

Attitudes to drinking in pregnancy

Attitudes and Behaviour towards Alcohol Survey 2015/16

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EXECUTIVE SUMMARY

This report presents descriptive results about New Zealanders' attitudes to drinking alcohol during pregnancy. The data are from the Attitudes and Behaviour towards Alcohol Survey (ABAS), which is a national survey of people aged 15 years and over about alcohol consumption patterns, alcohol-related behaviour, consequences of consuming alcohol, and attitudes.

The results of five questions from the ABAS are presented. These are the level of agreement or disagreement with the following statements:

1. During pregnancy drinking small amounts of alcohol is OK.
2. I would encourage a friend or family member to stop drinking completely if she was pregnant.
3. I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant.
4. I would stop drinking completely if I knew I was pregnant.
5. I would stop drinking completely if I thought there was a chance I could be pregnant.

The first question was asked in the 2013/14, 2014/15 and 2015/16 surveys ($N = 12,206$ across the three surveys). The remaining questions were only asked in the 2015/16 survey ($N = 4,000$). The last two questions were only asked of women aged 18 to 44 years.

Key findings

Attitudes to drinking in pregnancy

The majority of respondents disagreed that 'during pregnancy drinking small amounts of alcohol is OK' (84%; 95% CI: 82, 85).

Those who showed greater disagreement were:

- females (compared with males)
- 15 to 24-year-olds (compared with 25 to 34-year-olds)
- Asian respondents (compared with European/Other).

Support for women to stop drinking in pregnancy

The majority of respondents agreed with the statements 'I would encourage a friend or family member to stop drinking completely if she was pregnant' (88%; 95% CI: 86, 89) and 'I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant' (84%; 95% CI: 83, 85).

There were consistent differences by gender, age, and education. Those more supportive of encouraging friends and family to stop drinking in pregnancy, or if there was a chance of pregnancy, were:

- females (compared with males)
- young adults (15 to 24-year-olds compared with 25 to 34-year-olds)
- people with a formal qualification (compared with those with no formal qualification).

There was also a difference by ethnicity. The level of agreement with the statement about encouraging others to stop drinking if there was a **chance** of pregnancy was higher in Asian respondents compared to European/Other respondents.

Intention to stop drinking in pregnancy

Almost all women of child-bearing age (aged 18 to 44 years) agreed with statements that 'I would stop drinking completely if I **knew** I was pregnant' (96%; 95% CI: 94, 97) and 'I would stop drinking completely if I thought there was a **chance** I could be pregnant' (94%; 95% CI: 93, 96).

There were consistent differences by age. Younger women (aged 18 to 24 years) indicated a higher level of agreement with both of these statements than women in older age groups.

There was also a difference by education. Women with a trade certificate, professional qualification, or undergraduate diploma (compared with those with no formal qualifications) indicated a higher level of agreement that they would stop drinking completely if they thought there was a **chance** they could be pregnant.

INTRODUCTION

Drinking alcohol during pregnancy increases the risks of miscarriage, stillbirth or of a baby being born with a range of life-long effects (British Medical Association Board of Science, 2016; Green, McKnight-Eily, Tan, Mejia, & Denny, 2016). Fetal alcohol spectrum disorder (FASD) is the term used to describe these effects (Ministry of Health, 2009). The New Zealand Ministry of Health and the Health Promotion Agency (HPA) both advise that women should not drink alcohol while pregnant or when planning a pregnancy as there is no known safe level of alcohol consumption at any stage of pregnancy.¹

Although the rates of FASD in New Zealand are unknown, it is conservatively estimated that at least 600 babies are born each year with FASD (Connor & Casswell, 2012). Results from the 2012/13 Ministry of Health's New Zealand Health Survey and the Growing Up in New Zealand Survey indicate that although around 30% of women do not drink any alcohol before pregnancy, between 15 to 27% of women continue to drink at some level after pregnancy is confirmed (Cheung, Timmins, & Wright, 2015; Ministry of Health, 2015).

Attitudes towards drinking during pregnancy have been shown to predict women's intentions to drink during pregnancy (Peadon et al., 2011). Friends, family and partners also play an important role in providing advice and influencing women to not drink during pregnancy (Holland, McCallum, & Blood, 2015). Hence, improving attitudes and knowledge about drinking during pregnancy (and evaluating these attitudes) is an important component of a comprehensive approach to reducing FASD (Crawford-Williams, Fielder, Mikocka-Walus, & Esterman, 2015; France et al., 2014).

Such an approach is currently underway in New Zealand, guided by the Ministry of Health's *Taking Action on Fetal Alcohol Spectrum Disorder: 2016-19: An Action Plan* (FASD Working Group, 2016). The Action Plan includes activities around developing clear and consistent messages to increase awareness of the risks and reduce women's intentions to drink during pregnancy. This includes raising awareness of the risks of drinking when a woman **could** be pregnant. The fetus is particularly vulnerable to the effects of alcohol during the first trimester of pregnancy, which includes the time before a woman has confirmed that she is pregnant.

This report

This report presents descriptive results on New Zealanders' attitudes towards drinking alcohol during pregnancy from the 2015/16 ABAS. Results were compared to data from the 2013/14 and 2014/15 surveys, where available.

The primary focus of this report is to describe attitudes towards drinking alcohol during pregnancy in different demographic groups. All results presented in this report are weighted so that they are representative of the total New Zealand population aged 15 years and over.

¹ <http://www.alcohol.org.nz/alcohol-its-effects/alcohol-and-pregnancy/what-you-need-to-know>

One of the limitations of this report is that no attempt has been made to assess or adjust for social desirability bias. This bias can occur when questions about sensitive or personal issues are asked and respondents may report answers that they perceive to be 'socially acceptable' rather than their true opinions (Grimm, 2010). Attitudes and intentions towards drinking in pregnancy may be affected by this bias, for example, if many survey respondents report agreeing that they would stop drinking if pregnant, despite not really supporting this idea.

METHOD

Survey

ABAS is a nationally representative survey of all usually resident New Zealanders aged 15 years and over. The survey monitors alcohol consumption patterns, alcohol-related behaviour, consequences of consuming alcohol, and attitudes to drinking. Results from the survey are used to inform the planning and development of alcohol activities, policies, and programmes that aim to reduce alcohol-related harm in New Zealand.

For each survey in 2013/14, 2014/15 and 2015/16, approximately 4,000 people aged 15 years and over were surveyed over four months (November, December, January, and February). The 2015/16 survey also included a boost of 200 Pacific people. Households were stratified into telephone directory regions. A random sample of telephone numbers was generated from all number ranges found in the White Pages using a Random Digit Dialling (RDD) approach. The mode of the interview was Computer-Assisted Telephone Interviewing (CATI). A full description of each year's methods and further ABAS publications can be found at <http://www.hpa.org.nz/research-library/research-publications>.

There were 4,000 responses from the 2015/16 survey (excluding the Pacific boost sample). In total, there were 12,006 responses across the 2013/14, 2014/15, and 2015/16 surveys (Table 1).

Table 1: Survey sample size for 2013/14, 2014/15 and 2015/16 ABAS surveys

Year	Survey sample size
2013	4,001
2014	4,005
2015	4,000*
Total	12,006

* Excludes the 200 Pacific boost sample.

In 2015/16, a number of small changes were made to the questionnaire and interview/CATI processes in order to improve the response rate. In all other respects, the methodology, design and questionnaire remained essentially the same over the three years.

Analysis

This report presents the analysis of five questions from ABAS that assessed New Zealanders' attitudes towards drinking in pregnancy. Only the first question was asked over the three survey years. Questions about drinking if pregnant or if there was a chance of pregnancy were only asked of women aged 18-44 years. These questions were in the form of statements that respondents were asked to agree or disagree with, as follows:

1. During pregnancy drinking small amounts of alcohol is OK (asked in 2013/14, 2014/15 and 2015/16, of all respondents).
2. I would encourage a friend or family member to stop drinking completely if she was pregnant (asked only in 2015/16, of all respondents).
3. I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant (asked only in 2015/16, of all respondents).
4. I would stop drinking completely if I knew I was pregnant (asked only in 2015/16, of women aged 18-44 years).
5. I would stop drinking completely if I thought there was a chance I could be pregnant (asked only in 2015/16, of women aged 18-44 years).

Responses to these attitude statements were on a five-point scale of 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'. In this report, the 'strongly agree' and 'agree' responses have been combined to give an overall 'agreement' response. The 'strongly disagree' and 'disagree' responses have been combined to give an overall 'disagreement' response.

Subgroup analyses were calculated for key demographic groups. These were:

- gender (male, female)
- age (15-24 years, 25-34 years, 35-44 years, 45-54 years and 55+ years for questions asked of the full sample; 18-24 years, 25-34 years, 35-44 years for questions asked of women of child-bearing age)
- prioritised ethnicity (prioritised in the order of Māori, Pacific, Asian, European/Other)
- household income (<\$50,000, \$50,001 to \$100,000, >\$100,000)
- highest attained education level (none = no formal qualification; high school = School Certificate, NCEA Level 1, 2 or 3, National Certificate Level 1, 2 or 3, Higher School Certificate, Higher Leaving Certificate, University Entrance, Bursary Scholarship; trade = trade or technical certificate, professional qualification or undergraduate diploma;

degree = undergraduate or postgraduate degree; other = don't know or refused responses).

The data have been weighted (adjusted) so that the sample reflects the makeup of the New Zealand population at the last Census (2013). Results are presented as weighted estimates with error bars representing the 95% confidence intervals. The confidence level for comparing estimates by sub-group was set at 95%.

RESULTS

The demographic characteristics of respondents in 2015/16 are outlined in Table 2 below for all respondents (base sample for questions 1 to 3), and in Table 3 for female respondents aged 18 to 44 years (base sample for questions 4 and 5).

Table 2: Demographic characteristics of ABAS 2015/16 respondents

		All respondents	
		Number	Percent of total respondents (%)
<i>Total</i>		4,000*	
<i>Gender</i>	Female	2,075	52
	Male	1,925	48
<i>Age</i>	15 – 24 years	734	18
	25 – 34 years	456	11
	35 – 44 years	830	21
	45 – 54 years	558	14
	55 + years	1,422	36
<i>Prioritised ethnicity</i>	Māori	731	18
	Pacific	218	6
	Asian	422	11
	European/Other	2,629	66
<i>Education</i>	None	325	8
	High school	1,537	38
	Trade	754	19
	Degree	1,170	29
	Other**	214	5
<i>Household Income (Applies only to respondents aged 18+ N=3,596)</i>	< \$50,000	949	26
	\$50,001 - \$100,000	1,138	32
	> \$100,000	1,011	28
	No response	498	14

* Excludes the 200 Pacific boost sample. ** Includes don't know or refused responses.

Table 3: Demographic characteristics of ABAS 2015/16 female respondents aged 18-44 years

Female respondents (18-44 years)			
		Number	Percent of total respondents (%)
<i>Total</i>		887	
<i>Age</i>	18 – 24 years	170	19
	25 – 34 years	250	28
	35 – 44 years	467	53
<i>Education</i>	None	31	4
	High school	305	34
	Trade	141	16
	Degree	365	41
	Other*	45	5

* Includes don't know or refused responses

ATTITUDES TO DRINKING IN PREGNANCY

Drinking in pregnancy is OK

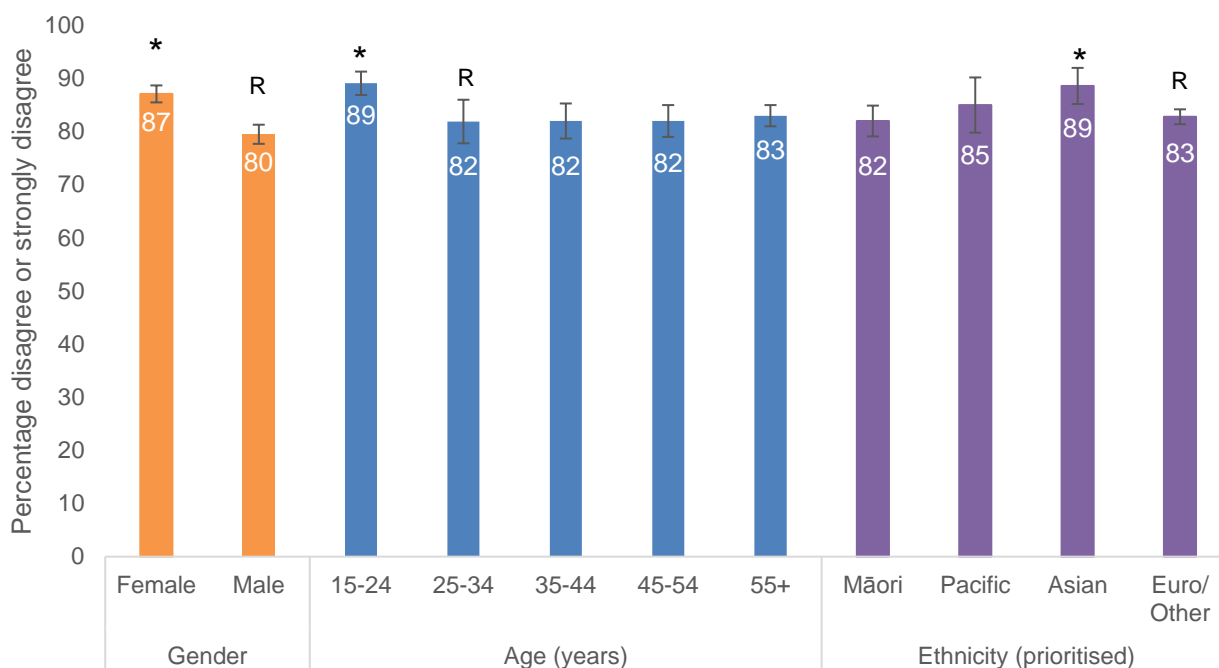
General attitude to drinking in pregnancy was assessed by asking all respondents to indicate their level of agreement with the statement 'During pregnancy drinking small amounts of alcohol is OK'.

Overall, 84% [95% CI: 82, 85] of respondents disagreed with this statement in 2015/16. As shown in Figure 1, disagreement was higher among:

- females (compared with males)
- 15 to 24-year-olds (compared with 25 to 34-year-olds)
- Asian respondents (compared with European/Other).

There were no significant differences in disagreement by education or household income.

Figure 1: Percentage of respondents who disagreed with the statement ‘During pregnancy drinking small amounts of alcohol is OK’ in 2015/16, by gender, age and ethnicity



Base = All respondents (ABAS 2015/16).

* Significantly different from the reference group (indicated with 'R').

This question was also asked of respondents in the 2013/14 and 2014/15 surveys (for results, see Puthipiroj & Gray, 2014). Overall, there were no significant changes in level of disagreement across the three survey years.

SUPPORT FOR WOMEN TO STOP DRINKING IN PREGNANCY

Encourage others to stop drinking if pregnant

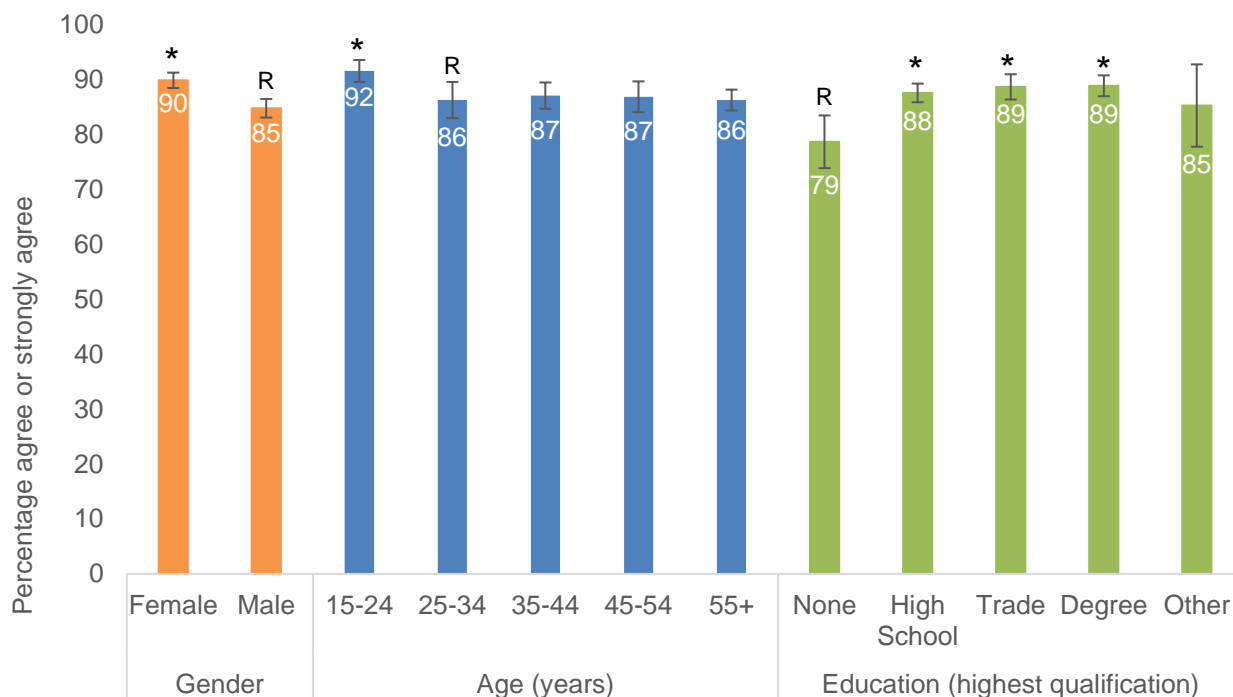
To assess the level of support from others to encourage pregnant women not to drink, all respondents were asked to indicate their level of agreement with the statement ‘I would encourage a friend or family member to stop drinking completely if she was pregnant’.

Overall, 88% [95% CI: 86, 89] of respondents agreed with this statement. As shown in Figure 2, agreement was higher among:

- females (compared with males)
- 15 to 24-year-olds (compared with 25 to 34-year-olds)
- those with a formal qualification (compared with no formal qualifications).

There were no significant differences in agreement by ethnicity or household income.

Figure 2: Percentage of respondents who agreed with the statement ‘I would encourage a friend or family member to stop drinking completely if she was pregnant’ in 2015/16, by gender, age and education level



Base = All respondents (ABAS 2015/16).

* Significantly different from the reference group (indicated with 'R').

Encourage others to stop drinking if chance of pregnancy

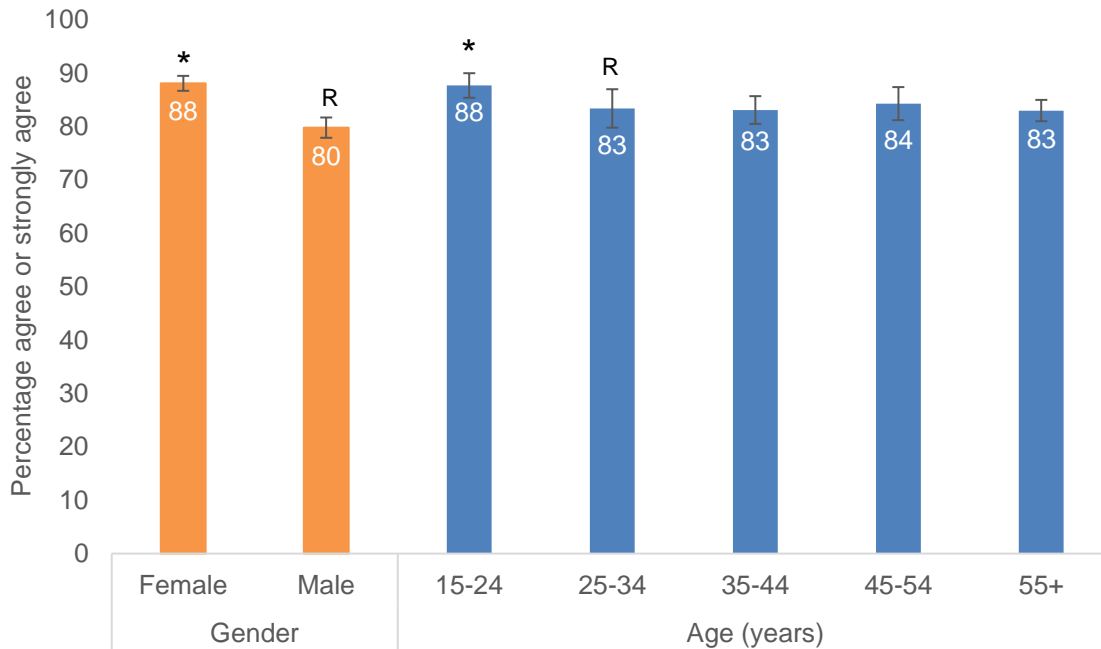
To assess the level of support from others to encourage women who *might* be pregnant not to drink, all respondents were asked to indicate their level of agreement with the statement “I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant”.

Overall, 84% [95% CI: 83, 85] of respondents agreed with this statement. As shown in Figure 3 and Figure 4, agreement was higher among:

- females (compared with males)
- 15 to 24-year-olds (compared with 25 to 34-year-olds)
- those with a formal qualification (compared with no formal qualifications)
- Asian respondents (compared with European/Other).

There were no significant differences in agreement by household income.

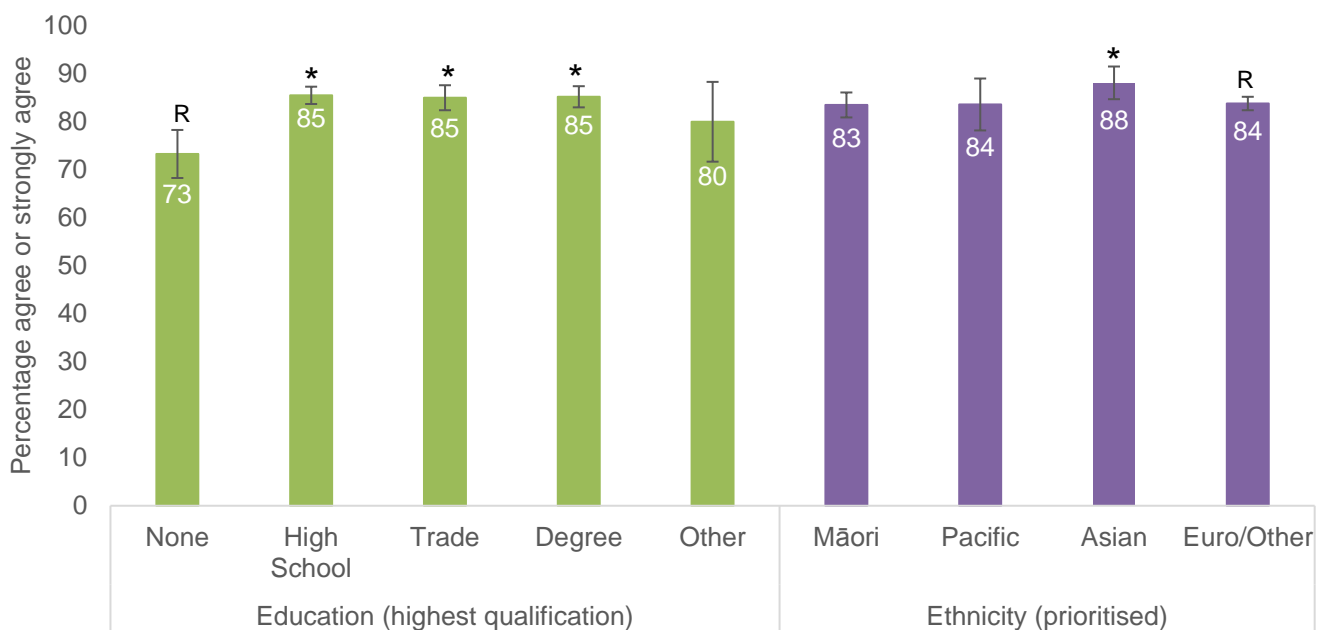
Figure 3: Percentage of respondents who agreed with the statement ‘I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant’ in 2015/16, by gender and age



Base = All respondents (ABAS 2015/16).

* Significantly different from the reference group (indicated with 'R').

Figure 4: Percentage of respondents who agreed with the statement ‘I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant’ in 2015/16, by education level and ethnicity



Base = All respondents (ABAS 2015/16).

* Significantly different from the reference group (indicated with 'R').

INTENTION TO STOP DRINKING IN PREGNANCY

Would stop drinking if knew pregnant

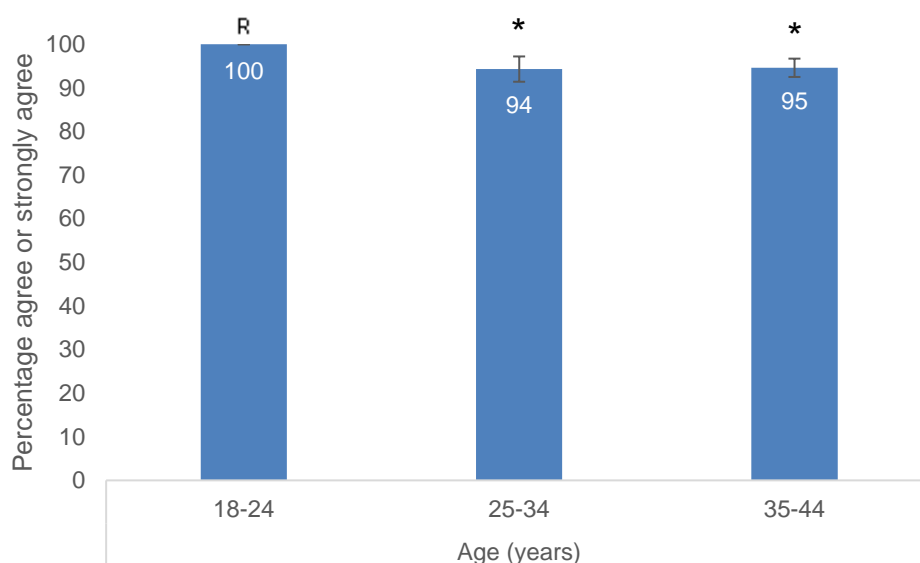
To assess whether women would stop drinking if they became pregnant, women aged 18 to 44 years were asked to indicate their level of agreement with the statement, 'I would stop drinking completely if I knew I was pregnant'.

Overall, 96% [95% CI: 94, 97] of respondents agreed with this statement. As shown in Figure 5, agreement was higher among:

- 18 to 24-year-olds (compared with women in the older age groups).

There were no differences in agreement by ethnicity, education, or household income.

Figure 5: Percentage of respondents who agreed with the statement 'I would stop drinking completely if I knew I was pregnant' in 2015/16, by age



Base = Women aged 18 to 44 years (ABAS 2015/16).

* Significantly different from the reference group (indicated with 'R').

Would stop drinking if there was a chance of pregnancy

To assess whether women would stop drinking if they **could** be pregnant, women aged 18 to 44 years were asked to indicate their level of agreement with the statement, 'I would stop drinking completely if I thought there was a chance I could be pregnant'.

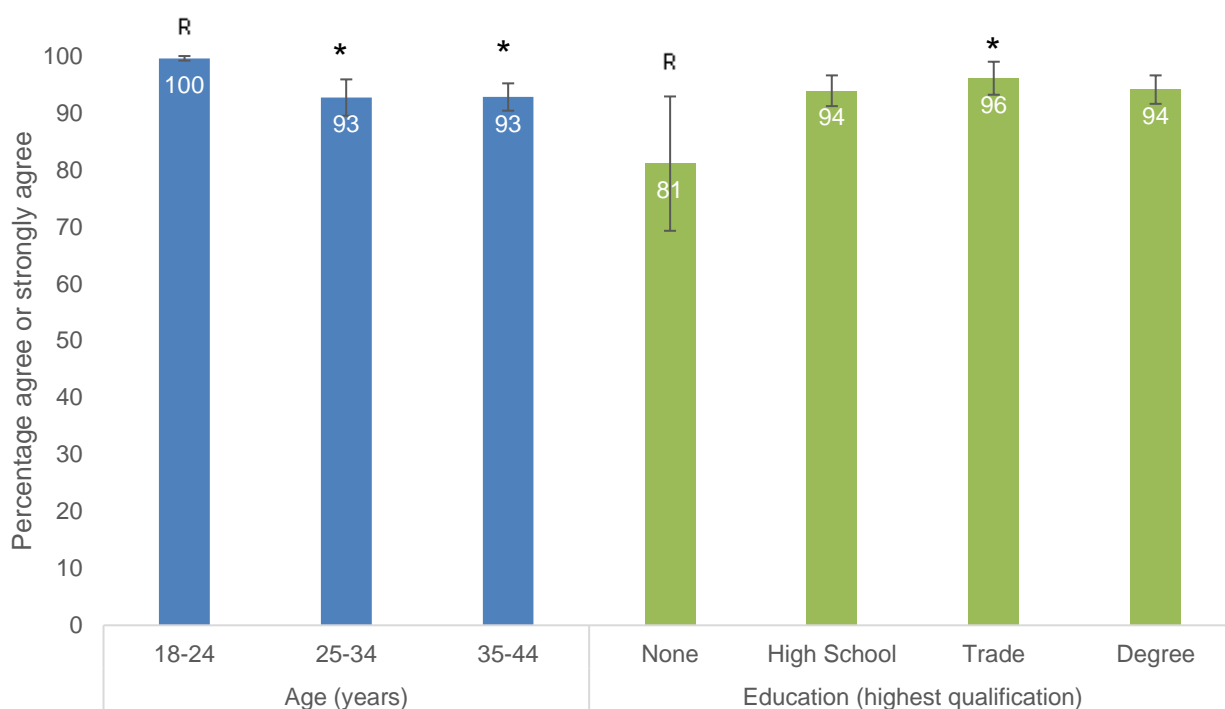
Overall, 94% [95% CI: 93, 96] of respondents agreed with this statement. As shown in Figure 6, agreement was higher among:

- 18 to 24-year-olds (compared with women in the older age groups)

- those with a trade certificate, professional qualification, or undergraduate diploma (compared with those with no formal qualifications).

There were no differences in agreement by ethnicity or household income.

Figure 6: Percentage of respondents who agreed with the statement ‘I would stop drinking completely if I thought there was a chance I was pregnant’ in 2015/16, by age and education level



Base = Women aged 18 to 44 years (ABAS 2015/16).

* Significantly different from the reference group (indicated with 'R').

Note that the education category 'Other' is not shown as no respondents reported this category.

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APPENDIX: SUMMARY OF NON-SIGNIFICANT EFFECTS

The main body of this report presents the results for each subgroup only when there were differences across the relevant variable. For completeness, Table 4 shows the results for each subgroup when there was no significant effect across the relevant variable. While specific proportions for each group may appear to be numerically different, they are not significantly different in a statistical sense.

Table 4. Summary of non-significant effects: Percentage of respondents in each subgroup who ‘disagreed’ or ‘agreed’ with each statement

	During pregnancy drinking small amounts of alcohol is OK	I would encourage a friend or family member to stop drinking completely if she was pregnant	I would encourage a friend or family member to stop drinking completely if she thought there was a chance she could be pregnant	I would stop drinking completely if I knew I was pregnant	I would stop drinking completely if I thought there was a chance I could be pregnant
	% Disagree [95% CI]	% Agree [95% CI]	% Agree [95% CI]	% Agree [95% CI]	% Agree [95% CI]
Base	All respondents	All respondents	All respondents	Women aged 18-44	Women aged 18-44
Household income					
< \$50,000	83 [81, 86]	86 [84, 88]	83 [81, 86]	95 [91, 98]	94 [90, 98]
\$50,000-\$100,000	84 [82, 86]	87 [85, 89]	85 [83, 87]	96 [93, 98]	95 [92, 97]
> \$100,000	82 [80, 85]	88 [86, 90]	85 [82, 87]	94 [92, 97]	94 [91, 97]
No response	84 [80, 87]	87 [84, 90]	81 [78, 85]	98 [94, 100]	97 [95, 100]
Ethnicity (prioritised)					
Māori	-	87 [85, 90]	-	96 [94, 99]	94 [91, 97]
Pacific	-	88 [83, 93]	-	92 [85, 98]	89 [82, 96]
Asian	-	90 [87, 94]	-	95 [91, 99]	95 [92, 99]
European/Other	-	87 [86, 88]	-	96 [94, 98]	95 [93, 97]
Education (highest qualification)					
None	83 [78, 87]	-	-	83 [64, 94]	-
High school	84 [82, 86]	-	-	95 [93, 98]	-
Trade	83 [80, 86]	-	-	97 [94, 100]	-
Degree	83 [81, 86]	-	-	96 [94, 98]	-
Other	85 [78, 93]	-	-	No values	-

