# A Photovoice Study to Capture the Experiences of Women who use Alcohol and/or Drugs During Pregnancy

by

Elizabete Halprin

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University of Manitoba

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## Abstract

The reasons a woman may use alcohol and/or drugs during her pregnancy are far more complex than the conscious decision to use or not to use. In reality, substance use during pregnancy is not easily preventable, with many of the conditions contributing to a woman's use existing beyond her control.

Upon reviewing the existing literature, there are very few studies that have consulted directly with women who use substances during their pregnancy to provide insight into their perspectives and day to day experiences. In addition, there have been a disproportionate number of quantitative studies focused on researching the trends of women who use substances during pregnancy, or the programming that they access.

In order to better understand the realities of women who use substances during their pregnancies, the study utilized an exploratory descriptive research design, while using the photovoice data collection method. More specifically the study examined the challenges, successes and supports of women who used alcohol and/or drugs during their pregnancies.

The findings indicate that substance use during pregnancy is far more complex than a simple choice, and is different for every woman. Some of the challenges identified by women in the study included their patterns of use, stigma, and housing; while some of the successes and supports identified included changes in their substance use, having a place to call home and various supports such as family members and accessible programs.

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## Introduction

Although many may view the decision not to consume alcohol or drugs during pregnancy as a simple one, there are many reasons why a woman may continue to use during her pregnancy. For example, she may not be aware that she is pregnant, have knowledge of the harm that alcohol or drugs may have on the fetus' development, continue to use due to an addiction, or use as a response to societal factors that are beyond her control (Thanh, Jonsson, Moffatt, Dennett, Chuck & Birchard, 2014). Although there have been a number of studies researching the trends of women who use substances during pregnancy, or evaluating programming that is specific to this group, very few have consulted directly with this population. Consequently there is a gap within the research literature, in knowledge necessary to understand the circumstances that can contribute to women using during their pregnancies.

In response to this gap, the researcher saw a need to add to the existing literature, while collaborating directly with this population. In contrast to past studies that have been largely quantitative in nature, the researcher sought to gain valuable insight into the experiences and firsthand accounts of women who identify as part of this population. More specifically, the researcher was interested in documenting the challenges, successes and supports of women who used alcohol and/or drugs during their pregnancies.

The writer stresses that she does not wish to discredit the contributions of quantitative research in this field. Quantitative research has been instrumental in identifying many of the life conditions that this population experiences, as well as providing a better understanding of effective strategies when working with women who

use alcohol and/or drugs during pregnancy. However, with any form of research there are limitations. The writer believes that additional research that is qualitative in nature is necessary in order to gain a more comprehensive understanding of conditions that may contribute to a woman's use of substances during pregnancy.

The writer believes that as a result of this gap in the literature women who use during pregnancy have become viewed as numbers. Coupled with public misperceptions, this population has been stigmatized and faces many barriers in getting the help they need. These women tend to be viewed as impulsive, unfit mothers (Raccine, Bell, Zizzo & Green, 2015; Abadir& Ickowicz, 2016). Reflected in policy and legislation, societal reactions to this population have oftentimes rendered harsh punitive responses, such as child apprehension and forced treatment (Raccine, Bell, Zizzo & Green; Abadir& Ickowicz). Despite the fact that research has consistently shown the most effective approach when working with this population is a harm reduction, collaborative approach (CanFASD, 2010). Essential to this approach is respect for a woman's right to self-determination, which has been associated with higher participant engagement and consequently reducing the likelihood of a drug and/or alcohol exposed pregnancy (CanFASD). In addition, women centred approaches such as these tend to have women feeling more supported, empowered, and show overall improved outcomes for health and social conditions (CanFASD).

In order to engage the study participants, the researcher has chosen Photovoice, a research tool that aligns with qualitative research ideals such as participant collaboration and empowerment. Photovoice, which emerged from the feminist perspective, was developed by Caroline Wang and Marry Ann Burris in the 1990s

(Wang & Burris, 1994; Amos, Read, Cobb & Pabani, 2012). It has been credited as a favourable tool when conducting research with marginalized populations. Those populations are often impacted by social issues, but because of their socioeconomic status their concerns are often disregarded (Wang & Burris; Amos, Read, Cobb & Pabani). Within this study, participants were given the opportunity to express their experiences through powerful images and statements, which could potentially affect policy, improve social conditions, and increase funding for programming. The writer maintains that this was necessary due to the reactive nature of policy, which has resulted in limited supportive services available to women who use during pregnancy.

Within this thesis the researcher will explore the complexities that surround alcohol and/or drug use during pregnancy as recounted by study participants, and through selected literature. The researcher situates herself within the critical feminist perspective, which will be reflected through the literature that has been reviewed, the collaborative research process undertaken throughout the study, and the desired outcome of empowering a marginalized population of women. She would also like to inform the reader that she is employed with the InSight program, a Fetal Alcohol Spectrum Disorder (FASD) prevention program that works with women who use substances during pregnancy. Although women chose to highlight their involvement in the InSight program, at no point in the study were women recruited through this program or told of the researcher's employment with the InSight program. In addition, women were never prompted to take photographs of, or comment on any programming that they were involved in. Women who chose to do so, did so of their own accord.

The format of the thesis will be as follows: in chapter one the writer will present a review of the literature, present the critical feminist perspectives on substance use during pregnancy, and discuss the importance that harm reduction and a woman's right to self-determination play in achieving prevention. In chapter two, the writer will outline the study which will include the research design and methods, recruitment of the study participants, the population, a description of the first and second sessions, and will end with a discussion of the data analysis process. The third chapter details the challenges that have been identified by study participants through dialogue and photographs, which include their indicated challenges with their patterns of use, discrimination and stigma experienced, stressors, and poor housing. In chapter four, the supports and successes of women will be explored, including their successes with their patterns of use, their housing, and supports such as peers and social programming. Once again these will be represented through participant photographs and dialogue documented from the sessions. Chapter five will be a discussion of the research findings, the merits as well as the limitations of the study and end with the researcher's recommendations for practice, policy and future research. Finally, the thesis will conclude with the writer's closing remarks.

# Chapter 1: Literature Review

## Introduction

This chapter will explore existing literature, the critical feminist perspective of the social occurrence of women using alcohol and/or drugs during pregnancy, and the importance that harm reduction and respect for a woman's right to self-determination play when working with this population. The choice to ingest alcohol and drugs during pregnancy has oftentimes been simplified to a mother's choice. For example, when discussing the topic of Fetal Alcohol Spectrum Disorder (FASD) it has often been described as one of the leading preventable causes of birth defects and cognitive delays (Banakar, Kudlur & Georger, 2009). However, the term "preventable" comes into question when many of these women are subject to social conditions that are far beyond the realm of their control. Research has shown that typically women who consume alcohol during their pregnancies are far more likely to live in poverty, have poor mental and physical health, as well as a history of addictions, trauma and abuse, and have other co-occurring addictions (Ruth, Brownell, Isbister, MacWilliam, Gammon, Singal, Soodeen, McGowan, Kulbaba, & Boriskewich, 2015).

Generally responses toward this population have been punitive, anywhere from child apprehension to forced treatment (Raccine, Bell, Zizzo & Green, 2015). Countries across the globe have been known to take on varying responses towards women who use alcohol and/or drugs during their pregnancies. For example, select cases in the United States have seen pregnant women arrested because they have failed to seek treatment for their substance use. Within the United Kingdom women have been tried in

court for alcohol exposure during their pregnancies. While in Canada, this population has been subject to a number of child apprehensions, with the misconception that these mothers are unfit to parent (Raccine, Bell, Zizzo & Green).

It is important to understand that policies tend to mirror current public perceptions, and in this circumstance this can be explained by two predominant perspectives, which are the moral and biological theories of addictions (Raccine, Bell, Zizzo & Green, 2015). Within the moral theory, this population is often viewed as exhibiting lack of self-control and making poor life choices which oftentimes result in responses such as forced addictions treatments. In contrast, the biological theory takes the shift away from the individual, more towards the innate characteristics that make an individual use; oftentimes describing use in pregnancy as a disease or mental illness(Raccine, Bell, Zizzo & Green). The woman's use is viewed as beyond her control, therefore this perspective may put into question her ability to successfully parent her child, resulting in responses such as child apprehension. It is important to use caution with both of these perspectives as they both use essentialist explanations that simplify very complex circumstances, oftentimes rendering punitive and coercive reactions (Raccine, Bell, Zizzo & Green).

What is likely to occur with this population, in fear of being judged or at risk of any of the coercive responses mentioned previously, women become further isolated and are less likely to pursue health and social services (CMAJ, 2013; Raccine, Bell, Zizzo & Green, 2015). This is reflected in research indicating this population is likely to experience poorer physical and mental health, as well as inadequate health care when compared to the general population (CMAJ). These women become isolated, forgotten,

and leads to the perpetuation of unjust policies, and insufficient programming and services continues.

The following will review at some of the existing research that has been conducted on this population. These studies are largely quantitative in nature, which the writer believes is essential to understanding the trends and commonalities of women who use alcohol and/drugs during their pregnancies.

**Existing Research**

The majority of the studies that have been conducted on this population have been conducted indirectly by evaluating existing FASD prevention programs. These programs include those that are modelled after the Parent Child Assistance Program (PCAP) to birth model, such as the InSight Program located in Winnipeg (Ruth et al., 2015; Banakar, Kudlur & Georger, 2009; Thanh et al., 2014; Hassar, Pei, Poth & Heudes, 2014). These programs encompass many, if not all the tenets that have been described as effective when working with this population. These focus on long term, harm reductive approaches, that are geared at improving the social determinants of health of its participants (Hassar, Pei, Poth & Heudes; Ruth et al.; Burnside, McDermott, Gough, Tanchak & Reinink).

Studies that have been conducted on the PCAP model have yielded generally favourable outcomes for those involved such as improved birth control method usage, reduced substance use, and increased periods of sobriety (Hassar, Pei, Poth & Heudes, 2014; Ruth et al., 2015; Burnside, McDermott, Gough, Tanchak & Reinink, 2012). A study of the Alberta PCAP program wanted to see if there was any notable difference in

the lives between women who had completed the program, compared with women who only completed 24 months of the program. The study found that women reported that they maintained sobriety for longer periods of time, as well as increased their use of birth control methods, especially among women who had stayed in the program longer. For women who completed the program, 73% reported subsequent alcohol free pregnancies (Hassar, Pei, Poth & Heudes). PCAP women also reported higher use of other supports such as drug/alcohol treatment, and health care services (Hassar, Pei, Poth & Heudes).

Another study involved a ten year evaluation of Manitoba's PCAP program, known as the InSight Program. The study utilized program participants' Personal Health and Information Numbers to track a number of variables which included use of social housing, use of prenatal care services, mental health services use, and contact with child welfare (Ruth et al., 2015). What made this study unique was the ability to track these variables prior to, during and after program completion (Ruth et al.). Consistent with many of the other studies, researchers found favourable outcomes associated with participant's time in the program. On average, they found that while in the program women had at least 6 months sobriety and had improved their use of birth control methods (Ruth et al.). Results also found that women had decreased their likelihood of having an alcohol exposed pregnancy with the majority of women reporting lower levels, or no use of alcohol during their pregnancy (Ruth et al.). However, the study also found there to be some unanticipated outcomes. For many women, they found that lowered drinking patterns and prenatal care usage, were not maintained 6 months after completing the program (Ruth et al.). The writer believes that this unanticipated

outcome truly speaks to the need to increase services for this population as women generally showed improved results while engaged in the program.

In addition to quantitative studies, a photovoice study of interest included one that interviewed women from select Indigenous communities. A study of thirty seven women from Indigenous communities across Alberta, New Brunswick and Manitoba, focused on what healing looks like in their community (Badry, Bastien, Bennett, Tomah, Felske, Poole & Nathoo, 2014). Topics included FASD prevention, addictions and pregnancy. The study effectively portrayed the message that participants viewed issues such as FASD and alcohol use in pregnancy as collective rather than individual issues, requiring collective healing. The study also spoke to the women's strength and resiliency, in the context of their relationships, communities and culture (Badry et al.).

**Critical Feminist Perspectives on Substance Use during Pregnancy**

As has been previously stated, understanding alcohol and drug use during pregnancy is far more complex than the conscious choice of whether or not to use during pregnancy. In fact, critical feminist scholars argue that due to the many social and environmental factors that contribute to a woman's likelihood of consuming substances during her pregnancy, an alcohol and/or drug exposed pregnancy can never be entirely preventable, especially if those factors continue to exist (Woulfe, 2004). For example, women when compared to men generally earn considerably less for similar work, face greater public scrutiny for drinking alcohol and engaging in other risky behaviours, and are more likely to experience higher rates of intimate partner violence. Women are disproportionately exposed to a number of stressors when compared to

men. When coupled with factors such as racism, poverty and trauma the stress associated with these can increase a women's likelihood of engaging in unhealthy coping practices, which can include substance use during her pregnancy (Woulfe).

The consensus among feminist scholars has been that once a woman becomes pregnant, by society's standards she is no longer entitled to the same rights as she was before she became pregnant (Sandstad, 2008). She is told by others what she should eat, what activities she should refrain from, and to abstain from substances such as drugs and alcohol. Therefore, when a woman goes beyond what is ascribed as conventional norms for a pregnant woman, her rights become even more restricted (Sandstad). Countries across the globe have adopted varied responses to women who use during pregnancy. Although the responses taken vary, the unifying message is clear: once a woman uses drugs and/or alcohol during her pregnancy she is typically viewed as impulsive, judged as unfit to parent, and that it is the responsibility of external systems to ensure the safety of the unborn child (Abadir & Ickowicz, 2016).

Consistently we see the rights of the fetus favoured over those of the woman, resulting in child apprehension at birth, imprisonment, or forced addictions treatment for the pregnant woman (Sandstad, 2008). For example, in the United States of America, women have recently been imprisoned for consuming drugs such as cocaine and heroin during pregnancy. However, feminist scholars argue that when rights are granted to a developing fetus, a woman's right to autonomy, privacy, and basic human rights are compromised and removed (Sandstad).

Under Canadian law, a fetus is not granted any form of legal rights. Documented as early as 1933, the case Montreal Tramways Co. v. Léveillé, established that an

unborn child does not have legal personality, which would only be granted at birth (Government of Canada, 2016). In addition, if legal personality were to be extended to the fetus, this would interfere with a woman's right to privacy, autonomy and liberty (Government of Canada). In addition, the Manitoba Child and Family Services Act does not specify that alcohol and/or drug use during pregnancy is defined as a "child in need of protection", and at no point is there reference to the fetus as a "child" (Government of Manitoba, 2017). Despite this, the rights and privacy of pregnant women who use substances in Canada are regularly compromised, with a large proportion of women who have had their child apprehended at birth, or have had continuous child welfare involvement (Sandstad, 2008).

While acts of abuse and neglect in the home are grounds for reporting to child welfare, use during pregnancy is not necessarily synonymous with abuse and neglect of children in the home (Government of Manitoba, 2017; Sandstad, 2008). However, that message has been perpetuated as such. For example, the parallel of abuse and neglect in the home has not been made against pregnant women who participate in dangerous sports, or consume prescription medication that can also have harmful effects on the development of the fetus. This is where feminist scholars argue these actions also pose a threat, but their ability to parent is not questioned (Sandstad). In addition, this judgment of using while one is expecting weighs unfavourably upon women. Expectant fathers do not face the same scrutiny, are not referred to treatment, and do not have to undergo testing prior to the birth of a child to deem if they are fit to parent (Sandstad).

When understanding the context of use during pregnancy and society's response, it is important to approach it with a critical eye. The same response needs to

be taken towards a woman who is pregnant, or not pregnant, a father who is expecting or not. Additionally, one's rights to privacy, autonomy, and legal rights cannot be compromised due to a pregnancy.

**Towards Prevention: Harm Reduction and a Woman's Right to Self Determination**

Women who use substances can live very complex and distressing lives; lives that are often characterized with abuse, trauma, poverty and poor physical and mental health (Hassar, Pei, Poth & Heudes, 2014;Ruth et al., 2015; Burnside, McDermott, Gough, Tanchak & Reinink, 2012). These women are also described as having poor connections to support systems, which are essential to persevering in challenging situations (CanFASD, 2010). By understanding the lives of women who use during pregnancy, there has been a shift in thinking when it comes to FASD prevention, a move away from traditional messages of abstinence, towards ones that recognize that prevention is much more complex than previously assumed (CanFASD).

Models that have shown to be effective when working with this population have utilized a focus that is primarily relationship based. These approaches have shown greater participant engagement, and as a result improved outcomes for women and their families (CanFASD, 2010). When service providers adopt an approach that is characterized by empathy, harm reduction, and focused on women's health, it relays the important message that her health matters and she is deserving of care and respect (CanFASD, 2010). This is essential when dealing with the complex matter of prevention,

one that has been traditionally focused on the well-being of the developing fetus, while ignoring the well-being of the pregnant woman (Poole & Greaves, 2013).

Essential to working with this marginalized population is a relationship based on trust and respect, creating a space where women feel free to disclose use, and are able to articulate their needs without fear of judgment or consequences (CanFASD, 2010). Only then will women feel secure to fully participate in their health and social needs. In addition, the writer believes the definition of health needs to be viewed from a social determinants of health perspective, with the realization that other factors, other than just traditional definitions of health come into play. The World Health Organization defines social determinants of health as “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (World Health Organization, 2017, p. 1). When working with this population from a social determinants of health perspective, factors such as poverty, housing, food insecurity, violence and trauma play a role in the overall health of a woman (CanFASD).

Fundamental to working with this population is adopting a harm reduction approach. Harm reductive thinking acknowledges that abstinence from substances may not be realistic for everyone, but minimizing the harm that accompanies use is. Research has shown that professionals that encourage women to engage in safer drug practices, such as reducing alcohol consumption, or substituting one substance for a less harmful one, have been effective when working with this population (Ruth et al, 2015). In addition, acknowledging and addressing other contextual factors such as

trauma, safety, poverty, colonization and housing can play a crucial part in harm reduction as well as in health promotion (Poole & Greaves, 2013). Only then can a space be created where substance use prevention can actually occur.

**Summary**

Although there has been some research conducted on this population, many studies have focused on evaluating the programs that this population accesses, resulting in largely quantitative research. Quantitative research on this population has contributed to a better understanding of population trends and effective service delivery (Hassar, Pei, Poth & Heudes, 2014; Ruth et al., 2015; Burnside, McDermott, Gough, Tanchak & Reinink, 2012). However, with so little focus on qualitative research very little is known about this population's experiences, struggles, and stories. Consequently they become viewed as numbers, and their humanity is removed. The writer believes by being able to build on the existing research, there will be a better understanding of these women's lives as well as what can contribute to a woman's use during pregnancy.

The way in which society generally regards pregnant woman is one that is problematic. Pregnant women have become viewed as vessels for fetal development, with their main objective to produce a healthy offspring. When that becomes compromised, such as when alcohol or drug use is introduced into a pregnancy, the woman is vilified, viewed as an unfit mother, and undeserving to parent. The writer believes that this requires a shift from more essentialist perspectives to perspectives

that are critical of social systems that perpetuate social conditions that lead to use during pregnancy.

Research has shown that effective programs are ones that have adopted the aforementioned values of collaboration, free of judgment, and respect for a woman's right to self-determination (CanFASD, 2010). What has resulted with those program participants are improved social conditions, and in some cases a reduction in fetal exposure to alcohol and drugs (Ruth et al., 2015; Banakar, Kudlur & Georger, 2009; Thanh et al., 2014; Hassar, Pei, Poth & Heudes, 2014). The following chapter will detail the study's design, from development, implementation and analysis.

# Chapter 2: Research Methods

## Introduction

The following chapter will present the study's design, the study population, the process of recruitment of the study participants, the format of the first and second sessions, and the process used for analysis of the data. For this study, the researcher used an exploratory research design, while employing the photovoice data collection method. The qualitative exploratory research approach was chosen in particular for its ability to collect qualitative data and quantitative descriptors concurrently (Creswell, 2014). This is essential in this area of research, to build on the existing research and provide new insights into the experiences and life situations of women who use alcohol and/or drugs during their pregnancies. More specifically, the researcher hopes to address the following research questions:

- *What are the challenges of women who indicate substance use during their pregnancy?*
- *What are the successes of women who indicate substance use during their pregnancy?*
- *What are the supports of women who indicate substance use during their pregnancy?*

While the rationale for conducting research from a quantitative perspective may be to interpret human behaviour, the intention of qualitative research is to understand

the meaning that is ascribed by groups to a particular human behaviour (Denzin & Lincoln, 1989). It is the intention of this research study to provide women an opportunity to share their meaning of their use of alcohol and/or drugs during their pregnancy. Consequently an outsider perspective is commonly seen in quantitative studies, and an insider perspective is more likely to be seen in qualitative studies (Denzin & Lincoln). For this study, an insider perspective was necessary in working collaboratively with women to understand their experiences.

Qualitative critical inquiry in particular is one that views the importance of critiquing forms of inequality and discrimination experienced by marginalized populations. In many cases these types of inquiries focus on inequalities such as poor health, poverty, and housing (Denzin, 2017). Traditionally, due to the marginalization of certain populations, their experiences and concerns are seldom heard (Amos, Read, Cobb & Pabani, 2012). Pregnant women who use alcohol and or drugs are no exception to this. They are typically exposed to many, if not all, the aforementioned social inequalities. Thus qualitative research is fundamental to understanding the experiences of groups that are “othered”, as well as what they define as problems (Denzin & Lincoln, 1989). Through collaboration with marginalized populations, researchers are given an opportunity to gain insight on differing definitions of a social problem, and identify new forms of intervention with the potential to create social change (Denzin).

For this particular study, photovoice has been chosen as the method to facilitate gathering this qualitative data. Known as a participatory action research approach, photovoice is effective when applied to marginalized populations for its ability to provide

powerful political and social commentary through visually stimulating images (Wang & Burris, 1994). As a population that is oftentimes marginalized, ignored, and stigmatized, a qualitative research methodology with use of the photovoice method promised to empower women to voice their concerns, accomplishments and supports (Wang & Burris; Wang, Cash & Powers, 2000). The writer also feels that an approach such as this one truly embodies the feminist perspective, giving women an opportunity to deconstruct social constructions relating to pregnant women. This process was also essential in shedding a light on injustices that the women faced, for some as Indigenous women; empowering them to share their stories in search of social justice and change.

Photovoice has been described as a process that "involves community members…. telling stories, and informing policy makers about stories of concern at the grassroots level" (Wang, Cash & Powers, 2000, p.81). By using this collaborative research tool, the participants adopted a number of roles in the process. First, the women took on the role of the participant sharing their experiences, their realities and some of the challenges and successes they face in their environments. Second, women in the study took on the role of the photographer, using their judgment and skill to take pictures indicative of their reality. Third, women took on the role of the researcher, using their reflection skills to convey the meaning and importance of their photographic work. With this final role, it was anticipated that women would feel empowered by the process and become social change agents who could hold the potential to alter policy (Amos, Read, Cobb & Pabani, 2012; Wang & Burris, 1994; Wang, Cash & Powers).

Within this study, ten women completed the research project from beginning to end. Due to the small sample size, a limitation of this study is its inability to be generalized to the larger population. However, it is not the purpose of this study to provide trends, or generalizable findings. Instead the study aims to reflect detailed experiences from study participants, which the writer believes is essential to understanding the complexities that surround substance use during pregnancy. In this study women were asked to document through photographs and their narratives, their challenges, successes and supports as women who have used either alcohol and/or drugs during their most recent pregnancy. To clarify these categories even further, in order to be involved in the study, women had to identify that they had consumed one or more of the following substances during their pregnancy: alcohol, marijuana, crack or cocaine, prescription drugs recreationally, and/or methamphetamine.

The following section will discuss the process that was taken in the study, beginning with the research design, recruitment and engagement with prospective research participants, the first and second session, and finishing with data analysis.

**Research Design and Methods**

The researcher utilized a exploratory research design specifically for the ability to have both quantitative descriptors and qualitative data collected concurrently to get a more complete picture of women's experiences (Creswell, 2014). Quantitative descriptors collected included information such as age, ethnicity, education, source of income, substances participants disclosed use of, as well as the frequency of use.

Quantitative information was gathered once women gave consent to engage in the study, during the first session.

Qualitative data was collected primarily in the second session. In order to gather the qualitative data, more specifically the participants' reflections of their photographs, the researcher employed the "SHOWeD" technique as developed by Caroline Wang and Marry Ann Burris, photovoice's founders (Sutton-Brown, 2014). The acronym, SHOWeD, consists of letters that each correspond to a particular question in the sequence of deconstructing and analyzing photographs (Sutton-Brown). The questions are:

- "What do you **S**ee here?
- What is really **H**appening here?
- How does this relate to **O**ur lives?
- **W**hy does this situation, concern or strength exist?
- What can we **D**o about it?" (Sutton-Brown, 2014, p. 176)

## I. The Population

Participants who were selected for this study were women who resided in Winnipeg, were eighteen years of age and older, and were either pregnant or recently postpartum; having delivered approximately within a year prior to participating in the study. In order for women to qualify for the study, they identified as having either used alcohol and/or drugs in their most recent pregnancy. Important to note that although

cigarette use during pregnancy was asked in the opening questionnaire of study participants, the usage of cigarettes alone during their pregnancy did not qualify women for the study because of the study's focus on FASD.

Prior research on this population has shown women who use substances during pregnancy tend to be often poorly connected to social services and social supports, to have low socioeconomic statuses and rely primarily on income assistance for funds (Hassar, Pei, Poth & Heudes, 2014). In addition, women in these studies generally come from Indigenous backgrounds, have co-occurring addictions, poor mental and physical health, and have involvement with child welfare (Ruth et al., 2015). The researcher anticipated that she would find similar trends with her sample population.

**II. Recruitment of Respondents**

Recruitment for the study included a targeted outreach plan to organizations that this population was known to frequent. In order to recruit for this study, the researcher undertook an extensive outreach plan, involving personally visiting and speaking with staff from a number of agencies, programs, and facilities that this population would be likely to come in contact with in some capacity. Recruitment primarily involved discussing the scope of the study with staff, and with their approval, posting the poster in a public space where prospective participants would be able to view it (Refer to Appendix 1) Women who were interested in participating in the study, or learning more about the study, would then contact the researcher via the posted phone number or email indicating their interest.

The following is an extensive list of the organizations that were contacted to display the recruitment poster:

- Addictions Foundation of Manitoba (AFM)
- Manitoba Clinic
- Aboriginal Health and Wellness Centre
- ACCESS Downtown
- Mount Carmel's Mothering Project
- Women's Health Clinic
- Klinic
- RAY (Resource Assistance for Youth)
- Behavioural Health Foundation
- Villa Rosa
- Elizabeth Fry
- Native Women's Transition Centre
- Native Addictions Council
- Main Street Project
- Terf (Transitions Education & Resources for Females through New Directions)
- FASD's Life's Journey
- FASD Family Support Centre (New Directions)

In addition, the study was promoted through social media outlets such as Facebook, Kijiji, and Craigslist. Facebook in particular was exceptionally effective at reaching women who were interested in participating, yielding more than 10 prospective participants in one week. Facebook messenger also proved to be a viable method of

communication with a few study participants who did not have access to a phone or email address.

Once a woman connected with the researcher through email, phone or Facebook messenger, she would be told more about the photovoice study, its purpose, what her potential involvement would entail, as well as financial compensation for her time in the study (Refer to Appendix 2). If she was interested, the researcher would screen her to see if she met the study criteria. If she did identify as a potential study participant, she would then be invited to the first session and sent the consent form for her to review prior to the initial encounter (Refer to Appendix 4).

Originally the researcher planned to hold the sessions in a group format. However due to participant availability, location issues, and staggered entry of participants into the study, individual sessions were chosen over group sessions resulting in a modified photovoice approach. Unfortunately this removed some of the anticipated benefits of engaging in a group, such as reducing isolation and creating a sense of camaraderie amongst participants for a common cause (Wang & Burris, 1994). However, with the study switching its focus to individual sessions, there were some benefits which included the researcher being able to be more flexible with when and where she could meet with study participants, and the increased confidentiality that women had when meeting alone with the researcher.

### III. The First Session

In the first session women met with the researcher at a mutually agreed location, date and time. Women were given a folder containing information on the study, a copy of the consent form for their records and a list of free counselling and support services available to them if they were to become emotionally distressed from their involvement in the study (Refer to Appendix 5). Usually under an hour in length, the initial meeting would entail briefing women on the purpose of the study, their role and expectations, as well as those of the researcher's, and the time commitment associated the project.

Also discussed in the first session was the topic of informed consent, notifying women that their participation in the study was completely voluntary, and that they were able to withdraw themselves, their data and their photographic property from the study at any point. Confidentiality and anonymity were also discussed with women, as well as the researcher's obligation to report in cases of child neglect and endangerment, risk to her well-being or that of others, and if her information were to be subpoenaed by a court of law.

Women were also introduced to the research method known as "photovoice", and given some examples of other photovoice projects as a reference. At this point of the study, women were also given a disposable camera and instructed on how to use it. Women were cautioned to not take pictures of others, their property, as well as refrain from taking photographs of items that may potentially identify them in the study. Women were then instructed to use the following weeks to go into their environments and take photographs that reflected their challenges, successes and supports as a woman who

has used substances in her most recent pregnancy. Women were also told they could take as little or as many photographs as they wished.

Once a participant was done taking her photographs, she would then contact the researcher to meet with her in a public space, where the researcher would retrieve the disposable camera for film processing and development. At that point of contact the participant and the researcher would mutually agree on the time and place for the following session to discuss and reflect upon the photographs she had taken.

### IV. The Second Session

The second sessions were audio recorded with the participant's consent, as well as notes were taken by the researcher while the participant reflected on her photographs. At the onset of the session, participants were given a sheet with the SHOWeD method questions to illicit conversation where there may be some difficulty on speaking on a particular photograph. A typical session would be comprised of the participant being shown the photograph she took, given time to discuss and reflect, and then moving onto the next photograph. Where appropriate, the researcher asked questions that provided further clarification for a particular photograph. In addition to reflecting on their photographs, women were then asked to identify any themes that they saw present in their photographs. This session also provided an opportunity for women to remove any photographs they did not want to include in the final study.

As was stated previously, due to the staggered entrance of women into the study, the sessions which were originally intended to be group sessions, ultimately ended up being individual sessions with the participants. Although shifting to individual sessions may have taken away from the desired group dynamics of socialization, and working together towards a common cause, individual sessions gave women increased confidentiality within the study which may have been difficult to achieve otherwise. Another drawback to meeting individually meant the absence of reaching a group consensus of the themes of the photographs. This meant that participants had to comment on themes that they saw in their own photographs, and a larger responsibility fell on the researcher to select themes for the photographs.

### V. Data Analysis

Women who attended the second session to reflect on their photographs, had their sessions audio recorded as well as notes were taken by the researcher. From each audio recording, the researcher transcribed the dialogue between the participant and the researcher, verbatim. Once completed, the researcher sent the participant the completed transcription to confirm that her words were captured accurately. Although the writer was able to send the final transcripts to seven of the ten women to review and approve, this step was not always possible due to the transient lifestyles of some of the participants involved in the study.

The level of analyzing the transcripts followed the coding process as outlined by Creswell (2014). The first step involved in the coding process was to organize the data

for analysis (Creswell, 2014). This involved transcribing each of the ten sessions verbatim and matching the client reflections to their photographs. Once the sessions were transcribed, and where possible approved by the participant herself, the writer reviewed the transcripts and created a list of themes. These themes included those identified by the participants themselves in the second session, and the researcher upon reviewing all the transcripts and photographs. In addition, through the process of transcribing the sessions, the researcher was able to begin the preliminary process of recognizing overarching key themes. Codes were noted in the margins of all the transcripts, and then specific participant quotes were extracted and placed on a working document.

Within the working document, similar topics were grouped together. For example, participant quotes that referred to anxiety and depression were placed together. Once again, these corresponded to themes that both the participants and the researcher had identified. After these were organized, the working document was reviewed to identify which topics could be considered prominent themes, while others would be used as sub-themes. For example, many women spoke on alcohol, drugs, and gambling. In this instance, the researcher chose to use “patterns of use” as the theme, and “substance use” and “gambling” as sub-themes.

Once the themes and sub-themes were organized in the working document, the researcher reviewed the data to understand the differences, commonalities and patterns of reflections as described by participants. The writer also referred to the photographs that corresponded to the dialogue. The following chapters include the sample

descriptors, observations, participant experiences and photographs outlined in order to give a general sense of the realities of the participants.

**Summary**

In summary, this study utilized an exploratory research design with the use of a modified photovoice approach. Women were recruited through a number of different venues, and asked to participate in the first session, taking photographs of their environment and participating in the second session. At the onset of the study, descriptive demographic data was collected on the study participants, followed by qualitative data in the photographs and second session. The findings will be presented in the following chapters.

The qualitative exploratory research approach with the use of the photovoice data collection method was ideal for researching this population. It differs significantly from other traditional research approaches in that it aims to work collaboratively with marginalized populations, where participants tend to find the process to be one that is rewarding as well as empowering, in which the participant is always cast as the expert (Sutton-Brown, 2014; Wang & Burris, 1994).

The following chapters will explore the qualitative and descriptive demographic data captured. These include the photographs, reflections and experiences that participants have chosen to share in the study. This data will reveal the challenges, successes and supports of the women in the study.

# Chapter 3: Challenges- Risk and Stress

## Introduction

The following chapter presents the challenges that were identified by women in the study. More specifically, challenges they expressed as women who had used alcohol and/or drugs during their pregnancies, represented through photographs and dialogue. Interestingly, the variation in common themes, coupled with different challenges that have been experienced by this population, truly speak to the complexity of use during pregnancy. Although it cannot be definitively assumed that any one of these challenges have led to a woman using during her pregnancy, it might be inferred that a combination of these experiences have contributed to her likelihood of using.

Initially twenty-two women contacted the researcher either by phone, email or Facebook Messenger. Of those women who contacted the researcher, nineteen identified themselves as women who fit the study criteria. Of those nineteen women, fifteen women attended the first session and ten women completed all three portions of the study. Of the ten women who completed the study, participants had an average age of 30 years. Upon study entry, three women were pregnant, seven women postpartum, and one woman delivered during her time with the study. Of the participants, eight women identified as Indigenous, seven as First Nations and one Métis; and two women identified as Caucasian. Six of the participants stated that they currently have a file open with child welfare, and seven indicated that they were recipients of social assistance.

At the onset of the study, women were interviewed on the substances that they consumed in their most recent pregnancy, as well as the frequency of use. Women were queried about their usage of: alcohol, cigarettes, marijuana, crack/cocaine, recreational use of prescription drugs, or other. All ten participants indicated that they had used at least two or more substances in their most recent pregnancy. Of all the women who completed the study, three women reported using four or more substances throughout their pregnancies. Of those three women, one reported using alcohol, meth, crack/ cocaine, recreational use of prescription medication, and meth; for another women she reported using alcohol, marijuana, crack/cocaine, recreational use of prescription medication; and the third woman reported using alcohol, marijuana, recreational use of prescription medication, and meth.

Seven out of the ten women had indicated varying use of alcohol during their last pregnancy. When questioned about the frequency of use, the majority (5) of the women indicated use a few times during their pregnancy, and two women indicated alcohol use on average 1-3 days a week. Cigarettes were also used by the majority (7) of the participants in the study, with five women reporting everyday use, and two reporting use a few times during their pregnancies. Seven participants also reported marijuana use, with two women reporting daily use, one woman reporting use anywhere from one to six times a week, one woman reporting use one to three days a month, and 2 women reporting use a few times during the entire pregnancy.

Trends for reported crack and cocaine use were similar to those of recreational prescription drug use. For both categories, four women indicated use of crack/cocaine

and recreational prescription drug use during their pregnancies. For both substances, women reported use anywhere from everyday use to a few times during the entire pregnancy. Women were also asked if there was any other substances used that were not included in the questionnaire, to which two participants responded methamphetamine was consumed. One woman stated that she had used the substance on average, one to 3 days a month, while another woman said that meth use only occurred a few times during the entire pregnancy.

During the initial session, women were asked to take pictures that reflected their challenges as a woman who had used alcohol and/or drugs in her most recent pregnancy. A few themes were anticipated by the researcher due to the nature of the study, such as use of substances during her pregnancy as well as those of her peers, stigma, and homelessness, but a number of topics discussed brought insight to other areas that were not necessarily expected. The following are challenges that were identified by participants: their use while pregnant, discrimination and stigma experienced by participants, stressors and the state of housing available to this population, portrayed through their photographs and dialogue.

**I. Patterns of Use**

*"I try not to drink or do drugs during pregnancy, but I have slips. Feeling sorry for myself, or something stupid like that, and then I tell myself that I will just use that one time. And each time I just fuck everything up…I'm not saying that you should use when you are*

*pregnant. But it's more complicated than just doing it or not doing it. And then you have to deal with people being all judgmental and rude about it."*

**a. Substance Use**

Not surprisingly, due to the subject matter of the study, all women discussed either their current or previous use of drugs and/or alcohol. However women varied on what they chose to disclose in the study. For example, three women spoke of their use in the past, four women chose to speak on their experiences of substance use in the present day, and four women spoke of their use during pregnancy. Overwhelmingly, the majority of women discussed their success of having overcome past struggles, and discussing their challenges in the past tense, but there were a few women who focused on their present challenge with alcohol and/or drug use.

Women who spoke on past experiences of drugs and alcohol chose to highlight those challenges they faced recently, but due to extenuating factors, they currently do not see them as challenges. For one woman, to represent her past use, she took a few pictures of garages and parkades, much like the ones she used to trespass in to do drugs. At the time, she described these as ideal locations for her and her then partner to use, since they were available, and kept them out of sight. However, the participant also discussed the dangers of using locations such as these since there was the looming threat of being caught trespassing, and dangerous individuals lurking in public parkades who could harm them.

That is the parking lot where I used to get high... because we had nowhere to go. It was dark, quiet, with privacy. Me and my ex would get high…And when I see a parking lot it reminds me of those times. And if I can smell drugs, like now that I don't do crack anymore I can smell it and it makes me sick. It freaks me out... There you can have other people doing drugs there that can come and jack you. And if you don't give it to them, they will stab you.

I find it a challenge … because where I come from, drugs and alcohol are a regular thing… And it was free. So it was hard to say no. I don't consider myself an addict, but given having a super stressful day, or how the day was going, someone showing up and asking if I want to get high at that moment, is instant gratification.

For women who discussed their present challenge with substance use, women described it as a coping mechanism, and to get through the day. For one woman she described her use as one that was influenced by how she was feeling on a particular day, the availability of a particular drug, and the desire to numb the pain. This same participant also spoke of challenges with housing, child welfare, and grief experienced through loss of a close friend. Another woman also commented on her marijuana use as a success in that she was substituting it for more harmful drugs, but at the same time found it a challenge in that she was dependent on marijuana to start her day.

[Marijuana] relaxes me. I'm too use to it. I need it to get up. It's like I depend on it to start my day. I have been smoking it for 26 years. If I don't smoke it I have a bad day. I don't function properly if I don't have it.

Of the women who discussed their substance use while pregnant, all discussed either having reduced their substance use, or having abstained completely from alcohol and drugs. Although identifying these as successes, many women stated that it was challenging to be able to do so. Most notably, a sub theme that ran throughout the majority of the participants' reflections was the challenge of associating with family members and peers who also used alcohol and drugs. Half of the women found it a challenge to be a pregnant woman and go to family functions, or attend a night at a local bar with some friends. When describing these encounters, women described feeling pressured by others to use, and at times judged for not using. In addition, a

couple of women did disclose their substance use as a result of peer pressure. Two women discussed their substance use during pregnancy as a mechanism to cope and to manage emotions.

In addition to speaking on their own substance using during pregnancy, four participants spoke about other women using during pregnancy. All women approached their reflections from an empathic understanding of the number of circumstances that could contribute to a pregnant woman's use. Women also acknowledged it was more complex than a simple choice to use, or not to use. One woman in particular reflected on the role that society plays in this population's lives. One that is corrupt, unwilling and unable to understand the life circumstances that have lead, and continue to contribute to the likelihood of a woman using drugs and alcohol while pregnant. Another woman

This is something I normally see in my neighbourhood. It's quiet, and nice, but there is lot of drug use and needles in the area. I think some doctors see it as a cash thing, because doctors get three hundred a visit when it is with someone who is treaty. they are seeing 5 people an hour, and I'm sure they are getting a lot of money. So they are like "here, have what you need" and they are in and out.

spoke specifically of the health care system and concerns she had about doctors in her neighbourhood. She alleged these doctors would overprescribe narcotics and other prescription medication, in particular with women who were pregnant. She viewed the doctors to be financially motivated to see as many patients as possible, while giving little to no regard for the health of the woman and developing fetus. Although she acknowledged that these pregnant women were making a choice to pursue these prescriptions, she questioned the ethical responsibilities of those doctors in positions of power.

**b. Sexual Activity and Gambling**


People are just out there getting high, trying to fill that void. Then they meet someone they can get high with. Then those people think that they are meant for each other and they are meant to have babies. I've had babies with three baby daddies that I have no plan, or even growing a friendship. My last baby was a one night stand, now I cant get this guy out of my life… I have been in the game since I was twelve years old. I had my first kid when I was fourteen. Not my first pregnancy though, I got pregnant from my drug dealer before that, and again that was just promiscuous sex.

Aligning with the theme of patterns of use, there were several important sub-themes that were identified by participants in the second sessions. These were the topics of sexual activity and gambling. Although only two women discussed these themes, the writer felt it was important to capture these experiences as they were prominent themes in the participants' narratives.

In the study, two women had described themselves as having "addictions" to gambling. Although one woman described it as solely a challenge for her, another woman framed this as a challenge that also served the purpose of distraction from using drugs. She credited gambling as playing a crucial role in elevating her mood when she felt depressed or angry, where normally in the past she may have turned to drugs or alcohol. She described it as her way of choosing a lesser harm. Although she does view it as a challenge, it is not one that she finds is detrimental to her day to day life. In addition, she views gambling as a conduit for social interactions with peers and family members, effective in getting her out of the home and engaging with others in an activity free from alcohol and drug use, and helping her refrain from drug and alcohol use while pregnant.


I also have a gambling problem. And I don't have a lot of money to do it.

## II. Discrimination and Stigma

*"These are signs that were kind up everywhere. Like in bars or wherever. Everywhere you look everyone is saying don't do this and don't do that. And I would get looks just going to the bar. If I was just there with friends. It's just the stigma that you shouldn't do it. I know it's there for reason I guess there's people that excessively drink, but for me it was like yeah I know."*

A prominent theme that ran through the majority of the participants' narratives was one of discrimination and stigma. Women discussed feeling judged, and in some situations discriminated by peers, family members, health professionals, landlords, and the general public. Women identified facing stigma as a result of being one or more of the following: as an Indigenous woman, being on social assistance, and/or by being a pregnant woman.

There were several women who described their experiences as an Indigenous woman. One woman recounted a scenario where she had entered a store to purchase a few items for herself, when the security guard began to relentlessly follow her throughout the store. He began to accuse her of stealing a cellphone from the store, only to find out that indeed it was her personal phone. As an Indigenous woman, the woman said that this is a common experience for her. Another woman described her relationship with health care providers as one that has been characterized by discrimination. Also identifying as an Indigenous woman, she stated that because of her background she is oftentimes viewed as someone who is looking to get prescribed

medication for recreational use. She stated that as a result she is prescribed medication that does not assist with her anxiety or her sleep. In addition, many women felt that being on social assistance led to additional discrimination in terms of accessing housing. A couple of women discussed frustrations when accessing housing in Winnipeg. In particular that some landlords will discriminate against individuals on social assistance and will not take them on as tenants.

A few women discussed stigma they had felt in particular as a pregnant woman, more specifically in relation to alcohol and/or drug use during pregnancy. Four women had discussed feeling judged in some social settings by peers. Some discussed their experiences as feeling judged by peers for not engaging in alcohol and drug use, and for some women they felt judged for using drugs and alcohol during pregnancy. Two of those women had found themselves having experienced both peers that were

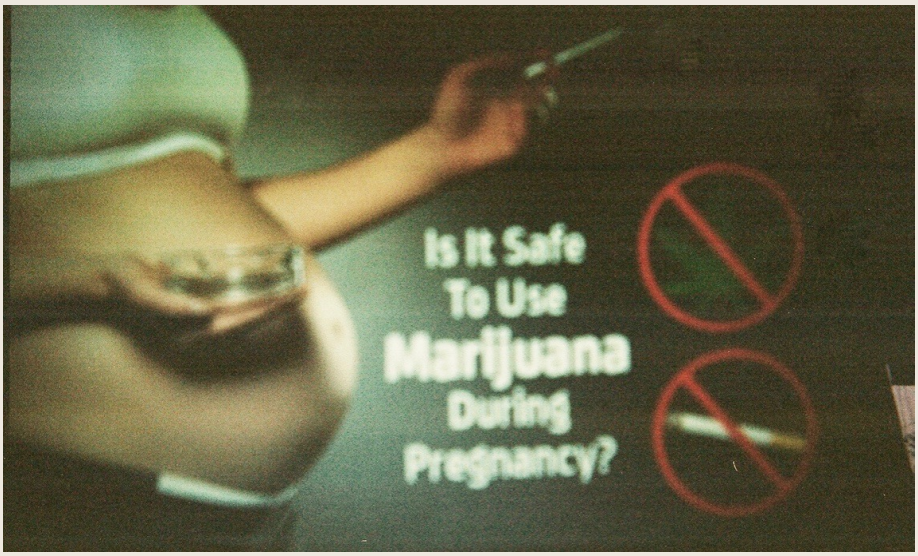

I'd still go out to the party cause I still wanted to hang out with my friends, but everybody's drinking alcohol and doing drugs, smoking cigarettes. It was a challenge to be around my friends, and not do it with them.

supportive of their use, and others who were judgmental of their use during their pregnancy.

When it came to general public perception, a couple of women chose to photograph public awareness campaigns geared towards increasing knowledge on the effects of using drugs and alcohol during pregnancy. Both women questioned the effectiveness of these campaigns, as they were more likely to invoke stigma from those around them rather than stop a woman from using. The women also discussed feeling shame and guilt as a result of the messaging found on posters and cigarette packs. One woman remarked: “I don't know if it's effective if you’re there to drink anyways it's not really going to stop you from doing it. So I don't think it's really helping out at all. It’s giving everyone else something to shame you about.” She also criticized the validity of some of these awareness campaign claims. In particular, an advertisement that compared and contrasted the effects of smoking cigarettes to using marijuana while pregnant. She argued that she felt that the two were not comparable, especially when marijuana can be consumed in other ways other than smoking. Women who identified


Pictured: Cigarette package with images cautioning women of harms associated with smoking during pregnancy

It kinda makes you feel like you are guilted into it, and makes you feel like a bad person.




This [message] puts smoking and marijuana in the same category. And I don't think they are at all, except that you might smoke it. It's misleading. I also don't think that it is helping anything. … I don't know if there's a lot of studies to go along with marijuana being bad for pregnancies.

this subject were frustrated with the lack of information they were given, argued for the need for more research to be done in these fields, essentially so women can make more informed decisions about their use during pregnancy.

**III. Stressors**

*“ I grew up in an addictions home. I didn’t know what a good place or a good feeling felt like. I grew up with alcohol and drugs around me. I grew up in [child welfare] . I went to [child welfare] when I was 5 or 6. And from there I kept moving from place to place, because I kept running away and following other people. Not the right ones anyways. Until I found this good home, and I called them my family. They raised me until I was 18. They encouraged me to participate in Pow Wows. They encouraged me to sing and*

*drum. They encouraged me to go to school. And I was one year away from graduating until [child welfare] decided to move me out of that home, and I couldn't get back into school."*

A theme for several women was that of their life stressors and mental health. Women discussed moments in the present as well as the past when they had felt anxious, depressed and stressed. The majority of women discussed how they used alcohol, drugs, and/or gambling as a mean to suppress or cope with those feelings. A few women discussed their anxiety and depression as it related to their time as a woman who was pregnant.

A common stressor cited by women was their involvement with child welfare, either themselves as a mother, or as a child growing up. Typically women expressed frustration with having a file open, with their workers, the onerous process of regaining custody of their children. Two women who discussed their experiences with child welfare as a child, as well as growing up in homes where there was substance use by one or more guardians. Reflecting on their experiences with child welfare, women did not view these as positive ones. One woman decided to leave child welfare care at the age of 17 to live on the streets, and another woman discussed her experience of being moved from foster home to foster home, being unable to find a stable home, which in the end interfered with her graduating from high school.

Three women discussed the anxiety they felt in regards to their pregnancy. One woman described her second pregnancy as a challenge. Although she always wanted

When I found out I was pregnant , I was so worried. Because I used, was he going to be ok? Basically throughout the entire pregnancy, throughout the whole nine months, I was worrying, worrying… it seemed like no one was taking it seriously, when I was worried about it. Was there anything that could be done? And everybody was saying “In the beginning it’s hard to say. We don’t want people drinking during the development.”

to have another child, at that moment she found out she was pregnant she was about to go on birth control. Finding out she was having an unplanned pregnancy was stressful for her. Another woman, who used alcohol at the beginning of her pregnancy, found herself worried about the possible effects that her use could have had on the developing fetus and her child later on. She described this feeling being with her throughout the pregnancy. Reaching out to professionals around her for answers, she expressed frustration with health care professionals who were unable to give her a definitive response on what the effects of her use had on her unborn child.

## IV. Housing

"I lived on the street when I was 17, 18. I couldn't find a job, I couldn't look for my own place. And plus I was struggling with some other addictions other than weed, when I was on the street… I was in [child welfare], and I just preferred not to be with them. I was couch surfing and every once in a while I would sleep in a stairwell, or a bench. I'm so happy I am past that."

### a. Homelessness

This man is alive, and there was a woman on the other side helping him, but we couldn't see her. Homelessness is another issue, and these guys are living on the street. That's when you want to be high, when you are at the bottom, and you don't want to be there. There have been a lot of times when I had to stay up all night outside, wandering around back and forth, because no one was around or no one would let you in. You were high because they didn't want to deal with you, or there was too many people in there already. There is a lot of homelessness.

While half of the women discussed their experience of being homeless at some point in their lives, only one woman identified herself as currently without a home and was “couch surfing”. When women reflected this time in their lives, it was often associated with a period of heavy substance use. The degree of homelessness also varied across participant recounting, with some women describing situations where they were able to stay with a family member or friend, and some women found themselves sleeping in shelters, stairwells, bus stops and on benches.

Two women chose to recount their past experiences accessing shelters as a pregnant woman. Unanimously the women described their frustrations with the current state of shelters, and the process of accessing them. For example, one woman discussed her disgust with the state in which shelters tend to be run and kept. While she stayed there, she discussed feeling unsafe, in that she was grouped together with individuals who were high, using drugs and drinking alcohol. She also discussed the state of uncleanliness, with urine and used feminine pads strewn about in the washrooms. Another woman discussed her frustrations with being pregnant, and unable to find temporary housing in a shelter. As a woman who was not a recipient of social assistance and not involved in an abusive relationship, the shelter required that she pay a large sum of money to stay there. She claimed if she did belong to any of the aforementioned groups she would have qualified for a reduced fee. Since she didn’t, the amount she was quoted to stay there was the equivalent to renting an apartment in Winnipeg. Reflecting back she commented how she felt like she was being punished for not being in a bad relationship or a recipient of social assistance, and discussed how she felt it needs to change.

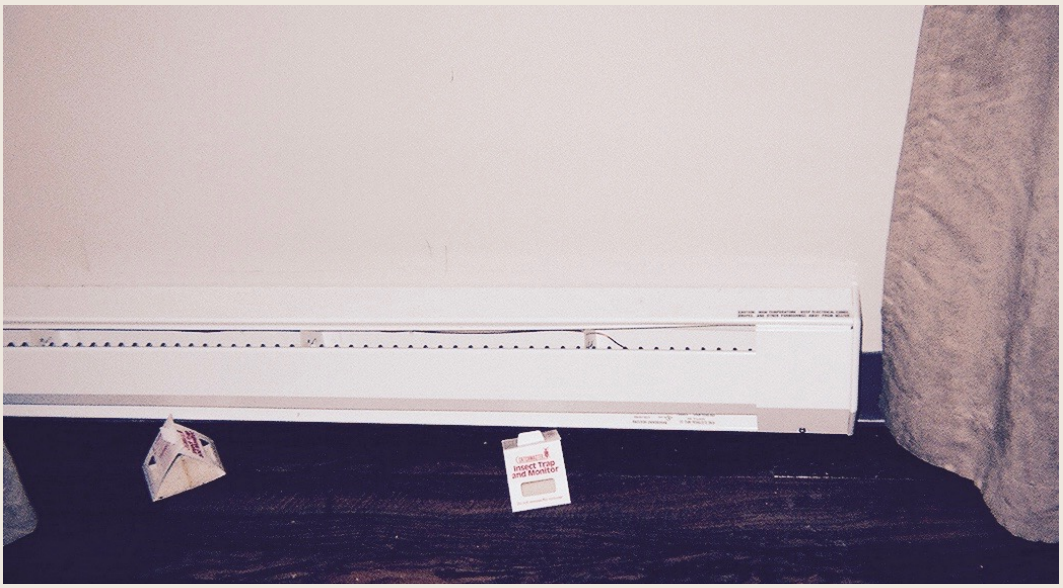
Speaking on this finding, this particular woman was refused services in a time of need due to being employed. This illustrates a large gap in shelter accessibility, especially for employed individuals who require emergency shelter and do not fall within the shelter's mandate. When emergency housing is not available for situations such as this one, where immediacy is key, women are placed in situations where they are living in less desirable housing or are in situations where their safety is compromised.

**b. Access to affordable and adequate housing in Winnipeg**

"…but you can't expect people to come up when they are living in those establishments. Like, you want to feel good about your space, and it has to be a good enough space to feel good in."

A few women also discussed the current state of housing in Winnipeg. One woman described the current state as "overpriced, for underprivileged housing. And it's the housing is underprivileged, not the people." She commented on how units in subsidized housing are in a constant state of disrepair, uncleanliness, and overpriced for what the resident gets. Another woman discussed her experience with rooming houses, which was that of one marked with uncleanliness, bed bugs and cock roaches. Women also discussed being limited in their ability of being able to choose where they were to reside. Either because they were in search of single tenant residencies which they described as being the less desirable units to live in, or facing discrimination from landlords because they were recipients of social assistance, or because of their


In Winnipeg, housing is overpriced, for underprivileged housing. And it’s the housing is underprivileged, not the people. I read a book about homeless people in Canada, and it was like 16 million people, half of those are women and children, couch surfing. And people don’t even know about them. I know what that feels like.



When I'd be doing drugs I'd be sitting on the floor and [bed bug traps] would be next to me. It was disgusting, just seeing those traps remind me of them. Getting high on the floor, thinking where I am going to get my next money from. To get a high.

Indigenous background.

**c. Neighbourhood**

Another subtheme relating to where women resided was the role that their neighbourhood played in their ability to feel safe or triggered to use. Altogether in the study, half of the women chose to speak about their neighbourhood. Of the women who identified their neighbourhoods as challenges, a number of commonalities arose which included the prevalence of drug dealers that one could come across at any given time, pill bottles strewn on the ground, and running into individuals on the street asking for or soliciting the sale of alcohol and drugs. Women who spoke on these issues generally found this to be troublesome, and challenging to themselves in terms of sobriety and safety. A couple of women discussed the feeling of vulnerability walking in the city's inner city, limited in how and when they could travel. Women often discussed opting to take quicker modes of transportations such as bus or car, since walking increased their sense of risk. One woman in particular, chose to reflect on the recent loss of her driver's license. She equated it with a loss of freedom. As a result of having to walk within her community, she felt her safety was at risk, stating that she is more likely to run into "bad people".

**Summary**

Although there were a number of commonalities that ran throughout the narratives of the women involved in the study, each experience with these challenges were different. The women interpreted, and gave insight on how one challenge can be experienced differently among a group traditionally described as one that is homogenous in nature.

Challenges included the participants' current or previous use, some women describing a need to use to start their day, or having slips during their pregnancy. Women also spoke of discrimination and stigma they were exposed to, either as a result of being an Indigenous, a person on social assistance or as woman who used during pregnancy. Women described scenarios where they were followed in stores, or denied housing because of a group they identified with. Women also spoke of stigma that they received from peers and family members of their substance use as well as non-use, and public awareness campaigns designed to deter substance use during pregnancy.

Another common theme amongst participants was stress, anxiety, and depression as experienced by women. Some women were able to trace these emotions to events, such as their use during pregnancy, an unexpected pregnancy, or involvement with child welfare. Women spoke of instances where they used substances, or engaged in other behaviour that participants described as "addictive" in order to manage those feelings.

Women also spoke of their challenges associated with housing in Winnipeg. These included homelessness, the state of shelters, quality of housing, and the

neighbourhoods they reside in. Coincidently, when women spoke of these housing challenges, it was marked with instability, and for some women increased use of alcohol and/or drugs.

Undeniably, there need to be changes to the social structures that add to the perpetuation of these challenges. Some examples could be, easier access to shelters, and improved social housing. The writer did not anticipate participants advocating for increased research on the effects of alcohol and marijuana use during pregnancy. These topics will be discussed in greater detail in the discussion of findings in chapter 5. The following chapter will explore the successes and supports as identified by study participants.

# Chapter 4 : Supports and Successful Adaptations

## Introduction

This chapter will focus on the supports and successes as identified by study participants. A number of common themes arose similar to those that were found in the challenges portion of the study. Women indicated successes such as their use and that of other pregnant women, their homes, their children, and programming they had completed. Supports included their children and other family members, and programming they have accessed.

In addition to inquiring about participant's drugs and/or alcohol use during pregnancy at the beginning of the study, participants were asked about which programs and agencies they were involved with. Women reported being connected to the Mothering Project (4), North End Women's Centre (2), Healthy Start (2), InSight (2), Sage House (1), Families First (1), Terf (1), and one woman was not connected to any programs. Both the Mothering Project and InSight in particular are programs that work exclusively with this population.

Although women spoke of the many challenges they have experienced as a woman who used alcohol and/ or drugs in her pregnancy, all women spoke passionately about many of the supports and successes that they have had. Just as in the previous section, women were asked to take photographs that reflected those successes and supports. Women chose a variety of ways to portray these success and supports, either through the subject matter of the photographs or commentary in the second session.

Although it cannot be assumed that any one of these successes or supports have resulted in a woman's reduction of alcohol and/or drug consumption during her pregnancy, it can be assumed that some, if not all have contributed to it. In fact some women credited some of the successes and supports as turning points in their use.

## I. Patterns of use

"When I found out I was pregnant. I didn't know if I was going to keep it or not. And I just decided that I am going to keep this baby. I'm pretty sure it's going to be my last, so I want to do it right. Whatever I did in the last two pregnancies, I was careless, and this was probably going to be my last child, so it was different. I'm not going to do drugs, I'm going to get help, I want this baby to be healthy."

In the previous chapter, we saw women speak to their challenges with either drugs and/or alcohol, either presently or in the past. This chapter will explore how some women contrasted past challenges with substance use, with present day successes. When speaking on their successes, women chose to focus on present accomplishments, their use while pregnant, and the use of other women while pregnant. Several women in particular chose to take photographs that in the past would be seen as challenges for themselves. Because of where they were today, they no longer saw them as such. For example, one woman photographed the Main street strip. She discussed how a year ago, on any particular day, she could find herself walking into a bar on that street, having a few drinks, then soon after heading over to an


I could just walk down there, walk into any bar, and start drinking. And then walk over a block to somebody's house to do some drugs. And there's always drug dealers there. … In any of them I can walk in and find a family member. They say “you want to have a drink?” “do you want to do drugs?”, and I can get it for free. I don't have to pay for it.

acquaintance’s home to do drugs. She also mentioned that it was not uncommon to run into a drug dealer on any given day. Interestingly, the participant contrasted this challenge to where she found herself in the present day, roughly a year later. No longer did she view Main Street as a challenge, but now as her success. The participant stated how she can now can walk along the street and not feel drawn into using alcohol and drugs.

Another woman chose to speak of her past struggle with being able to keep her fridge stocked with food. She stated that in the past she would be more likely to spend the money she received on alcohol and drugs. In particular, she recounted one memory when she had gone to the store to purchase food, and later on in the day returned the

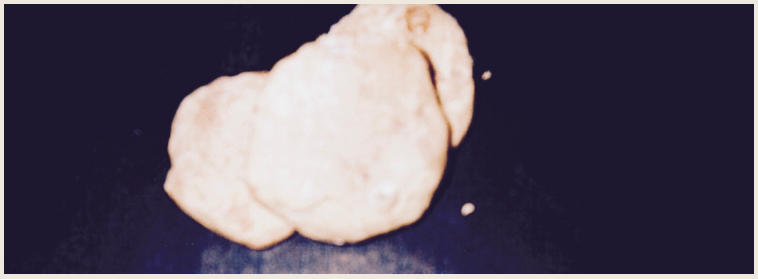

[The fridge] would be empty because I would spend money on alcohol or drugs, and the fridge would be bare, I would be hungry, and I would be going to soup kitchens. Which I hated it because it was so embarrassing. I hated it. Now my money goes towards food, and I can stay home and eat whatever I want, whenever I want.

food so she could use the money on drugs. She also mentioned that around this time she was regularly attending soup kitchens for meals. She expressed how this was a great moment of shame in her life. However, this was not where she saw herself presently. With great pride she spoke about how she now spends money on necessities such as food, and although the money she receives from social assistance is not much, she manages to keep her fridge stocked with food for herself and her family.

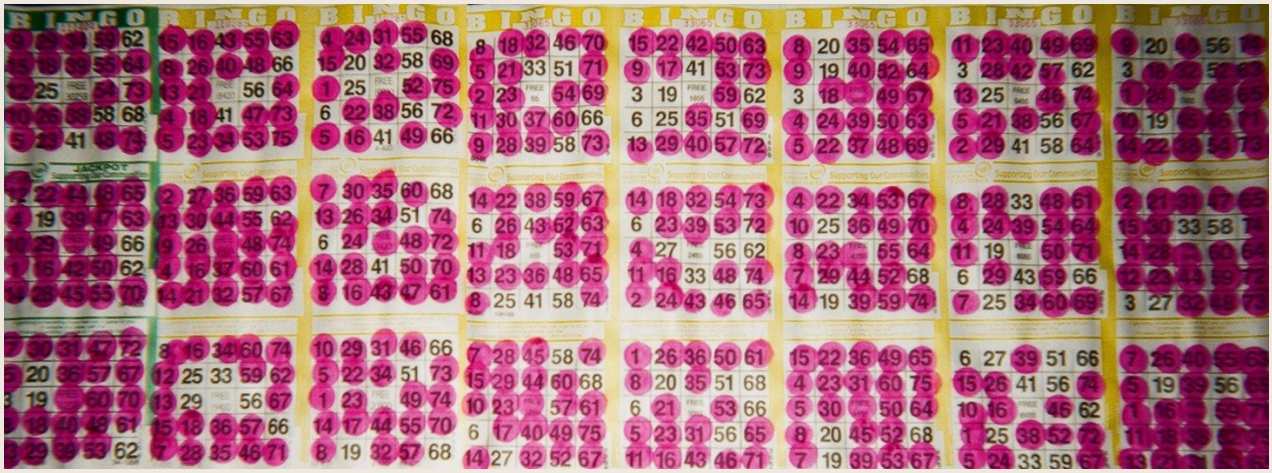
**a. Participant's use while pregnant**

Half of the women spoke of how they have managed to reduce use or abstain completely from alcohol and/or drugs during pregnancy. One woman prior to confirming she was pregnant, recounted on how her weekends consisted of regular binge drinking, what she described as her way to cope with increasing stressors from her work life. Once she did find out she was pregnant, she was able to abstain from alcohol use as well as reduce her tobacco intake. She would keep the cigarette packs on her porch as a daily visual reminder for herself of all her hard work, one that she has been able to maintain since the birth of her child. Another woman spoke about her most recent pregnancy in that she made a choice that this pregnancy would be different from her other two. Having lost both children to child welfare, both living with effects of fetal alcohol exposure; she wanted this pregnancy to be different. In both women's examples, having the healthiest pregnancy possible was their motivation to make those changes.

Another common theme among participants was that of harm reduction during pregnancy. A number of women described their use of marijuana to mitigate many of the symptoms that accompanied their pregnancies, such as sore muscles, heartburn, sleeplessness, morning



This was my success. Because I didn't want to smoke it because it would cut off oxygen to baby. So I had friends that would make me cookies and that made it perfect.



It's kind of like a gambling addiction. I do like to play bingo. But it's like I rather go play bingo then go buy drugs. So choosing a lesser harm. I'm doing something other than drugs. My older kids too say "mom, go to bingo." And they will give me money to play bingo just to get me out of the house. So I'm just not constantly at home. And when I'm at bingo too I can interact with other people, my cousins. We get together, and I get to be with other people.

sickness and anxiety. These women also described how they would use it in lieu of prescription medication that would be harmful to the fetus' development, as well as harsher substances such as alcohol and cocaine. Other methods of harm reduction while pregnant included a woman who chose to go gambling as opposed to doing drugs and alcohol. Although she views her gambling as a challenge, she views it more as a success. Stating that in the past when she was feeling depressed or angry she would normally find herself turning to use alcohol and drugs, but with bingo she redirects her attention there. Other benefits for her bingo use is that it creates an opportunity for her to interact with family members and friends in a setting free from alcohol and drug use. Since she has started to play bingo, she now has more money to spend on food, money that in the past would have been used on alcohol and drugs.

**b. Other women's use during pregnancy**

*"Some people want to keep doing drugs, but it's never too late, even if it's the last month. At least they can say, she did have hope and could change, but at least she did, and wanted to change. I think it's never too late to stop. If you want to stop, stop. It's never too late."*

Overwhelmingly, of the participants who spoke of other women who use during their pregnancy, their message was clear; their message was one of hope, that it is never too late, and that they have it in them to succeed. One participant in particular discussed how she is presently taking on the role of a mentor to another woman who is pregnant and using substances. Having witnessed the study participant succeed in accessing treatment programs, finding a home, and keeping her child, the woman has asked her to assist her so she too can have similar outcomes with her pregnancy. This particular study participant has since connected her mentee with the Addictions Foundations of Manitoba residential treatment service as well as some other programming, and plans to continue mentoring her once she is back into the community.

**II. Home**

"I finally have a home now, that I can call home. It's not just a rooming home. It's a home, and I feel safe there. I haven't had a real home in 9 years. That's a long time. I'm

just happy, that I do have a place where I feel safe, and I can be comfortable. Here I have everything I need.... I have my son there, its home. So different from the way I was living my life nine years ago."

For many women, establishing a home of their own indicated stability, and safety. Three women in particular took pride in discussing their home, and the accomplishment of being able to secure a home for themselves and their families. Interesting enough, women who chose to highlight the success of having a home also spoke about a time in the past that they were living on the streets or "couch surfing". Although there was some

This one is my success. Just finding a place, being able to build a home. That was a big thing when I came to Winnipeg. [Manitoba Housing is so] hard to get into…Society expects you to pay so much for a place to live, and they don't factor in other expenses that you need to support yourself and others.

discussion on how It can be a challenge to maintain a clean household at times, women were proud to have a place that was theirs and that they could call home.

One woman spoke about her current neighbourhood. When recounting the time she lived downtown, she described how she would be worried about who she might run into while walking through her then neighbourhood. She also described how she would oftentimes find needles and beer cans on any given walk. Although she no longer lives downtown, she does admit that there have been improvements to the area since she has lived there due in part to the Bear Clan, a community based safety patrol group. In contrast, she described her current neighbourhood. Although relatively close to the

I would probably say something that it's a success and that I am proud that I am walking. Something I would never do before. To be able to walk anywhere I could… Walking, exercise. I never used to walk this much. Because I was always using the bus and bikes. Now I can walk a lot more especially by the river.

[My neighbourhood] is kinda like a support for me, because my family and friends are way down there, and it keeps them from seeing me. I am far from them. Yea, my friends and family are not in a good spot right now… I grew up in an addictions home. I didn't know what a good place or a good feeling felt like. I grew up with alcohol and drugs around me."

downtown area, she stated she can notice a difference in how she feels safe. In her new home she is able to walk more often and get the physical activity she enjoys and uses it to de-stress. This participant also views her community as a support, describing how it keeps her away from downtown, drug dealers, and friends and family members who are struggling with addictions.

**III. Supports**

*"the InSight program… It is a harm reduction program. They stay with you and if you slip up, it's ok."*

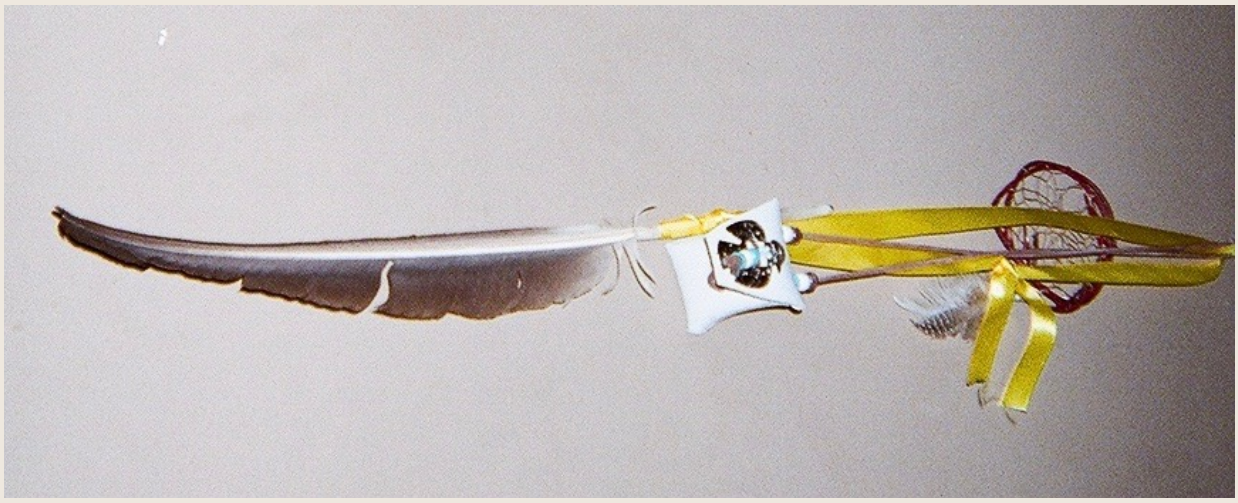
Not anticipated in the study was the number of women who indicated their sources of support. This was contrary to findings in other research, that find this population to be one that experiences low social support, and are not very likely to

engage with social services (Ruth et al., 2015; Banakar, Kudlur & Georger, 2009; Thanh et al., 2014; Hassar, Pei, Poth & Heudes, 2014).

All women chose to speak of the support their received during their pregnancy which assisted in difficult times and provided guidance. Women varied on the types of support they received, some spoke of their religion and spirituality, other women spoke of their children or other family members, and a few women chose to speak directly about the social programming that they were involved in. It was unexpected that nine out of the ten women in the study had discussed that they were connected to social programming and services. Having said that the researcher believes that the various forms of support these women received, either through their spirituality, peers or programs, have assisted women in achieving improved outcomes for themselves and their families.

### a. **Religion and Spirituality**

*"I used to hate everybody. I would just party and do nothing, sleep all day, drink all day, doesn't matter. Then I thought my life meant nothing, and it's okay if I die. So this was my turning point. I went to church one day with my baby daddy. And after that nothing was the same. But those represent my turning point. I think I have five bibles in total. Just because I get different meanings out of all them."*



My dream catcher, my tobacco, that’s my new beginning for my… traditional path, so I have been following it.

I battled depression the whole time I was pregnant, it was terrible. But I felt in the foresty type setting I was with God. Just like having his hand in my life, and with me the whole time, even though I had a lot of things going on. I smoked a lot of cigarettes, and it was so bad, I didn't eat. I didn't do a lot of things. So, it was like the one place where it was chill. I missed the middle of nowhere now. I love being in the middle of nowhere.

Within the study, three of the women spoke of the role that their religion or spirituality had played in supporting them through stressful times, or in one woman's case acting as a turning point in her substance use. The women who did speak on their spirituality and religion, spoke passionately about how they used it as a sense of support, for one woman helping her manage her depressive feelings, for another a main motivator in keeping her on the positive path she is on.

**b. Family**

Altogether, she is my challenge, my success and my support. A challenge because there is so much stuff that a baby needs, and doesn't need. Like everyone pressures you to buy all this stuff. And some of it you don't need. It's a challenge trying to keep up with it all. There is tons of information you have to absorb and keep up with. She is my success because I have a beautiful baby, and my support because she is a big factor in me not drinking.

A number of women chose to highlight their children as their supports. Some women cited challenges in having children, such as needing to buy baby items. One woman stated it was a challenge because she was not planning to get pregnant at the time. But all women, including the ones who referred to their children or pregnancies as a challenge, also referred to their children as successes and supports that have been a factor in their modified use of alcohol and/ or drugs, and their reason for personal growth. One woman chose to speak on how her older daughter is now her support while she is pregnant. Having given her up when she was younger due to her drug and alcohol use, they have been recently reunited. After a long road, they are now in a spot

[My daughter is] a really great support to me. She's really opinionated, she won't sugarcoat anything. Tell it like it is. How she feels. She's always supporting me, encouraging me. I gave her up when I was younger, I was doing drugs and alcohol. She acknowledges what I've done. I gave her to my mom, so she can have a good life. I was unable to provide her, at the time. And she sees that now. And she understands it…it's been a struggle, we've really had to work at it. Like getting our relationship to where it was. And for the longest time she would call me by my first name, and not mom. I understand, I did the same thing my mom too.

when they respect and support one another, and her daughter supports her with her sobriety.

For another woman her support was her sister, describing her as her “right hand drug user”. This participant spoke of how her sister has always been there for her, supporting her. This woman’s insight into her support was truly eye opening. Although many may condemn her sister as an enabler and as a challenge, for this woman her sister was her support. Which truly speaks to the complexities that many of these women face, as well as the importance of relationships.

**c. Programming**

In the beginning of the study, women were asked of any programs or support services they were involved with. These were documented in the opening questionnaire in the first session (Refer to Appendix 3). All women with the exception of one, had indicated that they were involved with some sort of a support program. There was some variance in the programs they were involved with; some were educational, others focused on pregnancy, and some focused on


Each one of those certificates represents I parenting course I've taken. I mean there’s a hundred people a month who take these. These are from ANCR, and I battled with them for months, and I still didn't win… I spent three, four months doing all of them, at 6 to 8 weeks at a time. … I would go at night, while I was in school, then I go to work, and I would go there. So that was huge.

I find streets like Main Street and Selkirk avenue to be supports because they have all those supports there. You don't have to go far to hit your next goal. Especially Selkirk, they have the schools, they have daycares, doctors.

[The Aboriginal Health and Wellness Centre has] doctors, the InSight program. They have all these things. After I graduated from InSight, I taught beading for them, for some of the pregnant girls attending there, and that was fun."

substance use during pregnancy. Mirroring existing literature that has spoken to the importance of connection to social services and programming, some women chose to disclose that the programs they were involved with had lead to improvements in their lives. Some had chosen to go as far to say that those programs were essential to improved changes in their substance use and lives. For example, one participant credited a staff member from the Exit program with helping her get off the streets, getting her own place to live, and being connected to schooling.

Four women chose to highlight the InSight and Mothering Project, by either taking a photograph to represent it as a support or speaking about them in the second session. Both programs are FASD prevention programs that work exclusively with women who use alcohol and/ or drugs during their pregnancy. In this study, women credited these programs with practical support, such as helping them get supplies for their babies; and emotional support, such as not giving up on them when they relapsed. In the study, one woman described her involvement with the Mothering Project as an important part in her life, that it gave her something to do during the week. She also spoke positively about the staff and women accessing the program there, going as far as to describe them as family. One graduate of the InSight program, spoke fondly about her time in the program, recounting how at one point she was taking on a leadership role and facilitating a beading group for other women in the program. The writer feels that the participants' choice to highlight these programs truly speaks to their ability to engage and work effectively with this population, in a manner that is respectful of a woman's right to self determination, with positive outcomes for its participants.

**Summary**

This chapter recounted the successes and supports that were identified by participants in the study as women who had used alcohol and/or drugs during their most recent pregnancy. These were described through dialogue, photographs, or a combination of the two. Similar to the challenges portion of the study, there were some anticipated themes that the researcher expected such as harm reductive techniques, using less harmful substances or actions in lieu of more harmful ones; and their children acting as motivators in their lives. An unanticipated finding was the number of women who spoke of programming as a big source of support, in particular the number of women who indicated they were connected to FASD prevention programs such as InSight and the Mothering Project.

There were a number of notable findings as identified by participants and discussed in the second sessions. A prominent theme that was common among all women with the exception of one participant, was the successful changes they had made in regards to their use. Women spoke of scaling back use, choosing less harmful substances or activities, and/or abstaining from use altogether.

Another prominent theme with participants was the importance that home played in the stability of their lives. Those women who chose to speak of their success of having a home, contrasted it to past struggles with homelessness, accessing shelters and living in poor quality housing.

Family was also found to be a common theme with participants as forms of support. The majority of women chose to highlight their children, but there was one

participant that spoke of a sibling who would use with her. For these women, their family members were important sources of support for them.

As was stated previously, nine out of ten women in the study were connected in some form or another to social programming. Interestingly women chose to document a few of those programs as supports. These programs varied in their mandate, ranging from education to FASD prevention. However, all women credited these programs with improving one or more aspect of their lives, including housing, substance use, and assisting with acquiring basic needs.

In the following chapter, the writer will discuss the findings as presented in the previous chapters through participant responses, photographs and reflections. This discussion will include the writer's analysis of the findings, as well as the implications for social work practice, the merits and the limitations of the study and recommendations for practice, policy and future research.

# Chapter 5: Discussion of Results and Implications

## Introduction

The following chapter will highlight and discuss the major findings, the merits and limitations of the study, and recommendations for practice, policy and future research. In the previous chapters we saw a focus on the challenges, successes and supports as identified by women in the study, portrayed through their powerful photographs and statements. These accounts were essential to conveying the message that understanding substance use during pregnancy is one that is complex and different for every woman. It was interesting to see a few themes contrasted between chapters three and four, where some women chose to see a theme as a challenge, while others saw the same theme as a success or a support. In addition, some themes were able to move along a participant's continuum, where at one point a situation may have been viewed as challenge, but then transitioned to that of a support or a success. The following section will detail the major findings of the study.

## Major Findings

Within this study, there were a number of prominent themes and sub-themes that the researcher thought was necessary to provide commentary on. All of these themes were identified by participants in the individualized sessions, but the following includes the researcher's analysis of the participants' responses as a whole. At the onset of the study, there were some findings that the researcher did anticipate prior to beginning,

such as the importance of a stable home environment as well as the devotion women would have for their children. However, there were several findings that the researcher did not expect, such as participants' commentary on the stigmatizing nature of awareness campaigns; or the number of women who reported being connected to social services, a finding that has not been common in other studies.

**I. Housing**

The importance of a home was one prominent finding in the study where it was one of the few themes to be described as both a challenge and a success. Four women described home or the lack thereof, a challenge. Women spoke of being transient, homeless, or living in insufficient living conditions. These were occasions marked with instability, heavy substance use, and/or times of great stress. Five women went on to describe their neighbourhood as ones where they felt unsafe, were exposed to drugs and alcohol, and likely to run into drug dealers and "bad people". In contrast when speaking of their home as successes, half of the women in the study credited getting a home of their own or moving into another neighbourhood, as one that marked a turning point in their lives. Women reported feeling proud to be a homeowner, being able to house their children in a safe space. And for a few women, they described being able to walk freely in their neighbourhood, something they wouldn't have been able to do previously.

From her observations, the researcher inferred that in having a home women could feel proud of and safe in, was one of their first steps to stability and making

progress in terms of goals they had for themselves. For women this included having their children in their care. The importance of home is reflected in literature, where housing is considered a crucial aspect of one's social determinants of health. Not having a place to call home can deeply impact an individual's physical and mental health (Gessler & Maes, 2011). Currently this is of concern in Winnipeg, where housing is not deemed affordable for low income earners, who are likely to spend approximately 30% of their income on rent. This is largely due to the renting climate in Winnipeg, described as having very few vacancies, and increasing rental rates (Gessler & Maes). The writer believes that this is an excellent example of how external systems have the ability to affect the health and well-being of populations. If left unfettered, housing in Winnipeg will remain a constant challenge among women who use substances during their pregnancy.

**II. Love for Children**

Another finding of the study, but expected by the researcher, was the amount of love that women had for their children. All women expressed adoration for their children whether they were currently living with them, apprehended by child welfare or about to be born. The writer believes that this is important to note, as this population has largely been one that has been vilified, deemed as unfit mothers by the majority of the general public and Canadian policy, and at times seen as making a conscious decision to harm their unborn child (Raccine, Bell, Zizzo & Green, 2015). In contrast, a couple of women in the study reflected on anxiety they held, thinking of the effects their use could have

on their children. For four women they discussed a sense of accomplishment for being able to provide for their newborns. Five women had credited their pregnancies and children as their motivation and supports for change, with many women describing either reducing or abstaining from substance use. The writer feels that these comments and actions are not indicative of women who do not care for their children, or who wish to harm their children, or who are unfit to parent. Actually she feels quite the contrary. From her conversations with all the women in the study, it was clear that all women cared deeply for their children, and wanted the best for their children, even if it meant that in that moment it was not with them. This finding has major implications for practice approaches, in that these women care deeply for their children, but may be unable to parent due to circumstances beyond their control. Barriers to parenting may include: addictions, housing, limited finances, or lack of informal and formal supports.

**III. Awareness Campaigns**

One sub-theme the researcher thought was important to highlight was the participants' discussions of awareness campaigns around alcohol and drug use during pregnancy. Although only two participants chose to take photographs of public awareness campaigns, both women were clear in that the outcome of such campaigns were messages of shame and guilt for the pregnant woman. Research has shown that zero-tolerance campaigns are not as effective as once thought. Rather more supportive approaches that are critical of social conditions that contribute to use have been found to have more favourable outcomes (Wigginton & Lee, 2013). One study of eleven

Australian women who smoked cigarettes during their pregnancy found that coercive public awareness campaigns meant to curtail use, actually were more likely to contribute to a women's use (Wigginton & Lee). They found that women were more likely to justify their smoking (if I stop now the fetus will be stressed), turn to other smokers for support, and conceal their smoking from others. In addition, women fearing shame and guilt stated they were less likely to pursue treatment (Wigginton & Lee). Researchers found that supportive rather than shameful messaging were more likely to result in more favourable outcomes for the pregnant woman as well as her health (Wigginton & Lee).

Participants in this study mirrored those sentiments stating that these messages were more likely to invoke guilt and shame. One woman remarked, "I don't know if it's effective. [But if] you're there to drink anyways it's not really going to stop you from doing it. So I don't think it's really helping out at all. It's giving everyone else something to shame you about." The writer believes that public awareness campaigns must also make this shift to more supportive messaging, similar to approaches that encompass ideals of harm reduction and a woman's right to self-determination. This will have the added benefit of influencing public perceptions, shaping future policy and legislation, and women will be more likely to pursue services for their physical and mental health.

### IV. Connection to Social Supports

An unanticipated finding of the study was the number of women who were connected to social services or programming. This finding was contrary to what existing literature has found when researching this population, which has found women who use alcohol and/or drugs during their pregnancy to have poor connections to social supports (Ruth et al., 2015; Hassar, Pei, Poth & Heudes, 2014). At the onset of the study, nine out of the ten women had indicated that they were involved with some sort of social services or programming.

However, much more of an interesting finding for the researcher was that six out of ten women stated they were enrolled in either the InSight program or the Mothering Project, both of which are FASD prevention programs based on the PCAP to birth model. Criteria for program participants are: women must be pregnant or recently postpartum, and have indicated alcohol and/or drug use during their pregnancy (Ruth et al., 2015). Essentially the same population as those featured in this study. These programs' model were developed at the University of Washington in 1991, and since their inception have been replicated in New Zealand, and a number of cities in the United states and in Canada (Grant & Callahan, 2010). The InSight program and Mothering Project aim to prevent alcohol exposed pregnancies with program participants, either through sobriety or decreasing alcohol consumption levels, and/or by increasing the effective use of birth control. Ultimately, the goal of these programs is to decrease the prevalence of FASD (Thanh, Jonsson, Moffatt, Dennett, Chuck & Birchard, 2014). Similar to this study's participants, these programs work with high-risk women

with a history of abuse, trauma, addictions, and poverty (Ruth et al.). As was previously stated, although the researcher works with the InSight program, at no point in the study were women prompted to take photographs of, or comment on programming that they were involved in. Women who chose to highlight programs such as InSight or the Mothering Project chose to do so of their own accord.

The writer feels that women who chose to highlight their involvement of programs like the Mothering Project and the InSight program only speaks to the importance that these programs have in the well being of this population. Women described these programs as ones that were always there for them, assisting with obtaining their needs, and playing the role of a family. The writer feels these programs are effective in that many of the components that have been associated with effective service and engagement with this population, result in improved outcomes for program participants (CanFASD, 2010).

**Merits of the study**

Although a relatively small sample size, this exploratory research study added to the limited pool of qualitative data available. Due to being a fairly marginalized population and recipients of punitive measures, the voice of this population has been largely ignored. The impetus for conducting a study such as this was to facilitate an opportunity for women who use alcohol and/or drugs during pregnancy to share their experiences and add to the existing research.

The writer also feels that by adopting a qualitative research perspective while employing a method such as photovoice, women have a greater ability to participate when compared to more traditional forms of research methods. Through photovoice, women are no longer restricted to just their words, and have to ability to express themselves through visual means. In many circumstances, these photographs conveyed powerful statements that may not have been as easily portrayed through mere dialogue. In addition, by sharing their experiences through their photographs, people can literally view the experiences through the eyes of the participant. The writer also feels that greater contributions to this field of knowledge that do not solely rely on quantitative data will only humanize this population, creating the opportunity for empathy and understanding by the communities in which these women live and potentially changing the face of policy within Canada to one that is inclusive and supportive rather than punitive.

In addition to giving a voice to this population, the writer feels that this process was empowering to those women who engaged in the study. Throughout the research process women were viewed as the experts, with their photographs and dialogue serving as the study's data. In addition to being viewed as the expert, women took on a number of roles in the study which were that of the participant, the photographer and the researcher. This method altered power imbalances between researcher and participant which have been common in more traditional forms of research methods. As a result, the researcher believes that participants may have walked away with a greater sense of empowerment, an increased expertise in photography and research methods, and experienced an opportunity to become agents of social change.

**Limitations and Lessons Learned**

Although this study has contributed to the research body on this particular population, the writer feels that there were several limitations of this study. Because of the nature of the study, one that is focused on more in-depth qualitative accounts, the sample size was restricted in size. This was originally anticipated by the researcher, and despite this she did manage to reach her goal of ten women participating in the study. Being familiar with the photovoice process, she was aware there would be a large amount of time allocated to each participant, the restriction in research personnel, and time constraints. Although the participant demographics and challenges are reflective of existing literature, due to the sample size alone, these findings cannot be generalized to the larger population as a whole. However, as was previously stated it was not the researcher's intent to add to the body of literature that has examined trends and commonalities of this population. Rather, it was the researcher's intent to capture the rich experiences of study participants to gain insight into the complexities that surround alcohol and/or drug use during pregnancy. The writer believes that the latter was achieved.

Another concern for the study was that recruiting study participants proved to be far more onerous than expected. The researcher did not expect as many agencies to be hesitant in merely displaying posters, or the level of bureaucracy that would need to be cleared in agencies prior to promoting the study to prospective participants. For example, a program identified in the initial proposal which promised to yield a number of potential participants for the study declined to display the poster at their program.

Another hurdle that arose in the recruitment portion of the study was the opposition the researcher received from some Winnipeg Regional Health Authority (WRHA) funded agencies. The writer did not anticipate this, and due to the lengthy WRHA ethics approval process, the researcher only received a response months after her submission, around the end of the research gathering portion of the study. This limited the possibility of recruiting participants through WRHA funded organizations such as St. Boniface Hospital and the Health Sciences Centre. It is impossible to know if there would have been a difference in results if the researcher was able to recruit through these channels.

The researcher also did not anticipate the number of women who would have hesitations about engaging in a study such as this one. A few women had discussed concerns that if they were to disclose substance use to the researcher, there would be the chance that they could be reported to child welfare, and risk having a file opened on them or their children apprehended. Women who felt comfortable discussing these concerns with the researcher were in each case assured that the researcher was under no obligation to report substance use during pregnancy, which resulted in some women feeling comfortable in participating in the study. However, a few women did not feel comfortable and declined further involvement in the study. The writer believes that this fear may have contributed to less women engaging in the study. The writer feels this also speaks to the punitive nature that we have in response to pregnant women who use in Winnipeg, and the fear they have in reaching out.

Another unanticipated issue that arose during the study was the amount of time that was allocated towards scheduling, and then rescheduling of sessions with study participants. A study such as this one requires collaboration from beginning to end with study participants. As was previously stated, nineteen women who originally contacted the researcher qualified for the study, but in the end only 10 completed the study. Another 5 women had completed some portion but had removed themselves from the study prior to completion. This process for some took weeks, and for others even months. Some women opted to take a break due to extenuating circumstances, and a few decided to remove themselves from the study. Speaking to the complexities of these women's lives, women left the study or requested modified timelines due to moving, not having a stable home, familial disputes, and giving birth. The researcher responded to these needs by being flexible, attentive and most importantly keeping open communication with participants to ensure they would have an opportunity to complete the study if they wished to do so at a later date.

Finally, since a modified photovoice approach was taken in this study, whereby individual sessions were used in lieu of group sessions, the writer feels that this removed some of the anticipated benefits of reducing isolation and creating a sense of community among women. In addition, the writer had hoped to arrange a showing for women who participated in the study. This would have been an opportunity for participants to get together, view the photographs and discuss study findings. However, of the women who were approached to see if there would be interest, the majority of women declined to participate in a future get together as a group. Therefore a group showing was not possible in this study.

## Recommendations for Practice, Policy and Future Research

When consulting with study participants in the second sessions, women identified a number of challenges and supports that they experienced as a woman who used alcohol and/or drugs during her pregnancy. In a few circumstances, women looked at existing systems with a critical eye and were able to identify areas that required modification or further examination. The following are recommendations set forth by the researcher and women in the study categorized into practice, policy and future research.

### I. Practice

It is estimated that Fetal Alcohol Spectrum Disorder (FASD) has impacted the Canadian economy with annual costs projected around $5.3 billion dollars, with an increased use of the health care system, the criminal justice system and social services (Banakar, Kudlur & Georger, 2009). In Winnipeg alone, it is said to cost approximately $1.4 million dollars per individual with FASD for lifelong supports (Healthy Child Manitoba, 2013). As a result of these financial costs, there has been a shift to prevention, making a case for increased services and programming for women who use alcohol and/or drugs during their pregnancies (Healthy Child Manitoba, 2013).

However, it is argued that FASD and substance use during pregnancy can never be fully preventable if external factors that can increase the likelihood of a woman consuming during pregnancy continue to exist (Woulfe, 2004). These factors include,

but are not limited to: poverty, discrimination, intimate partner violence, and trauma. Research has shown that women are disproportionately exposed to these conditions when compared to men (Woulfe). When additional layers such as racism and income level are added, the prevention of substance exposed pregnancies does not seem as simple as previously thought (Woulfe). Therefore it is important to tackle many of the aforementioned factors and external systems through effective social work practice and advocacy.

Successful FASD prevention practice and programs, such as InSight and the Mothering Project, are long term and create meaningful relationships with women involved, all while working from a social determinants of health perspective (CanFASD, 2008; Burnside, McDermott, Gough, Tanchak & Reinink, 2012). Taking on a woman centred approach, these programs promote empowerment for these populations which tend to come from primarily disadvantaged backgrounds. In addition, adopting a trauma informed approach is necessary when working with this population, to promote healing and growth (CanFASD, 2010). Other suggestions for an effective FASD prevention approach include using a cultural and a disability lens in one's work. This involves working from a place of respect and awareness of the long lasting effects of colonization and migration, and recognizing that factors of disability can come into play for a woman, which can include FASD (CanFASD).

It is important to note that a large number of women chose to document their experiences of a supportive program that they credit has helped them find a home, get basic necessities, or aid in their sobriety or reduced substance use. In particular, a few

women chose to speak about the importance of programs such as InSight and the Mothering Project, and how they have impacted their lives. Insight and other PCAP programs work exclusively with this particular population, and have proven to have life changing positive results for the women they serve (Hassar, Pei, Poth & Heudes, 2014; Ruth et al., 2015). One study on these programs found that for some of their participants, healthy changes that were made during program time, such as reduced alcohol consumption and improved birth control use, were not always maintained a few months past program exit (Ruth et al.). A similar outcome occurred for one participant in this study, who described how her life shifted dramatically once she had left InSight. She stated that she had lost her home, and her children to child welfare. Although her circumstances could not be solely attributed to leaving the program, the participant did describe InSight as being a significant source of support for her in the time she was engaged in the program.

The accounts of the women in the study in addition to previous research provide a solid foundation for an effective practice approach when working with this population. Women expressed positive experiences in those programs, including within this study and the aforementioned research, which the writer believes can only make a case for increased like-minded services for this population. Whether that be the ability to stay enrolled in these programs for a longer period of time, or the creation of additional programs that are based on the same principles of harm reduction, relationship based, and a women's right to self-determination. The writer also believes that these principles can and should be applied to other services that work with this population such as health care professionals, child welfare employees, and other service providers that this

population would be likely to come into contact with. Only then can we move closer to the prevention of substance use during pregnancy.

## II. Policy

A concern for a number of women in the study was the current state of housing in Winnipeg, more specifically those that are available to individuals on social assistance. Many women spoke to the abhorrent living conditions that they were limited to as a woman on social assistance. On a number of occasions women spoke of living conditions which included infestation, unsafe neighbourhoods and addictions. A few women also spoke of being limited to Manitoba Housing, as private housing would often discriminate due to the participant being on assistance, and in some cases being an Indigenous person. The writer feels that this truly speaks to the need for advocacy in standardized housing, one that offers dignity, safety, and hygienic living conditions for everyone regardless of their income level. As was previously stated, the state of housing in Winnipeg has been described as one that is sparse and unaffordable to low income earners. This has been proven to have detrimental affects, as the lack of a home can impact one's physical and mental health (Gessler & Maes, 2011). A few women spoke of discrimination they experienced as women who were on assistance, Indigenous, or both, by landlords. This speaks to the need to develop legislation to penalize landlords that choose to refuse occupancy to individuals who are on social assistance or based on their ethnicity. In addition, the writer believes that there needs to

be an increase in social assistance benefits in order to ameliorate issues of poverty, food insecurity, housing and poor health.

In addition to changes to housing policy, the writer believes there needs to be a shift from more punitive forms of policies, to ones that are more supportive of this population. As was previously stated, within Canada we have adopted a disciplinary response to women who use during their pregnancies, oftentimes resulting in forced addictions treatment, or child apprehension (Sandstad, 2008). Mothers in particular face greater scrutiny and face the brunt of these policies in comparison to fathers. Although Canada has adopted less aggressive methods when compared to other countries, such as the United States, its methods are nonetheless punitive and rarely garner the desired outcome in terms of reducing future use.

More recently, there has been a glimpse that Canadian policy is shifting towards a woman-centred, harm reduction approach. In 2011, the federal, provincial and territorial governments supported the new low-risk drinking guidelines (Poole & Greaves, 2013). With these guidelines, there is now a gender specific set of drinking guidelines outlining the risks associated with heavy drinking. The recommended number of drinks for women are much lower than men, as women have typically been shown to have greater health issues associated with drinking. The guidelines did acknowledge that no alcohol is best during pregnancy, in a sense recognizing that abstinence is not always possible, in addition to recognizing the importance of the health of the woman (Poole & Greaves).

The writer believes that this shift in thinking speaks to the profound impacts that likeminded supportive programming plays, such as those mentioned by study participants as well as research conducted on PCAP programming. By adopting an approach that is more supportive and based on principles of harm reduction in policy and practice, can lead to an increase in desired outcomes. This can include women feeling more supported and potentially reducing their substance use during pregnancy, therefore reducing the prevalence of FASD and other cognitive delays in children. This is illustrated by the women in the study who have credited programs such as InSight and the Mothering Project for positive changes in their lives, and for a few women their sobriety.

The writer believes that when social policy and legislation react in a supportive manner towards this population, public perceptions are likely to follow resulting in reduced stigma, greater social inclusion, and a society that is more responsive to this population's needs.

## III. Future Research

Research on substance use in pregnancy has focused primarily upon Fetal Alcohol Spectrum Disorder (FASD). In particular it has shown that children exposed to alcohol while in utero tend to exhibit a number of common characteristics, which can include physical and cognitive abnormalities, attention and impulse control issues, which can follow an individual throughout their entire lifespan (Burnside, McDermott,

Gough, Tanchak & Reinink, 2012). However, research on the effects of other drugs during pregnancy has been very limited.

Within this study, themes that were discussed by a few women was the need for increased research; more specifically on the effects that alcohol and drug consumption plays on the fetus during development. Although there has been some research conducted on the effects of alcohol during pregnancy, the effect of drug use is fairly limited. As seen in the photographs and responses of many of the study participants, many women have opted to use marijuana in lieu of harsher substances. Research has shown that marijuana use has been connected to preterm births, lower birth weights and developmental issues later in life (CanFASD, 2017). However, research in this field has been limited due to its small samples and its focus on smoking rather than other methods of use (CanFASD). The writer feels that in order for pregnant women to be able to make informed decisions about their use, more research needs to be done in this field. This also needs to be reflected in public awareness campaigns, and conversations between health care providers and pregnant women.

The writer also believes that additional qualitative research needs to be conducted on women who have used alcohol and/or drugs during their pregnancies. Within this study, there were a number of commonalities among participants, including women who identified as Indigenous, or reported that they were receiving social assistance. Areas to expand this research could include women from diverse groups, such as women from different cultural backgrounds and economic statuses. Although the researcher saw a need to focus on this particular vulnerable population which is

disproportionately exposed to factors such as poverty, homelessness, food insecurity, discrimination and trauma, she stresses that alcohol and/or drug use during pregnancy is not limited to any one ethnic group or economic status. By expanding research in this area to include other groups, the writer believes that commonly held misconceptions about substance use during pregnancy will begin to be challenged. The writer also believes it would be interesting to see any variation in reported challenges, success and supports across these different groups.

Another commonality that was found in this study but not anticipated by the researcher, was the number of women who identified social programming as sources of support. The writer believes qualitative research with women who are not well connected to social programming should be another area for further exploration. The writer suspects that women who are not well connected to social supports may present with different experiences compared to a woman who is. Altogether, there are many opportunities to expand in this area of research as it has been fairly limited.

**Summary**

This study yielded a number of prominent findings, some of which were anticipated and others that were not. Although the writer did anticipate participants to speak on the challenge of housing in Winnipeg, she did not expect the amount of women who would choose to comment on it. In addition, being traditionally transient in previous studies, the writer was pleasantly surprised to find a number of participants had found a home that they took pride in, and felt safe in. Women also effectively

shattered stigmatizing assumptions of this population, by passionately speaking of their children, and the important roles that they play in their lives. Women spoke intelligently and critically of awareness campaigns, providing valuable insight on approaches that are not effective with this population. Women spoke of their connection to social supports, accessing meaningful relationships with other program participants and service providers, and improving aspects of their lives. Women also discussed the need for expanded research into marijuana use in pregnancy, so they can have information to make informed decisions of their use in pregnancy.

The writer feels that this study has been effective in meeting a number of goals established prior to undertaking this thesis. She was able to address a gap that existed in the literature, giving a voice to a marginalized population, and in effect empowering women through their voices and photographs. This process was also valuable in that recommendations for practice, policy and research were identified through collaboration with participants. Although there were a few limitations, such as being unable to generalize these findings to the whole, the writer feels that the study and its findings were needed and worthwhile. The study provided an opportunity for women to express concerns, and share their experiences, and speak to the importance that social determinants of health play in their well-being.

## Conclusion

In closing, the writer felt honoured to be able to be part of such a study, and to have the opportunity to collaborate with such resilient, strong and wise women. Many having led lives marked with heavy substance use, poverty, trauma, and stigma. As testaments to their courage, women shared personal accounts of their struggles and challenges, and were elated to share their accomplishments which included those who helped them get to where they are today. The writer can unequivocally say that all these women spoke and cared deeply for their children, and always strived for the best for them, even in situations where it might not have seemed possible. In addition, these women exhibited the true spirit of inclusivity, when speaking of other women who found themselves in similar situations. Their choices of words were always ones that reflected compassion, understanding, and hope.

Although it was a short period of time spent with these women, this time for the researcher was invaluable. Using an exploratory research design with the use of photovoice facilitated the ability to understand their lived experiences, as well as the conditions at play. The writer hopes that what the reader gained from this study is that use during pregnancy is not a simple choice, that it is complex and one that is different for every woman. In addition, the prevention of substance use during pregnancy can never be truly achieved if social conditions that contribute to a woman's use continue to exist.

The writer hopes that research in this area, recounting the lived experiences of this population, continues to flourish. Only then can there be a more complete understanding of why women continue to use into pregnancy, as well as how we can better support them. By focusing on these experiences these women will become more than just a number, they become humanized, and as a result this may reduce stigma, increase compassion, and create a shift to more supportive measures in policy and practice.

# Appendix

UNIVERSITY OF MANITOBA | Faculty of Social Work

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7050
Fax (204) 474-7594
socialwk@umanitoba.ca

# PREGNANT WOMEN, OR WOMEN WHO HAVE RECENTLY GIVEN BIRTH (WITHIN THE PAST YEAR) WANTED FOR A STUDY

What participants can expect in this study:

- Two group, or individual sessions, about 2 hours in length each.
- Participants will also be asked to take photographs of their surroundings that they feel are significant to portray in the study.
- Participants will be given an honorarium of up to thirty dollars.
- Bus fare, light snacks and refreshments will be provided at the group and individual sessions.

The title of the study is:

A ***Photovoice Study to Capture the Experiences of Women who use Alcohol and/or Drugs During Pregnancy***

Participants must have used alcohol and/ or substances during their most recent pregnancy, be 18 years of age or older, and be either pregnant or recently post-partum (having given birth in the past year).

If interested, please contact Elizabete at umcaetan@myumanitoba.ca with STUDY as the subject, or call .

## Telephone Recruitment Script

**Researcher name:** Elizabete Halprin, graduate student Masters of Social Work

**Course:** MastersThesis

**Research Title:** A Photovoice Study to Capture the Experiences of Women who use Alcohol and Drugs During Pregnancy

Hello, my name is Elizabete Halprin and I am a graduate student in the Masters of Social Work program through the University of Manitoba. Thank you for contacting me. I am doing a study on the experiences of women who have used alcohol and/ or drugs during their most recent pregnancy. Women who choose to be a part of the study will be asked to choose parts of their lives that they feel comfortable sharing in the study, and take photographs of them.

Does this sound like something you may be interested in participating in?

**YES** (continue onto next question)

**NO** (thank them for their time)

I just need to ask you a few questions to see if you qualify for the study:

- Are you 18 years of age or older?
- Are you pregnant, or recently have given birth within the last year?
- During your most recent pregnancy, did you use alcohol and/or drugs?

**NO**

- (if potential participant answered no to any of the above questions, she will not qualify for the program)
- Thank you for answering those questions, unfortunately you don't qualify for the study. (give reason why). Thank you for your time

**YES**

- Based on your responses you are a fit for the program study. Could I tell you a little more about the study?

With this study, I would like to learn more about your experiences as a woman who has used either alcohol and/ or drugs during your pregnancy. More specifically I would like to learn more about your challenges, successes and supports that you have experienced. Research participants will be asked to capture their challenges, successes and supports with a camera. If you have access to a digital camera or smartphone that you would like to use, that will be fine. If you do not have access to a camera I will supply you with one.

We will have our first meeting as a larger group on (date) at (location) at (time). If you are unable to attend this date, or would prefer to meet individually that can, and will be arranged. During this first group meeting we will discuss the study, teach you how to use the camera, and collect some simple demographic information, such as your age, ethnicity and income level. To ensure your confidentiality at all times, and to ensure your anonymity in the study, you will be assigned a number so your name, or any other personal identifiers, will not be on any notes that I take, or any information that I take down. At that meeting you will be given an honorarium of $10 as a thank you for your time.

You will leave that group and be given about two weeks to take pictures and when done, I will come by and pick up the pictures or disposable camera. Once again you will be given $10 as a thank you for your time.

The group will reconvene a couple of weeks later on (date) at (location) at (time) to discuss and analyze the group's photographs. Once again if you are unable to attend this date, or would prefer to meet individually that can and will be arranged. The researcher will facilitate a discussion on the pictures and will take notes. Once again you will be given $10 as a thank you for your time.

After we meet to discuss and analyze the photographs, I will compile the photos and data from the study into a thesis research paper. A summary of the research findings will be available to participants if they wish to have one.

Are you interested in participating in this study?

**YES**

Could I have your contact information as well as your email address and I can send you the consent form ahead of time so you can look it over before we meet?

- name:_____
- phone:_____

- email:_____

Just so you are aware, your participation in this study is completely voluntary. You can choose to end your involvement in the study at any point, and your feedback, data and photographs will be removed from the study. You also have the right to choose which of your photographs will be used in the research, and the ability to remove them at any point if you do change your mind.

Do you have any questions at this time? If you do have any that you think of at a later date please call me at or umcaetan@myumanitoba.ca.

Thank you, I look forward to meeting you on (date) at (location) at (time).

## Opening Questionnaire

**Participant Number:** _____
**Date:** _____
**Age:** _____

Are you currently pregnant? **YES NO**
If YES, How many weeks are you? _____
If NO, Age of child: _____ (leave blank if not a live birth)

Child and Family Services involvement with this most recent pregnancy? **YES NO**

Which ethnicity do you identify with:

- ☐ Asian
- ☐ Black
- ☐ Caucasian
- ☐ Indigenous
- ☐ Metis
- ☐ Other: _____

Are you on social assistance: **YES NO**
If NO, are you employed? **YES NO**

What is the highest level of education you have completed:

- ☐ Grade ___
- ☐ Grade 12
- ☐ Post secondary

In your most recent pregnancy what substances did you use:

1. Alcohol **YES NO**

If YES, Frequency:

- ☐ Every day
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ One day a week
- ☐ 1-3 days a month
- ☐ Less than once a month
- ☐ A few times during the pregnancy

2. Cigarettes **YES NO**

If YES, Frequency:

☐ Every day ☐ 2-3 times a week ☐ 4-6 times a week
☐ One day a week ☐ 1-3 days a month ☐ Less than once a month
☐ A few times during the pregnancy

3. Marijuana **YES NO**

If YES, Frequency:

☐ Every day ☐ 2-3 times a week ☐ 4-6 times a week
☐ One day a week ☐ 1-3 days a month ☐ Less than once a month
☐ A few times during the pregnancy

4. Crack/cocaine **YES NO**
If YES, Frequency:

☐ Every day ☐ 2-3 times a week ☐ 4-6 times a week
☐ One day a week ☐ 1-3 days a month ☐ Less than once a month
☐ A few times during the pregnancy

5. Prescription drugs **YES NO**

If YES, Frequency:

☐ Every day ☐ 2-3 times a week ☐ 4-6 times a week
☐ One day a week ☐ 1-3 days a month ☐ Less than once a month
☐ A few times during the pregnancy

6. Other: _____

If YES, Frequency:

☐ Every day ☐ 2-3 times a week ☐ 4-6 times a week
☐ One day a week ☐ 1-3 days a month ☐ Less than once a month
☐ A few times during the pregnancy

Any programs/ support services that you are involved with?

_____

_____

UNIVERSITY OF MANITOBA | Faculty of Social Work

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7050
Fax (204) 474-7594
socialwk@umanitoba.ca

# Consent Form

**Research Project Title:** A Photovoice Study to Capture the Experiences of Women who use Alcohol and/or Drugs during Pregnancy

**Principal Investigator:** Elizabete Halprin, Masters Student, Social Work, University of Manitoba phone: email: umcaetan@myumanitoba.ca

**Research Supervisor:** Don Fuchs, Professor, Faculty of Social Work
phone: 204-474-7879 email: fuchs@cc.umanitoba.ca

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**This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.**

---

You are being invited to be interviewed by the principal investigator Elizabete Halprin and to take part in a photovoice project in regards to your experiences as a woman who has used either alcohol and/ or drugs during your most recent pregnancy. This research is being carried out by myself, Elizabete Halprin, a graduate student in the Masters of Social Work program under the supervision of Professor Don Fuchs at the University of Manitoba.

As a part of this study you will be asked questions about your experiences as a woman who has used substances during her most recent pregnancy. More specifically you will be asked questions about your challenges, successes and supports. You will capture these challenges, successes and supports with a camera. If you have access to a digital camera or smartphone that you would like to use, that will be fine. If you do not have access to a camera I will supply you with one.

Within the initial group meeting, or individual meeting(available to those not wishing or unable to attend the group meeting) I will collect some demographic information, describe the study, and give instructions on how to use the camera. After this initial meeting you will be given an honorarium of $10 to thank you for your time.

Once you leave the initial meeting, you will be given up to two weeks to take pictures of your challenges, success, and supports. Once you are done taking pictures, I will come meet you to pick up the digital pictures or the disposable camera. At this point in time I will give you the date of the next group meeting, or individual session. Once again, you will be given $10 to thank you for your time.

At the next group meeting we will meet to discuss and analyze the group's photographs. Once again if you are unable to attend this date, or would prefer to meet individually that can and will be arranged. I will facilitate a discussion on the pictures, take notes, and audio record the session. Once again you will be given $10 to thank you for your time.

Throughout the group and/or individual sessions, I will audio record the discussions as well as take notes. Recordings will be used for the sole purpose of transcribing information for data purposes and will be destroyed at a later date once transcribed. At any point in the study, you have the right to choose not to be audio recorded, which at that point I will only take notes.

In between our meetings, I may need to contact you by email or phone to get additional information. This will only be done with your permission.

Due to the nature of this study, there may be some subject matter brought up that can be distressing to you. In the likelihood that this happens, I have included a list of free counselling and support services that are available in Winnipeg. Some benefits of participating in the study, is giving a voice to the experiences of women who use during pregnancy.

After we meet to discuss and analyze the photographs, I will organize the photos and data from the study to write a thesis paper which I plan to have completed by August 2017. At that point a summary of the research findings will be available to participants if they wish to have a copy. You can choose to receive it through mail, or email. There may be the possibility that this research paper published, or presented to large groups of people. At no time in the research paper, or future presentations, will your name or other identifying information be made public.

To ensure your anonymity in the study, you will be assigned a number so your name, also any other personal identifiers, will not be on any notes that I take down. All study information will be kept stored in a locked drawer and on a password protected laptop. All confidential information gathered will only be available to myself and my supervisor. And identifying data, including audio and notes will be destroyed a year after the thesis is submitted, in August 2017.

Everything you discuss will be kept confidential and not linked back to you directly. There may be times I consult with my advisor on information that we have discussed. You, as well as other group participants will be asked to keep what is said in the group context to leave it there, and not to disclose it beyond the group.

There are instances when I am obligated to disclose information that is discussed in the individual or group sessions, or any of the other interactions we have with one another. I am obligated to report if I have probable cause to believe that a child is in need of protection, in that case I am obligated to inform Child and Family Services; or if you were to disclose intent to harm yourself or others, in that case I am obligated to inform the police or other appropriate services.

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**Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

**The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.**

**This research has been approved by the** [insert full name of appropriate REB]**. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.**

If you agree to each of the following, please place a check mark in the corresponding box. If you do not agree, leave the box blank:

I have read or had read to me the details of this consent form. ☐

My questions have been addressed. ☐

I, _____ (print name), agree to participate in this study. ☐

I agree to have the interview audio-recorded. ☐

I agree to be contacted by phone or e-mail if further information is required after the interview ☐

I agree to have the findings (which may include quotations) from this project published or presented in a manner that does not reveal my identity. ☐

I agree to be contacted for future research on temporary migration conducted by the researcher. ☐

Do you wish to receive a summary of the findings? YES ☐ NO ☐

How do you wish to receive the summary? E-mail ☐ Mail ☐

Address: _____

Email:_____

**Participant's Signature** _____ **Date** _____

**Researcher's Signature** _____ **Date** _____

# Free Counselling and Support Services

## Crisis Numbers

**WRHA Mobile Crisis Service:** 204-940-1781
**Crisis Response Centre:** 817 Bannatyne 204-940-1781
**WRHA Crisis Stabilization Unit:** 204-940-3633
**Klinic Crisis Line:** 204-786-8686
**Klinic Sexual Assault Line:** 204-786-8631
**Health Links:** 204-788-8200
**Manitoba Suicide Line:** 1-877-435-7170
**Street Connections:** 204-981-0742
**Non-Emergency Police:** 204-986-6222
**Police emergency:** 911

## Free Counselling Services

**NorWest:** 785 Keewatin St
Ph: 204-938-5900
**Klinic:** 870 Portage Ave
Drop in Counselling
Ph:(204) 784-4067

- Klinic on Broadway
  545 Broadway
  Mondays & Wednesdays: Noon - 7:00 pm
  Tuesdays, Fridays & Saturdays: Noon - 4:00 pm
- Transcona/River East/Elmwood
  Access Transcona
  845 Regent Avenue West, R2C 3A9
  One block west of Plesis Road
  Tuesdays: Noon - 7:00 pm

**Laurel Centre:** (currently has a waitlist)
104 Roslyn Rd.
ph: 204-783-5460
**Mount Carmel:**
886 Main St.
ph:204-582-2311

## Free Supportive Services

**InSight program**
Aboriginal Health and Wellness Centre: ph: 204-925-3750
ACCESS NorWest: ph:204-938-5998

**The Mothering Project** (Currently has a waitlist)
Mount Carmel: ph:204-582-2311

## Health Clinics

**ACCESS NorWest:** for Residents of Inkster/Seven Oaks
785 Keewatin St
204-938-5900
**Klinic:**
870 Portage Ave
ph: 204-784-4090
**Mount Carmel:**
886 Main St.
ph: 204-582-2311
**Nine Circles:**
705 Broadway Ave
ph: 204-940-6000
**Women's Health Clinic:**
2-419 Graham Ave
ph:204-947-1517

## Addictions and Treatment

**Addictions Foundation of Manitoba:**
ph:204-944-6200
**North End Women's Centre:**
394 Selkirk ave.
ph:204-589-7347
**Behavioural Health Foundation:**
ph:204-269-3430
**Native Addictions Council:**
160 Salter
ph:204-586-8395
**Esther House:**
ph:204-582-4043
**Main Street Project:**
75 Martha St.
ph:204-982-8245
**Alcoholics Anonymous:**
ph:204-942-0126
**Narcotics Anonymous:**
ph:204-981-1730

## References


Abadir, A.,M. (2016, February 16). *Fetal alcohol spectrum disorder: Reconsidering blame*. Canadian Medical Association 188 (3) p. 171-172.

Amos, S., Read, K., Cobb, M., Pabani, N. (2012, October). *Facilitating a photovoice project: What you need to know! The Nova Scotia Participatory Food Costing Project.* Retrieved on September 15, 2016 from http://foodarc.ca/makefoodmatter/wp-content/uploads/sites/3/VOICES_PhotovoiceManual.pdf

Badry, D., Bastien,B., Bennett, M., Tomah, C., Felske, A., Poole, N., Nathoo,T. (2014, October 27). First nations women's healing: Moving from hardship to resilience. The Women's Health ResearchProject on FASD Prevention in First Nations Communities. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2014/09/First-Nations-Women's-Healing-Photoessay-web.pdf

Balachova, T., Bonner, B., Isurina, G., Tsvetkova, B. (2007). *Use of focus groups in* developing FAS/FASD prevention in Russia. Substance Use and Misuse, 42 p. 881-894.

Burnside, L., McDermott, J., Gough, P., Tanchak,S., & Reinink, A. (2012). *Experiences* of women involved with mentoring: Summary of activities 2011-2012. Canada FASD Research Network.

CanFASD Northwest Network Action Team (2017, May). *Cannabis use during pregnancy.* Retrieved from: https://canfasd.ca/wp-content/uploads/sites/35/2017/06/Cannabis-Use-and-Pregnancy-Policy-Alert.pdf

CanFASD Northwest Network Action Team (2010, February). *Consensus on 10* fundamental components of FASD prevention from a women's health *determinants perspective*. Retrieved from http://www.canfasd.ca/wp- content/uploads/2013/02/ConsensusStatement.pdf

CanFASD Northwest Network Action Team (2012, September). *Supporting pregnant and parenting women who use substances: What communities are doing to help.* Retrieved from: http://bccewh.bc.ca/wp-content/ uploads/2012/05/2012_SupportingPregnantandParentingWomen WhoUseSubstances.pdf

CanFASD Northwest Network Action Team (2010, March). *Taking a relational* approach: The importance of timely and supportive connections for women.

Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. University of Nebraska. Sage.

CMAJ (2013, December 10). *Stigma a major barrier to treatment for pregnant women with addictions*. Canadian Medical Association *185* (18).

Denzin, N.,K.(2017). *Critical qualitative Inquiry*. Qualitative Inquiry *23* (1) pp. 8-16

Denzin, N.,K., Lincoln, Y.,S. (1989). *Handbook of qualitative research*. Sage Publications.

Gessler, S.,Maes, C. (2011, March). The Winnipeg street health report. Retrieved on September 6, 2017 from: http://www.homelesshub.ca/sites/default/files Wpg.St.Health.Report.2011.pdf

Government of Canada (2015). *Research Involving the First Nations, Inuit and Métis Peoples of Canada.* Retrieved on February 1, 2017 from: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/

Government of Canada (2016). *Department of Justice*.Retrieved on February 4, 2017 from: http://www.justice.gc.ca/eng/rp-pr/csj-sjc/harmonization/hfl-hlf/b3-f3/bf3e.html

Government of Manitoba (2017). *The Child and Family Services Act* . Retrieved on February 1, 2017 from: http://web2.gov.mb.ca/laws/statutes/ccsm/c080e.php

Grant, T.,Callahan, T.(2010). *Alberta PCAP council parent child assistance program user manual*. University of Washington.

Hassar, B., Pei, J., Poth, C., & Heudes, A. (2014, November). *Penelope outcomes* tracking database: Staff use and outcomes for the first two years. University of Alberta.

Palibroda B, Kreig B, Murdock L, Havelock J. (2009).*A practical guide to photovoice: sharing pictures, telling stories, and changing communities*. Prairie Women's Health.

Poole,N., Greaves, L. (2013). *Alcohol use during pregnancy in Canada: How policy moments can create opportunities for promoting women's health*. Canadian Public Health Association *104* (2), pp. 170-171.

Racine, E., Bell, E., Zizzo, N., Green,C. (2015). *Public discourse the biology of alcohol addiction: Implications for stigma,self-control, essentialism, and coercive policies in pregnancy*. Neuroethics 8, p.177-186.

Rasmussen, C., Kully-Martens, K., Denys, K., Badry, D., Henneveld, D., Wyper, K., Grant, T. (2012).T*he effectiveness of a community-based intervention program for women at-risk for giving birth to a child with fetal alcohol spectrum disorder (FASD)*. Community Mental Health *48* p. 12-21.

Ruth, C., Brownell, M., Isbister, J., MacWilliam, L., Gammon, H., Singal, D., Soodeen, R., McGowan, K., Kulbaba, C., Boriskewich, E.(2015) *Long-term outcomes of Manitoba's insight mentoring program: A comparative statistical analysis*. Manitoba Centre for Health Policy.

Sandstad, N.,C.(2008). *Pregnant women and the fourteenth amendment: A feminist examination of the trend to eliminate women's rights during pregnancy.* Law and Inequality 26, p.171-202.

Sutton-Brown,C.,A. (2014). *Photovoice: A methological guide.* Photography and Culture *7*, 2 p. 169-185.

Thanh, N., Jonsson, E., Moffatt, J., Dennett, L., Chuck, A., Birchard, C. (2014, January 30). *An economic evaluation of the parent-child assistance program for preventing fetal alcohol spectrum disorder in Alberta, Canada*. Administration Policy in Mental Health 41, 1.

Wang, C., Burris, M. (1994). *Empowerment through photo novella: Portraits of participation.* Health Education Quarterly *21* (2), pp. 171-186.

Wang, C., Cash,J.L., Powers, L.S. (2000, January). *Who knows the streets as well as the homeless? Promoting personal and community action through photovoice.* Health Promotion Practice *1* (1), pp. 81-89.

Wigginton, B., Lee, C. (2013). *A story of stigma: Australian women's accounts of smoking during pregnancy*. Critical Public Health 23 (4) p. 466–481.

World Health Organization (2017). *Social determinants of health*. Retrieved on October 17, 2017 from: http://www.who.int/social_determinants/final_report/key_concepts_en.pdf?ua=1

Woulfe, A.,M. (2004). *Drinking while pregnant: The utility of the fetal alcohol spectrum diagnosis*. University of Albany.