



Sympathy, shame, and few solutions: News media portrayals of fetal alcohol spectrum disorders

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ABSTRACT

Objective: there is a lack of public understanding about fetal alcohol spectrum disorders (FASD), and many countries lack policies to deal with FASD concerns. Given the role of news media in disseminating a range of health information, the aim of the current study was to explore the media coverage on alcohol use during pregnancy and FASD, and to identify ways to improve associated health messages.

Design: the current study uses a framing analysis of news media reports about FASD over a 1-year period. Framing analysis seeks to better understand how media messages serve to shape the thoughts, feelings, and decisions of readers.

Findings: two frames dominated the media coverage of FASD: a frame of sympathy, and a frame of shame. Some news media encouraged feelings of sympathy for children with FASD, while others encouraged sympathy towards mothers of these children. At the same time, mothers were also portrayed as deserving of shame.

Key conclusions: the interrelated frames of sympathy and shame may confuse readers, as they inconsistently hold different parties responsible for the impact of FASD. Media portrayals that encourage women to refrain from alcohol consumption during pregnancy might be more useful than stigmatising and isolating those who do.

Implications for practice: practitioners should be aware that conflicting messages about alcohol consumption during pregnancy might lead to shame and confusion, and should encourage openness with mothers to challenge stigma. Guidelines for media reporting should discourage stigmatising frames, and media articles should also consider the role that government, non-government organisations, and the alcohol industry could play for improving FASD shame.

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Introduction

The consumption of alcohol during pregnancy is one of the leading preventable causes of non-genetic birth defects and intellectual disabilities around the world (O'Leary, 2002). The most common official recommendation to pregnant women about alcohol is that of abstinence to reduce risk of fetal alcohol spectrum disorders (FASD) (Carson et al., 2010). FASD is a non-diagnostic term for the range of disabilities that result from alcohol exposure in-utero (Barr and Streissguth, 2001). Primary disabilities resulting from FASD are correlated to underlying brain damage and include

learning disabilities, poor impulse control, poor memory and concentration, inability to understand or learn social mores and consequences, no empathy, poor gross and fine motor skills or inability to grasp abstract concepts such as numbers (Drug Education Network Inc., 2011).

FASD ranges in diversity from the full presentation of fetal alcohol syndrome (FAS), involving a characteristic set of facial features combined with growth and neurocognitive deficits, to a range of conditions (namely partial fetal alcohol syndrome, alcohol-related neurodevelopmental disorder and alcohol-related birth defects) affecting the neurobehavioural presentations of the condition without all these physical features (Mukherjee et al., 2006; Nguyen et al., 2011). However, children affected by alcohol who do not have distinctive characteristics are often more vulnerable to secondary disabilities, given they are unlikely to be

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diagnosed and will be subject to standard social and academic expectations they cannot manage (House of Representatives Standing Committee on Social Policy and Legal Affairs, 2012). Some of the problems faced by these individuals include school absenteeism, alcohol and drug problems and interaction with the criminal justice system, to name a few (HRSCSPLA, 2012). As a result, the majority of adults with FASD are unable to live independently and/or have productive lives (Streissguth et al., 2004).

The burden of FASD impacts not just those living with it, but also families, local communities and the wider society. It is difficult to make a reasonable assessment of the economic impact of FASD. The economic burden of each individual with FASD has been said to be between US\$1 and US\$5 million for health problems, special education, psychotherapy and counselling, welfare, crime, and the criminal justice system (Substance Abuse and Mental Health Administration, 2003, 2013). This is potentially a substantial underestimate given that, for example, some studies include the cost of fetal alcohol syndrome only, and others do not include costs such as time lost from work, the burden on families, and costs resulting from poor quality of life of those with FASD.

There are no reliable global figures for the prevalence of FASD. A recent study suggests that prevalence rates of FAS may be as high as 12% in remote Australian communities with high rates of alcohol exposure in utero (Fitzpatrick et al., 2015), with most international studies agreeing on a rough estimate of 1–2% of the general population being affected (Olson et al., 2009; Carpenter, 2011). However, despite the considerable prevalence of FASD, many countries (both most and least developed) lack a FASD management framework – clinical (e.g. national diagnostic tool) or otherwise (e.g. public awareness campaigns), and this work is left largely to non-government organisations (NGOs). Nonetheless, some governments do run targeted prevention programmes, especially the USA and Canada who have led the world not only on efforts to prevent new cases of FASD, but also in understanding its effects and to provide support and assistance to those affected (Foundation for Alcohol Research and Education (FARE), 2012).

In response to a lack of understanding and acknowledgement of the importance of services and support for individuals with FASD, advocacy efforts have increased over the last decades with NGOs such as NOFASD, NoFAS or FASworld being created (Kyskan and Moore, 2005). Partially due to this improved advocacy, at least 18 countries or territories have introduced laws that require the compulsory use of health warning labels on alcohol products (FARE, 2012; Farke, 2011). These countries include France, Brazil, Ecuador, South Korea and the USA (FARE, 2012). However, only five countries have mandated specific pregnancy labels, either pictorial or text indicating that alcohol should not be consumed during pregnancy (Wilkinson et al., 2009).

Although pregnancy-related recommendation labels on alcohol may work to raise awareness of the risks of consuming alcohol during pregnancy, there is much public misinformation about the topic. For example, there are mixed messages concerning what constitutes ‘safe’ levels of alcohol consumption for women who are pregnant, what the real lifelong effects of alcohol exposure in-utero are on the unborn child, and how to recognise the condition (Mackinnon et al., 1995; Nanson et al., 1995). This misinformation is further perpetuated by the stigma associated with women and alcohol, whereby women who are found to consume or have consumed alcohol at some point in their pregnancy are likely to be negatively judged and labelled as irresponsible and even evil, regardless of the circumstances (Nguyen et al., 2011). All of this translates into an unwillingness, coming from both the pregnant women and the caregiver treating her, to start up conversations about alcohol (Blume, 1991). Recent research suggests that talking about alcohol consumption during pregnancy can lead to guilt and fear of judgement, which in turn can lead to inaccurate reporting

of alcohol consumption (Muggli et al., 2015). It seems that more information could be provided, for instance, in school, public health campaigns, or traditional media.

Particularly important is the role of the media in communicating such information. From a public health perspective, media reporting is important to study because of the ways the media reflects and interacts with the public’s understanding of a health issue, playing a key role in setting public agendas and shaping attitudes and behaviours (Lyons, 2000; McCombs and Shaw, 1993). There is also a concern that media reporting can be problematic because it could be inaccurate, or even harmful to the health of the public (International Doctors for Healthy Drug Policies, 2013).

Inaccuracies in media portrayals of health matters include skewing coverage towards diseases that affect large numbers of people (Klaidman, 1990), a superficial reporting of health issues (Meyer, 1990), misunderstanding scientific findings of studies (Moyer et al., 1995) and stimulating unrealistic fears of illness or health problems (Meyer, 1990). Such problems have considerable implications, including questions, which have yet to be answered, about how such biases might affect public perception of health issues such as alcohol consumption during pregnancy and FASD. Given that little is known about the depiction of FASD in the media, this study will focus on the dominant messages of media portrayals of FASD.

There are two reasons why this study focuses specifically on Australian media portrayals of FASD. First, Australia currently lags behind several other countries in recognising the prevalence, and the social and economic impacts of FASD (Farke, 2011; HRSCSPLA, 2012). Australia lacks clear and consistent messaging on alcohol consumption during pregnancy which has resulted in varied perceptions of the risk associated with alcohol consumption during pregnancy (HRSCSPLA, 2012). Despite the National Health and Medical Research Council (2009) recommending that not drinking alcohol is the safest option, most women report consuming alcohol during pregnancy, including 26% of women who report that they continued to consume alcohol even after they had become aware of their pregnancy (Australian Institute of Health and Welfare, 2011). The second reason for a focus on Australian media portrayals of FASD is the rich data available. During 2012, two parliamentary inquiries into FASD were held at both Federal and State levels driven in part by a rise in binge drinking amongst women (Education and Health Standing Committee, 2012; HRSCSPLA, 2012). As such, there was an increase in the media reporting on the issue during the period of the parliamentary inquiries (Farke, 2011).

Our analysis aims to explore the extent and type of media coverage on alcohol use during pregnancy and FASD in Australia. With a specific focus on 2012 print media, which generated a lot of debate about the topic, we seek to analyse the dominant frames within articles about FASD and explore the meanings of these frames.

Method

Data collection

The current study uses an exploratory design, with news media data as the site of analysis. The broad research question was ‘How is FASD framed by media reports?’ As such, a broad selection of 21 national and metropolitan newspapers was searched for articles related to FASD for the period of 1st January 2012 to 31st December 2012. The newspapers were selected based on circulation (choosing those with the highest readership) and geographic location (we ensured that at least one newspaper was chosen for each Australian state or territory).

Media articles were obtained electronically from the Factiva database. The primary keyword search terms (i.e. all present in the article) were 'alcohol' and 'pregnancy' and the secondary search strings (i.e. at least one present in the article) included 'FASD', 'binge drinking', 'abuse' or 'fetus'. The search yielded 181 articles containing two or more of these search terms during the time period specified above. The first author read each article and excluded those that did not actually report on FASD or alcohol consumption during pregnancy. Furthermore, where articles were replicas (exact same article as another already included in sample), they were excluded from further analysis. A final sample of 80 articles comprised the data for further analysis.

Data analysis

A framing analysis was conducted following the framework by Entman (Entman, 1993). Entman defines a frame as a conceptual lens that brings certain aspects of reality into sharper focus (emphasising a particular way to understand an issue) while relegating others to the background (Entman, 1993). While framing may occur in several different communication contexts (Entman, 1993), media scholars have mainly been concerned with frames as manifested in the text (Gamson and Modigliani, 1989), and their specific effects on audiences (Iyengar, 1990). Journalists may choose to use framing to focus a debate, highlight certain aspects of issues, and even select the vocabulary used to describe the principal ideas (Tankard, 2008). Ultimately, news frames 'encourage target audiences to think, feel, and decide in a particular way' (Entman, 2007).

The first step of analysis was to read the articles and code for patterns in the data. Identification of codes was data-driven so as to ensure minimisation of researcher bias. Initially, seven coders independently coded a subset of the data (following the guidelines of Wimmer and Dominick, 2006). Krippendorff's alpha was used to assess reliability on all variables and overall intercoder reliability was established as $\alpha = .81$, an acceptable reliability score (Krippendorff, 2011). After preliminary coding was discussed, a coding schedule was constructed so that a rigorous procedure could be followed for each article. This included coding for article focus, article approach, topics, language, recommendations of appropriate consumption, and discourses of and about people with FASD, women who consume alcohol during pregnancy, and government involvement. Following coding of the whole data set, key frames relating to responsibility for FASD were identified. Our results discuss how these frames construct responsibility for FASD.

Findings

The overwhelming majority of articles were news articles about FASD, but there were also editorials and opinion pieces in the data set. Many of the articles were generated following parliamentary inquiries at both state and federal levels, with research findings about FASD being released, and an action plan released by FARE (2012) also leading to several articles being published.

Through the process of framing analysis, two particular aspects of FASD discourses were found to be prevalent in media reports. These were a) the way that discourses of victimhood constructed a frame of sympathy, and b) the way that discourses of blame and wrongdoing constructed a frame of shame. In terms of sympathy, our analysis focused on how sympathy shaped messages in the media in relation to mothers, individual children, all children with FASD, and adult individuals with FASD. The second part of our analysis focused on ways in which shame shaped the discourses in the media in relation to mothers, health professionals, public

health messages, and government. We discuss each of these aspects in turn, with particular attention to how they were deployed in the news media data, and explore the practical and theoretical meanings of each aspect.

Sympathy

The first group which media articles constructed as deserving sympathy was mothers who consume alcohol during pregnancy. This was particularly the case in articles discussing mothers who are surrounded by 'chaos'. Such mothers are referred to as vulnerable (e.g. O'Brien, 2012b) and depicted as defenceless, thus fostering a sense of empathy towards these mothers.

Articles in which children were portrayed as deserving sympathy were more prevalent than articles in which mothers were. Particular constructions of FASD worked to position children with FASD as deserving sympathy. Previous research has looked at some implications of media portrayals of the child as a victim (Best, 1990). Such positioning of children as victims of deviants – and therefore deserving of sympathy – has served to produce particular public opinions about a range of social issues. Many articles evoking sympathy did so through explicitly and unambiguously depicting the mothers of the children as responsible for abuse or neglect, who make 'babies pay for bad habits' (Dunlevy, 2012a). Some articles emphasise the lifetime of devastating impacts of FASD that 'frail' (Lamperd, 2012) and 'tiny little babies' (O'Brien, 2012b) suffer from, often referred to as 'the curse of booze babies' (Bita, 2012b). By using such language the article constructs these children as fragile, suggesting that they have no freedom of choice and cannot escape their circumstances. While this may be the case, we note that such language communicates a sense of injustice, despair and desolation.

One way in which sympathy for individuals with FASD was evoked in media articles was to tell the story of such an individual. For example, one article refers to a 12-year-old with FASD (Prior, 2012). Explicit portrayal of a child (rather than discussion of FASD as an abstract idea) works to foster empathy with the feelings of individuals with FASD. In this way, a discourse of vilifying those responsible for FASD (mothers who consume alcohol, presumably) emerges.

Not only did media articles draw on discussion of individuals, portrayal of the many people with FASD also worked to generate sympathy. Phrases like 'humanitarian crisis' (Prior, 2012), 'almost untreatable holocaust' (Rothwell, 2012) or 'the heartbreak of raising FASD sufferers' (Prior, 2012) focus on the many people affected by FASD and emphasise the seriousness and extent of the condition. The language used in such articles reflects tremendous pain and agony. Those born with FASD are referred to as 'sufferers' (e.g. Perpetch, 2012), or are positioned as suffering through the use of language such as '[they have] the odds against them for life' (Williams, 2012). Referring to FASD as 'cruel (and) insidious' (Jean, 2012), a 'scourge' (Tillett, 2012), a 'tragedy' (Hockley, 2012) or as the 'invisible/hidden disability' (e.g. Perpetch, 2012) implies that this suffering is endured in silence and away from society.

Media articles also reflected that FASD does not impact only young children, but also continues to be a problem for adults with FASD. Part of the on-going debate in the Australian Parliamentary Inquiry was whether or not FASD should be recognised as a lifetime disability. As FASD is not currently officially acknowledged as a disability within the Australian context, such articles work to portray unfairness. For example, some articles achieved a sympathetic view towards individuals with FASD by noting that those with FASD are often, 'unfairly punished' (Moulton, 2012) by the criminal justice system by being labelled as criminals even in some cases where they are not in control of their behaviours, due to

their disability. This argument serves to dissociate people with FASD from perceptions of danger or threat to society, further enforcing the need for sympathy for those affected.

Discourses of victimhood – whether evoking sympathy for mothers of children with FASD, individual children, children with FASD in general, or those who have lived with FASD throughout their lives – work to produce a frame of sympathy. This concept of victimhood relates to the second aspect of our analysis – the idea of shame for FASD. If mothers or individuals with FASD are victims, there is an implicit (or explicit) villain, and the ‘shame’ aspect of our analysis explores the role of responsibility for FASD.

Shame

Our analysis suggests that news media portrays several different parties as villains of FASD in different articles. These parties include mothers, health professionals, and government. In this section we explore potential implications of different constructions of shaming particular individuals or groups for their role in FASD.

The first group constructed as deserving of blame for FASD were mothers who consume alcohol during pregnancy. Blame for women was worked up through constructing them as ‘drunks’ (Giles, 2012), ‘alcoholics’ (Heasley, 2012) or ‘binge drinkers’ (Hockley, 2012), creating an image of mothers who live for unrestrained gratification and, in the process, ‘ruin’ (Williams, 2012) the life of the not yet born child. The most controversial arguments and language within this frame came from letters of opinion, which used terms such as ‘appalling mothers’, ‘losers’, ‘idiots’ and ‘selfish’ and asked not only for legal punishment but also even sterilisation (Dunlevy, 2012a). These discourses worked in tandem with the discourses of sympathy for children with FASD, as discussed above, to construct mothers as individually responsible for the children born with the condition, as evil people who do not care about their baby, and as perpetrators who hand kids a ‘life-long sentence’ (Dunlevy, 2012a).

The discourse of blaming mothers was common throughout the data corpus, appearing in more than a fifth of the articles. In fact, one article from the data was published on the first page of a newspaper during September 2012 (a key month of the Western Australian Parliamentary Inquiry) and carried the headline ‘Pregnant women defy drink warnings’ (Dunlevy, 2012b). This headline is an example of the way that some articles claimed that women are aware of the dangers, and decide to flout risks. Previous research has suggested that public opinion on health issues is most likely to change when they have been framed as involuntary risks, universal risks, environmental risks, or knowingly created risks (Lawrence, 2004). Therefore the framing of the issue as a knowingly created risk negatively influences public opinion by depicting women who consume alcohol during pregnancy as immoral through their ‘voluntary and astoundingly irresponsible’ (Giles, 2012) behaviour. This type of discourse often appeared with a call to remove any kind of support from these women. We suggest that such framing of mothers as shameful might not only encourage discrimination, prejudice and hatred towards those mothers who consume alcohol during pregnancy, but also isolate and stigmatise them. Such stigma and isolation may prevent and discourage them from seeking help.

Although some articles used arguments sympathetic towards women who consume alcohol during pregnancy, there were problematic ways in which women were portrayed in these articles. For example, there were several mentions throughout the data of women as ‘incredibly/alarmingly ignorant’ (Skelton, 2012), or as individuals who ‘just don’t get it’ (Van Den Berg and Crane, 2012) or who ‘need [to be protected] from themselves’ (O’Brien, 2012a).

Such discourse constructs women as responsible for being aware of the risks of antenatal alcohol consumption. Such a discourse ignores the role health professionals, public health messages, or health policy may have in responsibility for increasing awareness of risks of consumption of alcohol.

The second group of individuals suggested to be deserving of blame for FASD were health professionals. Some articles suggested that medical practitioners are not sufficiently trained when raising the issue of alcohol consumption during pregnancy and FASD. Some articles claim that professionals should hold their judgment about mothers who consume alcohol during pregnancy because getting advice should not be ‘a guilt trip’ (Hunter, 2012), especially given that at least a third of pregnancies are reported to be unplanned. Some articles portrayed doctors as preferring not to raise the disorder with pregnant women for fear of alarming them, and others indicated that some medical professionals say that it is safe to enjoy an occasional drink. In this way, media articles may confuse readers with conflicting recommendations.

Similarly, certain articles pointed to private hospitals ‘offering booze to pregnant women’ by having alcohol on the menu in maternity wards (Bita, 2012a). This took the blame off mothers and placed it on hospitals’ inappropriate practices, whereby maternity wards were sending the message that alcohol consumption during pregnancy was acceptable. Within these articles, women are no longer seen as irresponsible. Moreover, these articles frame risks as involuntary, therefore exculpating women and positively influencing public opinion towards them.

The last group that were held to account by some articles in the data was the government. Discourse critical of government was evident in articles that called the lack of governmental action a ‘cone of silence’ (Van Den Berg and Crane, 2012), and that emphasised the view that policies are ‘sorely needed’ (Hockley, 2012).

Several articles refer to the ‘urgent’ (e.g. Perpitch, 2012) need for government to get more involved and develop culturally appropriate strategies for particular population groups such as Aboriginal and Torres Strait Islander peoples (Rothwell, 2012) and others point out the fact that FASD is ‘still’ not recognised as a disability (potentially because FASD is not a diagnostic term) (Jones, 2012). This language implies that government needs to be persistently persuaded and refuses to make FASD a priority and is even resisting addressing the problem. This frame suggests inaction, confusion and lack of direction from the federal government and expresses doubts about its commitment to introduce mandatory pregnancy health warnings for alcohol.

The government was also constructed as neglecting to take responsibility for punishment of women who consume alcohol during pregnancy. Such articles suggest that the government’s hands-off approach was a problem, claiming that the government should make alcohol consumption during pregnancy ‘an offence punishable by law’ (Giles, 2012).

Discourse critical of the government was present throughout the data corpus, but was particularly prevalent following the Western Australian and Federal Parliamentary Inquiries. We acknowledge that it may be useful to be critical of a government that fails to address the issue of FASD, but suggest that such singly critical discourse may be problematic. The reason for this is that if blame is thought to be the government’s alone, other factors that drive behaviour of expectant mothers may be overlooked. For example, social and cultural norms, the alcohol industry, and advertising also shape alcohol consumption behaviours. Thus discourse that is critical of the government may be critical (particularly in areas where there are no policies or public supports to protect those involved, or where legislation and investment in healthcare are necessary), but may ignore other important issues.

Discussion

This analysis has highlighted that stigmatising discourses of mothers who consume alcohol during pregnancy are reproduced within news media sources. Two sometimes contradictory frames within media articles involving sympathy and shame. These interrelated frames may confuse readers, as they inconsistently hold different parties responsible for the impact of FASD. Discourses that sympathise with individuals with FASD may help to raise awareness of the condition, but could be problematic if they shame mothers (without fully realising the numerous factors impacting on these mothers' circumstances), or if they unfairly portray people with FASD as lacking agency. Discourses that sympathise with mothers who consume alcohol during pregnancy may start to reduce stigma associated with these women seeking help, but commentators also need to consider the role that government, social change, and industry could play in improving conditions for these women.

The discourses of sympathy and shame were potentially problematic. Although some articles in the data were critical of the government for a lack of policy support, other factors contributing to FASD risk were not visible in the data. The first source of FASD risk that was not present in the data is the role that alcohol corporations and advertising could play in taking responsibility for the consumption of alcohol during pregnancy. Given the alcohol industry's emphasis on marketing to women (Ross et al., 2015), the power of the alcohol industry in shaping alcohol research and policy (Li et al., 2014), and the current rights that alcohol companies enjoy which limit the production of effective health warning systems (Hirono et al., 2015), it might be meaningful for media to call the industry to account for its role in FASD risk reduction through the implementation of warning systems. The second source of FASD risk that was not present in the data is the role that partners, family, or friends might play in expecting mothers' consumption of alcohol. Some women who drink while pregnant may do so partly because of the values of and pressure from people around them. Previous research has recommended that during the perinatal period, expectant fathers might change their smoking practices in relation to the social pressure that occurs during this time (Bottorff et al., 2006). Similar motivations may exist for reduction in alcohol intake in expectant fathers that might then go on to have similar effects for pregnant women, and this might be evaluated by future research. Recent research suggests that if midwives engage pregnant women's partners in alcohol consumption advice, they may develop a positive view of abstinence (van der Wulp et al., 2013). The current study extends this to media portrayals and suggests that if such portrayals begin to report on partners' influence on alcohol consumption during pregnancy, awareness and satisfaction with abstinence might follow.

One of the limitations of the approach of the current study is that only data from news media was considered for analysis. News media is one site in which understandings of health issues are produced and reproduced (Lyons, 2000; Scholz et al., 2014), thus these discourses of shame and sympathy for FASD are likely to impact individuals' understandings about alcohol consumption during pregnancy. Other forms of media, such as social media or television programmes, might include alternative, constructive discourses of FASD that this study may not have captured. Indeed, previous research has noted that social media is another means by which norms about drinking practices are reproduced (Niland et al., 2014) so this may be a site for future enquiry. A second limitation is that the data come only from Australian publications. However, these included news media sources that have an online, and therefore global, presence, and the predominant discourses are likely to be present within other Western news media sources too.

The findings of this study have some important implications for practice. First, for clinicians, it is important to note that news media portrays conflicting advice about the consumption of alcohol during pregnancy and there may be significant feelings of shame and confusion regarding such behaviour. It might be beneficial for clinicians to understand the complexity of these messages and the way that they are reproduced by common discourses. Second, for public health campaigns, these findings present some of the problematic discourses to avoid. Rather than reproducing discourses of shame and overly sympathetic language, it might be useful for campaigns to consider messages that do not infantilise women, that avoid blaming individuals, and that provide accurate information. This is in line with recommendations that stigma-inducing approaches to cessation of smoking during pregnancy is likely to be ineffective or counterproductive (Wigginton and Lee, 2013) and alcohol campaigns should similarly consider other ways to promote non-drinking in expectant mothers. Third, for policy, particularly in but not limited to jurisdictions like Australia that currently have no specific policy in place, the findings of the current study suggest an immediate need to provide accurate information to individuals. One particular policy goal might be to encourage news media agencies to adopt guidelines in relation to reporting about FASD and the consumption of alcohol during pregnancy. Guidelines might be developed in partnership with individuals with FASD or their families or carers so that as not to treat individuals as objects (Scholz and Riggs., 2013) or as diagnoses. Limiting the spread of inaccurate and overly emotional language would be a constructive way to promote better knowledge about these issues.

This study has discussed the reproduction of stigma and shame around FASD in news media articles. Future research might consider further analyses on different types of media such as social media, particularly as the use of social media in disseminating information about drinking practices grows (Niland et al., 2014). Although potentially challenging because of stigma, it might also be beneficial to ask pregnant women who want to drink alcohol (and perhaps their family members) about what kinds of messages they would find useful to deter them from drinking.

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