



# Alcohol Use during Pregnancy and Awareness of Fetal Alcohol Spectrum Disorder: Results of a Public Opinion Research Survey

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## **Produced by Kantar TNS**

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Ce rapport est aussi disponible en français:

[communications@hc-sc.gc.ca](mailto:communications@hc-sc.gc.ca)

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# 1. Executive Summary

## 1.1. Purpose and Objectives

Prenatal exposure to alcohol is known to be harmful to an unborn child and can have life-long impacts on the child, including brain damage, difficulties learning, behavioural problems, communication challenges, birth defects such as heart defects, hearing problems or vision problems, and poor impulse control.

Fetal Alcohol Spectrum Disorder (FASD<sup>1</sup>) is the term used to describe the range of harms that occur from prenatal alcohol exposure and is the leading known cause of preventable developmental disability in Canada. As important as this issue is, effective prevention remains a key challenge and opportunity in Canada. While the exact prevalence of FASD is unknown, based on international studies, it is estimated that one in every 100 Canadians, or approximately 360,000 Canadians, is affected by FASD. The Public Health Agency of Canada (PHAC) leads the Government of Canada's initiatives in response to FASD. The goal of the FASD Initiative is preventing alcohol use in pregnancy and improving the health and social outcomes for people living with FASD.

The purpose of this survey is to update previous research last conducted in 2006 (as well as in 2002 and 1999) in order for the Public Health Agency of Canada to better understand Canadians' knowledge, attitudes and behaviours regarding alcohol use in pregnancy and FASD, as well as the mediums that are effective in providing information. The results of this survey will also inform future FASD awareness activities by highlighting populations and/or geographic locations that would benefit from additional information as well as the preferred formats for receiving said information.

The specific objectives of this survey include:

- Understanding levels of knowledge, attitudes and behaviours with regard to alcohol use in pregnancy and FASD;
- Understanding how and from where Canadians get information about alcohol use in pregnancy;
- Understanding what information Canadians need related to alcohol use in pregnancy to understand its impact;
- Understanding which mediums would be effective in reaching Canadians.

To achieve these objectives, public opinion research was conducted with the Canadian population (see methodology for more detail on survey participants). The purpose of public opinion research is to gain a nonbiased public view about a certain topic or series of topics, in the case of this survey, attitudes and knowledge about alcohol use in pregnancy and FASD. In this approach, random sampling is used to ensure that there is an equal probability for everyone in the population to be selected to participate in the survey (in this case, a Random Digit Telephone Dialing technique was used). It is important to note that while public opinion research is a useful tool to measure the proportion of a population that has a specific viewpoint on a certain topic, it does not explain *why* respondents have these beliefs or how to change their behaviours.

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<sup>1</sup> In 2016 in Canada, the terminology for FASD diagnoses changed when the guidelines were revised. The new terminology is: FASD with sentinel facial features and FASD without sentinel facial features. In addition the designation "at risk of neurodevelopmental disorder and FASD, associated with prenatal alcohol exposure" is important for clinicians to identify and follow up, but is not considered to be a diagnostic term. For consistency with earlier public opinion surveys, the previous definitions were used in this survey.

## 1.2. Summary of Findings

Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of preventable developmental disability in Canada. Despite this, effective prevention remains a key challenge and opportunity in Canada. The Public Health Agency of Canada's (PHAC) Fetal Alcohol Spectrum Disorder (FASD) Initiative is the federal lead on FASD, with the overall goal of preventing alcohol use in pregnancy and improving the health and social outcomes for people living with FASD. As such, PHAC is seeking to understand more about Canadians' knowledge, attitudes and behaviours regarding alcohol use in pregnancy and FASD, as well as the mediums that are effective in providing such information.

### Awareness of FASD

Awareness of FASD and other conditions across the spectrum as a whole is quite high, as nearly all survey respondents have heard of at least one of the conditions. Individually, Alcohol Related Birth Defects and Fetal Alcohol Syndrome are the most commonly known disorders. While fewer, a majority of respondents have also heard of Fetal Alcohol Effects and Alcohol Related Neurodevelopmental Disorder. Fetal Alcohol Spectrum Disorder (FASD) is the least known, with only a small majority of survey respondents having heard of it.

Several demographics play a role in survey respondents' awareness levels of FASD and the other conditions across the spectrum. The following groups are more likely to have heard of most, if not all of them:

- Women
- Older survey respondents (30+ years of age)
- Survey respondents with post-secondary education (college diploma or university degree)
- Survey respondents residing outside the province of Quebec
- Survey respondents who recall seeing or hearing advertising about alcohol during pregnancy

Survey respondents have some knowledge about the negative effects of consuming alcohol while pregnant; however they do not have a complete understanding. While it is certainly encouraging that a large majority of survey respondents are able to identify several effects of consuming alcohol during pregnancy, nearly half also believe that spina bifida is caused by consuming alcohol while pregnant, which it is not.

### Attitudes and Behaviours towards Alcohol and Pregnancy

Abstaining from alcohol or reducing alcohol consumption is not top of mind as contributing to a healthy pregnancy for most survey respondents. Less than half of respondents indicated (unprompted, that is not being provided a discrete answer list) that cutting down or stopping alcohol use is important to increase the likelihood of having a healthy baby. That being said, it is similarly top-of-mind when compared to other toxic substances such as tobacco and illicit drugs.

Avoiding toxic substances such as alcohol and tobacco, eating well and receiving regular health care are what survey respondents believe (when provided a discrete set of answers) to be important factors that contribute to increasing the likelihood of having a healthy baby. However, survey respondents do not think cutting down or stopping alcohol use is any more important than eating well, visiting their doctor or quitting smoking. It is however, considered more important than avoiding stress, taking prenatal vitamins, and reducing strenuous physical activity.

In this public opinion survey, respondents reported that consuming alcohol during pregnancy is not safe. However, there is still a fairly sizeable segment (21- 42%) of the population that considers alcohol consumption to be safe while pregnant (ranging from a total of one alcoholic drink during pregnancy to one alcoholic drink per week during pregnancy).

While most survey respondents understand the potential harm that alcohol can have on a developing baby, they are less likely to recognize that one should be equally cautious when trying to conceive, even though they understand that alcohol can cause problems even before a woman knows she is pregnant. This suggests a disconnect – survey respondents understand the risk of consuming alcohol while attempting to conceive but their attitudes regarding behaviours that could address the risk do not match (nearly half of survey respondents agree that it is okay to have 1 or 2 drinks if you are trying to get pregnant).

Several demographic factors also play a role in survey respondents' attitudes and behaviours towards alcohol and pregnancy. First and foremost, men consistently have a lower understanding of the impacts of alcohol during pregnancy and while trying to conceive compared to women. Men consider consuming alcohol while pregnant or trying to conceive to be safer than women. They are also significantly less likely to think that cutting down or stopping alcohol use is important to increase the likelihood of having a healthy baby.

On the other hand, survey respondents who are aware of FASD, and those who recall advertising about the effects of alcohol use during pregnancy are both more likely to exhibit behaviours and attitudes that are considered healthy. They are more likely to think it is important to cut down or stop alcohol use during pregnancy, they are less likely to think it is safe to consume alcohol during pregnancy, and they are more likely to understand the potential harms of alcohol during pregnancy.

### **Social Influences**

According to the results of this survey, generally speaking, Canadian women are not influenced by their partner's alcohol consumption during pregnancy. This is an encouraging finding since men tend to have a lower understanding and a higher perceived safety of alcohol consumption during pregnancy. Women are also generally not influenced by social gatherings where alcohol is being served while pregnant. A small proportion of women would actually be less likely to drink at one of these gatherings suggesting social pressure may be a positive influence for abstinence.

Men are generally supportive of their partner and seem to understand the importance of women not consuming alcohol while pregnant; however they are less willing to abstain from alcohol if their partner were pregnant. This may be in part due to the understanding that women can feel supported without abstinence on their part and by an understanding that his alcohol consumption has little influence on his partner.

Most survey respondents have heard other people talking about not drinking alcohol during pregnancy, while far fewer have talked about this with either friends or family, and fewer still have had this conversation with a doctor or other health care professional. While most survey respondents hear others talking about not drinking during pregnancy, there appears to be somewhat of a barrier to having these conversations themselves.

### **How to Best Reach Survey Respondents**

Many survey respondents recall seeing or hearing information about the effects of alcohol use during pregnancy; however, there is not one main source for this type of information. Doctors or health care professionals, school and on TV advertising are the most common sources. This dispersion of information sources indicates that a single channel to communicate with Canadians may not be effective, but rather a multi-channel approach will be required to achieve greater reach.

Survey respondents indicated a preference to be informed about the effects of alcohol use during pregnancy via a number of formats. About half of respondents would prefer to be informed about this issue from a website, social media, or from pamphlets or brochures. Again, a lack of consensus on preferred format suggests it might be best to employ a multi-format approach to communicate with Canadians on this issue.

### 1.3. Methodology

To achieve the objectives of this research, public opinion research was conducted with the Canadian population. The purpose of public opinion research is to gain a nonbiased public view about a certain topic or series of topics, in the case of this survey, attitudes and knowledge about alcohol use in pregnancy and FASD. In this approach, random sampling is used to ensure that there is an equal probability for everyone in the population to be selected to participate in the survey. It is important to note that while public opinion research is a useful tool to measure the proportion of a population that has a specific viewpoint on a certain topic, it does not explain *why* respondents have these beliefs or how to change their behaviours.

A telephone survey was conducted among 1,253 Canadians ages 18 to 46 years. An oversample of women was conducted and as such 453 interviews were conducted with men and 800 with women. Interviews were conducted using random landline sampling sources and households were immediately screened for a person who is 18-46 years old. A Random Digit Dialing (RDD) approach was used to ensure that all telephone numbers were given an equal probability of being selected thereby minimizing sampling bias. This approach ensured a statistically valid (margin of error of +/- 2.8%, 95% confidence) understanding of survey respondents' knowledge, attitudes and behaviours regarding alcohol use in pregnancy and knowledge of FASD.

Before going to field, two separate pre-tests were conducted. The first was conducted on January 26<sup>th</sup>, 2017. From this first pre-test, it was determined the survey length was much longer than the 13 minute target. After revising the questionnaire to reduce length, a second pre-test was conducted which consisted of 10 completed English interviews and 10 completed French interviews, and was completed on February 2<sup>nd</sup>, 2017. Further revisions were made to ensure clarity and length. The survey was in field from February 7<sup>th</sup> to February 27<sup>th</sup>, 2017. The sample for this study was a probability sample and as such the findings can be extrapolated to the Canadian population with a margin of error of +/-2.8 per cent, 19 times out of 20.

A detailed methodology can be found in Chapter 4.

*Please note: Analysis was undertaken to establish the extent of the relationship among variables such as gender, age, region, parental status, level of education attained, household income, alcohol consumption, awareness of at least one of the conditions on the spectrum of FASD (referred to throughout the report as "aware of FASD"), and recall of advertising about alcohol consumption during pregnancy. Only differences significant at the 95% confidence level are presented in this report. Any differences that are statistically significant between subgroups are indicated with an asterisk (\*) in tables throughout the report.*

*The numbers presented throughout this report are rounded to the closest full number. Due to this rounding, in some cases it may appear that ratings collapsed together are different by a percentage point from when they are presented individually, and totals may not add up to 100%.*

### 1.4. Contract Value

The total contract value for this project was **\$84,353.35** including HST.

## 1.5. Statement of Political Neutrality

*I hereby certify as Vice President, Ottawa Regional Office & Public Sector Practice Lead of TNS Canada Ltd. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences and standings with the electorate or ratings of the performance of a political party or its leaders.*

A handwritten signature in red ink, consisting of a large, stylized 'D' followed by a horizontal line and a small flourish.

David Ang  
TNS Canada Ltd.  
Vice President, Ottawa Regional Office & Public Sector Practice Lead

## 2. Highlights

The following section highlights the key findings related to Canadians' knowledge, attitudes and behaviours regarding alcohol use in pregnancy and FASD, as well as the mediums that are effective in providing such information.

### Awareness of FASD

- Nearly all survey respondents (92%) have heard of FASD or one of the other conditions across the spectrum. Individually, Alcohol Related Birth Defects (79%) and Fetal Alcohol Syndrome (78%) are the most commonly known disorders. Two thirds of survey respondents (67%) have heard of Fetal Alcohol Effects, while about three-in-five (58%) have heard of Alcohol Related Neurodevelopmental Disorder (ARND). Fetal Alcohol Spectrum Disorder (FASD) is the least known, with only a small majority of survey respondents (55%) having heard of it.
- Between 90% and 94% of survey respondents are able to identify several impacts of consuming alcohol during pregnancy (such as a child having difficulties learning, brain damage, FASD, behavioural problems, communication challenges, heart defects, hearing problems or vision problems), however nearly half (48%) also believe that spina bifida is an alcohol related disorder which it is not.

### Attitudes and Behaviours towards Alcohol and Pregnancy

- Less than half of survey respondents (41%) indicated (unprompted, that is not being provided a discrete answer list) that cutting down or stopping alcohol use is important to increase the likelihood of having a healthy baby. Breaking that number down, only one quarter of survey respondents (26%) indicated stopping alcohol use, while less than one-in-five (18%) indicated cutting down alcohol use is one of the most important things one can do to increase the likelihood of having a healthy baby. That being said, cutting down or stopping alcohol use is similarly top-of-mind when compared to other toxic substances such as tobacco (35%) or illicit drugs (18%).
- When specifically asked, nearly all survey respondents indicated cutting down or stopping alcohol use to be at least very important, if not one of the most important things a pregnant woman can do to increase the chances of having a healthy baby (98% and 96%, respectively). However, they do not think cutting down or stopping alcohol use is any more important than eating well (98%), visiting their doctor (95%) or quitting smoking (98%). It is however, considered more important than avoiding stress (79%), taking prenatal vitamins (71%), and reducing strenuous physical activity (54%).
- Women are significantly more likely than men to indicate that cutting down (55% vs. 48%) and stopping alcohol use (55% vs. 47%) is one of the most important things one can do to increase the likelihood of having a healthy baby.
- Four out of five Canadian women (83%) indicate they would stop all alcohol use if they are or were to become pregnant. That being said, there are still 13% of women who would continue to drink while pregnant.
- Most respondents understand that consuming alcohol during pregnancy is not safe. Yet, there is still a fairly sizeable segment (21- 42%) of the population that considers at least some alcohol consumption to be safe while pregnant



(ranging from a total of one alcoholic drink during an entire pregnancy to one alcoholic drink per week while pregnant).

- While two thirds (65%) agree that women should not consume alcohol when trying to get pregnant, nearly half of survey respondents (45%) agree that it is okay to have 1 or 2 drinks if you are trying to get pregnant.

### **Social Influences**

- Generally speaking, women are not influenced by their partner's alcohol consumption during pregnancy. Nearly nine-in-ten women (87%) said their partner's decision to continue to drink during their pregnancy would not influence them. Fewer than one-in-ten women (8%) indicated they would be more likely to drink alcohol if their partner continued to drink. Younger women, aged 18 to 29, are significantly more likely to be influenced by their partner's alcohol consumption during pregnancy compared to those that are 30+ (12% vs. 5%).
- According to the survey respondents, they would not be influenced to consume alcohol while pregnant by social gatherings where alcohol is being served. Only four per cent of women said they would be more likely to drink alcohol if they attended such an event, while nearly nine-in-ten (87%) said it would have no influence on their likelihood to drink alcohol.
- Women who are aware of FASD are significantly more likely to say that attending a social gathering with alcohol being served would have no influence on their likelihood of drinking (88% vs. 66%).
- Men are generally supportive of their partner and seem to understand the importance of not consuming alcohol while pregnant; however they are less willing to abstain from alcohol themselves. About nine-in-ten men (88%) report they would encourage their partner to stop all alcohol use if they were to become pregnant, but, far fewer (only 58%) would be willing to stop drinking themselves during their partner's pregnancy.
- Men who recall advertising about the effects of alcohol use on a baby during pregnancy are significantly more likely to encourage their partner to stop all alcohol use if they were to become pregnant (91% vs. 78%). Younger men (ages 18 to 29) are significantly more likely to stop drinking themselves if their partner became pregnant (64% vs. 50%-59%), which is an encouraging finding since it is evident that women in the same age cohort have a higher propensity to be influenced by their partner's decision to continue to drink through their pregnancy.
- Nine-in-ten survey respondents (89%) have heard other people talking about not drinking alcohol during pregnancy, while far fewer have talked about this with either friends or family (63%), and fewer still have had this conversation with a doctor or other health care professional (40%). While most survey respondents hear others talking about not drinking during pregnancy, there appears to be somewhat of a barrier to having these conversations themselves.

### **How to Best Reach Survey Respondents**

- Many survey respondents (83%) recall seeing or hearing information about the effects of alcohol use during pregnancy. That being said, there is no one source for this type of information. One third of survey respondents (32%) heard this information from a doctor or health care professional, while less than one quarter recall hearing or seeing it at school (24%) or on TV advertising (21%).
- Survey respondents would prefer to be informed about the effects of alcohol use during pregnancy via a number of formats. About half of survey respondents would prefer to be informed about this issue from a website (53%), social media (50%), or from pamphlets or brochures (49%).



## 3. Detailed Findings

### 3.1. Awareness of FASD

#### 3.1.1. Awareness of FASD

Awareness of FASD and other conditions across the spectrum as a whole is quite high, as nearly all survey respondents (92%) have heard of at least one of the conditions. Individually, Alcohol Related Birth Defects (79%) and Fetal Alcohol Syndrome (78%) are the most commonly known disorders. Two thirds of survey respondents (67%) have heard of Fetal Alcohol Effects, while about three-in-five (58%) have heard of Alcohol Related Neurodevelopmental Disorder (ARND). Fetal Alcohol Spectrum Disorder (FASD) is the least known, with only a small majority of survey respondents (55%) claiming to have heard of it.

Several demographics play a role in survey respondents' awareness levels of FASD and other conditions across the spectrum. Women are more likely than men to have heard of each of the disorders. This is a consistent theme throughout this research as women are much more informed about the effects of alcohol during pregnancy compared to men.

Older survey respondents (30 years and older) have significantly higher awareness levels for several of the conditions across the spectrum of FASD including Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), and Fetal Alcohol Spectrum Disorder (FASD). Regionally, awareness of all of the conditions across the spectrum of FASD is much lower in Quebec, with the exception of Alcohol Related Neurodevelopmental Disorder (ARND), which is similar across Canada.

Survey respondents who recall advertising about alcohol during pregnancy are also significantly more likely to be aware of each of the conditions across the spectrum of FASD, suggesting this advertising is effective in creating awareness of alcohol consumption during pregnancy. Finally, survey respondents with higher education (college diploma or university degree) are also significantly more likely than survey respondents with only a high school education to be aware of each of the conditions across the spectrum (aside from ARBD).

### Exhibit 3.1.1.a. Awareness of FASD by gender and age

Aware of FASD (Yes)	Gender			Age		
	Total	Male	Female	18-29	30-39	40+
<b>Base=actual</b>	(1,253) %	(453) %	(800) %	(228) %	(509) %	(516) %
Alcohol Related Birth Defects (ARBD)	79	76	81	81	79	76
Fetal Alcohol Syndrome (FAS)	78	71	86*	71	82*	83*
Fetal Alcohol Effects (FAE)	67	62	72*	60	72*	70*
Alcohol Related Neurodevelopmental Disorder (ARND)	58	52	63*	56	60	57
Fetal Alcohol Spectrum Disorder (FASD)	55	47	63*	50	57*	58*
None	8	12*	5	9	7	9

Q10. Have you ever heard of...?<sup>2</sup>

\*Represents significant difference at the 95% confidence level.

### Exhibit 3.1.1.b. Awareness of FASD by region

Aware of FASD (Yes)	Region					
	Total	Atlantic	Quebec	Ontario	Prairies	BC
<b>Base=actual</b>	(1,253) %	(150) %	(300) %	(351) %	(252) %	(200) %
Alcohol Related Birth Defects (ARBD)	79	87*	66	82*	84*	81*
Fetal Alcohol Syndrome (FAS)	78	89*	63	78*	89*	85*
Fetal Alcohol Effects (FAE)	67	85*	59	65	76*	66
Alcohol Related Neurodevelopmental Disorder (ARND)	58	59	56	58	60	54
Fetal Alcohol Spectrum Disorder (FASD)	55	61*	39	54*	69*	64*
None	8	5	17*	7	3	6

Q10. Have you ever heard of...?

\*Represents significant difference at the 95% confidence level.

<sup>2</sup> Note: a discrete list of answers was provided to respondents for this question

**Exhibit 3.1.1.c. Awareness of FASD by recall of advertising about alcohol use and education**

Aware of FASD (Yes)	Recall of Advertising				Education			
	Total	Yes	No	Less than HS	HS Grad	Trades	College Diploma	University
<b>Base=actual</b>	(1,253) %	(1,077) %	(166) %	(50) %	(217) %	(49) %	(331) %	(599) %
Alcohol Related Birth Defects (ARBD)	79	85*	51	79	79	75	78	79
Fetal Alcohol Syndrome (FAS)	78	86*	40	76	68	83*	80*	83*
Fetal Alcohol Effects (FAE)	67	74*	33	57	56	83*	75*	69*
Alcohol Related Neurodevelopmental Disorder (ARND)	58	63*	33	52	50	54	62*	59*
Fetal Alcohol Spectrum Disorder (FASD)	55	62*	24	46	47	57*	57*	59*
None	8	3	33*	3	10	5	9	8

Q10. Have you ever heard of...?

\*Represents significant difference at the 95% confidence level.

### 3.1.2. Perceived effects of women drinking alcohol while pregnant

Survey respondents have some knowledge about the negative effects of consuming alcohol while pregnant; however they do not have a complete understanding. While it is certainly encouraging that at least nine-in-ten (90%-94%) survey respondents are able to identify several effects of consuming alcohol during pregnancy nearly half (48%) also believe that spina bifida is an alcohol related disorder which it is not.

Survey respondents who are aware of at least one alcohol related disorder (herein after referred to as “aware of FASD”) and those who recall advertising about alcohol during pregnancy are more likely to be aware of the detailed effects of women drinking alcohol while pregnant.

Conversely, survey respondents who are unaware of FASD are also much more likely to be unaware of any effects of women drinking alcohol while pregnant (11% vs. 1%), again supporting the notion that survey respondents who are educated on alcohol related disorders are more likely to understand the effects of consuming alcohol during pregnancy.

#### **Exhibit 3.1.2.a. Perceived effects of women drinking alcohol while pregnant by awareness of FASD and recall of advertising about alcohol use**

Perceived effects	Total	Aware of FASD		Recall Advertising	
		Yes	No	Yes	No
<b>Base=actual</b>	(1,253)	(1,169)	(84)	(1,077)	(166)
	%	%	%	%	%
A child may have difficulties learning	94	96	74	97*	85
Brain damage	93	94	82	95*	84
Fetal alcohol spectrum disorders	91	92	73	94*	77
A child may have behavioural problems	91	92	84	92	86
A child may have communication challenges	91	93	67	94*	76
Birth defects, like heart defects, hearing problems or vision problems	90	90	89	91	85
Miscarriage	84	85	74	86	77
A child may have poor impulse control	84	86	67	87*	73
Spina bifida	48	48	43	50*	39
None	2	1	11*	1	6*

Q12. In your opinion, which of the following, if any, can happen if a woman drinks alcohol while pregnant?<sup>3</sup>

\*Represents significant difference at the 95% confidence level.

<sup>3</sup> Note: a discrete list of answers was provided to respondents for this question

## 3.2. Attitudes and Behaviours towards Alcohol and Pregnancy

### 3.2.1. Survey respondents' perceptions on how women can increase the likelihood of having a healthy baby

Abstaining from alcohol or reducing alcohol consumption is not top of mind for contributing to a healthy pregnancy for most survey respondents. Less than half of survey respondents (41%) indicated (unprompted, that is, not being provided a discrete answer list) that cutting down or stopping alcohol use is important to increase the likelihood of having a healthy baby. Breaking that number down, only one quarter of survey respondents (26%) indicated stopping alcohol use, while less than one-in-five (18%) indicated cutting down alcohol use is one of the most important things one can do to increase the likelihood of having a healthy baby. That being said, cutting down or stopping alcohol use is similarly top-of-mind when compared to other toxic substances such as tobacco (35%) and drugs (18%). According to survey respondents, eating well and getting good nutrition (69%) is by far the most important (unprompted) thing a pregnant woman can do to increase the likelihood of having a healthy baby.

Survey respondents who are aware of FASD are much more likely to spontaneously think cutting down (19% vs. 9%) or stopping alcohol use (27% vs. 22%) during pregnancy are important factors for increasing the likelihood of having a healthy baby.

#### **Exhibit 3.2.1.a. Most important factors for having a healthy baby by awareness of FASD**

Things women can do during pregnancy to increase likelihood of healthy baby	Total	Aware of FASD	
		Yes	No
<b>Base=actual</b>	(1,253)	(1,169)	(84)
	%	%	%
Eat well/good nutrition	69	71*	49
<b>Cut down/stop alcohol use (NET)</b>	41	42	31
Cut down/stop smoking	35	35	35
Increase exercise/physical activity	31	31	30
<b>Stop alcohol use</b>	26	27	22
Visit doctor/health prof.	19	20*	7
<b>Cut down alcohol use</b>	18	19	9
Cut down/stop drug use	18	19*	6
Take prenatal vitamins	14	15*	2
Get rest/sleep	10	11	2
Avoid stress	6	6	9
Avoid second hand smoke	4	4	2
Reduce exercise/physical activity	4	4	3
Take pre-natal classes	3	2	3
Positive mental attitude	2	1	3
Avoid environmental pollution	1	1	-
Learn about infant care	1	1	1
Talk to friends /family/social support	1	1	1
Other	19	20	10
Don't know	6	5	19*

Q3. In your opinion, what are the most important things that pregnant women can do to increase the likelihood of having a healthy baby?<sup>4</sup>

\*Represents significant difference at the 95% confidence level.

<sup>4</sup> Note: a discrete list of answers was not provided to respondents, multiple responses possible

### 3.2.2. Survey respondents perceptions of factors that improve chances of having a healthy baby

Avoiding toxic substances such as alcohol and tobacco, eating well and receiving regular health care are what survey respondents believe to be important factors that contribute to increasing the likelihood of having a healthy baby.

When asking top of mind, the importance of stopping or cutting down on alcohol use is less obvious (with only 41% citing it as an important factor). When prompted however, the importance of cutting down or stopping alcohol use becomes clearer. Nearly all survey respondents indicated cutting down or stopping alcohol use to be at least very important, if not one of the most important things a pregnant woman can do to increase the chances of having a healthy baby (98% and 96%, respectively). In fact, over half of survey respondents consider cutting down on alcohol use (52%) and stopping alcohol use altogether (51%) to be one of the most important things a pregnant woman can do to increase her likelihood of having a healthy baby.

That being said, survey respondents do not think cutting down or stopping alcohol use is any more important than eating well (98%), visiting their doctor (95%) or quitting smoking (98%). It is however considered more important than avoiding stress (79%), taking prenatal vitamins (71%) (a surprising finding given the importance the medical community places on prenatal vitamins), and reducing strenuous physical activity (54%).

Women are significantly more likely than men to indicate that cutting down (55% vs. 48%) and stopping alcohol use (55% vs. 47%) is one of the most important things one can do to increase the likelihood of having a healthy baby. Generally speaking, this is not the case for other factors such as stopping smoking, eating well, avoiding stress and strenuous activity where men and women find these equally important.

Additionally, survey respondents with a university degree are also more likely than those with lower educations to indicate that cutting down or stopping alcohol use is one of the most important factors. They are also more likely to consider stopping smoking, eating well and avoiding second hand smoke one of the most important factors suggesting their higher education has given them a broader overall understanding of what is important to increase one's chances of having a healthy baby rather than having a better understanding of the impacts of alcohol and pregnancy.

Survey respondents who are aware of FASD are more likely to believe that cutting down on alcohol (98% vs. 89%) and stopping alcohol use (96% vs. 93%) is important in order to increase the likelihood of having a healthy baby. The same is true of those survey respondents who can recall advertising about the effects of alcohol use on a baby during pregnancy (99% vs. 91% and 97% vs. 91%, respectively).



**Exhibit 3.2.2.a. Factors that improve chances of having a healthy baby by gender and education**

One of the most important things to do	Gender			Education				
	Total	Male	Female	Less than HS	HS Grad	Trades	College Diploma	University
<b>Base=actual</b>	(1,253) %	(453) %	(800) %	(50) %	(217) %	(49) %	(331) %	(599) %
Stop smoking	54	52	56	50	49	55	50	59*
Cut down alcohol use	52	48	55*	54	47	42	47	57*
Stop alcohol use	51	47	55*	47	47	50	44	58*
Eat nutritious food	35	32	38	33	28	44*	34	39*
Visit a doctor or health professional on a regular basis	35	29	40*	28	33	29	37	35
Avoid second-hand smoke	31	31	32	43	22	34	32	35*
Avoid stressful situations	18	17	19	25	20	21	19	16
Take prenatal vitamins	18	12	23*	18	14	19	20	18
Reduce strenuous physical activity	9	8	10	9	10	6	11	8

Q4. There are a number of things that pregnant women may do to increase the likelihood of having a healthy baby. Please tell me how important you think each of the following are. Please tell me if you think it is 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?<sup>5</sup>

\*Represents significant difference at the 95% confidence level.

**Exhibit 3.2.2.b. Factors that improve chances of having a healthy baby by awareness of FASD and recall of advertising about alcohol use**

One of the most important things to do / A very important thing to do	Total	Aware of FASD		Recall Advertising	
		Yes	No	Yes	No
<b>Base=actual</b>	(1,253) %	(1,169) %	(84) %	(1,077) %	(166) %
Stop smoking	98	98	98	98	99
Eat nutritious food	98	97	98	97	98
Cut down alcohol use	98	98*	89	99*	91
Stop alcohol use	96	96	93	97*	91
Visit a doctor or health professional on a regular basis	95	94	96	95	94
Avoid second-hand smoke	93	94*	85	94	91
Avoid stressful situations	79	78	90	77	87*
Take prenatal vitamins	71	72*	56	72	64
Reduce strenuous physical activity	54	54	52	54	55

Q4. There are a number of things that pregnant women may do to increase the likelihood of having a healthy baby. Please tell me how important you think each of the following are. Please tell me if you think it is 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?

\*Represents significant difference at the 95% confidence level.

<sup>5</sup> Note: a discrete list of answers was provided to respondents for this question

### 3.2.3. Consumption of alcohol during pregnancy

While most women will stop consuming alcohol during pregnancy there is still a small, but significant portion (13%) that will continue to consume alcohol while pregnant, albeit to varying degrees (on occasion or rarely). Four out of five Canadian women (83%) indicate they would stop all alcohol use if they are or were to become pregnant. That being said, there are still 13% of women who would continue to drink while pregnant. Among those, nine per cent would have the rare drink, four per cent the occasional drink, while none would have a regular drink.

Demographic factors such as age, education, etc., did not play a role among women who would not abstain from alcohol use while pregnant. While understanding the reasons for not abstaining were not part of this research, this understanding may be helpful to develop messaging that is more likely to resonate among this group of women.

#### Exhibit 3.2.3.a. Consumption of alcohol during pregnancy

Consumption of alcohol during pregnancy	Total Women
<b>Base=actual</b>	(800) %
Stop all alcohol use	83
Have the rare drink	9
Have the occasional drink	4
Have a regular drink	0
Don't use alcohol	4

Q5. If you are or were to become pregnant, would you...?<sup>6</sup>

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<sup>6</sup> Note: a discrete list of answers was provided to respondents for this question

### 3.2.4. Perceptions of safety of alcohol consumption during pregnancy

The general consensus among most survey respondents is that consuming alcohol during pregnancy is not safe. However, there is still a fairly sizeable segment (21- 42%) of the population that considers alcohol consumption to be safe while pregnant (ranging from a total of one alcoholic drink during pregnancy to one per week). Given that the recommendation is to abstain from alcohol while pregnant, this finding is of some concern.

While no amount of alcohol is considered safe during pregnancy, based on the findings below, it would appear that many survey respondents (30-42%) are more likely to consider smaller amounts of alcohol that are consumed infrequently (less than monthly) more safe than consuming small amounts regularly (weekly). That being said, one-in-five (21%) survey respondents consider it somewhat or very safe for a woman to consume one alcoholic drink each week during pregnancy. Further research in this area may be useful to understand the specific messages required to address this disconnect.

Men consider consuming alcohol while pregnant safer than women. They are more likely to believe the following behaviours are somewhat or very safe:

- One alcoholic drink each week during the pregnancy (33% vs. 9%)
- One alcoholic drink each month during the pregnancy (41% vs. 20%)
- Two alcoholic drinks on two or three different occasions during the pregnancy (39% vs. 23%)
- A total of one or two alcoholic drinks during the pregnancy (46% vs. 37%)

While this points to a need for men to become more informed about the risk of alcohol during pregnancy it is encouraging that women have safer views about alcohol consumption during pregnancy, especially as they are ones that need to abstain. Furthermore, we will see later on in the report, that women are generally not influenced by men's drinking habits or social influences.

Survey respondents that are aware of FASD and those who recall advertising about the effects of alcohol use during pregnancy are also less likely to view alcohol consumption during pregnancy to be safe.

#### **Exhibit 3.2.4.a. Perceptions of safety of alcohol consumption during pregnancy by gender, awareness of FASD, and recall of advertising about alcohol use**

Alcohol consumption behaviours (Somewhat/ very safe)	Gender			Aware of FASD		Recall Advertising	
	Total	Male	Female	Yes	No	Yes	No
<b>Base=actual</b>	(1,253) %	(453) %	(800) %	(1,169) %	(84) %	(1,077) %	(166) %
One alcoholic drink each week during the pregnancy	21	33*	9	20	31*	19	28*
One alcoholic drink each month during the pregnancy	30	41*	20	29	39	29	35
Two alcoholic drinks on two or three different occasions during the pregnancy	31	39*	23	30	46*	30	37
A total of one or two alcoholic drinks during the pregnancy	42	46*	37	41	47	40	47

Q6. Now I would like to understand how much alcohol people consider safe during pregnancy. Can you tell me if you think each of the following would be very safe, somewhat safe, not very safe or not at all safe for a woman to drink while pregnant?<sup>7</sup>

\*Represents significant difference at the 95% confidence level.

<sup>7</sup> Note: a discrete list of answers was provided to respondents for this question

### 3.2.5. Attitudes towards alcohol consumption during pregnancy

While most survey respondents understand the potential harms that alcohol can have on a developing baby; they are less likely to understand and/or recognize the potential harms and impacts alcohol has on conception.

Nearly all survey respondents agree that the more alcohol a pregnant woman consumes, the more likely that the baby will be harmed (96%), and that alcohol use during pregnancy can lead to life-long disabilities in a child (92%). The majority of survey respondents also agree that drinking any alcohol during pregnancy can harm a baby's developing brain and other organs (87%), that alcohol can cause problems for a baby any time during pregnancy even before a woman knows she is pregnant (86%), and that women should stop drinking if they are planning on becoming pregnant (82%).

Survey respondents also appear to understand that impacts or effects of alcohol use during pregnancy do not disappear over time (93%), that wine and beer are not less harmful than hard liquor (78%), and that it is not okay to have one or two drinks (73%) or on special occasions (74%) when pregnant.

That being said, survey respondents do not seem to fully appreciate the potential effects of alcohol on a baby when trying to conceive even though they understand that alcohol can cause problems even before a woman knows she is pregnant. While two thirds (66%) agree that women should not drink alcohol when trying to get pregnant, nearly half of survey respondents (46%) agree that it is okay to have 1 or 2 drinks if you are trying to get pregnant. Again, there appears to be a disconnect – survey respondents understand the risk of drinking during conception but not when it comes to the pre-conception period, when trying to get pregnant.

Demographics also play a role in survey respondents' understanding of the harms of alcohol during pregnancy. Similar to previous results, men are more likely to consider drinking alcohol during pregnancy safe compared to women. Men are significantly more likely than women to believe:

- It is okay to have 1 or 2 drinks if you are pregnant (30% vs. 23%)
- It is okay to have a drink on special occasions while pregnant (31% vs. 20%)
- Wine and beer are less harmful to the unborn baby than hard liquor (27% vs. 18%)

While it is understood that the primary target for alcohol consumption during pregnancy campaigns should be women, there is considerable benefit for men to have a better understanding of the impacts of alcohol during pregnancy as well. Men after all are also the parent of the child and will have to deal with the consequences of alcohol consumption to their child. By increasing awareness and understanding among men, it will create a more supportive environment for women to abstain from alcohol while pregnant. Furthermore, as we have seen with smoking, as society becomes more aware of the risks associated with the behaviour appropriate behavioural change follows shortly.

On the other hand, survey respondents who are aware of FASD, and those who recall advertising about the effects of alcohol use during pregnancy are both more likely to understand the potential harms of alcohol use during pregnancy. Awareness and recall do not seem to impact perceptions around the amount of alcohol that is safe.

**Exhibit 3.2.5.a. Attitudes towards alcohol consumption during pregnancy by gender, awareness of FASD, and recall of advertising about alcohol use**

Attitudes towards alcohol consumption during pregnancy (Somewhat/completely agree)	Gender			Aware of FASD		Recall Advertising	
	Total	Male	Female	Yes	No	Yes	No
<b>Base=actual</b>	(1,253) %	(453) %	(800) %	(1,169) %	(84) %	(1,077) %	(166) %
The more alcohol a pregnant woman drinks, the more likely that the baby will be harmed	96	96	96	97*	85	97*	90
Alcohol use during pregnancy can lead to life-long disabilities in a child	92	90	95	94*	76	95*	80
Drinking any amount of alcohol during pregnancy can harm a baby's developing brain and other organs	87	84	90*	88*	76	87	83
Alcohol can cause problems for a baby any time during pregnancy, even before a woman knows that she's pregnant	86	85	86	86	78	86	83
If you are planning on becoming pregnant you should stop drinking	82	81	84	83*	69	83	77
Women should not drink alcohol when they are trying to get pregnant	66	65	66	66	59	67*	56
It is okay to have 1 or 2 drinks if you are trying to get pregnant	46	44	47	46	38	46	45
A small amount of alcohol use during pregnancy can usually be considered safe	38	40	35	37	49	37	42
It is okay to have 1 or 2 drinks if you are pregnant	27	30*	23	27	27	26	31
It is okay to have a drink on special occasions while pregnant	26	31*	20	26	25	25	32
Wine and beer are less harmful to the unborn baby than hard liquor	22	27*	18	20	45*	19	38*
Most of the effects of alcohol use on a child usually disappear as the child grows older	7	8	6	6	14*	6	14*

Q11. Please rate the extent to which you agree or disagree with the following statements. Would you say you completely agree, somewhat agree, neither agree nor disagree, somewhat disagree or completely disagree?<sup>8</sup>

\*Represents significant difference at the 95% confidence level.

<sup>8</sup> Note: a discrete list of answers was provided to respondents for this question

### 3.3. Social Influences

#### 3.3.1. Influence of partner’s drinking habits on alcohol consumption during pregnancy

Generally speaking, survey respondents are not influenced by their partner’s alcohol consumption during pregnancy.

As shown in previous responses, men have a lesser understanding of the impacts of alcohol during pregnancy, and a higher perceived safety of alcohol consumption during pregnancy. Nearly nine-in-ten women (87%) said their partner’s decision to continue to drink during their pregnancy would not influence them. Fewer than one-in-ten women (8%) indicated they would be more likely to drink alcohol if their partner continued to drink. A very small proportion of women (3%) would be less likely to drink because of their partner’s decision to continue drinking.

Younger women, aged 18 to 29, are significantly more likely to be influenced by their partner’s alcohol consumption during pregnancy compared to those ages 30-39 years or 40+ (12% vs. 5%). For this reason, future messaging should be relatable to a younger audience.

#### **Exhibit 3.3.1.a. Influence of partner’s drinking habits by recall of advertising about alcohol use and age**

Likelihood of drinking alcohol during pregnancy if partner continued	Total Women	Age		
		18-29	30-39	40+
<b>Base=actual</b>	(800) %	(131) %	(340) %	(329) %
More likely	8	12*	5	5
Less likely	3	3	4	2
No difference	87	84	88	89
Don't use alcohol	3	2	3	3

Q7. If you were pregnant, and your partner continued to drink during your pregnancy would you be more likely to drink, less likely to drink or would it not influence your likelihood of drinking alcohol?<sup>9</sup>

\*Represents significant difference at the 95% confidence level.

<sup>9</sup> Note: a discrete list of answers was provided to respondents for this question

### 3.3.2. Influence of social gatherings on drinking habits while pregnant

According to the survey respondents, they would not be influenced by social gatherings where alcohol is being served while pregnant. Only four per cent of women said they would be more likely to consume alcohol if they attended such an event, while nearly nine-in-ten (87%) said it would have no influence on their likelihood to drink alcohol. A small proportion of women (7%) would actually be less likely to drink at one of these gatherings suggesting social pressure is a good influence for abstinence. A better understanding of how societal pressure influences alcohol consumption during pregnancy may provide insights as to how to further develop the abstinence message.

Among survey respondents between the ages of 18 and 29, 11% reported that they would be less likely to drink alcohol when at a social gathering where alcohol was being served. This was significantly higher than for those aged 30-39 or 40+. Combined with the previous finding that survey respondents age 18-29 were more likely to drink during their pregnancy if their partner continued to drink, it appears that this younger segment of Canadian women is more likely to be influenced in some way, suggesting they may also be more influenced by future public health communications compared to older women.

On the other hand, women who are aware of FASD are significantly more likely to say that attending a social gathering with alcohol being served would have no influence on their likelihood of drinking (88% vs. 66%). Clearly, their awareness of the risks associated with drinking alcohol during pregnancy has positively impacted them in terms of not feeling pressured to consume alcohol while pregnant.

#### **Exhibit 3.3.2.a. Influence of social gatherings on drinking while pregnant by awareness of FASD and age**

Likelihood of drinking alcohol during pregnancy if at a social gathering	Total Women	Aware of FASD		Age		
		Yes	No	18-29	30-39	40+
<b>Base=actual</b>	(800) %	(759) %	(41) %	(131) %	(340) %	(329) %
More likely	4	4	10*	4	4	3
Less likely	7	6	20*	11*	5	5
No difference	87	88*	66	85	87	90
Don't use alcohol	2	2	4	1	3	2

Q8. If you were pregnant and you attended a social gathering where alcohol is served (party, bar, family dinner, outing with friends) would you be more likely to drink, less likely to drink or would it not influence your likelihood of drinking alcohol?<sup>10</sup>

\*Represents significant difference at the 95% confidence level.

<sup>10</sup> Note: a discrete list of answers was provided to respondents for this question

### 3.3.3. Likelihood of men changing drinking habits if their partner was pregnant

Men are generally supportive of their partner and seem to understand the importance of not consuming alcohol while pregnant; however they are less willing to abstain from alcohol themselves. About nine-in-ten men (88%) report they would encourage their partner to stop all alcohol use if they were to become pregnant, but, far fewer (only 58%) would be willing to stop drinking themselves during their partner's pregnancy.

Men who recall advertising about the effects of alcohol use on a baby during pregnancy are significantly more likely to encourage their partner to stop all alcohol use if they were to become pregnant (91% vs. 78%). This suggests that this advertising is effective at conveying to men the importance of not consuming alcohol during pregnancy.

Younger men (ages 18 to 29) are significantly more likely to stop drinking themselves if their partner became pregnant (64% vs. 50%-59%), which is an encouraging finding since it is evident that women in the same age cohort have a higher propensity to be influenced by their partner's decision to continue to drink through their pregnancy.

#### **Exhibit 3.3.3.a. Likelihood of men changing drinking habits if partner was pregnant by recall of advertising about alcohol use**

Encourage her to stop all alcohol use	Total	Recall Advertising	
		Yes	No
<b>Base=actual</b>	(453) %	(368) %	(81) %
Yes	88	91*	78
No	8	6	19*
Don't use alcohol	3	3	4
Don't know	-	-	-

Q9. If your partner were to become pregnant or is currently pregnant, would you...<sup>11</sup>

\*Represents significant difference at the 95% confidence level

#### **Exhibit 3.2.3.b. Likelihood of men changing drinking habits if partner was pregnant by age**

Stop drinking yourself during her pregnancy	Total	Age		
		18-29	30-39	40+
<b>Base=actual</b>	(453) %	(97) %	(169) %	(187) %
Yes	58	64*	59	50
No	30	21	32*	39*
Don't use alcohol	10	15*	6	9
Don't know	2	1	3	3

Q9. If your partner were to become pregnant or is currently pregnant, would you...

\*Represents significant difference at the 95% confidence level

<sup>11</sup> Note: a discrete list of answers was provided to respondents for this question



### 3.3.4. Conversations about not drinking alcohol during pregnancy

Nine-in-ten survey respondents (89%) have heard other people talking about not drinking alcohol during pregnancy, while far fewer have talked about this with either friends or family (63%), and fewer still have had this conversation with a doctor or other health care professional (40%). While most survey respondents hear others talking about not drinking during pregnancy, there appears to be somewhat of a barrier to having these conversations themselves.

Certain groups are more likely to have conversations about not drinking alcohol during pregnancy. Women over 30 years old are much more likely to have actually had these conversations with friends or family as well as with a doctor or health care professional, suggesting these groups may be more likely to spread abstinence messaging via word of mouth.

Survey respondents who are aware of FASD and those who recall advertising about alcohol use during pregnancy are also more likely to have these types of conversations with friends or family as well as with health care professional. This suggests that advertising about the impacts of alcohol use during pregnancy is effective at getting survey respondents to have these important conversations.

#### **Exhibit 3.3.4.a. Conversations about not drinking alcohol during pregnancy by gender and age**

Conversations (Yes)	Gender			Age		
	Total	Male	Female	18-29	30-39	40+
<b>Base=actual</b>	(1,253) %	(453) %	(800) %	(228) %	(509) %	(516) %
Heard other people talking about not drinking alcohol during pregnancy	89	87	92*	87	91	90
Talked about not drinking alcohol during pregnancy with friends or family	63	57	70*	57	66*	68*
Heard of women asking their partners to stop or cut down on drinking while they are pregnant	52	57*	48	51	57*	48
Talked about not drinking alcohol during pregnancy with a doctor/health care professional	40	32	49*	25	50*	48*
None	6	8*	4	7	4	6

Q13. Have you ever...?<sup>12</sup>

\*Represents significant difference at the 95% confidence level.

<sup>12</sup> Note: a discrete list of answers was provided to respondents for this question

**Exhibit 3.3.4.b. Conversations about not drinking alcohol during pregnancy by awareness of FASD and recall of advertising about alcohol use**

Conversations (Yes)	Aware of FASD		Recall Advertising		
	Total	Yes	No	Yes	No
<b>Base=actual</b>	(1,253) %	(1,169) %	(84) %	(1,077) %	(166) %
Heard other people talking about not drinking alcohol during pregnancy	89	91*	75	91*	82
Talked about not drinking alcohol during pregnancy with friends or family	63	64	56	67*	48
Heard of women asking their partners to stop or cut down on drinking while they are pregnant	52	54*	31	55*	42
Talked about not drinking alcohol during pregnancy with a doctor/health care professional	40	42*	26	43*	29
None	6	5	13*	5	9

Q13. Have you ever...?

\*Represents significant difference at the 95% confidence level.

### 3.4. Reaching Survey Respondents

#### 3.4.1. Information sources on the effects of alcohol use on a baby during pregnancy

Many survey respondents (83%) recall seeing or hearing information about the effects of alcohol use during pregnancy. That being said, there is no one source for this type of information. One third of survey respondents (32%) heard this information from a doctor or health care professional, while less than one quarter recall hearing or seeing it at school (24%) or on TV advertising (21%). Fewer still recall seeing or hearing this information from friends and family (14%), in the newspaper or a magazine (11%), or through a general internet search (10%). This dispersion of information sources indicates that a single channel to communicate with survey respondents is not ideal, but rather a multi-channel approach.

Women and survey respondents over 30 years old are again more informed, and are significantly more likely to recall information on effects of alcohol use on a baby during pregnancy from a doctor or a health care professional.

**Exhibit 3.4.1.a. Recall of information on effects of alcohol use on a baby during pregnancy by gender and age**

Recall of information	Total	Gender		Age		
		Male	Female	18-29	30-39	40+
<b>Base=actual</b>	(1,253) %	(453) %	(800) %	(228) %	(509) %	(516) %
Yes	83	77	88*	80	84	86*
No	17	22*	11	20*	16	13
Don't know	1	1	1	1	0	2

Q14. Do you recall seeing or hearing any information about the effects of alcohol use on a baby during pregnancy?<sup>13</sup>

\*Represents significant difference at the 95% confidence level.

<sup>13</sup> Note: a discrete list of answers was not provided to respondents, multiple responses possible

**Exhibit 3.4.1.b. Information source by gender and age**

Source of information	Those who recall seeing/hearing information	Gender		Age		
		Male	Female	18-29	30-39	40+
<b>Base=actual</b>	(1,077) %	(368) %	(709) %	(189) %	(437) %	(451) %
Doctor/health care professional	32	23	40*	21	39*	36*
School	24	20	27*	39*	17	13
TV advertising	21	24*	17	12	24*	27*
Friends and family	14	10	16*	17	12	11
Newspaper/magazine	11	14*	9	4	10*	20*
General internet/website search	10	10	10	5	14*	10*
Poster	8	6	9	10	7	7
News	5	6	4	4	4	6
TV shows/movies	5	6	4	5	4	7*
Social media	4	4	4	4	4	4
Radio advertising	4	6*	2	1	4*	6*
Billboard	3	3	3	3	3	3
Other**	31	29	34	29	34	30
Don't know	4	6*	3	5	3	4

Q15. Where did you see/hear it?<sup>14</sup>

\*Represents significant difference at the 95% confidence level.

\*\*Interviewers did not record verbatim responses for "Other" on this question

<sup>14</sup> Note: a discrete list of answers was not provided to respondents, multiple responses possible

### 3.4.2. Best source of information about the effects of alcohol use during pregnancy

Survey respondents have great confidence in our health professionals. When asked what would be the best source of information about the effects of alcohol use during pregnancy, health professionals are the clear choice (48% vs. 13%). Internet search engine was a distant second choice, but still roughly only one out of eight (13%) would prefer this source.

It is worth noting that while health professionals are deemed the “best source” of information, it is possible respondents actually meant they are the most reliable source of information, rather than the preferred source to obtain this type of information.

#### Exhibit 3.4.2.a. Best source of information about the effects of alcohol use during pregnancy

Best source of information	Total
<b>Base=actual</b>	(1,253) %
Health professionals	48
Internet search engine	13
News media	4
Canadian government website or program	4
Magazines or books	3
Social media websites	3
Websites (not social media) or general internet	3
TV or TV ads	3
Friends or family	1
Prenatal classes	1
Flyers/pamphlets/brochures	1
Videos/instructional videos	1
Academic reports/scientific studies	1
Billboards/posters/banners	1

Q16. What, for you, would be the best source of information about the effects of alcohol use during pregnancy?<sup>15</sup>

*\*Note: responses less than 1% are not shown in the table above*

<sup>15</sup> Note: a discrete list of answers was not provided to respondents

### 3.4.3. Preferred format of information

Survey respondents would prefer to be informed about the effects of alcohol use during pregnancy via a number of formats. About half of survey respondents would prefer to be informed about this issue from a website (53%), social media (50%), or from pamphlets or brochures (49%). “Other” responses included television programming or advertising (9%), doctors or health care providers (7%), email (2%), books (2%), magazines (1%), among several other miscellaneous answers (all under 1%).

Again, the lack of consensus preferred format suggests it might be best to employ a multi-format approach to communicate with Canadians.

Women and younger survey respondents have different preferences for the format information about alcohol use during pregnancy is delivered in. Women are more interested in pamphlets or brochures, social media, posters, and webinars than men. Not unexpectedly, online formats such as websites, social media, as well as pamphlets (useful for all ages) are highly preferred by survey respondents under the age of 30, and would be a good format to target for this group.

#### **Exhibit 3.4.3.a. Preferred format of information by gender and age**

Preferred format	Total	Gender		Age		
		Male	Female	18-29	30-39	40+
<b>Base=actual</b>	(1,253)	(453)	(800)	(228)	(509)	(516)
	%	%	%	%	%	%
Websites	53	52	53	58*	51	49
Pamphlets/brochures	50	42	57*	52	49	48
Social media	50	46	55*	57*	48	43
Posters	42	35	48*	46	39	38
Radio advertisements	38	38	38	41	36	37
Instructional videos	31	29	33	35	28	30
Mobile apps	26	26	27	29	26	24
Podcasts	20	19	21	23*	16	19
Webinars	20	17	22*	17	20	22
Other	33	37*	30	30	32	40*

Q17. In what format would you prefer to be informed and made aware of this issue?<sup>16</sup>

\*Represents significant difference at the 95% confidence level.

<sup>16</sup> Note: a discrete list of answers was provided to respondents for this question, multiple responses possible

## 4. Methodology

### 4.1. Methodological Overview

To achieve the objectives of this research, public opinion research was conducted with the Canadian population. The purpose of public opinion research is to gain a nonbiased public view about a certain topic or series of topics, in the case of this survey, attitudes and knowledge about alcohol use in pregnancy and FASD. In this approach, random sampling is used to ensure that there is an equal probability for everyone in the population to be selected to participate in the survey. It is important to note that while public opinion research is a useful tool to measure the proportion of a population that has a specific viewpoint on a certain topic, it does not explain *why* respondents have these beliefs or how to change their behaviours.

A telephone survey was conducted among 1,253 Canadians ages 18 to 46 years old. An oversample of women was conducted and as such 453 interviews were conducted with men and 800 with women. Interviews were conducted using random landline sampling sources and households were immediately screened for a person who was 18-46 years old. A Random Digit Dialing (RDD) approach was used to ensure that all landline telephone numbers were given an equal probability of being selected.

Before going to field, two separate pre-tests were conducted. The first was conducted on January 26<sup>th</sup>, 2017. From this first pre-test, it was determined the survey length was much longer than the 13 minute target. After revising the questionnaire to reduce length, a second pre-test was conducted which consisted of 10 completed English interviews and 10 completed French interviews, and was completed on February 2<sup>nd</sup>, 2017. Further revisions were made to ensure clarity and length. The survey was in field from February 7<sup>th</sup> to February 27<sup>th</sup>, 2017. The sample for this study was a probability sample and as such the findings can be extrapolated to the Canadian population with a margin of error of +/-2.8 per cent, 19 times out of 20.

#### Questionnaire

Based on the objectives of the research and discussion with the Project Authority, TNS drafted the questionnaire. The resulting survey was 25 questions that were primarily closed-ended. TNS translated the survey into French. The survey took about 14.2 minutes to complete.

#### Survey Pretest

Two separate pre-tests were conducted. The first was conducted on January 26<sup>th</sup>, 2017. The results were reviewed to ensure the survey was working as expected and that the questions were being interpreted as expected. From this first pre-test, it was determined the survey length was too long. After revising the questionnaire to reduce length, a second pre-test was conducted which consisted of 10 completed English interviews and 10 completed French interviews, and was completed on February 2<sup>nd</sup>, 2017. Based on the results of the second pre-test, further revisions were made to ensure clarity and length.

#### Sample Design and Selection

A landline sample was provided by an internal random number generator that randomizes the last four digits of the phone number based on known area code/exchange combinations. The person answering the phone was selected for the study if they were 18 to 46 years of age if they were not, the interviewer asked to speak with someone who was home and was 18-46.

## Survey Administration

The telephone survey was conducted using computer assisted telephone interviewing (CATI) technology. CATI ensures the interview flows as it should with pre-programmed skip patterns. It also controls responses to ensure appropriate ranges and data validity. Sample is imported directly into the survey to ensure accurate recording of sample variables such as region. The system also controls automated scheduling and call-backs to ensure all appointments are adhered to.

Surveys were conducted in English or French as chosen by the respondent. Interviewing was conducted by fully trained interviewers and supervisors. A minimum of five per cent of all interviews were independently monitored and validated in real time.

All participants were informed of the general purpose of the research, they were informed of the sponsor and the supplier and that all of their responses would be confidential. As well, the survey was registered with the Survey Registration System.

## Margin of Errors

A sample of 1,253 drawn from the Canadian adult population would produce a margin of error of +/-2.8 per cent 19 times out of 20. Sub-groups have larger margins of error and are presented below.

Table 4.1.1.b: Margin of Error by Region, Gender, Age

Target	Completes (Unweighted)	Completes (Weighted)	Margin of Error
<b>Region</b>			
Atlantic	150	82	+/- 8.0
Quebec	300	289	+/- 5.7
Ontario	351	485	+/- 5.2
Prairies	252	232	+/- 6.2
BC and Territories	200	164	+/- 6.9
<b>Gender</b>			
Male	453	620	+/- 4.6
Female	800	633	+/- 3.5
<b>Age</b>			
18-29	228	452	+/- 6.5
30-39	509	460	+/- 4.3
40-46	516	341	+/- 4.3



## Weighting

Weighting adjustments were applied to the final edited, clean data to ensure that the data were representative of the 18+ population of Canada based on the 2011 Census. The data were weighted by age within gender and within region to match the Canadian population using 2011 Census Data.

**Table 4.1.1.c: 2011 Census Data by Region, Age, Gender (Unweighted)**

Target	Region					
	Total	Atlantic	Quebec	Ontario	Prairies	BC + Territories
<b>Base=Actual</b>	1,253	150	300	351	252	200
Male 18-24	60	8	5	23	15	9
Male 25-34	95	13	17	27	16	22
Male 35-46	298	31	66	81	66	54
Female 18-24	64	3	19	13	15	14
Female 25-34	204	24	47	68	40	25
Female 35-46	532	71	146	139	100	76

**Table 4.1.1.d: 2011 Census Data by Region, Age, Gender (Weighted)**

Target	Region					
	Total	Atlantic	Quebec	Ontario	Prairies	BC + Territories
<b>Base=Actual</b>	1,253	82	289	485	232	164
Male 18-24	150	10	34	59	28	19
Male 25-34	207	12	50	76	42	27
Male 35-46	263	18	61	103	47	34
Female 18-24	146	10	33	57	27	19
Female 25-34	213	13	50	81	41	28
Female 35-46	273	19	61	109	47	37

## Response Rate

A total of 361,761 Canadian phone numbers were dialed, of which n=1,253 completed the survey. The overall response rate achieved for the telephone study was 8.9%. The following table outlines the sample disposition and response rate as per the MRIA guidelines.

Table 4.1.1.e: Response Rate Calculation

<b>TOTAL NUMBERS ATTEMPTED</b>	<b>361,761</b>
<b><u>Invalid</u></b>	<b>77,553</b>
N/S	69,193
Fax/Modem	5,257
Business/Non-Residential	3,103
<b><u>Unresolved (U)</u></b>	<b>64,427</b>
Busy	2,669
No Answer	42,470
Answering Machine	19,288
<b><u>In-scope - non-responding (IS)</u></b>	<b>19,333</b>
Language problem	841
Illness, incapable	68
Selected respondent not available	8,595
Household refusal	9,751
Respondent refusal	
Qualified respondent break-off	78
<b><u>In-scope - Responding units (R)</u></b>	<b>8,185</b>
Language disqualify	0
No one 18-46	6,833
Quota full	12
Other disqualify	87
Completed interviews	1,253
<b><u>Response Rate = R/(U+IS+R)</u></b>	<b>8.9%</b>

**Non-response Bias**

The response rate for this survey was 8.9%. The expected response rate for a telephone survey of this type with a similar field length is between three and five per cent. In order to maximize response TNS undertakes the following:

- A minimum of 8 callbacks were made before retiring a number
- Call backs are rescheduled at different times and days in order to maximize the possibility of an answer.
- Appointments and call backs are offered at flexible times so respondents may take the survey at the most convenient time.

**Tabulated Data**

Detailed tables are included under separate cover.

# 5. Appendix A: Survey Instrument

## 5.1. English Survey Instrument

Hello/Bonjour my name is INSERT NAME, from Kantar TNS. We are currently conducting a survey on behalf of the Government of Canada on a health issue affecting families in Canada. The information collected will be used to develop informational and educational materials for Canadians. Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais?

Your participation in this survey is voluntary. Your responses will be kept entirely confidential and anonymous. This survey is registered with the Marketing Research and Intelligence Association (MRIA) and will take about 13 minutes to complete.

[IF ASKED: TNS is a professional research company hired by the Government of Canada to conduct this survey]

[IF ASKED: MRIA # insert number here and portal is surveyverification.ca]

[IF ASKED: TNS privacy policy can be found here: <http://www.tnscanada.ca/privacy-policy.html>]

**1. We are looking to speak with people of a particular age, can you tell me which of the following best describes your age?**

18--24

25-29

30-34

35-39

40-46

Over 46 – Terminate Thank you, we are looking to speak with Canadians who are 18-46. I have no further questions for you.

DO NOT READ Don't know/Prefer not to say – Terminate Thank you. I have no further questions for you.

**2. Record Gender – DO NOT ASK**

Male

Female

REPEAT INTRODUCTION IF REQUIRED

Main Survey

3. **In your opinion, what are the most important things that pregnant women can do to increase the likelihood of a having a healthy baby? Are there any others?**

DO NOT READ. CODE ALL THAT APPLY.

Avoid environmental pollution  
Avoid second hand smoke  
Avoid stress  
Cut down alcohol use  
Cut down/stop drug use (marijuana, crack, heroin, etc.)  
Cut down/stop smoking  
Eat well/good nutrition  
Get rest/sleep  
Increase exercise/physical activity  
Learn about infant care  
Positive mental attitude  
Reduce exercise/physical activity  
Stop alcohol use  
Take pre-natal classes  
Take prenatal vitamins  
Talk to friends/family/social support  
Visit doctor/health professional  
Other  
Don't know

4. **There are a number of things that pregnant women may do to increase the likelihood of having a healthy baby. Please tell me how important you think each of the following are. Please tell me if you think it is 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?**

*Response list: One of the most important things to do, A very important thing to do  
A less important thing to do, not at all important*

RANDOMIZE LIST

READ AND REPEAT RESPONSE OPTION IF REQUIRED

Stop smoking  
Cut down alcohol use  
Stop alcohol use  
Avoid stressful situations  
Eat nutritious food  
Take prenatal vitamins  
Visit a doctor or health professional on a regular basis  
Reduce strenuous physical activity

Avoid second-hand smoke

**PROGRAMMING INSTRUCTION: ASK ONLY OF WOMEN**

**5. If you are or were to become pregnant, would you ...**

Stop all alcohol use

Have the rare drink (1-3 drinks during the entire pregnancy)

Have the occasional drink (one drink per month)

Have a regular drink (at least one drink per week)

VOLUNTEERED

Don't use alcohol

Don't know

**6. Now I would like to understand how much alcohol people consider safe during pregnancy. Can you tell me if you think each of the following would be very safe, somewhat safe, not very safe or not at all safe for a woman to drink while pregnant?**

*Response list: Very safe, Somewhat safe, Not very safe, Not at all safe, DK*

One alcoholic drink each week during the pregnancy

One alcoholic drink each month during the pregnancy

Two alcoholic drinks on two or three different occasions during the pregnancy

A total of one or two alcoholic drinks during the pregnancy

**PROGRAMMING INSTRUCTION: ASK ONLY OF WOMEN**

**7. If you were pregnant, and your partner continued to drink during your pregnancy would you be more likely to drink, less likely to drink or would it not influence your likelihood of drinking alcohol?**

*Response list: More likely, less likely, No difference, DO NOT READ: DON'T USE ALCOHOL DK*

**8. If you were pregnant and you attended a social gathering where alcohol is served (party, bar, family dinner, outing with friends) would you be more likely to drink, less likely to drink or would it not influence your likelihood of drinking alcohol?**

*Response list: More likely, less likely, No difference, DO NOT READ: DON'T USE ALCOHOL DK*

**PROGRAMMING INSTRUCTION: ASK ONLY OF MEN**

**9. If your partner were to become pregnant or is currently pregnant, Would you**

*Response list: Yes, No VOLUNTEERED Don't use alcohol, Don't know*

RANDOMIZE LIST

READ AND REPEAT RESPONSE OPTION IF REQUIRED

Encourage her to stop all alcohol use  
Stop drinking yourself during her pregnancy

**10. Have you ever heard of:**

*Response list: Yes, No, Don't know*

READ AND REPEAT RESPONSE OPTION IF REQUIRED

RANDOMIZE LIST

Fetal Alcohol Spectrum Disorder (FASD)  
Fetal Alcohol Syndrome (FAS)  
Fetal Alcohol Effects (FAE)  
Alcohol Related Neurodevelopmental Disorder (ARND)  
Alcohol Related Birth Defects (ARBD)

**11. Please rate the extent to which you agree or disagree with the following statements. Would you say you completely agree, somewhat agree, neither agree nor disagree, somewhat disagree or completely disagree?**

*Response list: Completely agree, Somewhat agree, Neither agree nor disagree, Somewhat disagree, Completely disagree, Don't know*

RANDOMIZE

READ AND REPEAT RESPONSE OPTION IF REQUIRED

Women should not drink alcohol when they are trying to get pregnant  
It is okay to have 1 or 2 drinks if you are pregnant  
It is okay to have 1 or 2 drinks if you are trying to get pregnant  
It is okay to have a drink on special occasions while pregnant  
A small amount of alcohol use during pregnancy can usually be considered safe.  
The more alcohol a pregnant woman drinks, the more likely that the baby will be harmed  
Drinking any amount of alcohol during pregnancy can harm a baby's developing brain and other organs  
Alcohol can cause problems for a baby any time during pregnancy, even before a woman knows that she's pregnant  
Alcohol use during pregnancy can lead to life-long disabilities in a child  
Most of the effects of alcohol use on a child usually disappear as the child grows older

If you are planning on becoming pregnant you should stop drinking  
Wine and beer are less harmful to the unborn baby than hard liquor

SPLIT SAMPLE: ASK SPINA BIFIDA TO ALL AND 4 OF THE 8 STATEMENTS TO EACH RESPONDENT

**12. In your opinion, which of the following, if any, can happen if a woman drinks alcohol while pregnant?**

RANDOMIZE LIST: Yes, No, Don't know

Brain damage  
Birth defects, like heart defects, hearing problems or vision problems.  
Fetal alcohol spectrum disorders  
Miscarriage  
A child may have difficulties learning  
A child may have poor impulse control  
A child may have behavioural problems  
A child may have communication challenges  
Spina bifida

**13. Have you ever:**

*Response list: Yes, No, Don't know*

RANDOMIZE LIST

Talked about NOT drinking alcohol during pregnancy with friends or family  
Talked about NOT drinking alcohol during pregnancy with a doctor/health care professional  
Heard other people talking about NOT drinking alcohol during pregnancy  
Heard of women asking their partners to stop or cut down on drinking while they are pregnant

INFORMATIONAL SOURCES

**14. Do you recall seeing or hearing any information about the effects of alcohol use on a baby during pregnancy?**

*Response list: Yes, No, Don't know*

**ASK IF YES TO RECALL HEARING/SEEING ANY INFORMATION**

**15. Where did you see/hear it?**

**DO NOT READ**

TV ADVERTISING  
RADIO ADVERTISING  
NEWSPAPER/MAGAZINE  
BILLBOARD  
POSTER  
DOCTOR/HEALTH CARE PROFESSIONAL  
FRIENDS AND FAMILY  
GENERAL INTERNET/WEBSITE SEARCH  
NEWS  
SCHOOL  
SOCIAL MEDIA  
TV SHOWS/MOVIES  
OTHER



DON'T KNOW

**16. What, for you, would be the best source of information about the effects of alcohol use during pregnancy?  
DO NOT READ**

1-800-O-CANADA  
CANADIAN GOVERNMENT WEBSITE  
FACEBOOK  
FRIENDS OR FAMILY  
HEALTH CANADA WEBSITE  
HEALTH PROFESSIONAL WEBSITE  
HEALTH PROFESSIONALS (DOCTORS, PHARMACISTS, ETC)  
INTERNET SEARCH ENGINE (E.G., GOOGLE, YAHOO, ETC)  
MAGAZINES OR BOOKS  
NEWS MEDIA  
PHAC WEBSITE  
PRENATAL CLASSES  
TWITTER  
Other (Please specify)

**17. In what format would you prefer to be informed and made aware of this issue: SELECT ALL THAT APPLY**

RANDOMIZE LIST

Websites  
Pamphlets/brochures  
Instructional videos  
Podcasts  
Mobile apps  
Posters  
Webinars  
Social media  
Radio advertisements  
Other (please specify)

Demographics

Now, just a few more questions for classification purposes. Just a reminder that all of your responses are completely anonymous and will be kept confidential.

**PROGRAMMING INSTRUCTION: ONLY ASK MEN**

**18. Do you currently have a partner? That is a spouse or significant other?**

**Yes**

**No**

**REFUSED**

**PROGRAMMING INSTRUCTION: ONLY ASK MEN IF THEY HAVE A PARTNER + ALL WOMEN**

**19. Have you or your partner ever given birth to a child?**

Yes

No

Prefer not to say – DO NOT READ

**PROGRAMMING INSTRUCTION: ONLY ASK MEN IF THEY HAVE A PARTNER + ALL WOMEN**

**20. Are you or your partner currently pregnant or thinking about becoming pregnant in the next two years? DO NOT READ LIST**

Currently pregnant

Thinking about it

Not pregnant nor planning

DO NOT READ – DOES NOT APPLY

**PROGRAMMING INSTRUCTION: ONLY ASK MEN IF THEY HAVE A PARTNER + ALL WOMEN**

**21. Do you or your partner think or want to become pregnant at some point in the future? DO NOT READ LIST**

Yes

No

Don't know

DO NOT READ – DOES NOT APPLY

**22. What is the highest level of education you have completed?**

Grade 8 or less

Some high school

High school diploma or equivalent

Registered Apprenticeship or other trades certification or diploma

College, CEGEP or other non-university certificate or diploma

University certificate or diploma below bachelor's level

Bachelor's degree

Post graduate degree above bachelor's level

DO NOT READ Don't know/Prefer not to say

**23. Is your household income:**

Under \$20,000

\$20,000 to just under \$40,000

\$40,000 to just under \$60,000

\$60,000 to just under \$80,000

\$80,000 to just under \$100,000

\$100,000 to just under \$150,000

\$150,000 +

DO NOT READ Don't know/Prefer not to say

**24. Thinking about the last month, how many alcoholic drinks did you have during an average week?**

(Note to interviewer: a drink is a glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed cocktail)?

DO NOT READ

Record Number

Less than one drink during an average week

Never drink alcohol

DO NOT READ Don't know/Prefer not to say

PROGRAMMING INSTRUCTION: DO NOT ASK IF NEVER DRINK ALCOHOL

**25. Now, thinking about the last six months, on how many occasions - how many times – did you consume [Women: 4 or more drinks in 4 hours, Men: 5 or more drinks in 4 hours]?**

OPEN

DO NOT READ Don't know/Prefer not to say

**Note to interviewer: If respondent asks for more information on the topic, read:**

Thank you for taking the time to complete this survey. If you would like to receive information about alcohol and pregnancy please go to the Public Health Agency of Canada's Website and search FASD.

<http://www.phac-aspc.gc.ca/index-eng.php>

## 5.2. French Survey Instrument

Hello/Bonjour! Mon nom est INSÉREZ LE NOM, de Kantar TNS. Nous effectuons actuellement un sondage au nom du gouvernement du Canada au sujet d'un problème de santé qui affecte les familles au Canada. Les renseignements que nous recueillerons serviront à développer du matériel d'information et d'éducation pour les Canadiens et Canadiennes. Would you prefer that I continue in English or French?/Préférez-vous que je continue en français ou en anglais?

Votre participation à ce sondage est volontaire. Vos réponses demeureront entièrement confidentielles et anonymes. Ce sondage est enregistré auprès de l'Association de la recherche et de l'intelligence marketing (ARIM). Le sondage est d'une durée d'environ 13 minutes.

[SI ON LE DEMANDE : TNS est une société de recherche professionnelle embauchée par le gouvernement du Canada pour effectuer ce sondage]

[SI ON LE DEMANDE : Le numéro de l'ARIM est INSÉREZ LE NUMÉRO ICI et le portail est [verificationsondage.ca](http://verificationsondage.ca) ]

[SI ON LE DEMANDE : La politique de confidentialité de TNS peut être consultée à <http://www.tnscanada.ca/politique-de-protection-de-la-vie-privee.html>]

**1. Nous recherchons des personnes qui se situent dans certains groupes d'âge. Pourriez-vous me dire dans lequel des groupes d'âge suivants vous vous situez?**

18—24 ans

25-29 ans

30-34 ans

35-39 ans

40-46 ans

Plus de 46 ans – Terminez. Je vous remercie mais nous désirons parler à des Canadiens qui sont âgés entre 18 et 46 ans. Je n'ai pas d'autres questions à vous poser.

NE LISEZ PAS – Ne sait pas/Préfère ne pas répondre – Terminez. Je vous remercie. Je n'ai pas d'autres questions à vous poser.

**2. Inscrivez le sexe – NE POSEZ PAS**

Masculin

Féminin

RÉPÉTEZ L'INTRO AU BESOIN

Sondage principal

**3. Selon vous, quelles sont les choses les plus importantes que les femmes enceintes peuvent faire pour augmenter leurs chances d'avoir un bébé en santé? Y en a-t-il d'autres?**

NE LISEZ PAS. CODEZ TOUTES LES RÉPONSES QUI S'APPLIQUENT.

ÉVITER LA POLLUTION ENVIRONNEMENTALE

ÉVITER LA FUMÉE SECONDAIRE  
ÉVITER LE STRESS  
RÉDUIRE SA CONSOMMATION D'ALCOOL  
RÉDUIRE/CESSER L'UTILISATION DE DROGUES (MARIJUANA, CRACK, HÉROÏNE, ETC.)  
RÉDUIRE SA CONSOMMATION DE TABAC/CESSER DE FUMER  
BIEN MANGER/BIEN SE NOURRIR  
SE REPOSER/DORMIR  
FAIRE PLUS D'EXERCICE/D'ACTIVITÉS PHYSIQUES  
SE RENSEIGNER SUR LES SOINS À DONNER AUX BÉBÉS  
AVOIR UN ÉTAT D'ESPRIT POSITIF  
FAIRE MOINS D'EXERCICE/D'ACTIVITÉS PHYSIQUES  
CESSER SA CONSOMMATION D'ALCOOL  
SUIVRE DES COURS PRÉNATAUX  
PRENDRE DES VITAMINES PRÉNATALES  
PARLER À DES AMI(E)S /LA FAMILLE/OBTENIR UN SOUTIEN SOCIAL  
CONSULTER UN MÉDECIN/UN PROFESSIONNEL DE LA SANTÉ  
AUTRE  
NE SAIT PAS

4. **Il y a un certain nombre de choses qu'une femme enceinte peut faire pour augmenter ses chances d'avoir un bébé en santé. Veuillez me dire dans quelle mesure vous pensez que chacune des choses suivantes est importante. Veuillez me dire si vous pensez que c'est l'une des choses les plus importantes à faire, une chose très importante à faire, moins importante à faire ou pas du tout importante à faire?**

*Liste des réponses : Une des choses les plus importantes à faire, Une chose très importante à faire, Une chose moins importante à faire, Une chose pas du tout importante*

RANDOMISEZ LA LISTE

LISEZ ET RÉPÉTEZ LES OPTIONS DE RÉPONSES AU BESOIN

Cesser de fumer  
Réduire sa consommation d'alcool  
Cesser sa consommation d'alcool  
Éviter les situations stressantes  
Manger des aliments nutritifs  
Prendre des vitamines prénatales  
Consulter régulièrement un médecin ou un professionnel de la santé  
Réduire les activités physiques intenses  
Éviter la fumée secondaire

**PROGRAMMING INSTRUCTION : POSEZ SEULEMENT AUX FEMMES**

5. **Si vous êtes enceinte ou deveniez enceinte, est-ce que vous ...**

Cesseriez de consommer de l'alcool  
Consommeriez rarement un verre (1-3 verres pendant la grossesse)

Consommeriez un verre à l'occasion (un verre par mois)  
Consommeriez régulièrement (au moins un verre par semaine)  
SPONTANÉMENT  
Je ne consomme pas d'alcool  
Je ne sais pas

6. **Maintenant, j'aimerais comprendre quelle quantité d'alcool les gens considèrent comme étant sécuritaire pendant la grossesse. Pouvez-vous me dire si vous pensez que chacune des quantités suivantes serait très sécuritaire, assez sécuritaire, pas très sécuritaire ou pas du tout sécuritaire pour une femme pendant sa grossesse?**

*Liste des réponses : Très sécuritaire, Assez sécuritaire, Pas très sécuritaire ou Pas du tout sécuritaire, NSP*

Une boisson alcoolisée par semaine pendant la grossesse  
Une boisson alcoolisée par mois pendant la grossesse  
Deux boissons alcoolisées à deux ou trois occasions différentes pendant la grossesse  
Un total d'une ou deux boissons alcoolisées pendant la grossesse

**PROGRAMMING INSTRUCTION: POSEZ SEULEMENT AUX FEMMES**

7. **Si vous étiez enceinte et que votre conjoint ou partenaire continuait à consommer pendant votre grossesse, seriez-vous plus susceptible de consommer, moins susceptible de consommer ou diriez-vous que cela n'influencerait pas votre consommation d'alcool?**

*Liste des réponses Plus susceptible, Moins susceptible, Aucune différence NE LISEZ PAS : NE CONSOMME PAS D'ALCOOL, NE SAIT PAS*

8. **Si vous étiez enceinte et que vous assistiez à un événement social où l'on servait de l'alcool (fête, sortie dans un bar, repas de famille, sortie avec des ami(e)s) seriez-vous plus susceptible de consommer, moins susceptible de consommer ou diriez-vous que cela n'influencerait pas votre consommation d'alcool?**

*Liste des réponses Plus susceptible, Moins susceptible, Aucune différence NE LISEZ PAS : NE CONSOMME PAS D'ALCOOL, NE SAIT PAS*

**PROGRAMMING INSTRUCTION : POSEZ SEULEMENT AUX HOMMES**

9. **Si votre conjointe devenait enceinte ou si elle est actuellement enceinte, est-ce que...?**

*Liste des réponses : Oui, Non  
SPONTANÉMENT Je ne consomme pas d'alcool, Je ne sais pas*

RANDOMISEZ LA LISTE

LISEZ ET RÉPÉTEZ LES OPTIONS DE RÉPONSES AU BESOIN

Vous l'encourageriez à cesser complètement de consommer de l'alcool  
Cesseriez vous-même de consommer pendant sa grossesse

10. **Avez-vous déjà entendu parler :**

*Liste des réponses : Oui, Non, Ne sait pas*

**LISEZ ET RÉPÉTEZ LES OPTIONS DE RÉPONSES AU BESOIN  
RANDOMISEZ LA LISTE**

Des troubles du spectre de l'alcoolisation fœtale (TSAF)  
Du syndrome d'alcoolisme fœtal (SAF)  
Des effets de l'alcoolisation fœtale (EAF)  
Du trouble neurologique du développement lié à l'alcool (TNDA)  
Des anomalies congénitales liées à l'alcool (ACLA)

- 11. Veuillez indiquer dans quelle mesure vous êtes d'accord ou en désaccord avec chacun des énoncés suivants. Diriez-vous que vous êtes tout à fait d'accord, assez d'accord, ni d'accord ni en désaccord, assez en désaccord ou tout à fait en désaccord?**

*Liste des réponses : Tout à fait d'accord, Assez d'accord, Ni d'accord ni en désaccord, Assez en désaccord, Tout à fait en désaccord, Ne sait pas*

**RANDOMISEZ**

**LISEZ ET RÉPÉTEZ LES OPTIONS DE RÉPONSES AU BESOIN**

Les femmes ne devraient pas consommer de l'alcool lorsqu'elles essaient de devenir enceintes  
Il n'y a pas de danger à consommer 1 ou 2 boissons alcoolisées si vous êtes enceinte  
Il n'y a pas de danger à consommer 1 ou 2 boissons alcoolisées si vous essayez de devenir enceinte  
Il n'y a pas de danger à consommer lors d'occasions spéciales si vous êtes enceinte  
Une petite quantité d'alcool pendant la grossesse est habituellement considérée comme étant sécuritaire  
Plus une femme enceinte consomme de l'alcool, plus il est probable que le bébé en souffre  
Toute consommation d'alcool pendant la grossesse peut nuire au développement du cerveau et d'autres organes d'un bébé  
La consommation d'alcool peut causer des problèmes chez un bébé à tout moment au cours d'une grossesse, et ce, même avant qu'une femme découvre qu'elle est enceinte  
La consommation d'alcool pendant la grossesse peut causer des handicaps permanents chez un enfant  
La plupart des effets de la consommation d'alcool sur un enfant disparaissent habituellement à mesure que l'enfant grandit  
  
Si vous avez l'intention de devenir enceinte vous devriez cesser de consommer de l'alcool  
Le vin et la bière sont moins dangereux pour le fœtus que des boissons fortes

**SPLIT SAMPLE : MENTIONNEZ SPINA BIFIDA À TOUS ET 4 DES 8 ÉNONCÉS À CHAQUE RÉPONDANT**

- 12. Selon vous, lesquels des problèmes suivants, le cas échéant, peuvent survenir si une femme consomme de l'alcool pendant sa grossesse?**

*Liste des réponses : Oui, Non, Ne sait pas*

Des lésions cérébrales

Des anomalies congénitales telles que des malformations cardiaques, problèmes auditifs ou problèmes de vision.

Des troubles du spectre de l'alcoolisation fœtale

Une fausse couche

Un enfant peut avoir des troubles d'apprentissage

Un enfant peut avoir un faible contrôle de ses émotions

Un enfant peut avoir des problèmes de comportement

Un enfant peut faire face à des problèmes de communication

Un enfant peut être atteint de spina bifida

**13. Avez-vous déjà :**

*Liste des réponses : Oui, Non, Ne sait pas*

RANDOMISEZ LA LISTE

Parlé à vos parents ou ami(e)s de ne PAS consommer d'alcool pendant votre grossesse

Parlé à un médecin ou à un professionnel de la santé de ne PAS consommer d'alcool pendant votre grossesse

Entendu d'autres femmes parler de ne PAS consommer d'alcool pendant leur grossesse Entendu des femmes

demander à leur partenaire de cesser ou réduire leur consommation d'alcool pendant qu'elles sont enceintes

SOURCES D'INFORMATION

**14. Vous souvenez-vous d'avoir vu ou entendu de l'information au sujet des effets de la consommation d'alcool pendant une grossesse?**

*Liste des réponses : Oui, Non, Ne sait pas*

**POSEZ SI ON SE SOUVIENT D'AVOIR ENTENDU/VU DE L'INFORMATION**

**15. Où l'avez-vous vue ou entendue?**

**NE LISEZ PAS**

PUBLICITÉ À LA TÉLÉ

PUBLICITÉ À LA RADIO

JOURNAL/MAGAZINE

PANNEAU PUBLICITAIRE

AFFICHE

MÉDECIN/PROFESSIONNEL DE LA SANTÉ

PARENTS ET AMIS

RECHERCHE GÉNÉRALE SUR INTERNET/ UN SITE WEB

NOUVELLES

ÉCOLE

MÉDIAS SOCIAUX

ÉMISSIONS DE TÉLÉ/FILMS

AUTRE



NE SAIT PAS

**16. Selon vous, quelle serait la meilleure source d'information au sujet des effets d'une consommation d'alcool pendant une grossesse? NE LISEZ PAS**

1-800-O-CANADA

SITE WEB DU GOUVERNEMENT DU CANADA

FACEBOOK

PARENTS OU AMIS

SITE WEB DE SANTÉ CANADA

SITE WEB D'UN PROFESSIONNEL DE LA SANTÉ

PROFESSIONNELS DE LA SANTÉ (MÉDECINS, PHARMACIENS, ETC.)

MOTEUR DE RECHERCHE SUR INTERNET (EX. GOOGLE, YAHOO, ETC.)

MAGAZINES OU LIVRES

MÉDIAS D'INFORMATION

SITE WEB DE L'ASPC

COURS PRÉNATAUX

TWITTER

Autre (Veuillez préciser)

**17. Dans quel format préféreriez-vous être informé(e) et mis(e) au courant de ce problème : SÉLECTIONNEZ TOUTES LES RÉPONSES QUI S'APPLIQUENT**

RANDOMISEZ LA LISTE

Sites Web

Dépliants/brochures

Vidéos éducatives

Podcasts

Applications mobiles

Affiches

Webinaires

Médias sociaux

Publicités à la radio

Autre (précisez)

Démographiques

Il ne me reste que quelques questions qui serviront à des fins de classification. Permettez-moi de vous rappeler que toutes vos réponses sont complètement anonymes et qu'elles demeureront confidentielles.

**PROGRAMMING INSTRUCTION : POSEZ SEULEMENT AUX HOMMES**

**18. Êtes-vous actuellement en couple, c'est-à-dire avez-vous un(e) conjoint(e) ou un compagnon/une compagne?**

**Oui**

**Non**  
**REFUSE**

**PROGRAMMING INSTRUCTION : POSEZ SEULEMENT AUX HOMMES QUI ONT UNE CONJOINTE AINSI QU'À TOUTES LES FEMMES**

**19. Est-ce que vous-même avez, ou votre conjointe a-t-elle, déjà donné naissance à un enfant?**

Oui  
Non  
Préfère ne pas répondre – NE LISEZ PAS

**PROGRAMMING INSTRUCTION : POSEZ SEULEMENT AUX HOMMES QUI ONT UNE CONJOINTE AINSI QU'À TOUTES LES FEMMES**

**20. Est-ce que vous-même êtes actuellement enceinte ou songez à le devenir, ou est-ce que votre conjointe est actuellement enceinte ou songe à le devenir, au cours des deux prochaines années? NE LISEZ PAS LA LISTE**

Actuellement enceinte  
Songe à le devenir  
Pas enceinte et ne songe pas à le devenir  
NE LISEZ PAS – NE S'APPLIQUE PAS

**PROGRAMMING INSTRUCTION : POSEZ SEULEMENT AUX HOMMES QUI ONT UNE CONJOINTE AINSI QU'À TOUTES LES FEMMES**

**21. Est-ce que vous-même voulez ou songez, ou votre conjointe veut-elle ou songe-t-elle, à devenir enceinte à l'avenir? NE LISEZ PAS LA LISTE**

Oui  
Non  
Ne sait pas  
NE LISEZ PAS – NE S'APPLIQUE PAS

**22. Quel est le plus haut niveau de scolarité que vous avez terminé?**

Primaire ou moins  
Secondaire en partie  
Secondaire ou équivalent au complet  
Programme d'apprentissage ou autre certificat ou diplôme d'une école de métiers  
Cégep, collège communautaire ou autre certificat ou diplôme non universitaire  
Certificat ou diplôme universitaire inférieur au baccalauréat  
Baccalauréat  
Diplôme d'études supérieures au baccalauréat  
NE LISEZ PAS - Ne sait pas/Préfère ne pas répondre

**23. Est-ce que le revenu de votre ménage est de :**

Moins de 20 000 \$

20 000 \$ à un peu moins de 40 000 \$

40 000 \$ à un peu moins de 60 000 \$

60 000 \$ à un peu moins de 80 000 \$

80 000 \$ à un peu moins de 100 000 \$

100 000 \$ à un peu moins de 150 000 \$

150 000 \$ ou plus

NE LISEZ PAS - Ne sait pas/Préfère ne pas répondre

**24. En pensant au dernier mois, combien de boissons alcoolisées avez-vous consommées au cours d'une semaine ordinaire?**

(Note à l'intervieweur : une boisson alcoolisée peut être un verre de vin, un cooler, une cannette ou bouteille de bière, un verre de spiritueux ou un cocktail avec alcool)?

NE LISEZ PAS

Inscrivez le nombre

Moins d'une boisson alcoolisée au cours d'une semaine ordinaire

Ne consomme jamais d'alcool

NE LISEZ PAS - Ne sait pas/Préfère ne pas répondre

PROGRAMMING INSTRUCTION : NE POSEZ PAS SI NE CONSOMME JAMAIS D'ALCOOL

**25. En pensant maintenant aux six derniers mois, à combien d'occasions – combien de fois – avez-vous consommé [Femmes : 4 verres ou plus en 4 heures, Hommes : 5 verres ou plus en 4 heures]?**

OUVERTE

NE LISEZ PAS - Ne sait pas/Préfère ne pas répondre

**Note à l'intervieweur : Si le répondant souhaite avoir plus d'information sur le sujet, dites :**

Si vous désirez obtenir de plus amples renseignements au sujet de la consommation d'alcool pendant une grossesse, veuillez consulter le site Web de l'Agence de santé publique du Canada sous la rubrique TSAF.

<http://www.phac-aspc.gc.ca/index-fra.php>