



ENVIRONICS
R E S E A R C H G R O U P

Alcohol Use during Pregnancy
and Awareness of
Fetal Alcohol Syndrome
RESULTS OF A NATIONAL SURVEY

FINAL REPORT

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1.0 INTRODUCTION

In March 2002, Environics Research Group Limited was retained by Health Canada to conduct a survey of population segments, to measure knowledge of the effects of alcohol use during pregnancy and awareness of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). The population segments included women, aged 18 to 40, and partners of women, aged 18 to 40, who would be key target groups of a campaign to raise awareness and knowledge of Fetal Alcohol Syndrome.

This survey follows on a benchmark survey exploring these issues with the same population segments, conducted by Environics in November 1999, on behalf of Health Canada. This report makes reference to the findings of this benchmark study, where applicable.

Environics conducted a nation-wide survey of 1,207 respondents, including 907 women and 300 men. The

margin of error for the sample of women is ± 3.3 percentage points, 19 times in 20; the margin of error for the sample of men is ± 5.7 percentage points. The survey was conducted between March 19 and 26, 2002.

The survey examined knowledge and beliefs about alcohol use during pregnancy, awareness of FAS and FAE, recall of information and specific advertising about the impact of alcohol, preferred information sources, perceived effectiveness of public information initiatives, and the expected behaviours of women and partners of women, during pregnancy.

This report presents the findings of the survey and recommendations regarding directions for communications initiatives. The survey methods and the English and French questionnaires used in the survey are appended to this report. Detailed statistical tables are presented under separate cover.

2.0 SUMMARY OF FINDINGS

The major findings of the survey are:

- There is a high level of knowledge that alcohol use during pregnancy is harmful to the child, and that the more alcohol consumed, the more harmful and likely the effects, but there is confusion about the safety of “small amounts” of alcohol.
- A significant minority think that the effect of alcohol on the development of the fetus is unclear.
- There is high awareness of FAS and FAE – most respondents have heard of the terms – but there is less knowledge of what is involved in FAS and FAE.
- Most women say they would stop or cut back alcohol use if they were to become pregnant. The effect of male partners is apparent on the “positive” side – women are receptive to support and encouragement from their spouses to stop or cut back.
- Almost two-thirds of respondents recall seeing information about the effects of alcohol use on a child during pregnancy; one-third each say that television or a doctor’s office would be the best source of information about the topic.
- Large majorities think that television advertising, sending information to doctors and health care professionals and placing posters in waiting rooms and clinics would be very effective ways to inform them about the risks of alcohol use during pregnancy.
- One-half of respondents recall seeing advertising about alcohol use during pregnancy; more than half of these saw this advertising on television. Only two in ten identify the federal government or Health Canada as a sponsor.
- Fewer than two in ten have seen a poster with the phrase “Pregnant? No Alcohol,” one in ten have seen a brochure with this phrase.
- Men in general are somewhat more likely than women to think that alcohol use during pregnancy is safe.
- Women with lower levels of education are somewhat less knowledgeable about the risks of alcohol use during pregnancy than those with higher levels of education.
- Quebec women are significantly more likely than women outside Quebec to think that alcohol use during pregnancy is safe; they are less likely to be aware of FAS and FAE.
- Women who have greater alcohol consumption (as measured by number of drinks per week) are more likely than those who drink less to think that alcohol consumption during pregnancy is safe.
- Aboriginal people, including aboriginal women, are slightly more likely than non-aboriginal people to be aware of FAS and FAE, and are also slightly more likely to think that alcohol use during pregnancy is not safe.

A detailed summary of these findings follows.

Top-of-mind, majorities or pluralities of respondents mention good nutrition (79%), cutting down on or stopping smoking (58%), and cutting down on or stopping alcohol use (49%) as the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. One-third (34%) mention increasing or maintaining physical activity. Between one in ten and two in ten each mention visiting a doctor or health professional (20%) and cutting down on or stopping drug use (16%). Much smaller proportions mention other behaviours.

When asked to assess the importance of a number specific behaviours, majorities say cutting down on or stopping smoking (68%), cutting down on or stopping using alcohol (63%), and eating nutritious food (55%) are one of the most important things that

pregnant women can do to increase the likelihood that their baby will be born healthy. Significant minorities also say the same of visiting a doctor or health professional regularly (48%) and avoiding second-hand smoke (41%). Much smaller proportions place the same degree of importance on avoiding stressful situations (22%), avoiding environmental pollution (20%) and reducing strenuous physical activity (11%).

There is unanimous belief that the more alcohol a pregnant woman drinks, the more likely that the baby will be harmed (98%) and that the more alcohol a pregnant woman drinks, the more harm that may be done to the baby (98%). There is less belief that *any* alcohol consumption during pregnancy can harm the baby (68%) and almost one-half believe that a small amount of alcohol use during pregnancy can usually be considered safe (48%). Much smaller proportions believe that alcohol use before a pregnancy begins can harm a baby, even if a woman stops alcohol use during the pregnancy (39%), that a moderate amount of alcohol consumption during pregnancy can usually be considered safe (24%) and that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby (22%).

There has been a decrease since 1999 in the numbers of both men and women who think that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby; there has also been a slight increase in the number of men who think that *any* alcohol consumption during pregnancy can harm the baby.

There is almost unanimous belief that alcohol use during pregnancy can lead to life-long disabilities in a child (92%). Almost the same number reject the idea that most of the effects of alcohol use on a child usually disappear as the child grows older (89%). A slight majority reject the suggestion that the effect of alcohol use on the development of an unborn fetus is unclear (55%).

There has been a slight increase since 1999 in the numbers of both men and women who do not believe that most of the effects of alcohol use on a child usually disappear as the child grows older.

When asked about specific amounts of alcohol consumption in terms of its effect on a baby that is born, more than seven in ten respondents each believe it is not at all safe for a pregnant woman to drink one alcoholic drink each day during the pregnancy (75%) or three or four alcoholic drinks each weekend during the pregnancy (75%). However, opinion is divided as to the effect of smaller amounts of alcohol, such as drinking two alcoholic drinks on two or three different occasions during the pregnancy (44% say this is safe; 57% say this is unsafe) or a total of one or two alcoholic drinks during the pregnancy (57% say this is safe; 43% say this is unsafe).

There have been increases since 1999 in the numbers of both men and women who think that consumption of any of these amounts of alcohol during pregnancy is not at all safe.

Three-quarters of respondents (77%) say they have heard of Fetal Alcohol Syndrome. Among those who report awareness, the largest proportion say Fetal Alcohol Syndrome refers generally to the effects of alcohol on a fetus (32%). Others mention that the baby is addicted to alcohol/experiences withdrawal (18%), delayed development (16%), learning disabilities (16%) or harmful/ill effects in general (15%). Smaller numbers say it involves mental disorders (11%), cranial/facial deformities (11%), physical disorders (10%), behavioural problems (10%), brain damage (9%), lower I.Q./retardation (8%), birth defects/deformities (7%), Attention Deficit Disorder (5%) and low birth weight (5%).

There has been an increase of nine points since 1999 in the number of women who say they have heard of Fetal Alcohol Syndrome; however, the current results suggest that awareness among men has remained essentially unchanged. Among women who are aware, mention of delayed development and learning disabilities has increased since 1999.

Seven in ten respondents (72%) have heard of Fetal Alcohol Effects or alcohol-related birth defects. Among those who report awareness, the most common descriptions are learning disabilities (21%) and delayed development (20%). Fewer mention lower I.Q./retardation (15%), cranial/facial deformities

(13%), baby addicted to alcohol/experiences withdrawal (11%), brain damage (11%), behavioural problems (10%), birth defects (10%), Attention Deficit Disorder (9%), physical disorders (9%), mental disorders (9%), effect of alcohol on fetus (9%), low birth weight (9%), fetal/infant organ/respiratory damage (9%), psychological/emotional problems (6%), unhealthy child (3%), growth problems (3%) and effects less than those of FAS (3%).

There have been notable increases since 1999 in the numbers of both men (up 27 points) and women (up 12 points) who are aware of Fetal Alcohol Effects. Among women who are aware, mention of delayed development, learning disabilities, lower I.Q./retardation, cranial/facial deformities and behavioural problems has increased since 1999.

More than six in ten respondents (63%) recall seeing information about the effects of alcohol use on a baby during pregnancy. There have been decreases since 1999 in the numbers of both men (down ten points) and women (down eight points) who recall seeing such information.

One-half of respondents (51%) recall seeing or hearing any ads about alcohol use during pregnancy, FAS or alcohol-related birth defects over the past several months. Among those who recall seeing or hearing such advertising, six in ten (60%) do not recall the sponsor. Two in ten (22%) say that the advertising was sponsored by the federal government or Health Canada. Smaller proportions other sponsors. Among those who recall advertising, the largest proportions say they saw this advertising on television (60%). Smaller numbers mention a doctor, hospital or clinic (24%), magazines (23%), radio (11%), newspapers (10%), a poster (9%), a brochure or pamphlet (6%), billboards (5%) and in a restaurant or bar (5%).

Fewer than two in ten (17%) recall seeing the poster with the phrase "Pregnant? No Alcohol," showing an outline of a pregnant woman and an outline of an alcohol bottle; 83 percent do not recall seeing it. A smaller proportion, one in ten (10%), recall seeing the brochure of the same design; 89 percent do not recall seeing it.

The largest numbers of respondents say television or other media (34%) and a doctor or doctor's office (32%) would be the best source of information for them to learn about Fetal Alcohol Syndrome and about the effects of alcohol use during pregnancy. Much smaller proportions would first look to books or magazines (7%), Internet sources (7%), health clinics/hospitals (5%) or Health Canada/flyers and pamphlets (4%).

There have been notable increases since 1999 in the numbers of both men (up 27 points) and women (up 25 points) who say television or other media would be the best source of information, and decreases in the numbers of men (down 16 points) and women (down 15 points) who mention a doctor or doctor's office.

Majorities think that television ads (72%), sending informational materials to doctors and health care professionals so they can inform their patients (67%) and posters in waiting rooms and clinics (60%) would be very effective ways to reach them on the subject of the effects of alcohol use during pregnancy. Four in ten or fewer each think that posters or brochures in pharmacies or drug stores (40%), ads on buses, subways or in bus shelters (40%), radio ads (39%), inserts and advertising in magazines or newspapers (36%), pamphlets, brochures or other publications (34%) or a website (27%) would be very effective ways to reach them on the subject of the effects of alcohol use during pregnancy.

Six in ten women (62%) say they would stop alcohol use if they were to become pregnant. Nine percent say they would cut back on their alcohol use. Only five percent say they would not change their alcohol use. A total of 24 percent say they don't use alcohol now.

Almost three in ten women say they would lower their alcohol use during their pregnancy if their spouse or partner encouraged them to stop or cut back their alcohol use during their pregnancy (28%). Four in ten (40%) say this would not affect their alcohol use. Majorities of women say they would not be influenced one way or the other by other actions on the part of

their partners, including their partner continuing to drink during their pregnancy (68% say this would have no effect on their use of alcohol), offering them a drink during their pregnancy (61%), or stopping drinking during their pregnancy (53%). Fewer than one in ten women each say they would be more likely to drink alcohol if their spouse or partner continued to drink during their pregnancy, stopped drinking during their pregnancy, or were to offer it to them. Seventeen percent say they would be more likely to drink alcohol if their spouse encouraged them to stop or cut back their alcohol use.

There has been a decrease of 11 points since 1999 in the number of women who say that they would be less likely to drink if their spouse or partner encouraged them to stop or cut down on their alcohol use, and an increase of ten points in the number who say they would be more likely to drink if their spouse or partner did this.

More than eight in ten men (86%) say they would be very likely to encourage their pregnant spouse or partner to stop or cut back on her alcohol use during the pregnancy. Fewer men (47%) say they would be very likely to stop drinking alcohol themselves during their spouse's or partner's pregnancy; 28 percent say they would not be likely to stop.

Quebec women differ from women outside Quebec in a number of areas; they are less likely to mention cutting down or stopping alcohol use as a behaviour to increase the likelihood of having a healthy baby and are more likely to think that moderate amounts

of alcohol will be safe. Quebecers are also less likely to recall information about the effects of alcohol use on a baby during pregnancy and to be aware of Fetal Alcohol Syndrome and Fetal Alcohol Effects, although awareness has increased since 1999. They are less likely to be willing to stop using alcohol if they become pregnant. Quebec men are less willing to encourage their spouse or partner to stop alcohol use during pregnancy or to stop alcohol consumption themselves.

While aboriginal people are somewhat less likely to identify cutting down on alcohol use as one of the most important things a pregnant women can do to ensure a healthy baby, and are more likely to say that the effect of alcohol use on fetal development is unclear, they are more likely to believe that any alcohol consumption, even of small or infrequent amounts, during pregnancy can harm the baby. They are also more likely to be aware of FAS and FAE, although they do not demonstrate any greater detailed knowledge about what these involve.

Women who drink more alcohol are more likely to believe that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby and are less likely to believe that any alcohol consumption during pregnancy or consumption prior to pregnancy can harm the baby. They are more likely to believe that the effect of alcohol use on the development of an unborn fetus is unclear.

The detailed findings on each topic are discussed in the following sections.

3.0 BEHAVIOURS TO INCREASE LIKELIHOOD OF HAVING HEALTHY BABY

3.1 Top-of-Mind Awareness of Behaviours

Top-of-mind, majorities or pluralities of respondents think good nutrition, cutting down on or stopping smoking, and cutting down on or stopping alcohol use are the most important things pregnant women can do to increase their likelihood of having a healthy baby.

Good nutrition, cutting down on or stopping smoking, and cutting down on or stopping alcohol use are seen as the most important behaviours that pregnant women can do to increase their likelihood of having a healthy baby.

Top-of-mind, majorities or pluralities of respondents mention good nutrition (79%), cutting down on or stopping smoking (58%), and cutting down on or stopping alcohol use (49%) as the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. One-third (34%) mention increasing or maintaining physical activity. Between one in ten and two in ten each mention visiting a doctor or health professional (20%) and cutting down on or stopping drug use (16%). Much smaller proportions mention other behaviours.

Behaviour to Increase Likelihood of Having a Healthy Baby

Top-of-mind

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
Eat well/good nutrition/vitamins	75	78	66	79	82	70
Cut down/stop smoking	63	61	71	58	56	63
Cut down/stop alcohol use	52	50	58	49	49	50
Increase/maintain exercise/physical activity**	25	26	22	34	34	31
Visit doctor/health professional	11	13	6	20	23	9
Cut down/stop drug use (marijuana, crack, heroin, etc.)	14	14	15	16	17	14
Avoid stress	4	4	3	6	6	5
Get rest/sleep***	2	2	2	6	6	6
Reduce exercise/physical activity****	5	5	5	5	5	4
Take pre-natal class	2	2	*	4	5	2
Take folic acid	1	2	*	3	4	1
Avoid second-hand smoke	1	1	2	3	3	1
Positive mental attitude	1	1	*	3	2	3
Avoid environmental pollution	2	2	1	2	2	1
Talk to friends/family/social support	1	1	1	2	3	1
Learn about infant care	*	1	0	2	2	2
Other	3	3	4	4	5	3
dk/na	1	1	2	1	*	1

* Less than one percent

** In 1999, was "increase/maintain exercise" only

*** In 1999, was "sleep well/enough"

**** In 1999, was "reduce exercise" only

Note: Multiple answer possible

Q.1

Thinking about healthy infants and children, what, in your opinion, are the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy? What things come to mind as important?

Comparison with the results of the November-December 1999 benchmark survey indicates that there has been a decrease of eight points in the number of men who mention cutting down on or stopping alcohol use.

Among women, those aged 25 to 29 and those with less education are less likely to mention cutting down on or stopping alcohol use.

Quebec women are less likely to mention cutting down on or stopping using alcohol; Alberta and Manitoba women are more likely to mention this.

3.2 Assessing the Importance of Specific Actions

Majorities say cutting down on or stopping smoking, cutting down on or stopping using alcohol, and eating nutritious food are among the most important things that pregnant women might do to increase the likelihood that they will have a healthy baby.

When asked about specific actions, once again, respondents say that cutting down on or stopping smoking, cutting down on or stopping using alcohol and eating nutritious food are among the most important things that pregnant women might do to increase the likelihood that they will have a healthy baby.

When asked specifically to assess the importance of a number of behaviours, majorities overall think that all of the behaviours surveyed are at least very important things for pregnant women to do.

Looking at strongly held opinions on this question, majorities say cutting down on or stopping smoking (68%), cutting down on or stopping using alcohol (63%), and eating nutritious food (55%) are one of the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. Significant minorities also say the same of visiting a doctor or health professional regularly (48%) and avoiding second-hand smoke (41%). Much smaller proportions place the same degree of impor-

Assessing the Importance of Specific Actions

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>Cut down or stop smoking</i>						
One of most important	63	63	63	68	69	64
Very important	35	35	35	31	30	34
Less important	2	2	2	1	1	2
Not at all important	*	*	*	*	*	0
dk/na	*	*	0	0	0	0
<i>Cut down or stop using alcohol</i>						
One of most important	60	61	57	63	64	59
Very important	38	38	38	35	35	38
Less important	2	1	5	2	1	3
Not at all important	*	*	0	*	*	0
dk/na	0	0	0	0	0	0
<i>Eat nutritious food</i>						
One of most important	54	55	49	55	57	47
Very important	46	44	50	45	42	52
Less important	1	*	1	*	*	1
Not at all important	0	0	0	*	*	0
dk/na	*	*	0	0	0	0
<i>Visit a doctor or health professional on a regular basis</i>						
One of most important	42	45	34	48	50	40
Very important	54	52	59	48	46	53
Less important	4	3	7	4	3	6
Not at all important	*	*	0	*	*	1
dk/na	*	*	0	*	*	0
* Less than one percent						

Q.2

Here are some things that pregnant women might do to increase the likelihood that their baby will be born healthy. In your opinion, is each of the following one of the most important things to do, a very important thing to do, a less important thing to do or not at all important to do?

continued ...

tance on avoiding stressful situations (22%), avoiding environmental pollution (20%) and reducing strenuous physical activity (11%).

There have been increases since 1999 in the numbers of both men and women who say that visiting a doctor or health professional and avoiding second-hand smoke are among the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy.

Alberta and Saskatchewan women are somewhat more likely than others to say cutting down on or

stopping using alcohol is one of the most important things that pregnant women might do to increase the likelihood that their baby will be born healthy. Ontario women are somewhat less likely to say this.

Aboriginal people are somewhat less likely than others to say that cutting down on or stopping using alcohol is one of the most important things that pregnant women might do to increase the likelihood that their baby will be born healthy, but they are as likely as others to say it is at least a very important thing to do.

Assessing the Importance of Specific Actions *continued*

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>Avoid second-hand smoke</i>						
One of most important	36	36	36	41	40	42
Very important	54	54	53	52	53	50
Less important	9	9	10	6	6	6
Not at all important	*	*	1	1	*	1
dk/na	*	*	*	0	0	0
<i>Avoid stressful situations</i>						
One of most important	19	19	17	22	22	24
Very important	59	60	58	57	56	57
Less important	21	20	24	20	21	18
Not at all important	*	1	*	1	1	1
dk/na	1	1	1	*	*	0
<i>Avoid environmental pollution</i>						
One of most important	22	20	25	20	19	23
Very important	58	59	54	57	58	52
Less important	19	18	19	21	21	22
Not at all important	2	2	1	1	1	1
dk/na	1	1	1	1	1	2
<i>Reduce strenuous physical activity</i>						
One of most important	12	13	8	11	11	13
Very important	41	41	43	42	42	44
Less important	39	38	40	39	41	36
Not at all important	7	6	9	6	6	6
dk/na	1	1	*	1	1	1

* Less than one percent

Q2

Here are some things that pregnant women might do to increase the likelihood that their baby will be born healthy. In your opinion, is each of the following one of the most important things to do, a very important thing to do, a less important thing to do or not at all important to do?

4.0 EFFECTS OF ALCOHOL USE DURING PREGNANCY

4.1 Beliefs about the Effects of Alcohol Use

There is unanimous belief that the more alcohol a pregnant woman drinks, the more harm this may have on the baby, and that alcohol use during pregnancy leads to life-long disabilities in a child. However, opinion is divided as to the impact of small amounts of alcohol use.

Respondents show a high awareness that more alcohol use is harmful, and that alcohol use can cause life-long disabilities in a child. However, there is a division of opinion as to the impact of small amounts of alcohol use.

There is unanimous belief that the more alcohol a pregnant woman drinks, the more likely that the baby will be harmed (98%) and that the more alcohol a pregnant woman drinks, the more harm that may be done to the baby (98%). There is less belief, although still at a majority level, that *any* alcohol consumption during pregnancy can harm the baby (68%).

About one-half, however, believe that a small amount of alcohol use during pregnancy can usually be considered safe (48%).

Much smaller proportions believe that alcohol use *before* a pregnancy begins can harm a baby, even if a woman stops alcohol use during the pregnancy (39%), that a moderate amount of alcohol consumption during pregnancy can usually be considered safe (24%) and that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby (22%).

The survey suggests growing awareness of the dangers of alcohol use, on a number of items, since 1999.

There has been a decrease since 1999 in the numbers of both men and women who think that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby; there has also been a slight increase in the number of men who think that *any* alcohol consumption during pregnancy can harm the baby.

Men are more likely than women to believe that small amounts of alcohol consumption during pregnancy can usually be considered safe, and that a small amount of alcohol consumption would never lead to serious harm to the baby, and are less likely to believe that any alcohol consumption during pregnancy can harm the baby.

Looking specifically at women, we find that those who don't drink are less likely to think that small amounts of alcohol consumption during pregnancy can usually be considered safe. Those aged 18 to 29 and those who are not mothers are less likely to think that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby. Those with higher education are less likely to believe that a moderate amount of alcohol use can usually be considered safe. Those aged 18 to 29 are more likely to believe that any alcohol consumption during pregnancy can harm the baby. Women who drink are less likely to believe that any consumption during pregnancy or consumption prior to pregnancy can be harmful.

Quebec women are more likely to believe that moderate amounts of alcohol consumption during pregnancy can usually be considered safe and that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby; women in Manitoba, Saskatchewan and Alberta are less likely to believe either of these two statements. Women in the Prairie provinces are also less likely to believe that small amounts of alcohol consumption during pregnancy can usually be considered safe, and more likely to believe that any alcohol consumption during pregnancy can harm the baby; women in Ontario are less likely to believe that any alcohol consumption during pregnancy can harm the baby and more likely to believe that a small amount of alcohol use can usually be considered safe. Quebec women are also less likely to believe that alcohol use before a pregnancy begins can harm a baby; Manitoba women are more likely to believe this statement.

Aboriginal people are somewhat more likely to believe that any alcohol consumption during pregnancy can harm the baby and that alcohol use before a pregnancy begins can harm a baby, even if a woman stops alcohol use during the pregnancy.

There is almost unanimous belief that alcohol use during pregnancy can lead to life-long disabilities in a child (92%). Almost the same number do not believe that most of the effects of alcohol use on a child usually disappear as the child grows older (89%). A slight majority reject the suggestion that the effect of alcohol use on the development of an unborn fetus is unclear (55%).

There has been a slight increase since 1999 in the numbers of both men and women who do not believe

that most of the effects of alcohol use on a child usually disappear as the child grows older.

Men are slightly more likely than women to believe that the effect of alcohol use on the development of an unborn fetus is unclear, and slightly less likely to believe that alcohol use during pregnancy can lead to life-long disabilities in a child.

Less educated and less affluent women, women who drink and mothers are more likely to believe that the effect of alcohol use on the development of an unborn fetus is unclear. Less educated women are less likely to disagree that most of the effects of alcohol use on a child usually disappear as the child grows older.

Beliefs about the Effects of Alcohol Use

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>The more alcohol a pregnant woman drinks, the more harm may be done to the baby.</i>						
True	98	98	97	98	98	98
Not true	2	2	3	2	2	2
dk/na	*	*	1	*	*	*
<i>The more alcohol a pregnant woman drinks, the more likely that the baby will be harmed.</i>						
True	98	98	99	98	98	97
Not true	1	1	1	2	2	2
dk/na	*	*	0	*	*	*
<i>Alcohol use during pregnancy can lead to life-long disabilities in a child.</i>						
True	89	89	87	92	94	89
Not true	8	8	9	5	3	9
dk/na	3	3	4	3	3	2
<i>Any alcohol consumption during pregnancy can harm the baby.</i>						
True	66	68	59	68	70	64
Not true	33	31	40	31	29	35
dk/na	1	1	1	1	1	1
<i>A small amount of alcohol use during pregnancy can usually be considered safe.</i>						
True	51	49	57	48	46	53
Not true	46	49	40	51	52	46
dk/na	2	2	3	1	1	1

* Less than one percent

continued ...

Q.3

Please tell me if you think each of the following statements about alcohol use during pregnancy and its effect on a baby that is born is true or is not true?

Q.4

And are these statements true or not true?

Women in British Columbia and Quebec are more likely than other Canadian women to believe that the effect of alcohol use on the development of an unborn fetus is unclear; women in Ontario and the Prairie provinces are less likely to believe this. Quebec women are less likely to believe that alcohol use during pregnancy can lead to life-long disabilities in a child; Western Canadian women are more likely

to agree with this view. Quebec and Saskatchewan women are less likely to disagree that most of the effects of alcohol use on a child usually disappear as the child grows older.

Aboriginal people are more likely to believe that the effect of alcohol use on the development of an unborn fetus is unclear.

Beliefs about the Effects of Alcohol Use *continued*

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>The effect of alcohol use on the development of an unborn fetus is unclear.</i>						
True	-	-	-	40	39	43
Not true	-	-	-	55	57	49
dk/na	-	-	-	5	5	8
<i>Alcohol use before a pregnancy begins can harm a baby, even if a woman stops alcohol use during the pregnancy.</i>						
True	39	39	37	39	39	39
Not true	53	53	54	53	54	51
dk/na	8	8	9	8	8	10
<i>A moderate amount of alcohol consumption during pregnancy can usually be considered safe.</i>						
True	25	23	30	24	23	26
Not true	73	75	68	75	76	73
dk/na	2	2	2	2	1	2
<i>A small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby.</i>						
True	30	28	35	22	20	28
Not true	66	68	59	75	78	68
dk/na	4	4	6	2	2	3
<i>Most of the effects of alcohol use on a child usually disappear as the child grows older.</i>						
True	9	8	9	5	4	7
Not true	82	82	80	89	90	86
dk/na	10	9	10	6	7	6
* Less than one percent						

Q.3

Please tell me if you think each of the following statements about alcohol use during pregnancy and its effect on a baby that is born is true or is not true?

Q.4

And are these statements true or not true?

4.2 Beliefs about the Effects of Specific Amounts of Alcohol

There is unanimous belief that one alcoholic drink each day, or three or four alcoholic drinks each weekend during a pregnancy are unsafe for the baby. However, opinion is divided as to whether two alcoholic drinks on two or three different occasions, or a total of one or two drinks during the pregnancy are safe.

When asked about specific amounts of alcohol consumption, respondents have a high awareness about the negative effect of large amounts of alcohol on the baby, but are divided as to whether there are harmful effects of smaller amounts of alcohol use.

When asked about specific amounts of alcohol consumption in terms of its effect on a baby that is born, more than seven in ten respondents each believe it is not at all safe for a pregnant woman to drink one alcoholic drink each day during the pregnancy (75%) or three or four alcoholic drinks each weekend during the pregnancy (75%).

However, opinion is divided as to the effect of smaller amounts of alcohol, such as drinking two alcoholic drinks on two or three different occasions during the pregnancy (44% say this is safe; 57% say this is unsafe) or a total of one or two alcoholic drinks during the pregnancy (57% say this is safe; 43% say this is unsafe).

Beliefs about the Effects of Specific Amounts of Alcohol During Pregnancy

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>Three or four alcoholic drinks each weekend</i>						
Very safe	1	*	1	*	*	1
Somewhat safe	4	3	7	3	2	6
Not very safe	27	25	32	22	20	28
Not at all safe	68	71	59	75	78	65
dk/na	*	*	0	*	0	*
<i>One alcoholic drink each day</i>						
Very safe	1	*	2	1	1	2
Somewhat safe	6	4	10	5	5	7
Not very safe	25	23	31	19	15	29
Not at all safe	69	72	58	75	79	63
dk/na	*	*	*	*	*	*
<i>Two alcoholic drinks on two or three different occasions</i>						
Very safe	12	11	16	10	8	14
Somewhat safe	35	34	38	34	33	36
Not very safe	25	26	22	25	26	20
Not at all safe	27	28	24	32	32	30
dk/na	1	1	1	*	*	*
<i>A total of one or two alcoholic drinks</i>						
Very safe	27	26	32	22	20	27
Somewhat safe	38	39	38	35	36	34
Not very safe	14	15	13	17	18	11
Not at all safe	20	21	17	26	25	27
dk/na	*	*	0	*	0	*

* Less than one percent

Q.5

In terms of its effect on a baby that is born, do you think it would be very safe, somewhat safe, not very safe or not at all safe for a pregnant woman to drink each of the following amounts of alcohol...?

There have been increases since 1999 in the numbers of both men and women who think that consumption of any of these amounts of alcohol during pregnancy is not at all safe.

Women are much more likely than men to think that one alcoholic drink each day during the pregnancy and three or four alcoholic drinks each weekend during the pregnancy are not at all safe.

Less educated women are less likely to think that one alcoholic drink each day during the pregnancy or three or four alcoholic drinks each weekend during the pregnancy are not at all safe. Women who do not drink are more likely to think any of these amounts of alcohol are not at all safe. Among women who drink, those who drink more are less likely to think

one alcoholic drink each day or three or four alcoholic drinks each weekend are not at all safe.

Quebec women are less likely to think any of these amounts of alcohol are not at all safe, with the exception of one alcoholic drink each day during the pregnancy. Ontario women are also somewhat less likely to think that any of these amounts of alcohol use are not at all safe. Women in Atlantic Canada are less likely to think three or four alcoholic drinks each weekend are not at all safe.

Aboriginal people are more likely than non-aboriginal people to think that all of these amounts are not at all safe, particularly drinking two alcoholic drinks on two or three different occasions, or a total of one or two alcoholic drinks during the pregnancy.

5.0 AWARENESS OF FETAL ALCOHOL SYNDROME AND FETAL ALCOHOL EFFECTS

5.1 Awareness of Fetal Alcohol Syndrome

Three-quarters report awareness of Fetal Alcohol Syndrome. Of these, the largest proportion say Fetal Alcohol Syndrome refers to the effects of alcohol on the fetus.

Respondents report a high level of awareness of Fetal Alcohol Syndrome, but detailed knowledge of what FAS actually involves is much more limited.

More than three-quarters of respondents (77%) say they have heard of Fetal Alcohol Syndrome. Two in ten (22%) say they have not.

Among those who report awareness, the largest proportion say Fetal Alcohol Syndrome refers generally to the effects of alcohol on a fetus (32%). Others mention that the baby is addicted to alcohol/experiences withdrawal (18%), delayed development (16%), learning disabilities (16%) or harmful/ill effects in general (15%). Smaller numbers say it involves mental disorders (11%), cranial/facial deformities (11%), physical disorders (10%), behavioural problems (10%), brain damage (9%), lower I.Q./retardation (8%), birth defects/deformities (7%), Attention Deficit Disorder (5%) and low birth weight (5%). Twelve percent mention other descriptions. Fourteen percent of those who say they are aware of FAS offer no description of it.

Awareness of Fetal Alcohol Syndrome

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>TOTAL SAMPLE</i>						
<i>Heard of</i>						
Yes	71	72	68	77	81	66
No	29	28	32	22	19	34
dk/na	*	*	*	*	*	0
<i>HEARD OF FAS</i>						
<i>What is FAS?</i>						
Effects of alcohol on fetus	34	34	34	32	33	27
Baby addicted/experiences withdrawal	22	22	24	18	17	21
Delayed development	11	10	13	16	17	12
Learning disabilities	10	11	6	16	18	10
Harmful/ill effects	13	13	12	15	15	15
Mental disorders	8	8	8	11	11	11
Cranial/facial deformities	8	9	4	11	14	2
Physical disorders	11	11	13	10	11	8
Behavioural problems	7	7	6	10	11	8
Brain damage	9	8	10	9	10	7
Lower IQ/retardation	7	7	7	8	10	3
Causes birth defects/deformities	10	9	12	7	7	7
Low birth weight	5	5	4	5	6	1
Attention Deficit Disorder	4	4	3	5	5	4
Growth problems	2	2	1	3	4	1
Premature birth	1	1	*	3	3	1
Born with alcohol in its system	3	3	3	1	1	0
Other	1	1	1	5	6	5
dk/na	14	13	15	14	11	22

* Less than one percent
Note: Multiple answers possible

Q.6a
Have you ever heard of Fetal Alcohol Syndrome?

Q.6b
Can you tell me what Fetal Alcohol Syndrome is? What happens with Fetal Alcohol Syndrome?

Subsample: Have heard of Fetal Alcohol Syndrome

There has been an increase of nine points since 1999 in the number of women who say they have heard of Fetal Alcohol Syndrome; however, the current results suggest that awareness among men has remained essentially unchanged. Among women who are aware, mention of delayed development and learning disabilities has increased since 1999.

Women, especially the better educated and more affluent, are more likely than men to be aware of Fetal Alcohol Syndrome. Women are also more likely than men to identify learning disabilities and cranial or facial deformities as aspects of FAS. Less educated women are less likely to give detailed knowledge of what FAS actually involves while more highly educated women are more likely to mention learning disabilities, physical disorders, delayed development, cranial/facial deformities, mental disorders and behavioural problems.

Only 48 percent of Quebec women are aware of Fetal Alcohol Syndrome; but this number has increased by 16 points since 1999. Atlantic Canadian women are more likely than others to offer general mentions of harmful effects. Quebec women are more likely to mention that it involves a baby addicted to alcohol/experiences withdrawal. Quebec women are the least likely to mention learning disabilities and the effects of alcohol on the fetus.

Aboriginal people are more likely to be aware of Fetal Alcohol Syndrome but are not significantly more likely to demonstrate detailed knowledge of what FAS actually involves.

5.2 Awareness of Fetal Alcohol Effects

Seven in ten respondents report awareness of Fetal Alcohol Effects. Of these, the most common descriptions are learning disabilities and delayed development.

A large majority of respondents express awareness of Fetal Alcohol Effects or alcohol-related birth defects. As with Fetal Alcohol Syndrome, detailed knowledge of what FAE is, remains more limited.

Awareness of Fetal Alcohol Effects

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>TOTAL SAMPLE</i>						
<i>Heard of</i>						
Yes	56	64	34	72	76	61
No	43	36	65	28	24	38
dk/na	*	*	1	*	*	1
<i>HEARD OF FAE</i>						
<i>What are fetal alcohol effects/ alcohol-related birth defects?***</i>						
Learning disabilities	14	14	11	21	24	14
Delayed development	10	12	0	20	20	17
Lower IQ/retardation***	8	9	5	15	16	9
Cranial/facial deformities	8	9	1	13	14	7
Baby addicted/experiences withdrawal	14	14	14	11	11	8
Brain damage	10	11	7	11	11	9
Behavioural problems	7	6	7	10	12	3
Birth defects	6	4	12	10	10	8
Attention Deficit Disorder/ hyperactivity****	6	7	3	9	10	6
Low birth weight	6	7	2	9	9	6
Effects of alcohol on fetus	8	9	3	9	10	7
Physical disorders	17	18	15	9	10	3
Mental disorders	7	7	5	9	10	7
Fetal/infant organ/respiratory damage	5	5	3	9	10	8
Psychological/emotional problems	6	5	9	6	6	5
Unhealthy child	5	5	7	3	3	3
Growth problems	5	4	9	3	4	2
Effects less than FAS	3	4	1	3	3	3
Premature birth	3	4	1	2	2	2
Fetus/infant mortality/SIDS	1	*	2	*	*	0
Other	3	3	4	6	6	4
dk/na	17	14	30	15	11	32

* Less than one percent

** "Alcohol-related birth defects" was not included in the 1999 question

*** In 1999, was "lower IQ/retardation/Down's Syndrome"

**** In 1999, was "Attention Deficit Disorder" only

Note: Multiple answers possible

Q.7a

Have you ever heard of Fetal Alcohol Effects or alcohol-related birth defects?

Q.7b

Can you tell me what Fetal Alcohol Effects or alcohol-related birth defects are?

Subsample: Have heard of Fetal Alcohol Effects or alcohol-related birth defects

Seven in ten respondents (72%) have heard of Fetal Alcohol Effects. Three in ten (28%) say they have not.

Among those who report awareness, the most common descriptions are learning disabilities (21%) and delayed development (20%). Fewer mention lower I.Q./retardation (15%), cranial/facial deformities (13%), baby addicted to alcohol/experiences withdrawal (11%), brain damage (11%), behavioural problems (10%), birth defects (10%), Attention Deficit Disorder (9%), physical disorders (9%), mental disorders (9%), effect of alcohol on fetus (9%), low birth weight (9%), fetal/infant organ/respiratory damage (9%), psychological/emotional problems (6%), unhealthy child (3%), growth problems (3%) and effects less than those of FAS (3%). Eight percent mention other descriptions. Fifteen percent of those who say they are aware offer no description.

There have been notable increases since 1999 in the numbers of both men (up 27 points) and women (up 12 points) who are aware of Fetal Alcohol Effects or alcohol-related birth defects, although part of this increase might be attributable to the inclusion of the latter wording as part of this year's survey. Among women who are aware, mention of delayed development, learning disabilities, lower I.Q./retardation, cranial/facial deformities and behavioural problems has increased since 1999.

Women, especially those who are aged 30 to 34 years and better educated, are more likely than men to express awareness of Fetal Alcohol Effects and to give more detailed knowledge of what Fetal Alcohol Effects involves.

Only 54 percent of Quebec women are aware of Fetal Alcohol Effects; however, this is an increase of 13 points from 1999. Quebec women who are aware are more likely to mention baby is addicted to alcohol/experiences withdrawal and delayed development, but are less likely to mention learning disabilities, Attention Deficit Disorder, behavioural problems and cranial/facial deformities. Atlantic Canadian women are more likely to mention baby is addicted to alcohol/experiences withdrawal or fetal/infant organ/respiratory damage and offer a general mention of effects of alcohol on the fetus, but are less likely to mention learning disabilities. Western women are more likely to mention learning disabilities and behavioural problems.

Aboriginal people are more likely to be aware of Fetal Alcohol Effects but are not significantly more likely to demonstrate detailed knowledge of what FAE actually involves.

6.0 RECALL OF INFORMATION ABOUT THE EFFECTS OF ALCOHOL USE

6.1 Top-of-mind Recall of Information or Advertising

More than six in ten recall seeing information about the effects of alcohol use on a baby during pregnancy. One-half recall seeing advertising about alcohol use during pregnancy, FAS or alcohol-related birth defects.

There is significant recall of information about the effects of alcohol use on a baby during pregnancy. Fewer respondents, but still a majority, recall seeing or hearing any ads about alcohol use during pregnancy, FAS or alcohol-related birth defects over the past several months.

More than six in ten respondents (63%) recall seeing information about the effects of alcohol use on a baby

during pregnancy. Almost four in ten (37%) do not recall seeing any information on this topic.

There have been decreases since 1999 in the numbers of both men (down ten points) and women (down eight points) who recall seeing any information about the effects of alcohol use on a baby during pregnancy.

Women, especially those with higher levels of education and income and those who are mothers, are more likely than men to recall seeing any information about the effects of alcohol use on a baby during pregnancy.

Quebec women are less likely to recall any such information – 49 percent of Quebec women say they have seen any information; this proportion has decreased seven points since 1999.

Recall of Information about the Effects of Alcohol Use

	DECEMBER 1999			MARCH 2002			
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	
Yes	72	74	64	63	66	54	Q.8
No	28	25	36	37	34	45	<i>Do you recall seeing any information about the effects of alcohol use on a baby during pregnancy?</i>
dk/na	*	*	0	1	*	1	

* Less than one percent

One-half of respondents (51%) recall seeing or hearing any ads about alcohol use during pregnancy, FAS or alcohol-related birth defects over the past several months. Forty-eight percent do not recall any such advertising.

Among those who recall seeing or hearing such advertising, six in ten (60%) do not recall the sponsor. Two in ten (22%) say that the advertising was sponsored by the federal government or Health Canada. Smaller proportions mention a health organization/NGO (9%) or a provincial government (3%). Ten percent mention other sponsors.

Among those who recall advertising, the largest proportions say they saw this advertising on television (60%). Smaller numbers mention a doctor, hospital or clinic (24%), magazines (23%), radio (11%), newspapers (10%), a poster (9%), a brochure or pamphlet (6%), billboards (5%) and in a restaurant or bar (5%). Seventeen percent mention other locations.

Women are slightly more likely than men to recall seeing or hearing any ads about alcohol use during pregnancy, FAS or alcohol-related birth defects. Women are more likely than men to mention seeing such advertising at a doctor's office/hospital/clinic and in magazines. Men are more likely than women to mention television and newspapers.

Ads about Alcohol Use during Pregnancy March 2002

	TOTAL	WOMEN	MEN		TOTAL	WOMEN	MEN
<i>RECALL ADS</i>				<i>WHERE DID YOU NOTICE ADVERTISEMENT(S)?</i>			
Yes	51	52	48	Television	60	56	72
No	48	48	51	Doctor/hospital/clinic	24	27	16
dk/na	1	1	1	Magazines	23	26	16
<i>WHO SPONSORED ADVERTISING?</i>				Radio	11	11	11
Federal government/Health Canada	22	23	20	Newspapers	10	7	17
Health organization/NGO	9	10	6	Poster	9	10	4
Provincial government	3	3	2	Pamphlet/brochure	6	7	4
Alcohol manufacturer/beer company	2	3	2	Billboards	5	5	7
Provincial liquor board/agency	2	2	2	Restaurant/bar	5	7	0
Other government/municipal government	2	3	1	Workplace	2	2	0
Other	4	5	3	School	2	3	0
dk/na	60	58	67	Liquor stores/bottles – wine, beer	2	2	0
				Public transit	2	2	3
				Internet/website banner ad	1	1	2
				Cigarette packages	1	1	2
				Other	7	8	3
				dk/na	3	3	4

* Less than one percent

Q.9a

Do you recall seeing or hearing any ads about alcohol use during pregnancy, Fetal Alcohol Syndrome or alcohol-related birth defects over the past several months? This would include ads on television, billboards, posters, radio, newspapers or magazines.

Q.9b

Do you recall who sponsored this advertising?

Subsample: Respondents who recall seeing or hearing any ads about alcohol use during pregnancy, Fetal Alcohol Syndrome or alcohol-related birth defects over the past several months

Q.9c

Where did you notice this (these) advertisement(s)? Did you notice it (them) anywhere else?

Subsample: Respondents who recall seeing or hearing any ads about alcohol use during pregnancy, Fetal Alcohol Syndrome or alcohol-related birth defects over the past several months

When we look specifically at women, we find that women who have had a child in the past five years are more likely to recall advertising on these topics. Women who drink are more likely to identify the sponsor of the advertising they have seen as the federal government or Health Canada; women with less education are less likely to do so. The least affluent women, women with community college education, women who drink and women who have not had a child in the past five years are more likely to mention television. Women who drink infrequently or not at all, and mothers, particularly those who have had a child in the past five years, are more likely to mention doctor/hospital/clinic. More affluent women, mothers and women who do not drink are more likely to mention magazines; women aged 18 to 24 years are less likely to do so.

Women in Quebec and Ontario are less likely to have seen advertising on these topics. Quebec women who have seen information are more likely to mention radio, but are less likely to mention doctor/hospital/clinic. Women in Manitoba and Alberta are more likely to mention television. Women in Atlantic Canada and Alberta are more likely to mention a doctor/hospital/clinic. British Columbian women are more likely to mention a restaurant/bar, and less likely to mention television.

Aboriginal people are somewhat more likely to recall seeing or hearing any ads about alcohol use during pregnancy, FAS or alcohol-related birth defects, and are more likely to have seen such advertising in magazines.

6.2 Recall of “Pregnant? No Alcohol” Creatives

About two in ten have seen a poster with the phrase “Pregnant? No Alcohol,” and one in ten have seen a brochure with this phrase.

Respondents were asked if they had seen the poster or the brochure with the phrase “Pregnant? No Alcohol,” showing an outline of a pregnant woman and an outline of an alcohol bottle.

About two in ten (17%) recall seeing the poster; 83 percent do not recall seeing it. A smaller proportion, one in ten (10%), recall seeing the brochure; 89 percent do not recall seeing it.

Aboriginal women, mothers, especially those who have had a child in the past five years, and women in Manitoba and Atlantic Canada are somewhat more likely to recall having seen the poster.

Recall of Specific Creatives: “Pregnant? No Alcohol”

March 2002

Poster with the phrase: “Pregnant? No Alcohol,” showing an outline of a pregnant woman and an outline of an alcohol bottle

	TOTAL	WOMEN	MEN
Yes	17	17	16
No	83	82	84
dk/na	1	1	1

Brochure with the phrase: “Pregnant? No Alcohol,” showing an outline of a pregnant woman and an outline of an alcohol bottle

	TOTAL	WOMEN	MEN
Yes	10	10	9
No	89	89	89
dk/na	1	1	2

Q.10

Do you recall seeing any of the following ... A poster with the phrase: “Pregnant? No Alcohol,” showing an outline of a pregnant woman and an outline of an alcohol bottle ... A brochure with the phrase: “Pregnant? No Alcohol,” showing an outline of a pregnant woman and an outline of an alcohol bottle?

7.0 INFORMATION SOURCES

The largest proportions of respondents say television or other media and a doctor or doctor's office would be the best source of information about Fetal Alcohol Syndrome and about the effects of alcohol use during pregnancy.

Respondents are most likely to mention television or other media and a doctor or doctor's office as the best source of information for them about Fetal Alcohol Syndrome and about the effects of alcohol use during pregnancy.

The largest numbers of respondents say television or other media (34%) and a doctor or doctor's office (32%) would be the best source of information for

them to learn about Fetal Alcohol Syndrome and about the effects of alcohol use during pregnancy. Much smaller proportions would first look to books or magazines (7%), Internet sources (7%), health clinics/hospitals (5%) or Health Canada/flyers and pamphlets (4%). Eight percent mention other sources of information.

There have been notable increases since 1999 in the numbers of both men (up 27 points) and women (up 25 points) who say television or other media would be the best source of information, and decreases in the numbers of men (down 16 points) and women (down 15 points) who mention a doctor or doctor's office.

Best Source of Information about FAS/Effects of Alcohol Use

	DECEMBER 1999			MARCH 2002		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
TV/other media**	8	7	10	34	32	37
Doctor/doctor's office	47	48	43	32	33	27
Books/magazines	10	11	7	7	8	3
Internet sources	5	3	10	7	6	9
Health clinic/hospital	9	9	10	5	5	6
Health Canada/flyers and pamphlets	4	4	5	4	4	5
Library/school	1	1	*	2	2	2
Newspapers	1	1	2	1	*	2
Pre-natal class	1	1	1	1	1	1
Through friends/family	1	1	1	1	1	*
Alcohol bottles/vendors	0	0	0	1	1	1
Posters/billboards	0	0	0	1	1	1
Workplace	1	1	0	*	*	0
Pharmacy/drug store	*	*	0	*	*	1
Other media	1	1	*	*	*	*
Public health organizations/programs	1	2	1	*	*	1
Seeing affected child/drinking mother	-	-	-	*	*	0
Journals	0	0	0	*	*	*
Other	1	1	2	1	1	*
dk/na	5	5	4	3	3	3

* Less than one percent

Note: Multiple answers possible

** In 1999, was "TV programs/advertisements" and "Other media"

Q.11

What, for you, would be the best source of information about Fetal Alcohol Syndrome and about the effects of alcohol use during pregnancy?

Women, especially those aged 30 to 34 years and mothers, are slightly more likely than men to mention a doctor or doctor's office as a good source of information about Fetal Alcohol Syndrome. Men are slightly more likely than women to mention television or other media.

Quebec women are more likely to mention health clinics or hospitals and television or other media; Atlantic Canadian women are also somewhat more likely to mention television or other media. Ontario and British Columbia women are slightly more likely to mention doctor/doctor's office.

8.0 EFFECTIVENESS OF INITIATIVES TO INFORM ABOUT THE RISKS OF ALCOHOL USE

Large majorities think that television advertising, sending information to doctors and health care professionals, and placing posters in waiting rooms and clinics would be very effective ways to inform them about the risks of alcohol use during pregnancy.

Majorities of six in ten or more think that television advertising, sending information to doctors and health care professionals, and placing posters in waiting rooms and clinics would be very effective way for the Government of Canada to inform them about the risks of alcohol use during pregnancy. Between three and four in ten each think that most other initiatives examined would be very effective in achieving this goal.

Majorities think that television ads (72%), sending informational materials to doctors and health care professionals so they can inform their patients (67%), and posters in waiting rooms and clinics (60%) would be very effective ways to reach them on the subject of the effects of alcohol use during pregnancy. Four in ten or fewer each think that posters or brochures in pharmacies or drug stores (40%), ads on buses, subways or in bus shelters (40%), radio ads (39%), inserts and advertising in magazines or newspapers (36%), pamphlets, brochures or other publications (34%) or a website (27%) would be very effective ways to reach them on the subject of the effects of alcohol use during pregnancy.

Women are more likely than men to say that most of these initiatives would be very effective ways of reaching them on the subject of the risks of alcohol use, the only exception being use of radio advertising. Less educated women are slightly more likely to say that sending informational materials to doctors, inserts and advertising in magazines or newspapers, ads on buses, subways and in bus shelters, pamphlets, brochures or other publications, posters or brochures in pharmacies or drug stores and a website would be very effective. Older women and mothers are more likely to say that sending informational materials to doctors and posters in waiting rooms and clinics would be very effective ways of reaching them.

Atlantic Canadian women are more likely to say that most of these initiatives would be very effective ways of reaching them.

Aboriginal people are somewhat more likely to say that posters in waiting rooms and clinics, ads on buses, subways or in bus shelters, posters or brochures in pharmacies or drug stores, and pamphlets, brochures or other publications would be effective ways of reaching them on the subject the risks of alcohol use.

Initiatives to Inform about the Effects of Alcohol Use
March 2002

	TOTAL	WOMEN	MEN		TOTAL	WOMEN	MEN
<i>Television ads</i>				<i>Radio Ads</i>			
Very effective	72	74	67	Very effective	39	39	41
Somewhat effective	21	20	25	Somewhat effective	43	44	43
Not very effective	6	6	8	Not very effective	17	17	16
dk/na	*	0	*	dk/na	*	*	0
<i>Sending info materials to doctors/health care professionals to inform patients</i>				<i>Inserts/ads in magazines/newspapers</i>			
Very effective	67	70	56	Very effective	36	38	28
Somewhat effective	25	23	30	Somewhat effective	47	45	51
Not very effective	8	6	14	Not very effective	17	16	21
dk/na	0	0	0	dk/na	0	0	0
<i>Posters in waiting rooms and clinics</i>				<i>Pamphlets/brochures/other publications</i>			
Very effective	60	62	52	Very effective	34	38	25
Somewhat effective	32	31	35	Somewhat effective	47	45	54
Not very effective	8	6	13	Not very effective	18	17	20
dk/na	0	0	0	dk/na	*	0	1
<i>Posters/brochures in pharmacies/drug stores</i>				<i>Website</i>			
Very effective	40	42	36	Very effective	27	28	24
Somewhat effective	43	42	43	Somewhat effective	40	40	42
Not very effective	17	16	21	Not very effective	33	32	33
dk/na	0	0	0	dk/na	*	*	*
<i>Ads on buses/subways/bus shelters</i>							
Very effective	40	44	30				
Somewhat effective	35	33	42				
Not very effective	24	23	28				
dk/na	*	*	*				

*Less than one percent

Q.12

The government of Canada is considering some initiatives to inform and raise awareness about the effects of alcohol use during pregnancy. Would each of the following be a very, somewhat, or not very effective way to reach you on this subject ... A website ... Sending informational materials to doctors and health care professionals so they can inform their patients ... Posters in waiting rooms and clinics ... Inserts and advertising in magazines or newspapers ... Ads on buses, subways or in bus shelters ... Pamphlets, brochures or other publications ... Posters or brochures in pharmacies or drug stores ... Television ads ... Radio ads?

9.0 WOMEN AND THEIR PARTNERS

9.1 Alcohol Use During Pregnancy

Six in ten women say they would stop alcohol use if they were to become pregnant.

Most women respondents say they would stop alcohol use if they were to become pregnant.

Six in ten women (62%) say they would stop alcohol use if they were to become pregnant. Nine percent say they would cut back on their alcohol use. Only five percent say they would not change their alcohol use. A total of 24 percent say they don't use alcohol now.

In the survey, a total of 58 percent of women say they are currently pregnant (3%) or might become pregnant in the future (55%). Fully 87 percent of women who anticipate pregnancy say they would stop consuming (67%) or currently don't use alcohol (20%).

Eighty-six percent of women who are now pregnant say they are not consuming alcohol. The figures are comparable to, or an improvement over, those in the 1999 survey, although the sample sizes are too small to permit comparison.

Better educated and more affluent women and those aged 18 to 29 are more likely to say they would stop alcohol use if they were to become pregnant. However, less educated women are more likely to say they don't drink. Women who drink more are somewhat more likely than others to say they would just cut back on their alcohol use.

Quebec women are less likely than women in other provinces to say they would stop alcohol use, and are more likely than others to say they would just cut back on their alcohol use. Ontario women are also more likely to say they would cut back. Western women are more likely to say they would stop alcohol use; Atlantic Canadian women are more likely to say they do not use alcohol.

Women: Alcohol Use During Pregnancy

	DECEMBER 1999			MARCH 2002		
	TOTAL WOMEN	CURRENTLY PREGNANT	FUTURE PREGNANCY	TOTAL WOMEN	CURRENTLY PREGNANT	FUTURE PREGNANCY
No change	4	7	3	5	8	5
Cut back	11	15	10	9	5	9
Stop	62	46	70	62	50	67
Don't use alcohol now	23	32	18	24	36	20
dk/na	*	0	0	*	0	0

* Less than one percent

Q.15

*If you were to become pregnant {since you became pregnant}, would you {have you} ... not change{d} your alcohol use ... cut back on your alcohol use, or ... stop{ped} alcohol use?
Subsample: Women*

9.2 Effect of Partner on Alcohol Use during Pregnancy

Women are most likely to say they would lower their alcohol use during their pregnancy if their spouse or partner encouraged them to stop or cut back.

Women are somewhat more likely to say they would lower their alcohol use during their pregnancy if encouraged by their spouse to do so than if their partner or spouse engaged in any of the other behaviours examined. Most say they would not be influenced one way or the other by their partner's continuing to use, or stopping use of, alcohol or by their partner offering them a drink during their pregnancy.

Almost three in ten women say they would lower their alcohol use during their pregnancy if their spouse or partner encouraged them to stop or cut back their alcohol use during their pregnancy (28%). Four in ten (40%) say this would not affect their alcohol use.

Majorities of women say they would not be influenced one way or the other by other actions on the part of their partners, including their partner continuing to drink during their pregnancy (68% say this would have no effect on their use of alcohol), offering them a drink during their pregnancy (61%), or stopping drinking during their pregnancy (53%). Few women say they would be more likely to drink alcohol if their spouse or partner continued to drink during their

Influence of Partner on Women's Alcohol Use During Pregnancy

	DECEMBER 1999			MARCH 2002		
	TOTAL WOMEN	CURRENTLY PREGNANT	FUTURE PREGNANCY	TOTAL WOMEN	CURRENTLY PREGNANT	FUTURE PREGNANCY
<i>If your spouse/partner encouraged you to stop or cut down alcohol use</i>						
More likely to drink	7	8	4	17	10	16
Less likely to drink	39	27	45	28	11	31
No difference	39	41	39	40	56	39
Don't drink alcohol	15	24	12	15	23	13
dk/na	*	0	0	1	0	1
<i>If your spouse/partner continued to drink</i>						
More likely to drink	4	1	4	4	6	2
Less likely to drink	16	11	17	15	0	16
No difference	69	73	69	68	74	71
Don't drink alcohol	12	16	9	12	20	10
dk/na	*	0	0	*	0	*
<i>If your spouse/partner offered you alcohol</i>						
More likely to drink	3	8	3	5	9	5
Less likely to drink	22	7	25	21	10	21
No difference	61	64	62	61	58	63
Don't drink alcohol	14	21	11	13	23	11
dk/na	0	0	0	1	0	1
<i>If your spouse/partner stopped drinking</i>						
More likely to drink	3	0	2	9	6	10
Less likely to drink	28	23	35	25	5	27
No difference	57	56	55	53	73	53
Don't drink alcohol	12	20	9	13	16	10
dk/na	*	1	0	*	0	*

* Less than one percent

Q.16a-d

Would you be more likely to drink alcohol, less likely to drink alcohol or would it make no difference to your alcohol use in each of the following situations ...?

Subsample: Women

pregnancy, stopped drinking during their pregnancy, or were to offer it to them. Seventeen percent say they would be more likely to drink alcohol if their spouse encouraged them to stop or cut back their alcohol use.

However, there has been a decrease of 11 points since 1999 in the number of women who say that they would be less likely to drink if their spouse or partner encouraged them to stop or cut down on their alcohol use, and an increase of ten points in the number who say they would be more likely to drink if their spouse or partner did this.

Women aged 18 to 24, those who are better educated and those who drink more are more likely to be influenced to reduce alcohol use by their spouse's encouragement. However, women who drink more are more inclined to say they would be more likely to drink if their spouse encouraged them to stop or cut back. Women aged 18 to 24 are more likely to be influenced by their spouse's own efforts to stop consuming alcohol.

10.0 MEN AND THEIR PARTNERS

More than eight in ten men say they would be very likely to encourage their pregnant spouse to stop or cut back on her alcohol use during the pregnancy. More than four in ten would be very likely to stop drinking alcohol themselves during their partner's pregnancy.

As we saw above, women are the most likely to be influenced by a spouse who encourages them to reduce alcohol consumption during pregnancy. Here, we see that many men are willing to take on that role.

More than eight in ten men (86%) say they would be very likely to encourage their pregnant spouse or partner to stop or cut back on her alcohol use during the pregnancy. Fewer men (47%) say they would be very likely to stop drinking alcohol themselves during their spouse's or partner's pregnancy; 28 percent say they would not be likely to stop.

Only six percent of men say they would not be likely to encourage their spouse to stop or cut back on alcohol use.

There have been increases since 1999 in the numbers of men who say they would be very likely to encourage their pregnant spouse to stop or cut back on her alcohol use and to stop drinking themselves.

Quebec men remain less likely to encourage their spouse to stop or cut back on her alcohol use during pregnancy and to stop drinking themselves during their spouse's pregnancy. However, the numbers who say they are very likely to encourage their spouse to stop or cut back have increased since 1999.

Men: Alcohol Use During Spouse's Pregnancy

	DECEMBER 1999		MARCH 2002	
	TOTAL MEN	SPOUSE MAY BECOME PREGNANT	TOTAL MEN	SPOUSE MAY BECOME PREGNANT
<i>Encourage her to stop/cut back on alcohol use</i>				
Very likely	71	70	86	88
Somewhat likely	8	7	7	7
Not very likely	4	6	1	1
Not at all likely	4	3	5	4
Spouse does not drink now**	14	15	na	na
dk/na	*	0	2	1
<i>Stop drinking alcohol yourself during her pregnancy</i>				
Very likely	30	33	47	53
Somewhat likely	22	19	23	18
Not very likely	23	26	14	17
Not at all likely	14	15	14	11
Do not drink now**	11	6	na	na
dk/na	1	1	2	1

* Less than one percent

** This response category was not available in the 2002 survey

Q.19a-b

If your spouse or partner were to become (or is) pregnant, would you be very, somewhat, not very or not at all likely to do each of the following ... ?

Subsample: Men

11.0 COMMUNICATIONS IMPLICATIONS

The survey suggests a number of directions for communications initiatives, both in terms of content and in terms of vehicles or media to be used in a communications or public information campaign.

In terms of content issues, it is clear that there is a widespread awareness among the target groups examined here that alcohol use during pregnancy is harmful to an infant and that the more alcohol is consumed, the more likely and extensive the harm may be. The real information challenge relates to the effects of small amounts of alcohol. Canadian women and men in the target group are divided in their belief about the effect of small amounts. Further, members of the target group are divided in their belief that the effect of alcohol on the development of the fetus is clear. Communication initiatives about alcohol use should address this confusion or division.

On the topic of sources of information and appropriate media for communications initiatives, the survey confirms the importance of health professionals and health settings, such as doctors' offices, clinics and hospitals, as the place where information about the effects of alcohol use is sought. This survey also shows that television, in particular, is a powerful

medium for increasing awareness and knowledge. The survey suggests that efforts should be made to create written materials (brochures, pamphlets, posters) for distribution to health care providers and settings, as well as to create advertising and strategies to increase awareness of the topic in the general media.

Increasing public awareness in Quebec remains important. Although progress has been made in awareness in Quebec since 1999, these efforts should continue. The survey suggests that Quebecers' continued lower levels of awareness and knowledge about the effects of alcohol use during pregnancy can be traced in part to the general media environment. There continues to be a need to distribute more information and create more discussion about this topic within Quebec.

One other important target group is women who consume greater amounts of alcohol. The survey shows that women who consume more on a regular basis are less likely than other women to believe that alcohol consumption is harmful. The special need for information and efforts directed toward these women should be part of any communications initiative.

The following table summarizes the target groups where the need for information about the effects of alcohol use and FAS/FAE is higher than average, along

with appropriate settings and vehicles of communications for each, listed in rank order of effectiveness for each group.

TARGET GROUPS – NEED FOR INFORMATION	TARGET GROUPS – COMMUNICATIONS SETTINGS AND VEHICLES
Quebec women	<ul style="list-style-type: none"> • Television ads • Sending informational material to health care professionals • Posters in waiting rooms and clinics • Ads on buses, subways or in bus shelters • Inserts and advertising in magazines or newspapers • Pamphlets, brochures or other publications • Radio ads • Posters or brochures in pharmacies or drug stores • Website
Women who consume more alcohol	<ul style="list-style-type: none"> • Television ads • Sending informational material to health care professionals • Posters in waiting rooms and clinics • Posters or brochures in pharmacies or drug stores • Ads on buses, subways or in bus shelters • Inserts and advertising in magazines or newspapers • Pamphlets, brochures or other publications • Website • Radio ads
Women with mid- to lower levels of education	<ul style="list-style-type: none"> • Television ads • Sending informational material to health care professionals • Posters in waiting rooms and clinics • Ads on buses, subways or in bus shelters • Inserts and advertising in magazines or newspapers • Pamphlets, brochures or other publications • Radio ads • Posters or brochures in pharmacies or drug stores • Website
Men	<ul style="list-style-type: none"> • Television ads • Sending informational material to health care professionals • Posters in waiting rooms and clinics • Radio ads • Posters or brochures in pharmacies or drug stores • Ads on buses, subways or in bus shelters • Inserts and advertising in magazines or newspapers • Pamphlets, brochures or other publications • Website

SURVEY METHODS

The results of the survey are based on questions asked to 1,207 respondents, either women aged 18 to 40 years or men who are partners of women aged 18 to 40 years, living within the ten provinces of Canada. The survey was conducted by telephone from March 19 to 26, 2002.

SAMPLE SELECTION

The sample frame for this survey was derived from a return-to-household design. This involved identifying households from the general population across the country, using Environics survey research conducted between June 2001 to January 2002, that included women between the ages of 18 to 40 years of age. Random digit dialling (RDD) sampling among the general population of households was used to supplement this procedure.

The original sample from previous survey research which was used as the base for this return-to-sample design was initially generated by RDD sampling. In the RDD (random digit dialling) sample selection technique used by Environics, telephone numbers are selected from the most recently published telephone directories, thus ensuring that only valid telephone exchanges are used. These numbers act as “seeds” or elements from which the sample is randomly generated. The numbers in the sample elements are selected in such a way that they are representative of the geographic area(s) under study. This sample selection technique ensures both unlisted numbers and numbers listed after the directory publication are included in the sample.

The sample frame also utilized gender quotas: 900 women aged 18 to 40 years, and 300 male partners of women aged 18 to 40 years.

The sample was chosen to be slightly disproportionate to the sample sizes of each province in order to achieve a certain minimum number for analysis. The final results were weighted by region to reflect the actual proportions in the population.

The final sample was also weighted by gender (75/25 female/male). The sample of women was weighted by age based on Census data to reflect the actual proportion of women in the four age groups in the general population. The sample of men was not weighted by age.

The final sample is distributed as follows.

	WEIGHTED N	UNWEIGHTED N	MARGIN OF ERROR
Atlantic provinces	98	112	9.3
Quebec	304	292	5.7
Ontario	451	398	4.9
Manitoba	46	64	12.2
Saskatchewan	40	66	12.1
Alberta	109	116	9.1
British Columbia	158	159	7.8
Total	1,207	1,207	2.8

An oversample was conducted among aboriginal men and women to achieve a final sample of 100. The sample used in this oversample was also derived from a return-to-household design, and was drawn from sample used in previous Environics survey research conducted in regions across the country (within the ten provinces) with high incidences of aboriginal people. This sample was drawn exclusively from regions corresponding to postal FSAs in which First Nations reserves are located. As with the main sample, this design involved identifying households that included women between the ages of 18 to 40 years of age. In the national results, the aboriginal sample was weighed down to the same proportion as in the 1999 survey.

The final sample, with these weights in place, is comparable to the 1999 sample in a number of respects – the weighting by region/province, the 75/25 female/male ratio and the same proportion of the non-aboriginal to aboriginal population. However, the current survey differs from the 1999 survey in its weighting of the sample of women in the four age groups to reflect the actual proportion of these groupings in the population. The 1999 survey did not weight these age groupings but used the raw numbers without weights.

TELEPHONE INTERVIEWING

During fieldwork, a total of 9,827 telephone numbers were drawn from the available sample.

Screening questions were asked to identify qualified respondents within households. Females between the ages of 18 and 40 years, or husbands or male partners of a female between the ages of 18 and 40 years were eligible. In households where there were two or more eligible persons, the survey respondent was selected randomly in accord with the gender quotas.

Interviewing was conducted at Environics' central facilities in Toronto and Montreal.

Field supervisors were present at all times to ensure accurate interviewing and recording of responses. Ten percent of each interviewer's work was unobtrusively monitored for quality control in accordance with the standards set out by the Canadian Association of Marketing Research Organizations.

A minimum of five calls were made to a household before classifying it as a "no answer."

COMPLETION RESULTS

The survey of 1,207 included 907 women and 300 men. The margin of error for a sample of 1,207 interviews is ± 2.8 percentage points, 19 times in 20. The margin of error for the sample of women is ± 3.3 percentage points, 19 times in 20; the margin of error for the sample of men is ± 5.7 percentage points.

The following table presents the detailed completion results for this survey of 1,207 interviews.

Dialled sample	9,827
Household not eligible	1,550
Non-residential/not in service	2,242
Language barrier	155
Subtotal	3,947
New Base (9,827-3,947)	5,880
No answer/line busy/ respondent not available	2,795
Refusals	1,861
Mid-interview refusals	17
Subtotal	4,673
Net Completions (5,880-4,673)	1,207

QUESTIONNAIRES