



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

Prepared for the Public Health Agency of Canada

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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 (FASD¹) 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

¹ 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.

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.

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 26th, 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 2nd, 2017. Further revisions were made to ensure clarity and length. The survey was in field from February 7th to February 27th, 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
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