

Alcohol and pregnancy

Research conducted by Kantar Public on behalf of the Foundation for Alcohol Research and Education (FARE)

Key findings | October 2021

Reference: 263406881



1. About the research

A survey of 1,497 women was undertaken by Kantar Public in February 2021 to inform the development of a national campaign on alcohol, pregnancy, and breastfeeding. The women surveyed were aged 18-44 years, and were pregnant, planning a pregnancy, or indicated they might consider having a baby if they fell pregnant, in the next 2 years. Women who never usually drink alcohol (when not pregnant, planning a pregnancy or trying to conceive) were screened out of the survey.

This report outlines the key findings relating to knowledge, attitudes, and perceptions about alcohol consumption during pregnancy.

Methodology

A 15-minute online survey was conducted with a representative sample of n=1,497 women aged 18-44 who were pregnant, planning a pregnancy (within the next 2 years), trying to conceive, or who might consider having a baby if they fell pregnant in the next 2 years. Women who indicated that they never usually drink alcohol (when not pregnant, planning a pregnancy or trying to conceive) were screened out of the survey.

Fieldwork took place in February 2021, with sample provided by Lightspeed Research (a Kantar Company)'s research panel. The research was conducted in accordance with The Research Society Code of Professional Behaviour and the International Standard for market, opinion, and social research: ISO:20252.

Process for delivering a representative sample

As the demographic profile of the target audience was not known in advance, a four-stage process was used to establish this profile and to achieve a representative final sample, as follows:

- **Stage 1: A representative sample of 2,157 women aged 18-44 completed a screener survey**, to establish their age, geographical location, level of education, pregnancy status and alcohol usage. Quotas for the screener survey (age band, education, state, capital cities/rest of Australia) were set, based on the known profile of all women aged 18-44 in Australia, according to the Australian Bureau of Statistics (ABS) Census data, 2016. Half (50%) of the women initially screened were pregnant, planning a pregnancy, trying to conceive, or might consider having a baby if they fell pregnant in the next 2 years (and did not usually avoid alcohol altogether). These 1,073 women completed this initial survey in full.
- **Stage 2:** Fieldwork was paused and the **screening data (n=2,157) was weighted**, to correct for minor differences between the screener quotas and the achieved screener sample.
- **Stage 3:** The weighted screener data was used to provide a **demographic profile for the target audience** (i.e. women who were pregnant, planning a pregnancy, trying to conceive, or might consider having a baby if they fell pregnant in the next 2 years, and did not usually avoid alcohol altogether).
- **Stage 4:** Additional women aged 18-44 were invited to complete the screener and, if eligible, the full survey. **The demographic profile for the target audience was used to manage and target these additional invites, and to set quotas for full survey completion** (age band, education, state, capital cities/rest of Australia), thereby providing a representative final sample of the target audience (n=1,497).

The quotas set and achieved for each stage of the online survey are appended for reference.

Notes for interpreting the report

The final sample for this survey (1,497) has a margin of error of +/- 2.5 percentage points. Statistically significant differences between sub-groups are identified in the data tables by arrows. Please note, strictly speaking, significance testing and margins of error cannot be applied to results generated from non-probability sampling. However, these tests are commonly applied to quota-controlled samples such as this to provide an indication of the accuracy of the results and whether observed differences between sub-groups are likely to reflect real differences in the population of interest.

For the purposes of this report, 'university education' is defined as an undergraduate degree or higher-level qualification (e.g. Bachelor's Degree, Graduate Diploma or Graduate Certificate, or Postgraduate degree); 'non-university education' is defined as any other qualification (e.g. Certificate I, II, III, or IV, Diploma or Advanced Diploma) or no formal qualification.

Throughout this report, the term 'unborn' babies, is used to reflect the language used in the National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol.

Percentages for some questions do not add up to 100%. This may be due to rounding, the exclusion of answers such as "don't know" or "not applicable" or being multiple response questions.

2. Key findings

Self-reported understanding of the risks and potential outcomes associated with drinking alcohol during pregnancy

Survey participants were asked to indicate how well they felt they understood the risks and potential outcomes associated with drinking alcohol in pregnancy, from four options, as shown in Table 1.

- A quarter (25%) of the women surveyed felt they *fully* understood the risks and potential outcomes associated with drinking alcohol in pregnancy and 43% felt they had *some* understanding. The remainder either knew there are risks and potential outcomes but felt they didn't know much about them (29%) or stated that they didn't know anything about them (2%).
- Women aged 35-44 years were more likely than those aged 18-24 or 25-34 to feel that they fully understood the risks (31% compared to 21% and 25% respectively), as were those who already had children (32% compared to 19% of those without children), as indicated by the arrows in Table 1.

Table 1: PERCEIVED UNDERSTANDING OF RISKS AND POTENTIAL OUTCOMES ASSOCIATED WITH DRINKING ALCOHOL IN PREGNANCY

Column percent:	Total	Age			No. children		Education	
		18-24	25-34	35-44	None	1 or more	Non-university	University
I fully understand the risks and potential outcomes	25%	21%	25%	31% ↑	19% ↓	32% ↑	26%	25%
I have some understanding of the risks and potential outcomes	43%	40%	45%	41%	41%	44%	41%	45%
I know there are risks and potential outcomes, but I don't know much about them	29%	37% ↑	27%	26%	37% ↑	21% ↓	31%	27%
I don't know anything about the risks and potential outcomes	2%	2%	3%	2%	2%	3%	2%	3%
Base size (n=)	1497	368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: Which of the following best describes how much you know about the risks and potential outcomes associated with drinking alcohol in pregnancy?

Misconceptions about the risks posed by drinking alcohol during pregnancy

The women surveyed were shown a list of statements about the risks posed by drinking alcohol during pregnancy and asked to state whether each of these was correct or incorrect (or 'don't know'). Table 2 shows which statements were correct and which were incorrect, along with the survey data.

The proportion who identified the right answer ranged from 31% to 80%, depending on the statement.

- Most of the women surveyed were aware that a fetus is more vulnerable to alcohol than an adult. Specifically, eight-in-ten (80%) thought that *'the developing brain of an embryo or fetus is more vulnerable to damage from alcohol than the brain of an adult'*. The remainder either thought this statement was incorrect (8%) or were unsure (14%). This statement received the highest proportion of right answers. However, a lower proportion (60%) identified the following statement as incorrect: *'a fetus has the same ability to metabolise (i.e. process) alcohol as an adult'*, 17% thought this was correct and 23% were unsure.
- The women surveyed were more likely to recognise the risks of consuming alcohol during the last trimester, than in the first few weeks after conception. Specifically, around eight-in-ten (79%) knew that the following statement was incorrect *'During the last three months of pregnancy the baby is already done growing, so drinking alcohol during this time doesn't do any harm'* (6% thought it was true and 14% were unsure). However, only half (49%) recognised that the following statement was incorrect: *'Alcohol won't cause damage in the first few weeks after conception, because the cells are only just beginning to form'* (19% thought it was true and 32% were unsure).
- The majority recognised that *'wine is just as likely to cause harm to an unborn baby as spirits/liqueurs'* (75%) and that *'Alcohol is a teratogen, which means it causes fetal abnormalities'* (68%). Ten percent (10%) and 5% respectively thought each of these statements were incorrect, while 15% and 26% respectively were unsure.
- It is not true that *'the placenta filters some of the alcohol, to reduce the amount absorbed by the fetus'*. However, 25% of the women surveyed thought this statement was correct and 44% were unsure. The remaining 31% recognised that this statement was incorrect. This statement received the lowest proportion of right answers and highest level of unsurity (indicated don't know).
- Response to these statements tended to be similar regardless of age, whether respondents already had children, and level of education. However, women who didn't have children were more likely than those who did to identify the following as incorrect: *'During the last three months of pregnancy the baby is already done growing, so drinking alcohol during this time doesn't do any harm'* (82% versus 75% respectively).

Full details are provided in Table 2, overleaf.

Important note: In Table 2 'right answer' refers to the percentage of respondents who indicated that correct statements were correct / incorrect statements were incorrect. 'Wrong answer' refers to the percentage of respondents who indicated that incorrect statements were correct / correct statements were incorrect.

Table 2: AWARENESS AND KNOWLEDGE OF SPECIFIC RISKS ASSOCIATED WITH DRINKING ALCOHOL IN PREGNANCY										
Column percent:	Total			% selected the <i>right</i> answer						
	Right answer	Wrong answer	Don' t know	Age			No. children		Education	
				18-24	25-34	35-44	None	1 or more	Non-university	University
The developing brain of an embryo or fetus is more vulnerable to damage from alcohol than the brain of an adult [CORRECT]	80%	6%	14%	79%	81%	78%	79%	81%	81%	78%
During the last three months of pregnancy the baby is already done growing, so drinking alcohol during this time doesn't do any harm [INCORRECT]	79%	8%	14%	82%	79%	75%	82%↑	75%↓	81%	76%
Wine is just as likely to cause harm to an unborn baby as spirits/liqueurs [CORRECT]	75%	10%	15%	74%	75%	76%	73%	77%	76%	74%
Alcohol is a teratogen, which means it causes fetal abnormalities [CORRECT]	68%	5%	26%	73%	69%	64%	69%	68%	67%	70%
A fetus has the same ability to metabolise (i.e. process) alcohol as an adult [INCORRECT]	60%	17%	23%	63%	61%	54%	62%	57%	59%	61%
Alcohol won't cause damage in the first few weeks after conception, because the cells are only just beginning to form [INCORRECT]	49%	19%	32%	46%	49%	52%	50%	49%	48%	51%
The placenta filters some of the alcohol, to reduce the amount absorbed by the fetus [INCORRECT]	31%	25%	44%	27%	32%	33%	31%	31%	29%	33%
Base size (n=)	1497			368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: Please indicate whether each of the following statements are correct or incorrect? Response options: Correct, incorrect or don't know.

Perceived risk of harm at different stages of pregnancy

The women surveyed were asked to indicate how likely is it that ‘*drinking small amounts of alcohol occasionally during each stage of pregnancy would harm an unborn baby*’, using a “0” to “10” scale where “0” means “No risk of harm” and “10” means “Very high risk of harm”. For analysis purposes, these ratings were grouped and defined as follows: low risk (0-2), moderate risk (3-7) and high risk (8-10).

- The risk of consuming small amounts of alcohol during pregnancy was perceived to increase as pregnancy progresses. For example, 39% perceived drinking small amounts of alcohol to be high risk (8-10 rating) early in pregnancy, before pregnancy is confirmed, whereas 60% perceived drinking small amounts of alcohol to be high risk during the third trimester. Full details are provided in Table 3.
- Perceptions of risk at each stage of pregnancy were broadly consistent, regardless of age, whether respondents already had children, and level of education.

Table 3: AWARENESS AND KNOWLEDGE OF SPECIFIC RISKS ASSOCIATED WITH DRINKING ALCOHOL DURING VARIOUS STAGES OF PREGNANCY

Column percent:	Total				% Low risk (0-2)						
	Low risk (0-2)	Moderate risk (3-7)	High risk (8-10)	Don't know	Age			No. children		Education	
					18-24	25-34	35-44	None	1 or more	Non-university	University
Early in pregnancy, before pregnancy is confirmed	17%	35%	39%	8%	19%	18%	14%	18%	17%	17%	17%
During the rest of the first trimester	8%	32%	55%	5%	9%	7%	6%	8%	7%	8%	7%
During the second trimester	6%	32%	57%	5%	4%	6%	6%	6%	6%	5%	7%
During the third trimester	6%	29%	60%	5%	5%	7%	6%	6%	6%	5%	7%
Base size (n=)	1497				368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: How likely is it that drinking small amounts of alcohol occasionally during each of the following stages of pregnancy would harm an unborn baby? Please select a number from “0” to “10” where “0” means “No risk of harm” and “10” means “Very high risk of harm.” If you’re not sure please provide your best estimate.

Awareness of the specific risks associated with alcohol consumption during pregnancy

The women surveyed were asked to identify the risks for an 'unborn baby' that can result from alcohol consumption during pregnancy, from a list of options (as shown in Table 3), all of which are accurate.

Awareness of some risks was much higher than others.

- Seven-in-ten (71%) selected Fetal Alcohol Spectrum Disorder (FASD) as a risk that can result from consuming alcohol during pregnancy, when prompted with a list of potential risks, leaving three-in-ten (29%) who were unaware of FASD.
- Between six-in-ten and seven-in-ten recognised most of the other risks, including: miscarriage (70%), brain damage (69%), premature/pre-term birth (68%), low birth weight (67%), delayed cognitive development (66%), delayed physical development (65%), organ damage (63%), intellectual disabilities (62%) and still birth (61%).
- There was lower awareness of some of the risks of alcohol consumption in pregnancy, such as facial abnormalities (50%) and behavioural problems, including: distractibility (56%), facial abnormalities (50%), social and emotional delays/problems (49%), difficulty with judgement, reasoning or understanding consequences of actions (44%), and poor memory (42%).
- Awareness of FASD, as well as many of the other risks associated with alcohol use during pregnancy, was lower among women aged 35-44, those who already had children and those who were university educated (undergraduate degree or higher), as indicated by the arrows in Table 3, overleaf.

Table 4: KNOWLEDGE OF RISKS FOR A DEVELOPING BABY THAT CAN RESULT FROM ALCOHOL CONSUMPTION DURING PREGNANCY

Column percent:	Total	Age			No. children		Education	
		18-24	25-34	35-44	None	1 or more	Non-university	University
Fetal Alcohol Spectrum Disorders (FASD)	71%	78% ↑	72%	62% ↓	74% ↑	68% ↓	74% ↑	67% ↓
Miscarriage	70%	78% ↑	71%	62% ↓	74% ↑	66% ↓	74% ↑	65% ↓
Brain damage	69%	74%	70%	64% ↓	73% ↑	66% ↓	72% ↑	66% ↓
Premature/pre-term birth	68%	71%	68%	64%	69%	67%	71% ↑	64% ↓
Low birth weight	67%	67%	69%	61% ↓	65%	68%	71% ↑	61% ↓
Delayed cognitive development	66%	72% ↑	66%	60% ↓	68%	63%	68%	63%
Delayed physical development	65%	71% ↑	64%	61%	68% ↑	62% ↓	66%	64%
Organ damage	63%	69% ↑	64%	54% ↓	66% ↑	59% ↓	66% ↑	58% ↓
Intellectual disabilities	62%	67% ↑	61%	57%	64% ↑	58% ↓	63%	59%
Still birth	61%	69% ↑	61%	55% ↓	63%	59%	67% ↑	54% ↓
Behavioural problems, such as impulsivity and distractibility	56%	63% ↑	55%	51% ↓	58%	53%	59%	53%
Facial abnormalities	50%	57% ↑	50%	44% ↓	54% ↑	46% ↓	50%	50%
Social and emotional delays/problems	49%	53%	50%	45%	51%	48%	50%	49%
Difficulty with judgement, reasoning or understanding consequences of actions	44%	49%	44%	39%	48% ↑	39% ↓	44%	44%
Poor memory	42%	44%	43%	39%	44%	41%	42%	43%
I don't know	5%	6%	5%	4%	7% ↑	3% ↓	5%	5%
None of these	0%	0%	0%	1%	0%	0%	0%	0%
Base size (n=)	1497	368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: Which, if any, of the following risks for an unborn baby can result from alcohol consumption during pregnancy? Please select all that apply.

Perceived relationship between Fetal Alcohol Spectrum Disorder (FASD) and low levels of alcohol consumption during pregnancy

The risk of a harm to a fetus increases as the frequency and amount of alcohol consumed by the mother increases. However, based on the available evidence, it is not possible to identify a safe amount of alcohol that pregnant women can drink. As such, the National Health and Medical Research Council (NHMRC) Alcohol Guidelines recommend not drinking alcohol while pregnant.¹

- More than half (56%) of the women surveyed recognised that the following statement is incorrect: ‘FASD doesn’t happen if pregnant women drink only small amounts of alcohol when pregnant’. However, 14% thought this statement was correct, and three-in-ten (30%) were unsure.
- Similarly, half (50%) of the women surveyed recognised that the following statement is incorrect: ‘FASD only occurs if women regularly get drunk when pregnant’. However, one-quarter (23%) thought it was correct and just over one-quarter (27%) were unsure.
- Women aged 35-44 were less likely than those aged 18-34 to recognise the statement ‘FASD only occurs if women regularly get drunk when pregnant’ as incorrect (44% vs. 51% of those aged 25-34 and 55% of those aged 18-24).

Important note: In Table 5, ‘right answer’ refers to the percentage of respondents who indicated that correct statements were correct / incorrect statements were incorrect. ‘Wrong answer’ refers to the percentage of respondents who indicated that incorrect statements were correct / correct statements were incorrect.

Table 5: LOW LEVELS OF ALCOHOL CONSUMPTION AND FETAL ALCOHOL SPECTRUM DISORDER (FASD)										
Column percent:	Total			% selected the <u>right</u> answer						
	Right answer	Wrong answer	Don't know	Age			No. children		Education	
				18-24	25-34	35-44	None	1 or more	Non-university	University
FASD doesn't happen if pregnant women drink only small amounts of alcohol when pregnant [INCORRECT]	56%	14%	30%	58%	56%	55%	57%	56%	58%	55%
FASD only occurs if women regularly get drunk when pregnant [INCORRECT]	50%	23%	27%	55%	51%	44% ↓	51%	49%	52%	48%
Base size (n=)	1497			368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: Fetal Alcohol Spectrum Disorder (also known as FASD) describes a range of brain and central nervous system impairments that can affect an unborn baby as a result of alcohol consumption in pregnancy. FASD is a brain-based disability and people with FASD sometimes also have physical impairments ranging from facial anomalies to organ damage. Please indicate whether each of the following statements are correct or incorrect?

¹ Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2020). National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra.

Awareness of the current (2020) National Health and Medical Research Council (NHMRC) Alcohol Guidelines for women who are pregnant or planning a pregnancy

The NHMRC Alcohol Guidelines were updated in December 2020, including those for women who are pregnant or planning a pregnancy, as outlined below:

- 2009 guideline: 'For women who are pregnant or planning a pregnancy, not drinking is the safest option.'²
- Current (2020) guideline: 'To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.'³

Survey respondents were asked to select which one of three options best described the current Australian Alcohol Guidelines for pregnant women. The options provided included the 2009 and 2020 versions (as above), as well as the following: '*Women who are pregnant or planning a pregnancy should limit their alcohol consumption to no more than one standard drink*'.

- Most (86%) of the women surveyed recognised that the Alcohol Guidelines advise against alcohol use during pregnancy, although they were more likely to select the 2009 wording as the 'best' description of the Guideline (47%), than the current version (39%).
- One-in-ten (10%) thought the current Alcohol Guideline recommends limiting, rather than avoiding alcohol, during pregnancy ('*Women who are pregnant or planning a pregnancy should limit their alcohol consumption to no more than one standard drink*'). A further 4% were unsure.
- Awareness of the current wording was more common among women aged 18–24-years (49%), than those aged 25-34 (37%) or 35-44 (34%), as well as among those who did not already have children (43% aware compared to 35% of those with children), as shown in Table 6 overleaf.

² Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2009). National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra.

³ Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2020). National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra.

Table 6: AWARENESS OF CURRENT AUSTRALIAN ALCOHOL GUIDELINES FOR PREGNANT WOMEN

Column percent:	Total	Age			No. children		Education	
		18-24	25-34	35-44	None	1 or more	Non-university	University
To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol (Current guideline, 2020)	39%	49% ↑	37%	34%	43% ↑	35% ↓	39%	39%
For women who are pregnant or planning a pregnancy, not drinking alcohol is the safest option (Previous guideline, 2009)	47%	41%	49%	48%	44%	50%	48%	46%
Women who are pregnant or planning a pregnancy should limit their alcohol consumption to no more than one standard drink	10%	7%	9%	13%	7% ↓	12% ↑	9%	10%
I don't know	4%	3%	5%	5%	6%	3%	4%	5%
Base size (n=)	1497	368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: Which of the following best describes the current Australian Alcohol Guidelines for pregnant women? If you're not sure please select the option you think is correct.

Perceived social norms around alcohol consumption during pregnancy

There were mixed opinions about how alcohol consumption during pregnancy is perceived by the Australian community and whether or not 'most women' drink alcohol at some stage during pregnancy, specifically:

- Almost four-in-ten (38%) women surveyed disagreed that '*most women drink some alcohol at some stage during pregnancy*' (14% strongly disagreed, 24% tended to disagree); while three-in-ten (30%) agreed (4% strongly agreed, 26% tended to agree), leaving 24% who were neutral and 8% who were unsure.
- Similarly, around four-in-ten (39%) women surveyed disagreed that '*In Australia, most people think it's okay for women to drink small amounts of alcohol during pregnancy*' (17% strongly disagreed, 22% tended to disagree); while almost four-in-ten (37%) agreed (5% strongly agreed, 32% tended to agree), leaving 18% who were neutral and 6% who were unsure.
- The women surveyed who had children were more likely than others to feel strongly about this issue. For example, 17% of those with children strongly disagreed that '*most women drink some alcohol at some stage during pregnancy*' (17% compared to 11% of those without children), but this group were also more likely to strongly agree with this statement (6% strongly agreed, compared 2% of those without children). A higher proportion of those with children also strongly agreed that '*In Australia, most people think it's okay for women to drink small amounts of alcohol during pregnancy*' (7% strongly agreed compared to 3% of those without children).

Table 7: PERCEIVED SOCIAL NORMS AROUND DRINKING ALCOHOL DURING PREGNANCY

<i>'Most women drink some alcohol at some stage during pregnancy'</i>								
Column percent:	Total	Age			No. children		Education	
		18-24	25-34	35-44	None	1 or more	Non-university	University
Strongly agree	4%	3%	3%	7% ↑	2% ↓	6% ↑	3%	5%
Tend to agree	26%	23%	28%	27%	27%	25%	25%	28%
Neither agree nor disagree	24%	27%	23%	22%	24%	24%	25%	23%
Tend to disagree	24%	23%	24%	23%	24%	23%	24%	24%
Strongly disagree	14%	14%	14%	15%	11% ↓	17% ↑	16%	12%
Don't know	8%	10%	8%	6%	11% ↑	5% ↓	8%	8%
Base size (n=)	1497	368	764	365	784	713	763	734

Table 7 (continued): PERCEIVED SOCIAL NORMS AROUND DRINKING ALCOHOL DURING PREGNANCY

'In Australia, most people think it's ok for women to drink small amounts of alcohol in pregnancy'

Column percent:	Total	Age			No. children		Education	
		18-24	25-34	35-44	None	1 or more	Non-university	University
Strongly agree	5%	3% ↓	5%	8%	3% ↓	7% ↑	4%	6%
Tend to agree	32%	26% ↓	34%	33%	30%	34%	30%	34%
Neither agree nor disagree	18%	19%	18%	18%	17%	19%	20%	16%
Tend to disagree	22%	26%	22%	18%	25% ↑	19% ↓	20%	24%
Strongly disagree	17%	21%	15%	16%	18%	16%	20% ↑	13% ↓
Don't know	6%	5%	6%	7%	7%	5%	6%	6%
Base size (n=)	1497	368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: Here are some things people have said about alcohol and pregnancy. How much do you agree or disagree with each of the following statements?

Factors perceived to make it harder to avoid alcohol during pregnancy

The women surveyed were prompted with a list of factors that might make it harder for women to avoid alcohol during pregnancy and asked to select any that they thought made it harder (if pregnant) or *would* make it harder for them (if not pregnant).

The following issues were cited most often:

- 'Being in social situations where everyone else is drinking alcohol' (30%)
- 'People asking if I might be pregnant if they notice I'm not drinking any alcohol' (30%)
- 'Other people telling me that small amounts of alcohol won't cause harm' (25%)
- 'Other people telling me that they drank during their pregnancy and no harm was caused' (23%)

- These factors were the top 4 mentioned as challenging, regardless of age, education or whether or not respondents had children already. However, women aged 35-44 were less likely than women aged 18-34 to find people asking if they might be pregnant difficult (23% compared to 32% respectively). Also, those with no children were more likely to find being in social situations where everyone else is drinking alcohol challenging (34% compared to 26% respectively).

Further details are provided in Table 10, overleaf.

Table 8: INFLUENCES PERCEIVED TO CHALLENGE ALCOHOL ABSTINENCE DURING PREGNANCY

Column percent:	Total	Age			No. children		Education	
		18-24	25-34	35-44	None	1 or more	Non-university	University
Being in social situations where everyone else is drinking alcohol	30%	36%	29%	27%	34% ↑	26% ↓	30%	30%
People asking if I might be pregnant, if they notice I'm not drinking any alcohol	30%	32%	32%	23% ↓	32%	28%	31%	28%
Other people telling me that small amounts of alcohol won't cause harm	25%	30%	25%	22%	28%	22%	23%	28%
Other people telling me that they drank during their pregnancy and no harm was caused	23%	26%	23%	20%	23%	22%	21%	25%
My partner drinking alcohol around me	16%	13%	15%	20%	15%	17%	14%	18%
Friends drinking alcohol around me	16%	18%	14%	16%	17%	15%	14%	17%
Friends offering me drinks containing alcohol	14%	18%	12%	15%	14%	14%	14%	15%
My family offering me drinks containing alcohol	14%	15%	13%	14%	14%	14%	13%	15%
There not being any nice alternatives to alcoholic drinks	14%	14%	15%	11%	14%	14%	12%	16%
My partner offering me drinks containing alcohol	13%	15%	13%	13%	13%	13%	12%	14%
My family drinking alcohol around me	13%	13%	11%	15%	12%	14%	12%	13%
Something else	14%	12%	14%	16%	13%	15%	16%	12%
Base	1497	368	764	365	784	713	763	734

Base description: Total sample of women aged 18-44 years who were pregnant, planning a pregnancy, trying to conceive or who might consider having a baby if they fell pregnant in the next 2 years (who did not usually avoid alcohol altogether, when not pregnant, planning a pregnancy or trying to conceive).

Question: IF PREGNANT: What, if anything, makes it harder to avoid alcohol during pregnancy? IF NOT PREGNANT: Please imagine again that you are pregnant, what, if anything, would make it harder for you to avoid alcohol during pregnancy? (PROMPTED)

Appendix

Sample quotas and population profile

<i>Column percent:</i>		Initial screening sample (Women aged 18-44) (n=2,157)			Final survey sample (Pregnant, planning, trying or might consider pregnancy) (n=1,497)		
	Breakdown	Profile (quotas)	Achieved un- weighted	Weighted profile	Profile (quotas)	Achieved un- weighted	Weighted profile (final)
Age	18-24 years	24%	25%	24%	24%	25%	24%
	25-34 years	39%	38%	39%	50%	51%	50%
	35-44 years	37%	37%	37%	26%	24%	26%
Gender	Female	100%	100%	100%	100%	100%	100%
Education	Undergraduate degree <u>or</u> <u>higher</u>	36%	39%	36%	46%	49%	46%
	TAFE, diploma, certificate <u>or</u> <u>lower</u>	64%	61%	64%	54%	51%	54%
State	NSW & ACT	32%	36%	34%	34%	33%	34%
	VIC	26%	24%	25%	25%	25%	25%
	QLD	20%	19%	20%	20%	19%	19%
	SA	7%	7%	7%	7%	7%	7%
	WA	11%	11%	11%	11%	13%	12%
	TAS	2%	2%	2%	2%	2%	2%
	NT	1%	1%	1%	1%	1%	1%
Location	Greater Capital Cities	72%	71%	72%	72%	71%	72%
	Rest of Australia	28%	29%	28%	28%	29%	28%