those around them, Sophia imagined that alcohol consumption would be more likely to occur at home, in private, rather than “the one fancy, beautiful drink.” Jessica agreed, adding own her own thoughts to Sophia’s opinion where she explained her understanding of alcohol use during pregnancy was not “going to a restaurant once” and “mak[ing] that decision [once]”, but rather a continual daily decision that had to be made over and over again. Therefore, the campaigns that depict a choice in a restaurant are too simple and too singular. This representation of alcohol use in pregnancy does not demonstrate

“the bigger issue”, which Jessica described as “not the fancy going out” but rather the “stuff that happens at home”.

In addition, Jessica alluded to the habitual use of alcohol as the comfort an individual may be “used to going to”, and the other ongoing issues they may have in their lives that individuals outside of them may not be privy to, such as intimate partner violence (Popova et al., 2022). This representation of alcohol use during pregnancy as something ongoing and personal was the realistic representation that Jessica and Sophia did not feel was captured in campaigns such as *Image #1: If she declines a drink this season, just go with it* and *Image #9: No thanks, I’m pregnant*.

Insincerity also came up in discussion around *Image #2: Alcohol and Pregnancy Don’t Mix* when participants noticed the campaign was sponsored by “BC Liquor Stores”. “That’s really throwing me for a loop,” Caroline explained, “I can’t decide whether or not I like it.” Participants displayed mixed reactions to a liquor store sponsoring a campaign, with some feeling that they appreciated that the store aimed to raise awareness while still selling their products, and with others stating that it felt “off-putting” and “a little bit sleazy”.

For the participants that held the latter viewpoint, it came down to the newly perceived insincerity, and the way it could change the credibility of the message. Interestingly, *Image #10: For the love of children, don’t drink while pregnant* was also sponsored by a liquor store (The Huffington Post Canada, 2014), but the absence of this information on the campaign itself stopped participants from being able to comment on it. That said, it is possible that this controversy could have been avoided with an explanation from “BC Liquor Stores” to state their intention behind running the campaign. While it is possible that this type of statement could still

be read as inauthentic, acknowledging the mixed signals would be a method of connecting to the reader and asking them to engage with the campaign. Brand identity is one of the four main methods of attracting attention in advertising (Jansson-Boyd, 2019); perceptions of a brand also influence emotion (Percy, 2012), how attention will be transferred to other areas of an ad (Pieters & Wedel, 2004), and other details such as whether QR codes will be scanned (Okazaki et al., 2019). Brand identity is nuanced when it comes to the world of health promotion where the concept of a “brand” loosens to the organization which represents the source of the information, but these sources are vital to consider. Perceptions of brands influence their messaging because they are seen as the source of the message. If the brand is perceived as inauthentic, so too will be the message.

The example of *Image #9: No thanks, I'm pregnant*, in conjunction with the criticisms around campaigns that were too perfect, composed, and did not display a realism that participants were looking for, summarized a viewpoint that the participants of this study held: they called for campaigns to be “real”. While “realism” has been discussed previously, this was in the context of more stigmatizing campaigns demonstrating “consequences” that reflected reality. When it came to relatability, the participants’ definition of realism seemed to stray away from this negativity. Realism that was relatable within campaigns included messaging that felt raw, vulnerable, personalized, touching and like something the reader could connect to. Participants called for campaigns that did not depict “walking around with martini glasses in a little black gown”, but more realistic clothing such as sweatpants, and an acknowledgment of “mess[y] days” as normal. Acceptance of these vulnerable moments was important to the participants, and they explained that campaigns that depicted this type of “realism” with care were the ones that would be most relatable to them. As a result of this connection, these

campaigns would catch and keep their attention, as opposed to unrelatable campaigns that would be easy to ignore. With the discussion around *Image #9* demonstrating what can happen to a campaign's intended message when it fails to feel relatable, this realism through reliability is a vital component that campaigns should consider when moving forward.

However, with the personalization behind relatability being relatively unique between readers, creating this realism across a broad spectrum of individuals may prove difficult. While participants emphasized the importance of diversity within the campaigns, they struggled to find a balance; one type of couple, for example, excluded others and participants debated the benefits of including support in campaigns at all, given that some pregnant individuals could lack a support network entirely. This type of thinking is what caused advice such as that from Simon, who spoke about “high-fashion brands” that “don't tend to include the face”, therefore allowing the reader “to be able to project [their] face onto that figure”. However, focusing on the pregnant belly instead of the face of the pregnant person should be avoided (CanFASD, n.d.).

Therefore, when it comes to how to be relatable, the results of this dissertation indicate several tenants should be followed: (1) avoid over-edited, staged, and “perfect” imagery: participants call for a realism that depicts the “messiness” of everyday life, taking a step away from photographer lighting and stock photography; (2) speaking sincerely: campaigns taking an honest stance, and with controversial sources such as liquor stores including why it is important that they are involved in the discussion; and (3) focusing on diversity: while not all campaigns may be able to depict all populations, campaigns that take diversity into account when building from the ground up form a supportive basis that is more likely to be read as relatable. A campaign that embraces messiness, speaks sincerely, and focuses on diversity would be more

likely to be relatable, thereby becoming a campaign that participants could connect with, trust, and listen to.

For these reasons, participants had differing opinions on which demographic targets the campaigns were best suited to. Not all campaigns would speak to all readers, and participants acknowledged that. Chapter 3.2 has an overview of the participants' perceptions of the campaigns, but in summary, participants showed that certain aspects of campaigns were associated with certain demographics. Representing a heteronormative couple in *Image #2: Alcohol and Pregnancy Don't Mix*, for example, caused participants to feel that the campaign was targeting couples who were ready and planning for pregnancy. Expensive and fancier elements, such as formal wear or martini glasses, were associated with older demographics, while participants associated younger demographics with something more like "fruity coolers". These products tend to be colourful, sweet and low-alcohol; they are often designed to appeal to individuals inexperienced in alcohol consumption (Jerdan & WHO, 2001). Other drink associations included beer, which participants associated with informality, realism, and a male demographic, all of which are supported by the literature (Jerdan & WHO, 2001; Pettigrew & Charles, 2006; Silva et al., 2017). Younger demographics were associated with colour and playfulness, such as in the example of *Image #5: Alcohol and Pregnancy Don't Mix*. *Image #3: Baby or the Bottle* and *Image #8: Too Young to Drink* were also contrasted, with participants feeling that *Image #3* was more likely to target a younger demographic due to its bright colouring in comparison. The association of bright colours with younger demographics is also a common one (Akçay et al., 2012; Martínez et al., 2012), although the efficacy of these tactics in advertising are debated (Westland & Shin, 2015).

Campaigns that looked as if they could appear on social media (e.g., *Image #6: Let's meet at the coffee bar*) or included social media links (e.g., *Image #9: No thanks, I'm pregnant*) were also associated with younger demographics, as many demographic trends across social media skew young (Boardman, 2019). Older demographics were associated with education and money. Campaigns that showed something that appeared expensive, such as *Image #1's* martini, were seen as more relatable to an older audience that could afford it. Participants also tended to speak about older demographics as tending to be more educated, and therefore associated education with imagery that seemed professional, such as going to a coffee bar in *Image #6*.

Campaigns that relied on shame or shock value, namely *Image #3: Baby or the Bottle*, were never seen as targeting the supports around the pregnant individual, but rather always the pregnant individual themselves. For this reason, *Image #3* was not seen as broadly applicable to the general public. For the above reasons, then, *Images #1: If she declines a drink this season, just go with it*, *#2: Alcohol and Pregnancy Don't Mix*, *#3: Baby or the Bottle*, *#5: Alcohol and Pregnancy Don't Mix*, and *#9: No thanks, I'm pregnant* did not tend to be viewed as applicable or effective to the participants' demographic. *Image #6: Let's Meet at the Coffee Bar* received a more neutral assessment, with its demographic target falling by the wayside in favour of improving its clarity (i.e., the tendency to confuse the campaign for a coffee ad). *Images #4: It's safest not to drink while pregnant*, *#8: Too Young to Drink* and *#10: For the love of children, don't drink while pregnant* were seen as broadly applicable enough to effectively target their demographic.

Participants discussed changing the clothing of *Image #4's* model to better display their demographic to create a targeted campaign, and *Image #10* was complimented for its applicability across almost all demographics, although participants acknowledged that it did

seem to speak more to pregnant individuals, rather than their partners. *Image #8*, while including shock value for some, was not seen as such by many participants. The students within this study being largely from health-related undergraduate programs may have played a role in the perceived applicability of this campaign to their demographic, as their education may have caused a wear out of the shock value of medical imagery (Drovandi et al., 2018; Gheorghe et al., 2017; Thornton & Rossiter, 2001).

In summary, the reader of the campaign played a vital role in its interpretation. The reader's individual quirks played a role, demonstrating an important way supportive and/or shaming messaging can fluctuate in their meaning depending on who is perceiving it. However, one of the most influential findings within this study was that of relatability. As demonstrated in participants' reactions to *Image #9: No thanks, I'm pregnant* in particular, a campaign that is seen as unrelatable, insincere, or fake will be reduced to that interpretation, regardless of any other elements of effectiveness it may include. As a result, this influence of the reader supersedes all other aspects previously discussed so far. A campaign may be attention-grabbing, clear, educational, and likable, but if it is not seen as "real", none of that will matter. As a result, relatability is a vital aspect to consider in future campaign creation. However, neither readers, locations, nor the participants of this study exist in a vacuum; they exist within the context of external society, which also played a role in influencing these campaigns.



## 6.4 *The Context of Larger Society, Culture and Civilization*

Societal expectations and perceptions played a role in participants' views. The students brought up distinctions in their perceptions of specific topics, such as between alcohol use during pregnancy and Fetal Alcohol Spectrum Disorder. On viewing different campaigns, Natalie explained that she “[thought] that there might also be a distinction [...] between convincing a pregnant woman not to drink, and directly targeting Fetal Alcohol Spectrum Disorder.” She specifically pointed to the example of *Image #6: Let’s meet at the coffee bar* as a campaign that “encourage[d] pregnant women not to drink” but wasn’t “directly targeting FASD”. To Natalie, alcohol use during pregnancy was an indirect connection to FASD, but its own topic to be targeted by a campaign. Although often used interchangeably, campaigns specific to FASD can look different to those specific to alcohol use during pregnancy, particularly if the goal of the campaign is awareness (e.g., a campaign targeting awareness of the strengths and challenges associated with FASD versus a campaign targeting to clear up misinformation about alcohol use during pregnancy).

These two types of campaigns can both be different and intrinsically linked. For example, the four-part prevention framework (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016) emphasizes awareness of alcohol use as Level 1 Prevention. Therefore, awareness and prevention of alcohol use during pregnancy are both component parts of FASD prevention. Through this lens, Natalie’s view of the indirect target could be correct. The way the participants perceived the goal of the campaign, and whether the campaign reached those goals, influenced how they perceived its effectiveness. In addition, effectiveness could also be called into question if participants perceived a goal of a campaign to be different from its intended goal upon creation. Therefore, exploring how participants conceptualized alcohol use during pregnancy,

and if, how, and when this connected to FASD, could be a future direction for further exploration.

Similarly, participants also brought up differences between campaigns about awareness and campaigns about prevention. “If [the goal] was awareness, I would go more with [*Image #4: It’s safest not to drink while pregnant*],” Selena explained. “The “Baby or the Bottle” one would be more for prevention.” Megan agreed, explaining that it was the “credible source” of information within *Image #4* which contributed to its effectiveness as an awareness campaign. Selena explained something similar for *Image #7: This is why I supported her not to drink while pregnant*, citing the combination of “bold text” and “smaller text” which allowed for the campaign to be “very informative” and therefore “more effective for awareness”. Gem, on the other hand, separated an educational type of campaign from awareness and prevention entirely. In her mind, *Image #4: It’s safest not to drink while pregnant* was “more informational instead of a campaign to raise awareness.”

Within the four-part framework of prevention, education can fall within all four levels: broad public education at Level 1, education for individuals of childbearing age at Level 2, tailored education for individuals with alcohol use or other problems at Level 3, and postpartum support for individuals and their children about FASD at Level 4 (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016). In advertising and health promotion literature, educational campaigns have been used interchangeably with both awareness (e.g, Pinto et al., 2018) and prevention (e.g., Duke et al., 2015). The separation of these categories and how they are conceptualized in the realm of alcohol use during pregnancy could be a future area for exploration.

As discussed in Chapter 5.1.2, information was perceived as something supportive. Similarly, informative campaigns were either linked to awareness or separated into their own category entirely. Education was seen as separate to prevention, something that goes directly against the four-part framework (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016). As such, the participants of this study tended to assume that the goals of the campaigns they found supportive were that of awareness. By contrast, Hana specifically called out both *Image #3: Baby or the Bottle* and *Image #8: Too Young to Drink* as the “best for prevention”, the two campaigns with the highest shock value, and which participants had discussed as harsh and negative.

Taking these results together, the participants of this study tended to agree that more supportive campaigns, such as *Images #4* and *#7*, were associated with awareness, while campaigns that relied more on stigma, such as *Images #3* and *#8*, were associated with prevention. These associations are an important finding. Despite efforts by researchers in the field of FASD, prevention is not seen as a method of support. This view may be due to the participants’ perception of judgment, blame and shame as capable of changing behaviour through normative influence, such as in the case of alcohol use disorder; however, evidence for this perception is limited. This stigma only undermines recovery, preventing individuals from accessing supports, reducing their social supports, and damaging self-efficacy. Self-stigma results in a feeling of helplessness and loss of control; this type of feeling is not conducive to a healthy recovery process (Matthews, 2019; Morris & Schomerus, 2023). By contrast, current recommendations around substance use disorder focus on harm and stigma reduction (CCSA, 2023; Paradis et al., 2023) and can become valuable, effective forms of support for vulnerable people (Rutman & Hubberstey, 2019). Although included in the four-part framework of prevention (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016), these approaches differ

from the way this dissertation's participants defined prevention. This difference may be reflective of the pressures of perfection on pregnant people, where anything less than total abstinence from all risk is seen as doing harm (Crawford et al., 2020; Murphy, 2012). This incongruency indicates that public perceptions of prevention understand it as something different from support; approaches such as harm reduction, by contrast, offer acceptance for imperfection.

The reason for this association may be explained by external factors. For example, participants often brought up the example of smoking cessation when it came to prevention campaigns. Many smoking cessation campaigns depict jarring imagery to persuade viewers to quit or reduce smoking (Farrelly et al., 2012; Irvine & Nguyen, 2021). Steven explained that the campaigns within this study would likely be trying to dissuade behaviour through guilt "in the same way smoking advertisements are meant to, in some way, make the person feel guilty," which would then "prevent [alcohol use during pregnancy] from happening again." Victoria, too, brought up the imagery associated with smoking cessation, noting how difficult it would be to find imagery for FASD that would replicate the "rotting gums" and "bad lungs" within smoking cessation campaigns. For these participants, smoking cessation campaigns were the main example of what a prevention campaign would look like: startling, graphic, and made to evoke guilt. These campaigns have been used for long enough that they have begun to experience wear out effects, where this graphic imagery has become so familiar, it is no longer novel enough to be shocking (Drovandi, 2018; Gheorghe et al., 2017; Thornton & Rossiter, 2001).

With this type of familiarity, it is no surprise that these campaigns have influenced the way participants view prevention as a topic. The common usage of stigmatizing campaigns throughout the public eye may have also played a role in participants' feelings that they had to set their own discomfort aside to acknowledge the effectiveness of campaigns that were difficult

to look at and stomach. As graphic campaigns for serious topics are common—depictions of mouth cancer to campaign against smoking (CBC News, 2024), graphic injury and car crashes to campaign against drunk driving (Westcott, 2014), and PETA’s graphic photography of animal injury and maiming to campaign against fur (Baer, 2014), to name a few—there is an assumption that they are effective. This assumption is not necessarily true. Campaigns that act through shock, blame and shame often lead to a reactive response wherein the message is dismissed as irrelevant or not credible (Bedford et al., 2011; CanFASD, n.d.; Gilbert & Ewald, 2023; Lee et al., 2016; Thomas, 2023).

This expectation of stigmatizing imagery may also explain why campaigns such as *Image #5: Alcohol and Pregnancy Don’t Mix*, which participants perceived as playful and humorous, felt like a tonal clash against their expectations, as discussed in Chapter 3.2. There was an expectation within the way prevention was conceptualized by the participants. However, when participants started unraveling those expectations to talk about how they actually felt, the effectiveness seemed to falter. In the long run, the effectiveness would indeed falter: these campaigns contribute to one of the main barriers to care for alcohol use during pregnancy (Badry et al., 2023; Corrigan et al., 2018; Morrison et al., 2020; FASD ONE, 2016; Weber et al., 2021). Therefore, one of the findings of this dissertation is a barrier that the field of FASD prevention must overcome: the expectation that prevention must be stigmatizing to be effective, or even deemed as prevention at all.

Expectations and the stigma that surrounded them have long played a role in discussions around FASD. This role was most prominently featured through race and racism, with stereotyping of alcohol use during pregnancy with certain demographics, such as associations with Aboriginal heritage (Aspler et al., 2021; Choate & Badry, 2018; McKenzie et al., 2016;

Winsor, 2020). As this association has been increasingly found to be due to factors such as inappropriate diagnostic methods, stereotyping, poor methodologies of early prevalence studies, and the intergenerational effects of residential schools (Choate & Badry, 2018; McKenzie et al., 2016; Salmon & Clarren, 2011; Tortorelli et al., 2023; Wolfson et al., 2020), further contributions to associations such as these must be avoided in future campaign creation.

The participants of this study were aware of this worry and called for diversity to be both included but included with care. FASD campaigns do not exist in a vacuum; as the participants noted, campaigns depicting these demographics could then further exacerbate these stereotypes by strengthening associations that already exist. The influence of external culture, in this way, could have negative unintended consequences for specific populations. While diversity was seen as a positive thing by all participants, the intersection between race and FASD must be considered in future campaign creation in order to avoid “cast[ing that] more negative light” on those populations.

Another societal influence participants spoke about was one that has already been alluded to: cultural attitudes and knowledge surrounding alcohol use. Wine was commonly brought up as different from other alcohols. Although participants emphasized that at the end of the day, “alcohol is alcohol”, they also noted that society speaks about different alcohols differently. “Some people argue that some alcohols are healthier than others, and some people say there are antioxidants in red wine,” Natalie explained, “so I kind of see how that might link in somebody’s mind to maybe thinking wine or something like that isn’t as bad as, say, vodka.” Natalie went on to explain that she would recommend no alcohol whatsoever be consumed during pregnancy, but there was a general agreement amongst participants that wine was more positively viewed by those around them. “If I hear that a woman who’s pregnant is drinking,” Victoria noted, “it’s

usually wine. I don't know why. I usually don't hear 'yeah, I had a glass of scotch.'" Wine, she went on to point out, was "more common to have [...] at dinner," and Robin mentioned that "some of their doctors have said a glass of wine here or there is okay for the baby."

The normalization of wine consumption, in combination with confusing recommendations around its use during pregnancy, resulted in participants believing that if women were consuming alcohol while pregnant, it was most likely to be wine. Wine has several intersections with popular culture, including being perceived as healthier than other alcohols (Deroover et al., 2021; Silva et al., 2017; Wright et al., 2008), more socially acceptable than other alcohols (Crawford-Williams et al., 2015), and often an individual's first exposure to alcohol, with a small sip at a dinner table (Rolando & Beccaria, 2021). There is also a misconception that wine is not strong enough to cause FASD (Popova et al., 2022) or is a low-risk alcohol (Corrales-Gutierrez et al., 2020). Alcohol use among pregnant individuals has been called a public health crisis, and wine use has become normalized in a particular "wine mom" (Crawford et al., 2020, p.121) population. This population has shown to be resistant to messaging based on guilt and shame, and recommendations instead call for initiatives to focus on the reasons they drink including isolation, stress, and escapism (Crawford et al., 2020; Harding et al., 2021).

The confusion surrounding recommendations around wine expands to other alcohols as well as other areas of safety around pregnancy. Individuals receive an overwhelming amount of advice during their pregnancies, and this can not only lead to increased reactivity due to message fatigue (Thomas, 2023), but also to a feeling of helplessness. As Caroline previously explained, repeated advice on what to avoid—especially conflicting advice, from different sources—leads to a reaction of, "well, everything is bad, I might as well just have my glass of wine a month at

this point.” This reaction to well-meaning advice is important to avoid and is another way that campaigns that rely on more negative, judgemental tactics could have unintended consequences.

Campaigns that offer support did so by offering information, sources, or ways to open conversation, while shaming campaigns tended to close the door to conversation by providing a black or white option. When faced with many different sources of advice that take this black or white approach, the feeling of individuals doing something wrong no matter what they choose—or the feeling that they may have already done something wrong and therefore it is too late—may be exacerbated. With the message fatigue around health advice and negative effects of stigma, the results of this dissertation emphasize that shame, blame and judgement are not an effective method of preventing alcohol use during pregnancy.

When it comes to alcohol use during pregnancy, the results of this dissertation indicate that while participants agreed that no alcohol should be consumed during pregnancy, they acknowledged that within the context of larger society, alcohol use is normalized, advice around pregnancy is overwhelming, pregnancies are often unplanned, and knowledge of FASD is limited. A solution to these problems is not further isolation. The perspective that alcohol use during pregnancy is a taboo topic is exacerbated by campaigns that rely on shame, blame and shock value, and ultimately prevent individuals from reaching out for help or knowledge. In conclusion, stigmatizing topics of health does not promote healthy pregnancies.

The goals of this dissertation are not to alter greater society; as Carter put it, “there’s only so much a poster can really do to a person.” It is important to orient both this study, and the campaigns that were studied within it, within the context of the world they exist in. Definitions of topics differed depending on participants. The areas in which alcohol use during pregnancy



and FASD overlap do not create a perfect circle. Prevention and awareness of FASD were two concepts that differed for the students, as well; importantly, awareness tended to be associated with more supportive campaigns, and prevention tended to be associated with campaigns that used shame or shock value. While the latter may have been due to associations of “prevention” with graphic campaigns used for smoking cessation, it is important to acknowledge that this societal influence exists and may colour viewers’ expectations or thoughts on effectiveness. The effectiveness of graphic imagery in grabbing attention through shock value was discussed previously; however, this strategy is laden with unintended consequences, such as the contribution to stigma and isolation of pregnant individuals, as well as individuals with FASD. While the field of FASD prevention has moved past this perception in the literature (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016; Wolfson et al., 2022), it is important to note that it remains within the context of this study.

## ***6.5 Considering Context: in Summary***

The results of this dissertation are influenced by those that gave them: participants were undergraduate students from Laurentian University, and although they came from 13 different programs, they were primarily from health-related fields. The participants’ backgrounds likely played a role in how they defined effectiveness. Participants also largely saw themselves as outsiders to the topic of pregnancy. While it might be something in their futures, they did not have any plans to become pregnant, and had not been pregnant previously. In creating a campaign for this specific demographic, then, this context would be important to consider, as it is possible they would dismiss an alcohol use during pregnancy campaign as irrelevant to them, despite being a high-risk group for an alcohol exposed pregnancy (Hardcastle et al., 2019; Hua & Flaherty, 2021; Mäkelä & Maunu, 2016).

Setting also provided vital context which influenced the effectiveness of campaigns. Shock value could be avoided or added to through campaigns harmonizing with or jarring against their surrounding environments, and therefore viewers' expectations. Settings could also be viewed as the "source" the campaign was coming from, which could influence the perceived credibility or authenticity of the message. These environments also influenced other aspects, such as which parts of the campaign would be noticed first, which populations were more likely to see the campaign, the time the readers had to attend to the campaigns, and the distractions that would be surrounding the campaign. Settings also included those depicted in the campaigns themselves which could also influenced shock value through expectations, the speaking source, the elements which could first be noticed, which populations would believe the campaign was speaking to them, the amount of time needed to take in all aspects of the campaign, and the amount of distraction the depicted setting added to the campaign. In addition, these depicted settings influenced effectiveness through their perceived relatability and choice to display support systems or pregnancy in isolation.

Relatability and realism were also discussed when exploring the context of the reader. These aspects played such a strong role that a lack thereof seemed to negate all other possible effective aspects of a campaign, as depicted in discussion around *Image #9: No thanks, I'm pregnant*. Participants emphasized that to maintain this essential component of effectiveness, the tenants of: (1) avoiding over-edited, perfect imagery; (2) speaking sincerely and honestly; and (3) focusing on diversity, should be followed. Within the context of the reader, participants also discussed the individuality of themselves, and how that could play a role, such as through reading sarcasm within a campaign where none was meant or interpreting a campaign such as

*Image #7: This is why I supported her not to drink while pregnant as judgemental or misogynistic.*

The last section explored an influence over all these components: the context of greater society. Participants discussed where topics overlapped and where they did not, such as the difference between campaigns that targeted alcohol use during pregnancy and FASD, as well as the difference between prevention and awareness campaigns. In general, participants tended to perceive supportive campaigns as those with a goal of raising awareness, while campaigns that used shame or shock value tended to be perceived as having a goal of prevention. As discussed, both shame and support had their own unique ways in which they could influence the effectiveness of campaigns. However, this section also brought in a new component: whether the perceived goal of the campaign matches the intended goal of the campaign.

In discussing effectiveness and the unintended consequences shame and judgement can have, participants also brought up the importance of mindful diversity, where the intersectional ways race and FASD have overlapped are considered. Supportive campaigns with diversity depicted that exacerbate stereotypes about FASD, or childcare in general, rapidly become not supportive at all. These unintended consequences also came into play in discussion around alcohol culture and views around different alcohols, namely wine, as being more “okay” to consume during pregnancy (Corrales-Gutierrez et al., 2020; Crawford et al., 2020; Crawford-Williams et al., 2015; Deroover et al., 2021). With the misinformation surrounding alcohol use during pregnancy and FASD (Alcohol.org, n.d.; Chai, 2013; Kelly et al., 2008; Kirby, 2017; LeWine, 2013; Lim et al., 2029; Popova et al., 2022; Ruiz, 2014), views around drinking wine may be influenced by the expectation of perfection from pregnant individuals, and the stigma that comes as a result (Crawford et al., 2020; Murphy, 2012).

## Chapter 7

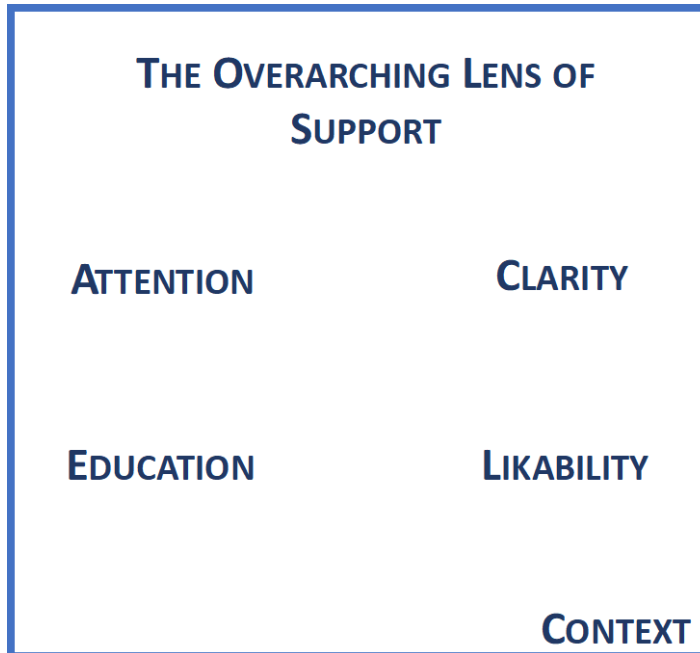
### 7 Conclusion

*“[...] It’s not about “oh, if we make the perfect poster, then that woman’s not gonna drink anymore and her baby’s gonna be healthy”. I think it’s more about [...] planting a seed [or] putting a rock in someone’s shoe.” - Jessica*

The quote that inspired the “Pebble in Your Shoe” Model of Effectiveness demonstrates a fundamental underlying consideration: a health promotion campaign is not a cure-all solution for its respective health problem, a reason as to why these initiatives often must be accompanied with other ongoing approaches (CanFASD, n.d.; Poole, 2008; Poole et al., 2016). As Ella explained, “I just don’t feel like a poster would really stop me from drinking, because I feel like the underlying issue would be much greater than that.” However, an effective FASD campaign can work to be the “pebble in [a] shoe” that Jessica described as “not something that changes your life completely, but it bugs you and you think about it all the time and eventually it’s like ‘okay, I’ve got to do something about this.’” Throughout this study, the participants identified clarity, attention, likeability and education as the components that created their definition of effectiveness when it came to Level 1 FASD prevention campaigns. Together, the participants identified that these components were framed either through a lens of shame or a lens of support. Regardless of the lens, the components and their respective lenses were also influenced by their surrounding internal and external contexts. While many campaigns relied on the use of shame, guilt or fear, the results of this dissertation indicate that the use of the lens of support is fundamental for an effective Level 1 FASD prevention campaign. As such, the final “Pebble in Your Shoe” Model of Effectiveness is best represented as follows, in Figure 12.

**Figure 12**

The “Pebble in Your Shoe” Model of Effectiveness, in Conclusion



*Note.* This figure is the recommended way forward in defining effectiveness based on the results of this study. Notably, the lens of shame has been removed, leaving only the lens of support.

With the increasing difficulty of catching attention (Jansson-Boyd, 2019; Wright et al., 2010), especially in the modern day of media multitasking (Angell et al., 2016), many advertisers focus on the barrier of selective attention. Unfortunately, this emphasis on catching attention can cause other barriers to not be considered, such as selective acceptance, reactance, or options for action. Campaigns that rely on fear, shame and blame can catch attention; indeed, directive language causes an attention-grabbing arousal response, but it can also decrease acceptance or motivate the wrong behaviours (Sprengholz et al., 2023; Staunton et al., 2020; Thomas, 2023). In addition, efficacy of fear-based campaigns relies on the ideal behaviour being an available solution which will immediately soothe the anxiety caused by the campaign. However,

behaviours in the world of health often center on behavioural changes that give long term effects or the mitigation of risk where elimination is not possible. Therefore, this immediate soothing of anxiety is not an available option, limiting the effectiveness of fear-based campaigns in health messaging (Golub, 2018; Job, 1988).

Health promotion also has the heightened issue of reactance, wherein the already prominent message fatigue around advertising (Banerjee & Pal, 2022; Mbugua & Ndavi, 2021; Nguyen et al., 2020; Wright et al., 2010) is added to by the excess of health advice available to the average person (Koelen & Van den Ban, 2023; So et al., 2017; Thomas, 2023). Add to this the overwhelming nature of advice around pregnancy (Armstrong, 2017; Lyall et al., 2021; Popova et al., 2022) and the negative experiences around unsolicited advice (Chaput et al., 2015; Landis et al., 2022) and judgement (Eguiagaray et al., 2016; Hudson et al., 2008; Matebese et al., 2021; Murphy, 2012), and it is clear why reactance is aggravated in the context of this topic. Therefore, alcohol use during pregnancy and FASD cannot be treated as other topics in advertising and health promotion. The exacerbation of reactance must be considered to effectively deliver a message that is not only attended to, but also accepted.

The participants acknowledged the difficulty of catching this attention, alluding to the busy lives of those passing by campaigns on the day-to-day. They also acknowledged their misinformation and lack of clarity around alcohol use during pregnancy, calling for further education on the topic. Participants called for components of alcohol and pregnancy to be included within images, text, and within resources. They also noted that the image and text of the campaigns should be simple, specific and consistent, as each component independently requires its own clarity. The participants spoke highly of education and resources, calling for resources to be emphasized on existing campaigns, and also calling for eye-catching components that include

some sort of actionable component (e.g., at a glance, the attention-grabbing tagline of “Too Young to Drink” does not offer any action for the reader to take). The participants appreciated campaigns that put a name to FASD, but also noted that the term itself was difficult to remember for the uninformed reader, of which many considered themselves to be.

One important finding arose in the discussion of appropriate environments of campaigns: that being that campaigns placed in a healthcare setting benefit from increased time, feelings of congruency, and possible perception of being solicited, as opposed to unsolicited, advice. The campaigns are also deemed to be credible and trustworthy, functioning as a “voice” of the healthcare practitioner they are there to see. The problem with this perception then becomes when campaigns using the lens of shame are placed in a healthcare setting and deemed to be the “voice” of the healthcare practitioner. Campaigns such as these promise judgement, blame, and shame, and therefore represent a barrier to disclosing alcohol use, seeking FASD supports, and ultimately building a trusting patient-provider relationship.

Therefore, the usage of supportive framing is even more crucial. Participants searched for support, even amongst the clarity and ease with which shaming campaigns could be interpreted. Participants struggled to look past their negative perceptions of shaming campaigns, searching for the more rational effectiveness promised by their attention-grabbing nature. As a result, they often acknowledged the effectiveness of the clarity and attention components of campaigns that used the lens of shame, while also seeking for methods to reduce it. The appreciation for the lens of shame was then found to have very little to do with the shame itself and far more to do with the clarity it brought to the topic of alcohol use during pregnancy. Participants also tended to appreciate the lens of shame more when discussing it as appropriate for a hypothetical individual, and the lens of support more when they were applying the campaign to themselves.

As such, campaigns perceived as shaming were effective in the short-term, overcoming the barrier of selective attention, but falling short at selective acceptance. These campaigns were associated with feelings of isolation and judgement that resulted in outcomes that were counter to what is intended by Level 1 FASD prevention campaigns. Campaigns perceived as supportive acted similarly to what is called for through health promotion efforts, a subtler, steady line of increasing effectiveness over the long-term.

It is important to note that campaigns that were perceived as including both shaming and supportive elements tended to be perceived as solely shaming; this effect was particularly seen in the debate around *Image #7: This is why I supported her not to drink while pregnant*. Campaigns perceived as supportive, on the other hand, evoked feelings of calm, love, and comfort. These feelings influenced how campaigns could be interpreted, as participants noted that the fears of being blamed, shamed and judged could cause a viewer to avoid even taking a public interest in a campaign about alcohol use during pregnancy. Campaigns that instead acted along different lines, such as *Image #6: Let's meet at the coffee bar*, were able to avoid instilling this fear.

Some such campaigns were those that were viewed as targeting larger societal pressures, such as *Image #1: If she declines a drink this season, just go with it*. Campaigns like these were seen as supportive, but also not necessarily singular to the topic of Level 1 FASD prevention; they were deemed as overlapping, but separate types of campaigns that aimed at changing social norms. Therefore, one finding from this dissertation is also that effectiveness can be decreased if a campaign is perceived as attempting to cover too many topics, thereby damaging its simplicity.

One particularly influential factor was that of relatability. The strength of relatability, or the perception of lack thereof, was profound. The perceived authenticity of the Level 1 FASD



prevention campaigns determined whether a campaign could be deemed effective even if all other mechanisms of effectiveness were in place. Therefore, this factor plays a moderating role in this model of effectiveness. Participants gave advice on how to maintain relatability through avoiding perfection, speaking sincerely, and focusing on diversity.

In considering what elements these participants could relate to, one particularly problematic finding was not unexpected: the participants of this study did not perceive campaigns about pregnancy to be particularly salient. This finding echoes what has been found in the literature (e.g., Gomez et al., 2018). Therefore, their advice around using context and environment to ensure attention (e.g., through health clinic waiting rooms) is important to consider. If designing a campaign for this population, the lens of shame becomes even more important to avoid, as their population does not tend to respond effectively to deterrence strategies or preachy tones (Kijowski, 2017; Messerlian & Derevensky 2006; Schar et al., 2006). This information may indicate that outside of the context of this focus group, participants would not have been willing to struggle with their negative responses to find the effectiveness within these types of campaigns.

Finally, an important finding was that the concept of prevention itself has its own associations with stigma. Participants associated prevention with fear-based messaging, bringing up shock-based examples such as “Beyond Scared Straight” and “puppy monkey baby”. The presence of graphic imagery on campaigns such as those for smoking cessation are so prominent that they have begun to lose their effectiveness, the shocking is becoming familiar (Drovandi, 2018; Gheorghe et al., 2017). This familiarity offers an explanation for the association of prevention with stigma; these tactics are incredibly common. In moving forward with FASD

prevention, the association of prevention as a concept with these types of tactics should be considered.

The collective dissertation findings are represented in the checklist available in Appendix S. This checklist considers clarity, attention, education, likability, context, and the calls for support, as opposed to shame. This list is meant to be a tool utilized to check for “effectiveness” in Level 1 FASD Prevention campaigns, wherein “effectiveness” is defined by the participants of this study.

## 7.1 *Study Limitations*

This dissertation is not without its limitations. Participants were of childbearing age, but they also represented a sample of undergraduate students from Northern Ontario. As such, they represented a population of people who had the means to attain this type of education. There are several factors that may prevent individuals from being able to attend college and university and many of these barriers are linked to systemic social inequities. These barriers are a limitation to the transferability of this study and should be considered when applying these results elsewhere. Along these lines, these students were also in the process of completing their degrees, in an environment that encouraged and emphasized education. As such, it is possible that the prominence of education, and particularly resources, may not be shared by a larger population. These participants were largely from health-related fields, and many of them had an interest in research. However, the muddled messaging around alcohol use during pregnancy is well-documented (Aspler et al., 2019; Dumas et al., 2018; Hammer & Rapp, 2022; Popova et al., 2022), and therefore it is unlikely that a more general population would reject a campaign that

emphasized adding clarity to the confusion. It is more likely that the methods through which this education would be most beneficial would need to be adapted to suit each population's needs.

There may have also been an effect from the way the campaigns were viewed within the focus group themselves. As the COVID-19 pandemic occurred during these focus groups, the first three focus groups were conducted in person, with physically printed posters and audio recordings. The next four focus groups were conducted over Zoom, with virtually shown images and video recording. In person, participants were able to pick up the posters, hold them away from themselves, and view them from different angles. Through Zoom, participants were only able to see what was on their screen, and some aspects of the poster needed zooming in on, or were covered by other bars on the screen. That said, another researcher was available on the call and would zoom in on the components of the images, or move them around, as needed.

Zoom also provided its own challenges, as participants were tentative to speak over each other, a contrast to the in-person groups where there would often be multiple ongoing conversations at once. As a result, the Zoom focus groups had a more formal conversational structure, where participants may have felt less open to dissent from the group. However, participants of this study did disagree with each other, both in person and on Zoom. While the students' restricted population may limit the transferability of study findings, they also contributed to the sense of community amongst participants. As such, participants often felt comfortable enough to speak freely and dissent from the group. The added context of education encouraging dissent and exploration of opinion may have added to this effect.

One large limitation, particularly in regard to transferability to a larger Sudbury or Northern Ontarian population, was the limited community representation within the participants;

namely, the lack of Francophone and Indigenous participants other than Métis. However, while these communities are underrepresented within the data, they are also communities which would benefit the most from culturally-specific and safe research. As such, projects like these would be best created alongside, if not led by, members of their respective communities. These projects would be supplemented by the findings of this dissertation but would stand alone as individual explorations of community perspectives.

In addition, on conducting the pilot focus group, it became clear that discussion of the full 10 images was going to take too long to be feasible for the participants' time allowances. As such, the campaigns were shown in sets of five, with the set changing for every other focus group. The order of the five images were not changed to maintain standardization among the focus groups. This variation does mean, however, that images could have been compared to those that were prior to them and influenced in that way. This possibility was why participants were shown the full five images at the end of the focus group to allow for revisiting, and then the full ten images to provide further perspective. The revisiting of campaigns allowed participants to reconsider initial opinions and was successful based on the comments that were made during that time.

The fundamentals of focus groups must also be considered: as mentioned in Chapter 2.1, group interactions are prone to false consensus or groupthink, wherein participants may have agreed with one another in order to avoid dissenting from the group (Yayeh, 2021). These groups should therefore be used to infer about collective phenomena and reveal the nature of participant views as opposed to the strength of them (Robson & McCartan, 2016; Sim, 1998; Stokes & Bergin, 2006). As such, the "Pebble in Your Shoe" Model of Effectiveness does not give any

component priority or emphasis over another. Future studies could be conducted to determine the strength of each component in its relation to effectiveness.

The last limitation to consider is that of the study itself. Persuasive communication must capture interest to be effective (Staunton et al., 2020). In this study, interest was already captured. Participants would not have attended the focus groups if their interest was not invested in some way, and this type of interest is not guaranteed outside of the focus group setting. Therefore, findings regarding which campaigns would be attended to, and which would be misinterpreted, could differ in a real-world setting. That said, participants offered a wealth of opinions and readily pointed out campaigns that would be missed or confused. In addition, the presentation of all 10 images at the end of the focus group represented a more realistic environment with competing distractions. Future studies could benefit from taking this type of approach, particularly if a developed campaign's effectiveness is being tested prior to launch.

## ***7.2 Study Strengths and Future Directions***

Despite these limitations, this dissertation is an in-depth look at how effectiveness can be conceptualized in the context of FASD and alcohol use during pregnancy. The transferability of the findings is restricted by design; Laurentian University was chosen as a representation of specific intersections that required consideration, as explored in Chapter 1. The in-depth look at this specific community, and the nature of building a community-specific campaign, requires findings to be personalized. While a limitation, this specificity is also a strength. The perspectives of individuals for which health promotion campaigns are not salient are vital to study to determine how to reach them and how to change their perspectives on what is and is not relevant to them.

This dissertation also contributes an important perspective of a definition of effectiveness that is specific to health promotion, while still taking into account considerations of advertising. This dissertation brings these fields together to help standardize the language that is being used as we move forward in studying the impact of campaigns like these.

In addition, this dissertation lends an important finding to the literature around changing norms and behaviour (e.g., Campo et al., 2004; Dillard et al., 2023) through the finding that health promotion campaigns can influence perceptions of the world around them, particularly in the example of health clinic campaigns speaking for the practitioner. This is a finding worth further exploration, as much of FASD prevention requires the changing of stigmatizing norms.

Future campaign development does not need to take the “Pebble in Your Shoe” Model of Effectiveness as gospel but should rather use it as a guide to apply to the specific context of the goals of that specific campaign. In Appendix S, a checklist to guide future campaign development is provided, based on the results of this study. However, other research can be done to supplement and amend this checklist as needed.

Alongside the other areas of exploration already commented on, other future directions from this dissertation could include exploration of: (1) prenatal health topics versus postnatal health topics, and where breastfeeding falls in the conversation around FASD; (2) creative, clever and “puzzle-like” aspects of campaigns that effectively work to catch interest and hold attention; (3) the use of non-stigmatizing, but also non-typical imagery, to use shock value without having a negative effect; (4) the use of positive emotions, such as awe; (5) the perceived difference between an FASD prevention campaign and an alcohol use during pregnancy prevention campaign; (6) how to destigmatize the concept of prevention; (7) website URLs that

balance clarity, specificity and recall; (8) how to use multiple communication methods, and which methods to use, to limit the effects of message fatigue; (9) how to differentiate campaigns that target the larger norm of alcohol use from alcohol use during pregnancy, and when this results in beneficial indirect effects; (10) aspects of realism and relatability that are necessary to avoid message dismissal; (11) how to change interpretations of relevance, especially in avoiding the dismissal of pregnancy messaging as irrelevant to individuals of childbearing age; (12) the replication of this study in other communities, centering on culturally safe and specific approaches; (13) congruence in health settings with health messaging, and exploring if interest changes the effects of congruence in this setting; (14) the influence of health messaging on the perception of health practitioners, exploring if the expectation of judgement remains consistent across health topics; (15) the effectiveness of campaigns that are specific to one setting as compared to those that are created to be versatile across settings; (16) other ongoing prevention efforts that can supplement Level 1 campaigns in order to create the reciprocal effect described by Poole (2008; CanFASD & CEWH, 2013; Poole et al., 2016); and (17) the relationship between relatability and attention, and when non-typical imagery can still come across as relatable.

Future campaign development should also focus on the development of resources to supplement campaigns, which could include ideas such as: (1) a resource on the importance of destigmatizing FASD; (2) how to offer support and have the conversation around alcohol use during pregnancy with a friend; (3) information tailored to those with limited access to a healthcare provider; (4) a simple explanation of what FASD is; and (5) a local-level resource with an infographic that could direct the reader to the answers they are looking for in their community.

### ***7.3 Defining Effectiveness, in Conclusion***

This dissertation explored the thoughts, opinions and perspectives of 29 undergraduate students across 10 different FASD Level 1 Prevention campaigns. Seven focus groups were conducted, and during the exploration of the data, it became clear that the students were conceptualizing effectiveness in different, and often contradictory, ways. As such, this dissertation aimed to explain these participants' understanding of what effectiveness means when it comes to FASD and alcohol use during pregnancy, and compare that understanding to the literature.

The findings of this dissertation indicate that no FASD Level 1 Prevention campaign will be a catch-all solution. However, it can act as the “pebble in your shoe” which sticks in the back of a person’s mind to eventually motivate change. For this pebble to be effective, however, it needs to echo the four-level model of FASD Prevention (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016). Future prevention campaigns must be supplemented by other efforts, such as supportive alcohol policy and the elimination of stigma as a cultural norm. As we move forward, it is vital that efforts are continually made to destigmatize FASD, alcohol use during pregnancy, and the concept of prevention itself.



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## Appendices

### Appendix A: Example of Recruitment Poster (Not to Size/Resolution)

# Supporting Healthy Pregnancies

Using Media Images to Inform an Effective FASD Prevention Campaign  
in Northern Ontario

## Participants Needed



Are you a resident of Sudbury and Districts?



Would you like to help develop a prevention campaign surrounding alcohol use during pregnancy?



Are you willing to participate in focus groups and discuss current prevention efforts?



If so please contact:

- Celisse Bibr - [cbibr@laurentian.ca](mailto:cbibr@laurentian.ca)
- Dr. Kelly Harding - [kharding@laurentian.ca](mailto:kharding@laurentian.ca)
- Dr. Shelley Watson - [swatson@laurentian.ca](mailto:swatson@laurentian.ca)  
- 705-675-1151 ext. 3334

**All participants will receive a \$10 Shoppers Drug Mart gift card!**



## Appendix B: Example of Recruitment Script

Hello!

My name is Celisse Bibr and I am a PhD student in the Rural and Northern Health program at Laurentian University. I am interested in studying the perspectives of individuals in Sudbury and Districts on prevention efforts regarding Fetal Alcohol Spectrum Disorder. I would greatly appreciate your participation in this study.

The goals of this study are to understand your attitudes about alcohol consumption during pregnancy, attitudes about existing FASD campaigns, the influence of these media images on attitudes regarding alcohol consumption during pregnancy, and perceptions on how these messages should be presented to different populations. This project is a collaboration between Laurentian University, Public Health Sudbury & Districts, and other community members within the Sudbury-Manitoulin District FASD Network. Everyone who participates in this study will receive a \$10 Shoppers Drug Mart gift card.

I am looking for individuals from any gender and any program of study. Your involvement will entail participation in focus groups with 6 to 8 other individuals, which will take approximately 60 to 90 minutes to complete. With your consent, these focus groups will be audio recorded. Focus groups will take place on campus at Laurentian University. Within these groups, you will be shown images of existing FASD prevention campaigns and asked questions regarding your perception, attitudes towards, and opinions about these campaigns. Participants will also be asked to complete a demographic questionnaire, to assess how comprehensively this research represents individuals of Sudbury; these questionnaires will not be linked to your individual responses.

You are under no obligation to participate in this study and you may withdraw at any time without consequence. If you are tired during the focus group, you may take a break or stop at any time, and light refreshments will be served (e.g. drinks and snacks). You may also choose not to answer any questions during the focus group. It is not anticipated that this study poses any additional risks to participants that would otherwise not occur in everyday life, but if you feel distress at any time during the research, you will be free to withdraw from the research at any time. If you choose to withdraw during or after the focus group process, your responses will be redacted from the focus group transcript. Personal information gathered as part of this study will remain private and confidential. All identifying information, such as your name, will be changed to ensure confidentiality. All focus group transcripts, demographic questionnaires, consent forms and audio recordings will be destroyed 10 years after the completion of this project. The research ethics boards at Laurentian University and Public Health Sudbury & Districts have approved this research project.

I sincerely hope that you will consider participating in this study. The information we gather will be used to contribute to the development a tailored FASD prevention campaign for Sudbury and its districts. If you would be willing to participate, please contact myself at [cbibr@laurentian.ca](mailto:cbibr@laurentian.ca), Dr. Kelly Harding at [kharding@laurentian.ca](mailto:kharding@laurentian.ca), or Dr. Shelley Watson at 705-675-1151 or 1-800-461-4030, ext 3334, or [swatson@laurentian.ca](mailto:swatson@laurentian.ca). If you have concerns regarding the ethics of the



study, you may contact the Research Ethics Officer, Laurentian University, at 705-675-1151 or 1-800-461-4030, extension 3213, or at [ethics@laurentian.ca](mailto:ethics@laurentian.ca).

**Appendix C: Receipt of Gift Card Acknowledgement**

**Receipt of Gift Card Acknowledgement**

Date: \_\_\_\_\_

Project: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, received a gift  
Name of Participant

card for \_\_\_\_\_ in the amount of

\$ \_\_\_\_\_ on this date \_\_\_\_\_.  
Amount Date Received

Study Participant Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

## Appendix D: Undergraduate Student Consent Form



Laurentian University  
Université Laurentienne



Public Health  
Santé publique  
SUDBURY & DISTRICTS

### Supporting Healthy Pregnancies: Using Media Images to Inform an Effective FASD Prevention Campaign in Northern Ontario

Dr. Kelly Harding, Dr. Shelley Watson, Celisse Bibr, & Nicole Stewart

#### Consent Form

I agree to participate in the research project entitled “Supporting Healthy Pregnancies: Using Media Images to Inform an Effective Fetal Alcohol Spectrum Disorder (FASD) Prevention Campaign in Northern Ontario”. I understand that I will receive a \$10 Shoppers Drug Mart gift card for my participation.

I understand that the goals of this research are to understand participants' attitudes about alcohol consumption during pregnancy, attitudes about existing FASD campaigns, the influence of these media images on attitudes regarding alcohol consumption during pregnancy, and perceptions on how these messages should be presented to different populations. I understand that this project is a collaboration between Laurentian University, Public Health Sudbury & Districts, and other community members within the Sudbury-Manitoulin District FASD Network. I understand that the ultimate goal of this collaboration is to create an effective FASD prevention campaign that supports healthy pregnancies through media images, and that recognizing the diversity of the Greater Sudbury region, this campaign will be launched in English, French, and Anishinaabemowin.

I understand that I will be asked to participate in a semi-structured focus group, which will use 10 images from existing FASD prevention campaigns to help guide discussion. I understand that this focus group may take approximately 60 to 90 minutes. I understand that I will be asked questions regarding my perception, attitudes towards, and opinions about these campaigns. I understand that the focus group will be audio recorded, and that the audio will be transcribed into a written document.

I understand that I do not have to participate in this study. **I may stop participating, take a break, or refuse to answer questions at any time without penalty.** I understand that should I choose to withdraw from the study, my data will be removed via shredding and/or electronic deletion. I understand that if I ask to withdraw during or after my participation, my responses will be redacted from the audio transcription. I acknowledge that by participating in the research I may be exposed to minor risks. I understand that the focus group may bring up topics that I may not be knowledgeable about or that I may be uncomfortable discussing. I understand that I may find the campaign images to be graphic or sensitive. I can choose not to answer any questions or take a break at any time without penalty. If I feel uncomfortable, I can take a break or end my participation at any time without penalty. I understand that information about local support services will be available to me if I feel I need them.

I understand that my input will be used to guide the development of an effective and tailored FASD prevention media campaign specific for our Northern Ontario community utilizing appropriate media images and messaging. I understand that my participation will give me an opportunity to understand more about FASD, and how to have and promote healthy pregnancies.

I understand that all information collected will be used for research purposes only. **I understand that in a focus group setting, confidentiality cannot be guaranteed if participants choose to speak outside the context of the research.** I understand that I will be asked to avoid speaking about other participant's identities or responses with others outside of the focus group to maintain anonymity. I understand that pseudonyms will be used in the written report, and the consent form and demographic questionnaire will be kept separate from all data records. I understand that the recording, transcriptions of my verbal responses, and final write up of results will not be linked to me personally in any way. If I want, I may receive a summary of the results at the end of the study (please check below).

I understand that any hard copy data and the signed consent forms will be stored in a locked filing cabinet at Laurentian University. I understand that data will be securely stored through LU Google Drive, and that audio recordings will only be accessed when transcribing the focus group data or if the focus group needs to be listened to again to check for accuracy. I understand that all raw data will be destroyed 10 years after the conclusion of the research project.

If I have any questions regarding the purpose or nature of the study, I can contact Celisse Bibr at [cbibr@laurentian.ca](mailto:cbibr@laurentian.ca), Dr. Shelley Watson at [swatson@laurentian.ca](mailto:swatson@laurentian.ca), or Dr. Kelly Harding at [kharding@laurentian.ca](mailto:kharding@laurentian.ca). If I have concerns regarding the ethics of the study, I may contact the Research Ethics Officer, Laurentian University Research Office, by phone at 705-675-1151 or 1-800-461-4030, extension 3334, or by e-mail at [ethics@laurentian.ca](mailto:ethics@laurentian.ca)

After reviewing this consent form, I agree to participate in this research project.

**PARTICIPANT:** \_\_\_\_\_  
(Signature)

**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**I would like to receive a copy of the results at the end of this study.  Yes  No**

## Appendix E: Demographic Questionnaire

### Supporting Healthy Pregnancies Project Demographic Form

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Biological Sex: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Identify as Francophone:                      YES                      NO

Identify as Indigenous:                      YES                      NO

Identify as First Nation:                      YES                      NO

Identify as Métis:                      YES                      NO

Identify as Inuit:                      YES                      NO

Identify as Aboriginal:                      YES                      NO

Annual Income: \_\_\_\_\_

Marital/Relationship Status: \_\_\_\_\_

Currently Pregnant:                      YES                      NO

Number of Previous Pregnancies (Self or Partner): \_\_\_\_\_

Number of Children in the Family: \_\_\_\_\_

## Appendix F: Focus Group Interview Guide

### Focus Group Interview Guide

This study is aimed at exploring current Fetal Alcohol Spectrum Disorder (FASD) prevention programs in order to inform a new campaign in Sudbury and its districts.

1. Distribute consent forms.
2. Distribute community resources.
3. Distribute demographic questionnaire.
4. Distribute incentives and receipt of acknowledgement.

If everyone is ready, we can begin. I'd like to start by getting to know a little more about you all.

6. Opening question: Please tell me your name, and what in particular made you decide to join the study today.
7. Potential prompt for discussion: What are your thoughts about alcohol consumption during pregnancy?
  - a. Do you believe that different types of alcohol, such as wine, beer, or spirits, have more or less severe consequences? Why or why not?
  - b. If a pregnant woman wants to drink alcohol, in your opinion, how many drinks are safe for her to drink on any given day?
  - c. Prompt – what are the risks of drinking alcohol during pregnancy?
  - d. Prompt – what are your thoughts on harm reduction approaches?
8. Potential prompt for discussion: What do you know about Fetal Alcohol Spectrum Disorder (FASD)?
  - a. Follow up – does anyone else have a different understanding?

- b. If needed: Fetal Alcohol Spectrum Disorder (often referred to as FASD) is a condition that results from prenatal exposure to alcohol, characterized by learning disabilities, impulsive behaviour, and mental health challenges.
9. Here are some images from campaigns aimed at preventing alcohol consumption during pregnancy (distribute 5 images, one at a time).
  - a. What is your first reaction to these images? Prompt – what do you like about the campaign? What don't you like about it?
  - b. What do you think about the effectiveness of this campaign at preventing alcohol consumption during pregnancy?
  - c. Prompt – what do you think the goals of this poster are?
  - d. Prompt – in what context could you picture this campaign? For what demographic group?
10. Now that we have all images together again, what are your thoughts? (distribute 5 images, together).
  - a. Which campaigns do you like more or less, and why? Prompt – could you rate the images from those that you like the most to those that you like the least? If you were rating by effectiveness, would your order change?
11. Here are some other campaign images. What are your thoughts? (distribute all 10 images).
  - a. Prompt – which campaigns do you like more or less, and why?
  - b. Prompt – are there particular contexts you could picture these campaigns in? Or particular demographic groups they are aimed towards?

12. What types of messages would be effective to people your age in conveying the message not to drink alcohol during pregnancy?

Prompt – what advice would you give us as we create our FASD prevention campaign? What would you like to see?



**Appendix G: LUREB Approval**



**APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS**  
 Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New <input checked="" type="checkbox"/> / Modifications to project / Time extension	
<b>Name of Principal Investigator and school/department</b>	Celisse Bibr, PhD candidate, supervisors, Shelley Watson, Psychology, Kelly Harding, Adjunct Prof. Psychology, and Nicole Stewart, (Public Health Sudbury & District) and Kirsten Morrison student investigator
<b>Title of Project</b>	Supporting Healthy Pregnancies: Using Media Images to Inform an Effective FASD Prevention Campaign in Northern Ontario
<b>REB file number</b>	6017241
<b>Date of original approval of project</b>	
<b>Date of approval of project modifications or extension (if applicable)</b>	May 16, 2019
<b>Final/Interim report due on:</b> <i>(You may request an extension)</i>	May 16, 2020
<b>Conditions placed on project</b>	

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

Rosanna Langer, PHD, Chair, *Laurentian University Research Ethics Board*

## Appendix H: Public Health Sudbury & Districts RERC Approval

Research Ethics Review Committee

# Statement of Approval



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

**Project title:** Supporting Healthy Pregnancies: Using Media Images to Inform an Effective FASD Prevention Campaign in Northern Ontario  
**Date:** June 5, 2019  
**To :** Nicole Stewart  
**Decision:** Approved  
**Final report due date:** June 30, 2020

Thank you for submitting the above research proposal for ethical review. This project has been approved and the study may now proceed.

Please note that the Research Ethics Review Committee (RERC) requires that you continue to adhere to the protocol as last amended and approved by the RERC. The RERC must approve any further amendments before they can be implemented. If you wish to modify your research project, please contact the RERC Committee outlining any changes to your proposal.

If there is a change in your source of funding, or a previously unfunded project receives funding, you must report this as a change to the protocol.

Adverse or unexpected events must be reported to the RERC as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants and the continuation of research.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of those facilities or institutions are obtained and filed with their respective Research Ethics Board (or equivalent) prior to the initiation of any research protocols.

The Tri-Council Policy Statement (TCPS) requires that ongoing research be monitored. A final summary report is required for all projects. Researchers with projects lasting more than one year are required to submit a report annually.

Please quote your project title on all future correspondence. If you have any questions, please do not hesitate to contact:

A handwritten signature in black ink, appearing to read 'M King'.

Michael King  
Chair, Research and Ethics Review Committee (RERC)  
705.522.9200, ext. 519 – kingm@phsd.ca

## Appendix I: Participant Email Scripts

### 1) Email to send to the participants when they filled out the Google Form with their availability:

Hello!

We would like to thank you for choosing to participate in our research project, *Supporting Healthy Pregnancies: Using Media Images to Inform an Effective FASD Prevention Campaign in Northern Ontario*.

We ask you to complete the following demographic questionnaire and consent form prior to the Zoom focus group, taking place on [DATE].

Here is the link for the demographic questionnaire and consent form: [\[LINK ADDED HERE\]](#)

Here is the zoom link for the meeting: [\[LINK ADDED HERE\]](#)

We wish to remind you that while the focus groups will be conducted via Zoom, personal information gathered as part of this study will remain private and confidential. All identifying information, such as your name, will be changed to ensure confidentiality. Data will be kept indefinitely.

Everyone who participates in this study will receive a \$10.00 Amazon Prime electronic gift card emailed to them to their *Laurentian University e-mail address* following the study. More information about this will be provided during tomorrow's focus group.

If you have any further questions or concerns regarding this study, you may contact Dr. Kelly Harding at [kharding@laurentian.ca](mailto:kharding@laurentian.ca), or Dr. Shelley Watson at [swatson@laurentian.ca](mailto:swatson@laurentian.ca).

*We look forward to speaking with you soon!*

### 2) Email to send as a reminder to the participants for the focus group:

Good morning!

I just wanted to send this email as a reminder for **tonight's focus group, taking place from [TIME]** on Zoom. Here is the link for the meeting: [\[LINK ADDED HERE\]](#)

If you haven't already done so, we ask you to complete the following demographic questionnaire and consent form prior to the Zoom focus group: [\[LINK ADDED HERE\]](#)

*We look forward to speaking with you soon!*

### **3) Post-focus group email:**

Hello!

I would like to take the time to formally thank you for taking part in our research study. You should also be receiving a link with your gift card for \$10.00 from Amazon shortly. Once you receive your gift card, we ask you to please fill out this Gift Card Acknowledgement Form: [\[LINK ADDED HERE\]](#)

I have also attached an FASD fact sheet as well as some supplementary student community resources for your reference.

Once again, thank you so much for choosing to take part in our research study. The information we gather from you will be used to contribute to the development of a tailored FASD prevention campaign for Sudbury and Districts. If you have any further questions or concerns regarding this study or regarding your gift card, you may contact myself at [cbibr@laurentian.ca](mailto:cbibr@laurentian.ca), Dr. Kelly Harding at [kharding@laurentian.ca](mailto:kharding@laurentian.ca), or Dr. Shelley Watson at [swatson@laurentian.ca](mailto:swatson@laurentian.ca).

[Note: The two forms attached are the FASD Fact Sheet and the Student Community Resources Sheet]

## Appendix J: Online Recruitment Script

*\*Calling all my fellow Laurentian students who want a free \$10 gift card for Amazon!\**

Hello!

My name is Celisse Bibr and I am a PhD student in the Rural and Northern Health program at Laurentian University. I am working under the supervision of Dr. Kelly Harding and Dr. Shelley Watson, studying the perspectives of undergraduate students at Laurentian University on prevention efforts regarding Fetal Alcohol Spectrum Disorder (FASD). The goals of our study are to understand your attitudes about alcohol consumption during pregnancy, attitudes about existing FASD campaigns, the influence of these media images on attitudes regarding alcohol consumption during pregnancy, and perceptions on how messages should be presented to different populations. Everyone who participates in this study will receive a \$10.00 Amazon Prime electronic gift card emailed to them. If you are interested in participating in this study, please fill out the following Google form to sign-up!

[\[LINK ADDED HERE\]](#)

If you have any other questions about the study, you can contact me at [cbibr@laurentian.ca](mailto:cbibr@laurentian.ca)!

## Supporting Healthy Pregnancies

Using Media Images to Inform an Effective FASD Prevention Campaign  
in Northern Ontario

### Participants Needed



Are you an undergraduate student at Laurentian University?



Would you like to help develop a prevention campaign surrounding alcohol use during pregnancy?



Are you willing to participate in virtual focus groups and discuss current prevention efforts?



If so please contact:

- Alyssa Labelle - [alabelle3@laurentian.ca](mailto:alabelle3@laurentian.ca)
- April Deisinger - [adeisinger@laurentian.ca](mailto:adeisinger@laurentian.ca)
- Dr. Kelly Harding - [kharding@laurentian.ca](mailto:kharding@laurentian.ca)
- Dr. Shelley Watson - [swatson@laurentian.ca](mailto:swatson@laurentian.ca)  
- 705-675-1151 ext. 3334

**All participants will receive a \$10 Amazon electronic gift card!**



## Appendix K: Virtual Interview Undergraduate Student Consent Form



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS



**Laurentian University**  
**Université Laurentienne**

### Supporting Healthy Pregnancies: Using Media Images to Inform an Effective FASD Prevention Campaign in Northern Ontario

Dr. Kelly Harding, Dr. Shelley Watson, Celisse Bibr, & Nicole Stewart

#### Consent Form

I agree to participate in the research project entitled “Supporting Healthy Pregnancies: Using Media Images to Inform an Effective Fetal Alcohol Spectrum Disorder (FASD) Prevention Campaign in Northern Ontario”. I understand that I will receive a \$10 Amazon gift card for my participation.

I understand that the goals of this research are to understand participants' attitudes about alcohol consumption during pregnancy, attitudes about existing FASD campaigns, the influence of these media images on attitudes regarding alcohol consumption during pregnancy, and perceptions on how these messages should be presented to different populations. I understand that this project is a collaboration between Laurentian University, Public Health Sudbury & Districts, and other community members within the Sudbury-Manitoulin District FASD Network. I understand that the ultimate goal of this collaboration is to create an effective FASD prevention campaign that supports healthy pregnancies through media images, and that recognizing the diversity of the Greater Sudbury region, this campaign will be launched in English, French, and Anishinaabemowin.

I understand that I will be asked to participate in a semi-structured focus group through Zoom, which will use 10 images from existing FASD prevention campaigns to help guide discussion. I understand that this focus group may take approximately 60 to 90 minutes. I understand that I will be asked questions regarding my perception, attitudes towards, and opinions about these campaigns. I understand that the focus group will be recorded, and that the recording will be transcribed into a written document.

I understand that I do not have to participate in this study. **I may stop participating, take a break, or refuse to answer questions at any time without penalty.** I may mute myself or turn off my video feed at any time. I understand that should I choose to withdraw from the study, my data will be removed via electronic deletion. I understand that if I ask to withdraw during or after my participation, my responses will be redacted from the transcription; however, should the data have been anonymized and randomized, redaction may not be fully possible. I acknowledge that by participating in the research I may be exposed to minor risks. I understand that online data collection may have security risks, and I will not share the Zoom link or passcode with anyone. I understand that the focus group may bring up topics that I may not be knowledgeable about or that I may be uncomfortable discussing. I understand that I may find the campaign images to be

graphic or sensitive. I can choose not to answer any questions or take a break at any time without penalty. If I feel uncomfortable, I can take a break or end my participation at any time without penalty. I understand that information about local support services will be available to me if I feel I need them.

I understand that my input will be used to guide the development of an effective and tailored FASD prevention media campaign specific for our Northern Ontario community utilizing appropriate media images and messaging. I understand that my participation will give me an opportunity to understand more about FASD, and how to have and promote healthy pregnancies.

I understand that all information collected will be used for research purposes only. **I understand that in a focus group setting, confidentiality cannot be guaranteed if participants choose to speak outside the context of the research.** I understand that I will be asked to avoid speaking about other participant's identities or responses with others outside of the focus group to maintain anonymity. I understand that other participants and researchers may see my video feed, and I may see theirs. I understand that pseudonyms will be used in the written report, and the consent form and demographic questionnaire will be kept separate from all data records. I understand that the recording, transcriptions of my verbal responses, and final write up of results will not be linked to me personally in any way. If I want, I may receive a summary of the results at the end of the study (please check below).

I understand that data will be securely stored through LU Google Drive, and that recordings will only be accessed when transcribing the focus group data or if the focus group needs to be listened to again to check for accuracy. I understand that data will be stored indefinitely.

If I have any questions regarding the purpose or nature of the study, I can contact Celisse Bibr at [cbibr@laurentian.ca](mailto:cbibr@laurentian.ca), Dr. Shelley Watson at [swatson@laurentian.ca](mailto:swatson@laurentian.ca), or Dr. Kelly Harding at [kharding@laurentian.ca](mailto:kharding@laurentian.ca). If I have concerns regarding the ethics of the study, I may contact the Research Ethics Officer, Laurentian University Research Office, by phone at 705-675-1151 or 1-800-461-4030, extension 3334, or by e-mail at [ethics@laurentian.ca](mailto:ethics@laurentian.ca)

After reviewing this consent form, I agree to participate in this research project.

**PARTICIPANT:** \_\_\_\_\_

(Signature)

**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**I would like to receive a copy of the results at the end of this study.**  Yes  No

## Appendix L: Community Resources



### Community Resources

- Laurentian University Health & Wellness Services  
Single Student Residence, Room G-23  
935 Ramsey Lake Road  
Sudbury, ON P3E 2C6  
Tel: (705) 673-6546, or 675-1151 ext. 1067  
E-mail: [healthservices@laurentian.ca](mailto:healthservices@laurentian.ca)
- Public Health Ontario  
480 University Avenue, Suite 300  
Toronto, ON M5G 1V2  
Tel: 647-260-7100  
Toll Free: 1-877-543-8931  
E-mail: [communications@oahpp.ca](mailto:communications@oahpp.ca)
- Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3  
Tel: 705-522-9200  
Toll Free: 1-866-522-9200
- Canadian Mental Health Association (CAMH) Sudbury/Manitoulin Branch  
111 Elm Street, Suite 100  
Sudbury, ON P3C 1T3  
Tel: 705-675-7252  
Toll Free: 1-866-285-2642  
E-mail: [info@cmha-sm.ca](mailto:info@cmha-sm.ca)
- Centre for Addiction and Mental Health  
1001 Queen Street West  
Toronto, ON M6J 1H4  
Tel: 416-535-8501  
Toll Free: 1-800-463-2338
- Fetal Alcohol Spectrum Disorder Ontario Network of Expertise (FASD ONE)  
860 Richmond Street West, Suite 100  
Toronto, ON M6J 1C9  
E-mail: [info@fasdontario.ca](mailto:info@fasdontario.ca)
- ONTX Ontario Online & Text Crisis Service



Crisis Text (2pm-2am ET): 741-741

Crisis Chat (2pm-2am ET): [www.dcontario.org/ontx.html](http://www.dcontario.org/ontx.html)

## Appendix M: FASD Fact Sheet (Not to Size/Resolution)



### FETAL ALCOHOL SPECTRUM DISORDER & ALCOHOL USE DURING PREGNANCY

**Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol.**



#### FASD is:

1. A spectrum
2. A lifelong disability
3. An invisible disability
4. Unique to the individual
5. More common than previously believed
6. More common than other disabilities, such as Autism, Down Syndrome, and Cerebral Palsy

Individuals diagnosed with FASD can fall anywhere along the spectrum of associated effects, such as challenges in daily living, motor skills, learning, memory, attention, communication, emotional regulation, and social skills. However, the mechanisms through which alcohol causes these effects are highly variable, meaning that each individual with FASD is unique, and will have their own areas of strength and challenges. FASD is estimated to impact 4% of Canadians, making alcohol use during pregnancy the leading cause of developmental disability in the western world.

There **is not** enough scientific evidence to conclusively define a threshold for a “safe” amount of alcohol use during pregnancy.

There **is** enough scientific evidence to conclusively state that **alcohol use during pregnancy can cause fetal harm.**

Therefore, **the safest choice for a pregnant individual to make is to consume no alcohol.**

However:

- **Half** of pregnancies in North America are unintended, and pregnancy generally isn't discovered until the 6<sup>th</sup> week of gestation
- Families are often hesitant to seek support or diagnosis because of the stigma associated with addiction and substance use
- Stigma is an **active barrier to care** for families and children, and delayed diagnosis will impact a child with FASD throughout their lifetime

It is vital for individuals to seek out ongoing, supportive care in the case that alcohol is consumed while pregnant. The effects of FASD are difficult to characterize in very young children, and may not be apparent until the child is in their teenage years. A formal diagnosis of FASD is a gateway to relevant supports, and provides strong protection against some negative associations with FASD, such as early school failure and involvement with the law.

Minimizing the stigma surrounding this disorder will have beneficial effects for both children and families: **please help us in raising awareness and education about FASD, alcohol consumption during pregnancy, and the effects of stigma on families and children!**

For more information,  
please visit:



## Appendix N: Intersectionality-Based Policy Analysis Framework (Adapted for the Development of Level 1 Prevention Campaigns)

### Descriptive Questions

1. What prior knowledge and experiences do you bring to the development of this Level 1 FASD Prevention campaign?
  - What is your experience with FASD prevention and campaign development? What areas of FASD and alcohol use during pregnancy have you previously worked in?
  - What are your personal interests, values, beliefs and political viewpoints?
  - How does your personal background relate to the social and structural intersections in this area of prevention?
2. What is the “problem” the Level 1 FASD prevention campaign is targeting (e.g., awareness of FASD, prevention of alcohol use during pregnancy, education around support services, etc.)?
  - In other words, how do you define your target “problem”?
  - What assumptions underlie this definition of the “problem”?
3. How did this definition of the “problem” emerge?
  - What was the process in creating or framing this definition?
  - Who was involved in this process?
  - What evidence was used in definition development?
  - How has the definition of this particular “problem” changed over time or place? Consider history and geography, and its relation to the definition of the “problem”.
4. By this definition, how are different groups affected by the “problem”?
  - Consider the most advantaged and least advantaged groups as according to this definition; why and how are they most or least advantaged?
  - How does this definition, or others, change the way different groups of people are understood with relation to the “problem”?
  - What are the commonalities between these groups? How do they vary?
5. What are the current prevention responses to this “problem”?
  - What health promotion initiatives have been developed in response? Consider all levels of prevention (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016), including both community- and governmental-level responses.
  - What were the goals of previous health promotion initiatives?
  - Did other health promotion initiatives focus on target groups? Were these groups treated as homogenous or as varied and diverse?
  - Do previous campaigns reinforce stigmas around alcohol use during pregnancy, or stigmas that surround different groups of individuals?
  - What levels of prevention (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016) currently exist in relation to the campaign? What levels may be missing?

## Transformative Questions

6. What inequities actually exist in the areas of FASD and alcohol use during pregnancy?
  - What inequities exist in related areas and how do they intersect with other social categories and inequities (e.g., the relationship of class, sexuality, ethnicity, disability, etc. to inequities of racism, colonialism, classism, heterosexism, ableism, etc.)?
  - What sources will you pull from to find knowledge in answering this question (e.g., academia, policy, community sources, documented living experience, etc.)?
  - What approaches can be used to promote discussion of the “problem” across different groups of people, including those experiencing systemic and social inequities? How can these approaches inform campaign development?
  - What are the gaps in knowledge and evidence in the area of Level 1 FASD prevention across the diversity of all people? What voices are missing from the conversation, and therefore from prevention considerations?
7. Where and how can campaigns be distributed to improve the “problem”?
  - What are the logical entry points? What are the available contexts, and how will they interact with perception and acceptance of the campaign? What format(s) should the campaign take place as?
  - What are other examples of successful campaigns? How is success defined, and what can be learned from them?
  - Who is directly influencing campaign development and evaluation? Who is directly influencing how the campaign will ultimately be implemented?
  - What role can different communities play in this process? How can community engagement be leveraged to create a meaningful and effective health promotion campaign?
  - At what other levels (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016) will health promotion initiatives be implemented to support the campaign?
8. Does the proposed campaign fall in the category of short, medium or long-term solution to the “problem”?
  - What other solutions may there be to account for the other categories? Consider the different levels of FASD prevention (CanFASD & CEWH, 2013; Poole, 2008; Poole et al., 2016).
9. How will the proposed campaign contribute to the reduction of inequity and stigma?
  - How will social justice be promoted, inequities be addressed, and the reinforcement of stigma, stereotypes and biases be avoided?
  - How will the proposed campaign interact with others, which may be contributing to biases and stigmas?

<ul style="list-style-type: none"> <li>• What challenges and opportunities exist for this prevention campaign and others? What should be addressed by each level of prevention (CanFASD &amp; CEWH, 2013; Poole, 2008; Poole et al., 2016)?</li> </ul>
<p><b>10.</b> How will implementation of the campaigns be assured?</p> <ul style="list-style-type: none"> <li>• When and how will implementation occur? What contexts are being targeted?</li> <li>• Who is best positioned to be responsible for the implementation of the campaigns?</li> <li>• Can the way the campaign is implemented also be used to reduce stigma and strengthen the solidarity across groups who experience social and structural inequities?</li> </ul>
<p><b>11.</b> How will the reduction of inequity be assessed or evaluated?</p> <ul style="list-style-type: none"> <li>• How will the campaign's effectiveness in implementation and message delivery be measured? How will effectiveness be defined?</li> <li>• Who will be conducting campaign evaluation?</li> <li>• What will be done with evaluation results?</li> <li>• What intersectional factors will be measured in the evaluation process? How will they be measured?</li> <li>• How will affected communities be meaningfully engaged in assessing the reduction of inequities, stigma, or other areas of effectiveness?</li> <li>• How will success be measured? How does success overlap with the definition of effectiveness being used?</li> </ul>
<p><b>12.</b> How has the process of engaging in this intersectionality-based analysis and the addition campaign development been transformational?</p> <ul style="list-style-type: none"> <li>• How have your ways of thinking about FASD, alcohol use and pregnancy, and their relations to social and structural inequities been transformed?</li> <li>• How have the ways in which you create, implement and evaluate Level 1 FASD prevention campaigns been transformed?</li> <li>• How have your broader conceptualizations of power and equity in the everyday world been transformed?</li> </ul>

*Adapted from* Hankivsky, O. (Ed.). (2012). *An Intersectionality-Based Policy Analysis Framework*. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.

*Chapter citation:* Hankivsky, O., Grace, D., Hunting, G., Ferlatte, O., Clark, N., Fridkin, A., & Laviolette, T. (2012). Intersectionality-based policy analysis. *An intersectionality-based policy analysis framework*, 33-45.

Table found on p.39.

## Appendix O: Decision Trail

### During Study Development

- A pilot interview was conducted in order to determine length of focus groups, number of participants, and number of campaigns that should be shown. Findings from the pilot interview included:
  - Discussion of all 10 images would result in more time than students and researchers would give; therefore, the decision was made to split the images into groups of five. Groups were chosen through splitting images that included similar themes (e.g. both including a human couple, similar language use, etc.), and the decision was made to show five images to allow for second reactions, followed by all 10 images to allow for quick perspectives of all campaigns.
  - Participants were naturally inclined to rank the campaigns when they were presented in front of them, particularly in a group. Questions around this were then added into the focus guide.
- Theoretical perspectives were considered. The study first began with social constructionism as an overlying philosophy; due to the focus on student perspectives, thoughts and opinions, a theoretical perspective that accounted for individual constructions of reality was necessary. Upon further reading and refining, intersectionality theory was found to be best suited for the study purpose and complexities of the chosen topic (i.e., alcohol use during pregnancy).
- The original study idea involved a broader scope, not only hearing the thoughts, opinions and perspectives of individuals of childbearing age, but also pregnant and new mothers, as well as their partners. There was also discussion of having all materials in French, and how to attain Indigenous perspectives.
  - This idea was refined after my thesis proposal, on advice of both the examination committee as well as the study committee. It was decided that this study would now part of several that should be conducted in order to develop a comprehensive understanding of the region.
  - This decision was made in March of 2020; this was also after the pilot focus group, where it was demonstrated that there would be a wealth of opinions and discussion to analyze within a smaller population.
- Committee formation:
  - The decision was made to have perspectives of those well-versed in the fields of FASD and Indigenous research to aid with intersectional considerations.
  - Researchers also had strong backgrounds in qualitative research.
- Ethics considerations:
  - LUREB approval was attained in May 2019
  - PHSD Ethics approval was attained June 2019

- Ethics resubmissions largely included creating the resource and FASD fact sheets, as well as clarifying the role of Indigenous participants and partners

### During Data Collection

- Participants' differentiation between images that they "liked" and those that they perceived as "effective" emerged; particularly in discussion of image rankings. These differences were then accounted for in the future, and clarifying questions were asked when necessary.
- Participants discussed alterations of focus group imagery; as a result, the Extra Images (Appendix R) were brought and kept on hand to show to participants if the focus group discussion prompted their display.
- In-person focus group considerations:
  - It was difficult to keep track of who was speaking when just working from an audio recording. I eventually ended up numbering the focus group participants at the start of the interview and writing down their respective number every time they spoke. This worked well for individuals whose voices sounded similar on recording. This was continued throughout the focus groups.
  - Two recorders were originally utilized in case of technological error, but this ended up being very beneficial for transcription. Each recorder was on different ends of the table, and therefore recorded participants at different volumes; this worked well to record side conversations that occurred while a larger one was going on. The decision was made to continue doing this, but make sure that each recorder centered on different participants.
- COVID-19 Changes:
  - In-person focus groups were suspended in March of 2020. Resources were returned to re-submitting ethics in order to continue with virtual data collection. Some changes included moving from audio only recording to audio and video recording.
  - In-person, participants were able to pick up the images, look at them from different angles, and move them around. In order to recreate this as well as we could without sending the images ahead of time (and therefore possibly spoiling the first reaction response), the decision was made to have a second researcher on all calls who would screen share and zoom in on images as necessary. This allowed the first interviewer to focus on the discussion at hand.
  - After the in-person focus groups, the misinformation and confusion discussed by participants spurred us to create the FASD fact sheet and obtain ethics approval for it. This was sent to all previous participants and became part of what new participants were sent after their interview.

## During Data Analysis

- Despite notes and two recording devices, there was some dialogue during transcription of in-person focus groups that was difficult to match to one specific person. This dialogue was marked in a separate colour, so that this uncertainty could be noted if the quotes were used.
  - Notes were taken during the transcription process with general thoughts of themes and codes. This was added to the notes taken during the interview process and considered during the coding process. While not a strong influence, it worked well to build familiarity with the data.
- One pseudonym was changed as the name was too similar to the name of a different participant.
- After the in-person focus groups, the misinformation and confusion discussed by participants spurred us to create the FASD fact sheet and obtain ethics approval for it. This was sent to all previous participants, and became part of what new participants were sent after their interview.

## When Writing Up

- While I attempted to begin to write, I realized I didn't feel I could properly do so without first describing the images. While refined for this write up, the initial draft included an overall summary, notable elements, points of contention, perceived demographic target, perceived appropriate context and the campaign's overall rating.
- As is commonly discussed in thematic analysis, themes went through many iterations throughout the data analysis and write up process. The different versions were as follows:
  - The thesis was going to be an integrated article format, featuring three separate papers formatted for different journals: (1) the ideology of preventing harm vs. autonomy in the conversation around alcohol use during pregnancy; (2) how participants defined effectiveness, and (3) comparison and contrasts between the lenses of support and shame.
  - Given the wealth of data, the decision was made to write the thesis results as a monograph instead. This made for a more comprehensive and smoother write up. At this stage, the themes were as follows: (1) clarity, (2) attention, (3) likability, and (5) context. Support and shame were going to be discussed as a separate conversation.
    - During the writing up process, I realized I had overlooked education as its own theme, as I had been focusing on resources only. This theme was added into the model of effectiveness.



- On further thought, it became clear that both support and shame interacted with effectiveness, and therefore fit into the model. There were now seven themes to be discussed together.
- During discussion with the committee in March of 2023, it was decided that based on the strong overlap between the results and discussion section, that it would be best to write the sections together. This greatly aided with the writing process.
- The model of effectiveness was refined, and the considerations of support, and shame as external lenses through which the model could be viewed were developed.
  - At this stage, there were seven different themes, each with its own written chapter.
- One the combined results and discussion were written up, they needed to be refined. During discussion with my committee, strategies were developed to refine the thesis; namely, focusing on the lenses of support and shame, and refining the model down. There was a good deal of overlap and repetition that was removed, and the results and discussion were refined with four chapters. Context was also removed from the components of model, as it better represented the overarching influence external to the model and the lenses of support and shame. In some sense, this was a return to the original ideas of the integrated article format.

## Appendix P: 15-Point Checklist for Thematic Analysis

Process	Number	Criteria
Transcription	1	Data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for “accuracy.”
Coding	2	Each data item has been given equal attention in the coding process
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent and distinctive.
Analysis	7	Data have been analyzed—interpreted, made sense of—rather than just paraphrased or described.
	8	Analysis and data match each other—the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a light once-over.
Written Report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done—i.e. described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as <i>active</i> in the research process; themes do not just “emerge.”

*Adapted from Braun, V., Clarke, V., & Weate, P. (2016). Using thematic analysis in sport and exercise research. In B. Smith & A. Sparkes (Eds.), Routledge handbook of qualitative research methods in sport and exercise (pp. 191–205). London: Routledge.*

Table found on p.203.

## Appendix Q: Research Diary Summary and Examples

Descriptive Notes	Reflective Notes
<p><b>Comparisons Between Focus Groups:</b></p> <p>In the first focus group, only one participant arrived; we moved forwards with the interview anyway.</p> <p>The second focus group was a much bigger group; I was able to try out my strategies for focus groups here.</p> <p>The third focus group went well, participants were very vocal and engaged. Having classmates that already know each other makes a big difference. Some of the discussion really reinforced that I need to be able to keep my body language (nodding, smiling, etc.) consistent in order to encourage statements equally, whether I agree with them or not (e.g., some stigmatizing language towards individuals with FASD had me needing to consciously remind myself to smile and nod.)</p>	<p>We decided to move forward even if only one participant shows; students have limited time, and it may be that we have to switch to doing interviews as opposed to focus groups. While this made some components easier (e.g., many of the considerations around confidentiality within focus groups are not necessary in a one-on-one interview), it did change the flow of the conversation somewhat. Questions felt more direct and therefore could be accusatory; it was different to the discussion of a focus group. The participant seemed to hold their words and saved some discussion for after recording had stopped. This also meant for this group, there wasn't enough people to capture the "social forces" component, a strength of focus groups; luckily, this was the only time this happened. On further reflection, even only having two people created a dynamic different to that of one-on-one.</p> <p>In focus group #2, the participants commented on the coffee photo about the coffee specifically; we knew there were other versions of that campaign so we planned to print those out to be available if something like that camp up in future interviews</p> <p>Focus group #3 had a group of classmates that knew each other well; this resulted in vocal and lively discussion, with students often dissenting and challenging each other in comfortable ways that they all seemed to be used to. This dynamic worked really well within the focus group setting, although I don't know how it could be replicated in the future.</p>
<p><b>On In-Person Focus Groups:</b></p> <p>I anticipated struggling with picking out who was talking when, so I kept a notebook during the focus groups,</p>	<p>Numbering participants and noting who was speaking when was incredibly helpful. In the future, I would add more of the small notes of what participants said to orient where the notes were in the audio recording; it was easy to get lost when multiple participants were talking at</p>

numbered the participants based on where they were in the room, and wrote down the number as they were speaking. Occasionally I would add other notes to indicate where we were in the process, such as noting when we passed out the next image, or what a participant said if they might have been too quiet to be clearly picked up by the recording device.

Transcription was long and time-consuming; help was gotten from undergraduate students working on their thesis. However, any transcripts they completed were checked for accuracy and when necessary, re-transcribed by me.

once. Did I miss one? Were all numbers off by one? Was that person talking only audible to the recorder? That said, there needs to be a balance, as I couldn't both take comprehensive notes and pay adequate attention to what participants were saying in order to follow up appropriately. While this wasn't always possible, having other researchers present to give me feedback on how to interview differently and take supplemental notes was really helpful.

I would also make more of an effort to write who is speaking when they are just muttering in agreement - what caused the most trouble was often just a single "Yeah." It's very little of the voice to pick out who it is, and during the interview itself, I was more focused on the speaker themselves as opposed to who was agreeing with them. I did have an "A" symbol I wrote down if participants were nodding or speaking in agreement, but I should have somehow distinguished between the two to make the transcription clearer.

That said, it was doable, and helped match the in person data to the online data. Whenever I was not sure who was speaking, I would mark it in some way. Often, I was able to narrow it to two or three participants, but the nuances in their voices in that particular sentence was too difficult to identify completely.

**On Virtual Focus Groups:**

At this point, we had all future focus groups booked and anticipated completing data collection. However, due to the COVID19 pandemic, all focus groups were cancelled.

The LUREB was applied to about this section of the project, proposing we change data collection and storage to fully online. Once approved, we

Zoom's polling systems worked well, but we needed at least two researchers there; one to run the focus group, and the other to take over the technology side. We used screen sharing to show each image in a sort of slideshow, with the final slides being multiple images.

One con that I noticed was that participants don't want to speak over each other; there are not those little side conversations where a participant might reveal dissent, say something to themselves, etc.

<p>moved forward with the research again.</p> <p>Participants who had previously responded to focus groups were reached out to again, and a new phase of recruitment begun (with similar methods to previous without in person recruitment).</p> <p>Notes for each individual group are limited as data collection had found its stride by this point.</p>	<p>That said, it definitely made transcription easier; trying to pick out who is speaking in a focus group with only audio is incredibly difficult.</p> <p>There were some minor tech issues from time to time; we used the polling system which took some getting used to, and occasionally some internet would cut out and participants would have to repeat themselves.</p> <p>The participants seemed to respond well to online focus groups; definitely a good choice for a demographic that is comfortable with the technology and which might be too busy/unable to travel.</p>
<p><b>Data Analysis:</b></p> <p>As I was finalizing the transcriptions, I was noting down initial ideas. It was mostly just my thoughts on what possible codes there could be, including those I didn't want to miss, but also particularly good quotes I wanted to revisit, as well as the final ratings for participants</p> <p>After the transcriptions were finalized, coding began. Coding was done in Google docs, using charts; codes were paired with quotes, and quotes were used for multiple codes.</p>	<p>I also went through the demographic info we collected to get a sense of our participants; the data was not particularly surprising. I would have liked to compare it back to the statistics of Laurentian undergraduate students, to see if we had a representative sample at least in some aspects, but that data is not publicly available.</p> <p>One participant wrote "student" in the relationship status category, likely misunderstanding the question, but upon follow up they did not respond.</p> <p>In the future, the area for annual income likely needs multiple choice options, or to be clarified somehow. That is the area we had the most confusion about, with students not really knowing how to answer.</p> <p>We have a really interesting split of degrees; when presenting at a conference, the audience anticipated the majority would be psychology students. However, the majority of our students were from Sports and Physical Education, with a close second of Health promotion students. However, more effort could be made to expand past that health-related areas to gain more varying perspectives in the future. It makes sense that those interested in health responded to this study, though.</p>

Although all participants had the same answer for their gender identity and biological sex, one participant disclosed that they were a queer man as part of their gender identity. I think that speaks to allowing participants to fill in the blank for these types of questions, and allowing them to disclose what they feel is relevant.

There were a lot of new perspectives when seeing the images all at once (as a return) - this was very successful and I would recommend doing it in the future. For example, one participant referred to an image as “definitely last”, but ended up ranking them differently when the time came.

## Appendix R: Extra Images (Not to Size/Resolution)

Extra Images from the campaign of *Image #6: Let's meet at the coffee bar:*



Depicting *Extra Image #1: Let's have a mocktail* and *Extra Image #2: Two root beers, please,* respectively.

Extra Images from the campaign of Image #10: For the love of children, don't drink while pregnant:



Depicting *Extra Image #3: For a future with hope, don't drink while pregnant, Extra Image #4: Cherish Your bundle of joy and Extra Image #5: Love your body/ Love your baby, respectively.*



**Appendix S: Checklist and Scoring Sheet for Level 1 FASD Prevention Campaign Effectiveness**

<b>Rating Checklist of Effectiveness</b>		
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the aesthetic elements that have been included for clarity equally maintained when viewed differently, such as at a distance or at an angle?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your campaign simple to understand? If not, do other elements of its effectiveness supersede this simplicity?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you viewed the campaign not knowing the topic at hand, would it be understandable? Consider what could enhance this understanding.
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any components of the campaign that could be misunderstood as intended to be a different topic?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are alcohol and pregnancy both depicted in the image?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are alcohol and pregnancy both depicted in the text?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign explicitly mention FASD?
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could any of your facts be seen as contradicting?
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign depict anything may clash with common perceptions of healthy pregnancies (e.g., depicting caffeine use during pregnancy)?
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the correct setting of your campaign, will not being able to read, or finish reading, the smallest text be a barrier to understanding?
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the campaign requires extended time for viewing, will the context in which it will be placed allow or encourage this extra time?
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If links or resources are present, are they displayed or titled in a way that is easy to remember for someone unfamiliar with FASD?
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If eliciting an emotion, could that emotion overpower your message?
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would your campaign be similarly effective across different contexts and readers (i.e. is it versatile)?
15.	<input type="checkbox"/> Yes	Does your campaign include respectful and considered diversity?

	<input type="checkbox"/> No	
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign include resources for more information?
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign avoid guilt, and speaking down to the reader?
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign avoid oversimplifying the message into “black and white”, as opposed to “all shades of grey”?
19.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would your campaign require a reader to put their own personal feelings aside in order to take the message to heart?
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the campaign include methods of support or paths forward other than resources for more information?
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are different versions of resources, including social medias, included?
22.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign answer the question of “why” to avoid alcohol use during pregnancy?
23.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could your campaign provide any new information to reader? Would they come away from the campaign feeling educated?
24.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign avoid the cause and effect stigma of “consequences”, while still not shying away from discussing FASD specifically?
25.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there diversity included within the campaign? Has this been done with the stereotyping of FASD with different races in mind?
26.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign take into perspective your intended demographic group, and what they would perceive as relevant and relatable to them?
27.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your campaign planned to be within a specific context?
28.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the campaign taken into consideration how the specific context will influence the interpretation of it?
29.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could your campaign feel like unsolicited advice, or random criticism from a stranger?
30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have the distractions that the context will bring to your campaign be considered (e.g., clarity within busy, distracted settings)?
31.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the campaign avoid over-edited, staged, and “perfect” imagery? Does it include more of the messiness of everyday life?

32.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the campaign appear to speak sincerely, and not from a place or source of insincerity?
33.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the campaign's goal (e.g., prevention, awareness) been considered alongside the readers' expectations in regards to the topic?
34.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could the campaign be seen as associating an individual with an action, such as depicting a race as more likely to drink alcohol during pregnancy?
35.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign depict support from outside the pregnant individual?
36.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign consider how a reader may feel if they do not have depicted supports? What could be their next steps?
37.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign avoid the possible perception of it removing the pregnant individual from the story, therefore avoiding reducing their voice and autonomy?
38.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any negative phrasing within the campaign that could predispose a reader to expecting judgement, blame, or directive language?
39.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any implication of choice within the poster?
40.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the poster offer an ultimatum between a baby and alcohol?
41.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could your poster add to already existing negative perceptions, such as racial biases, stigmas around alcoholism, and so on?
42.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your campaign likely to be perceived as coming from a trusted source?
43.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign promote open conversations, and safe environments to have it?
44.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If a model is present, is their body language closed?
45.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign speak to the reader as an equal?
46.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything within the campaign that could be read as "preaching", or placing moral judgement on the reader?
47.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign offer an "instead" as opposed to a "don't"? Is there a path forward clear within the campaign?

48.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your campaign avoid negative language, such as “don’t” or “never”?
49.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could your campaign be misconstrued as exaggerating the truth for dramatic effect?
50.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your campaign gender neutral?

## Effectiveness Checklist Scoring Sheet:

*Instructions: Add all scores together for a total out of 50. Higher scores refer to a campaign with higher effectiveness.*

1. Yes = 1, No = 0	26. Yes = 1, No = 0
2. Yes = 1, No = 0	27. Yes = 1, No = 0
3. Yes = 1, No = 0	28. Yes = 1, No = 0
4. Yes = 0, No = 1	29. Yes = 0, No = 1
5. Yes = 1, No = 0	30. Yes = 1, No = 0
6. Yes = 1, No = 0	31. Yes = 1, No = 0
7. Yes = 1, No = 0	32. Yes = 1, No = 0
8. Yes = 0, No = 1	33. Yes = 1, No = 0
9. Yes = 0, No = 1	34. Yes = 0, No = 1
10. Yes = 0, No = 1	35. Yes = 1, No = 0
11. Yes = 1, No = 0	36. Yes = 1, No = 0
12. Yes = 1, No = 0	37. Yes = 1, No = 0
13. Yes = 0, No = 1	38. Yes = 0, No = 1
14. Yes = 1, No = 0	39. Yes = 0, No = 1
15. Yes = 1, No = 0	40. Yes = 0, No = 1
16. Yes = 1, No = 0	41. Yes = 0, No = 1
17. Yes = 1, No = 0	42. Yes = 1, No = 0
18. Yes = 1, No = 0	43. Yes = 1, No = 0
19. Yes = 0, No = 1	44. Yes = 0, No = 1
20. Yes = 1, No = 0	45. Yes = 1, No = 0
21. Yes = 1, No = 0	46. Yes = 0, No = 1
22. Yes = 1, No = 0	47. Yes = 1, No = 0
23. Yes = 1, No = 0	48. Yes = 1, No = 0
24. Yes = 1, No = 0	49. Yes = 0, No = 1
25. Yes = 1, No = 0	50. Yes = 1, No = 0

         /50