Addressing the public health concerns of Fetal Alcohol Spectrum Disorder: Impact of stigma and health literacy

Patrick W. Corrigan¹, Binoy Biren Shah⁵, Juana Lorena Lara³, Kathleen T. Mitchell⁴, Diana Simms⁵, Kenneth L. Jones⁶

¹ Illinois Institute of Technology, Department of Psychology, TN 1C91, 10 West 35th Street Chicago, IL 60616, United States
² National Organization on Fetal Alcohol Syndrome (NOFAS), 1200 Eton Court, NW, Third Floor, Washington, D.C. 20007, United States
³ University of California San Diego, Department of Pediatrics, 7910 Frost St, La Jolla, CA 92037, United States
⁴ University of California San Diego, Department of Pediatrics, 7910 Frost St, La Jolla, CA 92037, United States
⁵ University of California San Diego, Department of Pediatrics, 7910 Frost St, La Jolla, CA 92037, United States
⁶ University of California San Diego, Department of Pediatrics, 7910 Frost St, La Jolla, CA 92037, United States

ABSTRACT

Background: Fetal alcohol spectrum disorders (FASD) are a group of developmental disabilities that may result from the mother’s consumption of alcohol during pregnancy. The present study examined the effects of health literacy and stigma on the public health agenda for preventing FASD.

Methods: Three hundred and forty-one participants were sampled to ascertain levels of endorsement of the public health priorities of FASD, and FASD health literacy. Stigma towards women who consume alcohol during pregnancy, and towards biological mothers of children with FASD were operationalized using ratings of difference and disdain.

Results: Public stigma towards women who consume alcohol during pregnancy was greater than stigma towards biological mothers of children with FASD. Research participants with higher FASD literacy were more likely to endorse the prevention priorities of FASD. Interestingly, those who endorsed greater stigma supported the public health priorities of FASD more strongly. Female research participants more strongly supported the prevention priorities of FASD than male participants. Male participants were more likely to endorse stigma than female participants.

Conclusions: Stigma experienced by biological mothers of children with FASD generalizes to women who consume alcohol while pregnant. Some results were contrary to expectations: stigma was positively associated with health literacy and endorsement of prevention priorities of FASD. Reasons for these findings are speculated and should be tested in future research.

1. Introduction

Fetal alcohol spectrum disorders (FASD) are a group of developmental disabilities that may result when a developing fetus is exposed to alcohol (Jones and Smith, 1973). FASD can have pervasive effects on children’s cognitive and social development, leading to significant disability. Estimates suggest that FASD impacts 2–5% of children in the U.S. and Western Europe (May et al., 2014; May et al., 2009). As a result, educating women about the dangers of alcohol consumption during pregnancy has become a public health priority (CDC, 2017). This includes advising women on the use of effective birth control if they decide to consume alcohol during childbearing years. Research into behavioral health promotion has found two factors that impact public education campaigns: stigma and health literacy (National Academy of Sciences, 2016). The purpose of this study is to test hypotheses about the impact of stigma and health literacy on the public health agenda for preventing FASD.

Research distinguishes public stigma (the discrimination applied to a group when the population endorses stereotypes about that group) and self-stigma (the harm to self-esteem when a personal internalizes stereotypes about themselves; Evans-Lacko et al., 2012). Research fairly consistently suggests the public stigma of mental health and substance use disorders undermines engagement in primary, secondary, and tertiary prevention (Corrigan et al., 2014). For example, people with serious mental illness are likely to avoid psychiatric care in order to escape the egregious effects of stigmatizing labels, thereby exacerbating the chronic and disabling course of their illness. Public stigma similarly undermines primary prevention campaigns meant to impact behavioral health conditions (Rusch and Thornicroft, 2014). The focus in this paper is on the public stigma bestowed upon biological mothers of children with FASD and women who drink during pregnancy. Difference and disdain are one set of stigma markers (Corrigan et al., 2015;
Children with FASD, as well as the level of engagement in services and towards women that consume alcohol while pregnant and mothers of research participants who demonstrate insufficient effort responding (Huang et al., 2015) by failing to fully attend to task. The MTurk survey included validity questions meant to exclude people in this group who were not attending well; e.g., “Please choose the number ‘4’ for your answer below.” We also excluded people whose time on task was below minimal cutoff (5 min after viewing vignette) to complete the survey competently. As a result, 341 of 350 MTurk workers provided useable data. Prior to beginning the survey, prospective research participants were informed of study goals and methods and asked for an electronic signature of consent. The study was fully reviewed and approved by the IRB at the Illinois Institute of Technology. Qualtrics, an online self-administered survey platform, was used to administer consent form, measures, and conditions.

Using public health priorities as laid out by the Fetal Alcohol Syndrome Prevention Team at the Centers for Disease Control and Prevention (CDC, 2017), a four-item measure of FASD Public Health Priority (FASD-PHP) was developed. Research participants were asked to report agreement on an 8-point scale (8 = very much); e.g., “I am concerned about alcohol consumption during pregnancy.” Individual items were summed into a total FASD-PHP score with a higher score representing greater endorsement of the public health priority. Internal consistency of the FASD-PHP was minimally adequate, α = 0.60.

Research participants were presented a brief description of FASD: “FASD is a condition experienced by newborns often causing a range of developmental, cognitive, or behavioral problems. The child gets FASD because the mother was binge drinking or regularly heavily drinking during pregnancy.” Research participants then answered three items about difference (a biological mother of children with FASD is: similar, like, or comparable to the general population) and disdain (a biological mother of children with FASD is: not good, not respected, or not favorable compared to the general population). Research participants were then given a brief description about at-risk women. “This section is regarding women who consume alcohol while pregnant which can lead to the baby being born with a Fetal Alcohol Spectrum Disorder (FASD).” Participants then answer the same three items on difference and three items on disdain with the new referent: “a woman who consumes alcohol while pregnant.” After reverse scoring some items in each scale, total scores were determined, with higher scores representing greater perceptions of difference and disdain. To validate factor structure, we conducted confirmatory factor analyses of difference and disdain scales separately for the biological mother and at-risk woman. Fit indicators (normed fit index, goodness of fit index, and comparative fit index; Byrne, 1994) all met criteria (> 0.90) for both the biological mother and at-risk woman models. In addition, latent variable estimates representing loading of individual items into latent factor were significant because z-score values were strong (p < .001).

Jorm (2012) proposed that health literacy can be assessed using true/false or multiple choice items representing the presentation and course of a disorder: knowledge of a specific syndrome and the evidence-based interventions that treat that syndrome. Sixteen items were generated through literature review and then validated by subject matter expert, Kenneth Lyons Jones (Jones and Smith, 1973). The sixteen-item version was administered to a pilot group of 25 individuals. Items were then reduced to ten based on proportion of research participants passing each item. For example, “True or False, one to two glasses of wine per meal is the known safe amount to drink during pregnancy.” Mean item difficulty found for participants in this study was 0.68 (SD = 0.20). Research participants also completed a questionnaire on their demographics.

2.1. Data analyses

Two by two (2 × 2) ANOVAs (participant gender by vignette type) were completed to examine difference and disdain perceptions across vignette type (biological mothers versus women who consume alcohol while pregnant) and participant gender. Additional ANOVAs examined differences in health literacy and FASD-PHP across participant gender.
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات