OFFICE OF WOMEN'S HEALTH
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Data Points

CWHS

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Knowledge of Fetal Alcohol Spectrum Disorder and Beliefs About Drinking During Pregnancy Among California Women, 2006-2007

California Department of Alcohol and Drug Programs
Office of Women's and Perinatal Services

Women, who drink during pregnancy, particularly women who engage in heavier drinking, are at risk for having a child with Fetal Alcohol Spectrum Disorders (FASD). FASD is an umbrella term that describes a wide range of possible effects that can occur as a result of prenatal exposure to alcohol and includes specific conditions such as Fetal Alcohol Syndrome (FAS), Alcohol-Related Neuro-developmental Disorder (ARND), and alcohol-related birth defects.[1] FASD can be prevented; consequently, it is an important concern in women's and children's health.

This report, based on 2006 and 2007 combined California Women's Health Survey (CWHS) data (N = 1022), examined knowledge of FAS and beliefs about drinking during pregnancy. Knowledge about the specific diagnosis of FAS, which is more commonly known, was measured in the survey rather than the umbrella term FASD. This report also provides information about alcohol use among women ages 18-54 by pregnancy status (pregnant [4.3 percent; N=220], trying to become pregnant [4.2 percent N=238], not pregnant or trying to become pregnant [91.5 percent; N=5385]).

The 2006 and 2007 CWHS asked about past 30-day alcohol consumption (whether or not respondents drank at all, how much they drank on average, and whether or not they ever consumed five or more drinks at one time). Respondents were classified as non-drinkers (consumed no alcohol in the past 30 days); moderate drinkers (consumed alcohol in the past 30 days, but did not consume five or more drinks on at least one occasion); or binge drinkers (consumed four or more drinks on one or more occasions in the past 30 days).[2] Three questions measured awareness of FAS and beliefs about drinking during pregnancy. First, women were asked: *"How much would you say you know about the medical diagnosis called Fetal Alcohol Syndrome (sometimes known as FAS)?"* Would you say: (1) I've never heard of FAS; (2) I've heard of FAS; (3) I know a little about FAS; or (4) I know a lot about FAS. Second, respondents were asked: *"Can Fetal Alcohol Syndrome be cured?"* (Yes, No, or Don't know). Finally, respondents were asked: *"How often is it okay for a woman to drink during pregnancy?"* Responses were weighted in these analyses by age and race/ethnicity to reflect the 2000 California adult female population.

FAS/FASD Knowledge and Beliefs About Alcohol Use During Pregnancy

- A majority of respondents who answered questions about FAS knowledge (81.0 percent) believed, correctly, that FAS cannot be cured. However, 16.0 percent believed that FAS could be cured, and 3.0 percent did not know.

- There were significant differences in the level of self-reported knowledge about FAS among respondents (see Figure 1; $p<.05$). Most notably, close to one-quarter of respondents said they had never heard of FAS. The percentage of women who had never heard of FAS differed by demographics such as education.

Public Health Message:
These findings underscore the importance of initiating discussion of alcohol use among women and conducting brief interventions in health settings with women at high risk for an alcohol-exposed pregnancy. Public health messages should continue to inform women that it is safest not to drink during pregnancy and provide information and support related to the value of reducing consumption at any time during pregnancy. Access to case management and treatment services for women with alcohol or drug dependencies are also important for improving health outcomes for both mothers and infants.

Issue 6, Fall 2010, Num. 9

Knowledge of Fetal Alcohol Spectrum Disorder and Beliefs About Drinking During Pregnancy Among California Women, 2006-2007

California Department of Alcohol and Drug Programs
Office of Women's and Perinatal Services

For example, the percentage of respondents who had never heard of FAS decreased with higher education (59.2 percent high school or less; 31.7 percent high school graduate; 15.9 percent some college; and 13.0 percent college graduate). Similar trends were noted for respondents who believed (or did not know whether) FAS can be cured ($p < .05$).

- Even though knowledge about FAS varied, a vast majority of respondents (92.8 percent) believed that women should never drink during pregnancy. Conversely, some women (7.2 percent) believed that some alcohol consumption during pregnancy was acceptable ($p < .05$). Although, the majority of women who thought it was okay to drink during pregnancy believed that use should be infrequent, 1.6 percent of these respondents believed that drinking daily during pregnancy was okay.

- It is worth noting that knowledge about FAS did not consistently correspond to believing that women should not drink during pregnancy. Women in all demographic groups generally believed it was best for women to never drink during pregnancy regardless of their knowledge about FAS. Furthermore, respondents who had never heard of FAS were less likely to think it was okay to drink during pregnancy (4.2 percent) than respondents with more self-reported knowledge about FAS (8.2 percent; $p < .05$).

Alcohol Use During Pregnancy

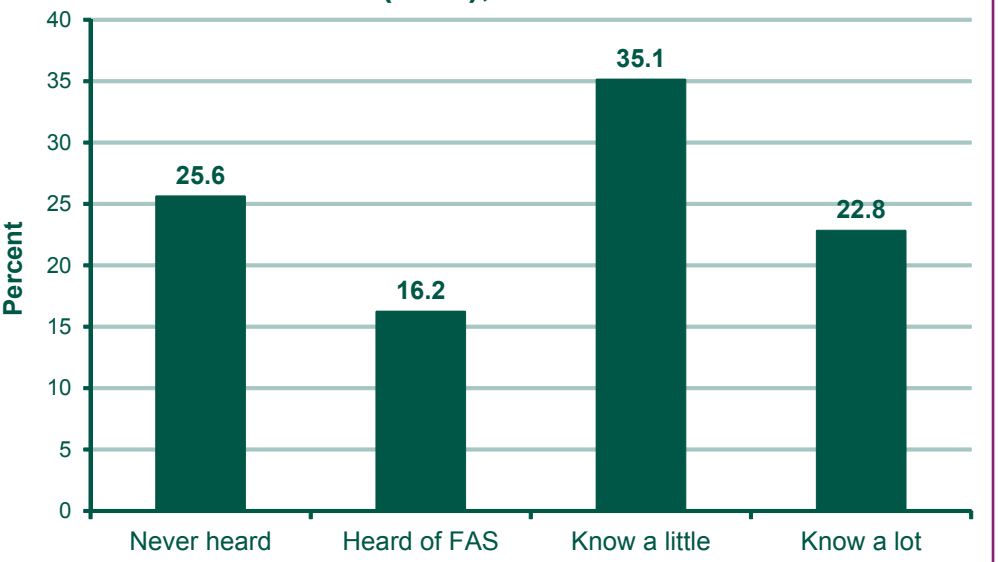
- In the overall sample of 2006-2007 respondents who provided information about drinking in the past 30 days, 53.1 percent were non-drinkers, 39.3 percent were moderate drinkers, and 8.6 percent were binge drinkers. Examining alcohol consumption by pregnancy status among women of childbearing years (ages 18-54) affirms that most pregnant women (94.3 percent) abstained from drinking. The remaining 5.7 percent had consumed alcohol in the past 30 days and none were classified as binge drinkers.

- There were no significant differences in drinking levels between women trying to get pregnant and women not trying to get pregnant. Women who were trying to get pregnant had a similar rate of moderate drinking as women who were not trying to become pregnant (41.4 percent and 39.3 percent, respectively). Women trying to get pregnant had somewhat lower rates of binge drinking (9.4 percent) than women who were not trying to become pregnant (11.4 percent).

Knowledge of Fetal Alcohol Spectrum Disorder and Beliefs About Drinking During Pregnancy Among California Women, 2006-2007

California Department of Alcohol and Drug Programs
Office of Women's and Perinatal Services

Figure 1



Source: California Women's Health Survey, 2006-2007

1 California Department of Alcohol and Drug Programs. *Fetal alcohol spectrum disorder Fact Sheet,* Sacramento, California, California Dept of Alcohol and Drug Programs. 2008, January.

2 The California Women's Health Survey criteria for binge drinkers was changed beginning in 2007 from five or more drinks on one or more occasions to four or more drinks on one or more occasions in order to be congruent with questions from the Behavioral Risk Factor Survey and emerging research suggesting that the lower cut-off point is more appropriate for women.

Submitted by Laurie Drabble, Ph.D., M.S.W, M.P.H., California Department of Alcohol and Drug Programs and San José State University, School of Social Work, (408) 924-5836, ldrabble@sjsu.edu and Joan Epstein, M.S., California Department of Public Health, Chronic Disease Surveillance and Research Branch, (916) 779-0114, jepstein@ccr.ca.gov