

**FINAL
REPORT**

**Aboriginal Healthy Pregnancy
Recall of Ad Campaign**

Prepared for:

Health Canada
por-rop@hc-sc.gc.ca

July 31, 2007

HC POR-06-111
200 Eglantine Driveway
Jeanne Mance Building, Tunney's Pasture
Ottawa, Ontario K1A 0K9 PL 1910A

Ce rapport est aussi disponible en français sur demande.

Contract number: H1011-060094/001/CY

Contract awarded: 2007-05-03



ENVIRONICS
RESEARCH GROUP

336 MacLaren Street
Ottawa, ON K2P 0M6

pn6093

EXECUTIVE SUMMARY

Research purpose and objectives

Health Canada developed an Aboriginal Healthy Pregnancy advertising and social marketing campaign, with the objective of informing First Nations and Inuit women of childbearing age and their support systems about the required steps to a healthier pregnancy. Health Canada commissioned public opinion research to evaluate the effectiveness of the campaign, in terms of recall and impact on knowledge, attitudes and behaviour related to Healthy Pregnancy. The specific objectives of the research were to:

- Measure awareness of the major health considerations for a healthy pregnancy (folic acid intake, alcohol avoidance, tobacco avoidance, nutrition, physical activity, mental health and oral health);
- Determine if women took action by seeking out more information about the key considerations for a healthy pregnancy (when pregnant or when planning a pregnancy);
- Measure recall (unaided and aided) of the radio advertising and booklet;
- Assess awareness of who was responsible for creating the radio ads and booklet, and perceptions of whether this is an appropriate activity for the Government of Canada.

Methodology

The research used the Advertising Campaign Evaluation Tool (ACET), which has been designed by the Government of Canada as a standard set of questions for evaluating government advertising campaigns. The evaluation was based upon telephone interviews conducted between April 2 and 17, 2007 with a representative sample of 700 First Nations people living on a reserve in the 10 provinces and 203 Inuit in the Northwest Territories, Nunavut, Nunavik and Labrador, aged 18 and over. The margin of sampling error for the First Nations sample is plus or minus 3.7 percentage points, and that for the Inuit sample is plus or minus 6.9 percentage points (both at the 95% confidence level).

In addition to the interviews conducted among the general Aboriginal population, an oversample was conducted between April 2 and 29, 2007 among the target audience of women 18 to 25 years of age who are pregnant with their first child, or who have never been pregnant before (referred to throughout this report as the “female target audience”). A total of 164 interviews were completed with this target audience, including 136 First Nations women living on-reserve and 28 Inuit. The margin of sampling error for this target audience is plus or minus 7.7 percentage points (at the 95% confidence level). The relatively small sample size for this group limits the analysis that can be conducted by region or by demographic segment.

As is typical for Health Canada studies with these populations, results for the First Nations on-reserve and Inuit general population results are reported separately. However, the small sample size for the female target audience precludes the ability to report these data separately for First Nations on-reserve and Inuit, and thus only one combined figure is provided.

A more detailed description of the methodology used to conduct this study is provided at the end of this report.

Key findings

The results of this evaluation indicate that the Healthy Pregnancy advertising campaign was reasonably effective in terms of attracting the attention of First Nations people living on-reserve, Inuit and the female target audience. What is particularly noteworthy is that the success is due primarily to radio advertising. Although radio has traditionally been found to be less effective per media dollar spent when compared to television advertising (among the general Canadian population), there is a clearly a benefit to its use in appropriate situations and with specific target audiences. By comparison, the booklet made a limited contribution, particularly among First Nations people living on-reserve.

The following summarizes key findings from the research:

Advertising campaign evaluation

- The healthy pregnancy advertising campaign achieved a strong level of *content recall* among the three target populations of First Nations people living on a reserve, Inuit, and the female target audience. This is the proportion that can describe some creative element in their own words, without prompting, and is considered a necessary prerequisite for advertising to have an impact on people's attitudes, and thus, their behaviours. One-quarter (27%) of First Nations people living on-reserve, two in ten (22%) Inuit, and three in ten (29%) of the female target audience recall some content from the recent campaign. When considered against the benchmark of Canadian industry standards for campaigns supported by TV advertising, these levels are quite strong particularly since the campaign consisted of radio and booklet advertising only.
- Those recalling the advertising are unclear about the media sources involved, and were much more likely to say they saw it at a clinic or doctor's office or on television, than to correctly recall hearing it on the radio or in booklet format. This is likely due to expectations about where they would typically notice such advertising, rather than a true reflection of the recall for this campaign, since people are almost always more likely to mention television even when it is not part of the media mix, and healthy pregnancy is a topic most likely to be addressed in a health setting. Thus, content recall is the more appropriate measure for the success of this campaign, rather than correcting the recall level for the source of the advertising. Nonetheless, the level of content recall reported in the previous paragraph may not be perfectly accurate, since people may be recalling other campaigns with similar subject matter.
- The radio ads consisted of a series of four spots focusing on healthy eating, avoiding drugs and alcohol, avoiding smoking, and the benefits of planning a pregnancy. These ads appear to have been the more effective of the two campaign elements at attracting the attention of these populations. More than half of these audiences say that they heard at least one of the radio ads when specifically prompted (57% of First Nations on-reserve, 54% of Inuit, and 58% of the female target audience). Furthermore, a significant minority in each population say they heard more than one of the radio ads in question (40% of First Nations on-reserve, 39% of Inuit, and 44% of the female target audience). This is a strong level of recall for a radio campaign, particularly when considered against the benchmark of Canadian industry standards for television campaigns, which usually achieve considerably higher recall than do secondary media (i.e., radio, magazine and newspaper). Notably, among Inuit and the female target audience, radio ad recall is significantly higher among those without a high school diploma.
- The level of aided recall for the booklet is low among First Nations people living on-reserve (4%), although this is likely due at least in part to potential distribution problems (e.g., distribution may have occurred later than planned, such that not all households had received the booklet by the time of the survey). Recall of the booklet is better among Inuit (20%) and the female target audience (10%). However, the booklet did not attract much *incremental* attention beyond what the radio ads achieved. For example, while more than half (57%) of First Nations people living on-reserve recall some element of the healthy pregnancy advertising campaign, most (53%) only recall the ads on the radio, with only one percent recalling just the booklet (in addition,

four percent recall both elements). The results are generally similar among Inuit and the female target audience.

- While previous federal government ad campaigns evaluated by Environics have achieved half or more of ad recallers who link the advertising with the Government of Canada, between one-quarter and one-third of those recalling the healthy pregnancy radio ads make this association. A larger proportion within each group say they do not know who sponsored them (43% of First Nations people on-reserve, 46% of Inuit, and 47% of the female target audience). Similar results are observed among the relatively small group who recall receiving the booklet.
- The two advertising vehicles appear to have been reasonably effective at communicating the intended messages about healthy pregnancy. Most of those recalling the radio ads were able to mention at least one message they felt the ads conveyed (89% of First Nations people on-reserve, 69% of Inuit, and 84% of the female target audience), most commonly that they were intended to encourage healthy pregnancies generally, and for women to avoid drinking, doing drugs and smoking during pregnancy. Of those recalling the booklet, seven in ten (71%) First Nations people living on-reserve could describe at least one message they recalled, although this level is lower among Inuit (47%).
- Apart from these indicators of success in terms of ad recall and message communication, the healthy pregnancy campaign appears to have had some limited impact on people's actions, primarily in terms of promoting discussions with pregnant women or their families. Among those recalling the radio advertising, 16 percent of First Nations people living on a reserve, 22 percent of Inuit, and 21 percent of the female target audience report having done something as a result. Among the relatively small group of people recalling the booklet, 28 percent of First Nations people living on a reserve and 11

percent of Inuit say it motivated them to take action. Although relatively low, these are fairly typical levels for the government advertising campaigns analyzed by Environics to date.

- Among the female target audience, there are few significant differences between ad recallers and non-recallers in terms of their knowledge, attitudes or behaviours related to healthy pregnancy (due in part to the relatively small base sizes for this group). However, in a few cases, *non-recallers* actually have a better understanding of the factors related to a healthy pregnancy, or are more positive about their intended behaviours should they become pregnant in the future, which is the opposite pattern to what one might expect and hope for. Further analysis determined that these findings may be explained by a third variable: level of education. That is, non-recallers are better educated than ad recallers (who are less likely to have a high school degree), and it is their level of education that explains why they are more knowledgeable about some of the steps related to having a healthy pregnancy.¹ Moreover, these findings suggest that the advertising has been most effective at reaching the appropriate target group of those who are less knowledgeable about healthy pregnancy.
- Aboriginal people are moderately positive about the federal government's performance on the issue of healthy pregnancy, with four in ten (40%) First Nations people on-reserve, 46 percent of Inuit and half (50%) of the female target audience rating it as generally good. However, First Nations people on-reserve and Inuit who recall some element of the healthy pregnancy ad campaign are more likely to hold a positive opinion, although the same pattern is not evident among the female target audience. In terms of the federal government's performance overall, and in relation to providing information and services to the public, First Nations people living on-reserve tend to give a mixed assessment, while Inuit and the female target audience are generally more positive than negative.

1 In fact, university-educated respondents appear to have higher recall of the ad campaign; however the base size for this group (n=18) is too small for meaningful analysis and conclusions, and has therefore been combined with college-educated respondents to create a group with post-secondary education for this analysis.

Healthy pregnancy knowledge, attitudes and behaviours

The results in this section are based on a series of questions asked only of the female target audience.

- The female target audience appears to have a relatively good understanding of the factors that contribute to a healthy pregnancy. A large majority recognize the risks associated with drinking (91% agree that it can lead to lifelong disabilities in a child) and smoking (87% say it is dangerous at any stage of pregnancy) during pregnancy, and say they are aware of what good nutrition is for pregnancy (83%). Avoiding alcohol and cigarettes, and eating nutritious food are also among the factors believed most likely to contribute to having a healthy child, together with getting regular exercise and avoiding second-hand smoke.
- There is reasonably good knowledge of the value of consulting a health professional early in pregnancy (78% say it is very likely to contribute to a healthy pregnancy). Even among those who have never been pregnant, more than seven in ten say the first visit should occur as soon as a woman finds out she is pregnant (55%) or sometime during the first trimester (18%). Furthermore, there is almost universal agreement with the importance of regular visits during pregnancy (95%).
- By comparison with these other considerations, two factors less apt to be considered as important to a healthy pregnancy are mental health (67% say avoiding stressful situations is very likely to contribute to a healthy pregnancy) and oral health (64% very likely to contribute). There is also comparatively less understanding that smoking can decrease a woman's chances of getting pregnant (47% agree).
- The value of folic acid to a healthy pregnancy is the factor that is the least well-understood. Only three in ten (30%) of the female target audience say it is important to take folic acid before becoming pregnant. This low level is primarily due to a lack of knowledge about the issue, with only three in ten (29%) aware of the vitamin that can reduce the risk of neural tube defects, and only six percent able to identify folic acid by name. By comparison, there is much greater awareness of fetal alcohol problems (87%).
- The large majority of the female target audience who have never been pregnant expect that they will adopt healthy behaviours upon becoming pregnant. In particular, they say it is very likely they will avoid alcohol consumption (89% of those who drink), eat more fruits and vegetables (82%), and quit smoking (78% of smokers). Fewer, but still a majority, say they will be very likely to avoid exposure to second-hand smoke (62%).
- Just under half (47%) of the female target audience who have never been pregnant would be very interested in getting information about pregnancy, primarily about nutrition and how to have a healthy pregnancy (generally). There are no significant differences by demographic segment to indicate who might be more or less interested in such information.

Recommendations

Based on the findings and conclusions of this research, the following recommendations are provided to Health Canada for consideration:

1. It is particularly noteworthy that the campaign's success is due primarily to radio advertising. Radio has traditionally been found to be less effective per media dollar spent when compared to television advertising (among the general Canadian population), but this demonstrates the benefits of its use in appropriate situations and with specific target audiences. However, there are also considerable benefits to the use of booklets (e.g., no other medium can effectively provide this amount of information), and therefore it would be worthwhile to explore whether the distribution issues experienced with this ad campaign can be addressed before booklets are used in future campaigns directed towards these populations.
2. For future advertising evaluation research, consideration should be given to a pre-post research design to more effectively measure the motivational impact of an advertising campaign. Comparing key variables (e.g., awareness, knowledge, attitudes or behaviours) from before the advertising begins (pre) to a new (still representative) sample of respondents once it has been completed (post) provides a more accurate measure of change than the current analysis based on comparing ad recallers versus non-recallers. In the latter case, these two groups can sometimes differ on a third variable, or differ in terms of their baseline level of awareness or behaviour, either of which can conceal the true impact of the advertising. Of course, the benefits of a pre-post approach need to be weighed against other considerations such as the cost of the research (which is quite considerable for low-incidence populations such as the female target audience for this survey).
3. Health Canada should focus its communication efforts on the topic areas that are the least well-understood, and that therefore require the most education, including the relationship between healthy pregnancy and folic acid, oral health and mental health, as well as the negative impact that smoking can have on a woman's chances of becoming pregnant and the need to avoid second-hand smoke.

Environics Research Group
Contract number: H1011-060094/001/CY
Contract awarded: 2007-05-03

For more information on this study, contact Health Canada at por-rop@hc-sc.gc.ca

RÉSUMÉ DU RAPPORT

But et objectifs de la recherche

Santé Canada a élaboré une campagne de publicité et de marketing social pour une Grossesse en santé auprès des Autochtones, dont l'objectif est d'informer les femmes des Premières nations et les femmes inuites en âge de procréer, ainsi que leurs réseaux de soutien, au sujet des mesures nécessaires pour connaître une grossesse en santé. Santé Canada a commandé une recherche sur l'opinion publique afin d'évaluer l'efficacité de la campagne, en termes de rappel et d'incidence sur les connaissances, les attitudes et les comportements relatifs à la campagne pour une Grossesse en santé. Les objectifs spécifiques de la recherche étaient les suivants :

- Mesurer le niveau de sensibilisation à l'égard des principaux facteurs à prendre en considération afin de connaître une grossesse en santé (l'apport d'acide folique, éviter la consommation d'alcool, ne pas fumer, la nutrition, l'activité physique, la santé mentale et la santé buccodentaire);
- Déterminer si les femmes ont pris des mesures pour se renseigner davantage au sujet des facteurs clés à prendre en considération pour connaître une grossesse en santé.
- Mesurer le niveau de rappel (spontané et assisté) de la publicité radiophonique et de la brochure;
- Évaluer le niveau de sensibilisation à l'égard de l'identité des responsables de la création des annonces à la radio et de la brochure, ainsi que les perceptions sur le fait qu'il s'agit ou non d'une activité appropriée pour le gouvernement du Canada.

Méthodologie

La recherche a fait appel à l'Outil d'évaluation des campagnes publicitaires (OECP), qui a été conçu par le gouvernement du Canada en tant qu'ensemble normalisé de questions pour évaluer l'efficacité des campagnes de publicité du gouvernement. L'évaluation a été faite à partir d'entrevues par téléphone réalisées entre le 2 et le 17 avril 2007, auprès d'un échantillon représentatif de 700 membres des Premières nations vivant dans une réserve dans les dix provinces et de 203 Inuit résidant dans les Territoires du Nord-Ouest, au Nunavut, au Nunavik et au Labrador, âgés de 18 ans et plus. La marge de l'erreur d'échantillonnage de l'échantillon des Premières nations est de plus ou moins 3,7 points de pourcentage et celle de l'échantillon des Inuit est de plus ou moins 6,9 points de pourcentage (les deux à un intervalle de confiance de 95 %).

Outre les entrevues réalisées auprès de la population autochtone générale, un suréchantillon a été effectué entre le 2 et le 29 avril 2007, auprès du public cible des femmes âgées de 18 à 25 ans qui en sont à leur première grossesse ou qui n'ont jamais été enceintes (appelé « public cible féminin » dans le reste du rapport). En tout, 164 entrevues ont été réalisées auprès de ce public cible, comprenant 146 femmes des Premières nations vivant dans une réserve et 28 femmes inuites. La marge de l'erreur d'échantillonnage pour ce groupe cible est de plus ou moins 7,7 points de pourcentage (à un intervalle de confiance de 95 %). La taille relativement faible de ce groupe limite l'analyse qui peut être faite en fonction de la région ou du segment démographique.

Comme à l'habitude pour les études de Santé Canada auprès de ces populations, les résultats pour les membres de Premières nations vivant dans une réserve et pour les membres de la population inuite générale sont rapportés de façon distincte. Cependant, la faible

taille de l'échantillon du public cible féminin empêche de rapporter les données de façon distincte pour les membres des Premières nations vivant dans une réserve et pour les Inuit, par conséquent, seules des données mixtes sont présentées.

Une description plus détaillée de la méthodologie utilisée dans cette étude est présentée à la fin de ce rapport.

Résultats clés

Les résultats de cette évaluation indiquent que la campagne publicitaire Grossesse en santé a été raisonnablement efficace, en termes d'attirer l'attention des membres des Premières nations vivant dans une réserve, des Inuit et du public cible féminin. Ce qui est tout particulièrement remarquable est que ce succès est surtout attribuable à la publicité radiophonique. Bien que la radio soit, à dépenses médiatiques égales, habituellement moins efficace que la publicité télévisée (au sein de la population canadienne en général), il y a nettement des avantages à l'utiliser dans des situations appropriées et auprès de groupes cibles précis. Par comparaison, la brochure a eu une contribution plus limitée, en particulier chez les membres des Premières nations vivant dans une réserve.

Les points suivants résument les résultats clés de la recherche :

Évaluation de la campagne publicitaire

- La campagne publicitaire pour une grossesse en santé a atteint un niveau élevé de *rappel du contenu* au sein des trois populations cibles, soit les membres des Premières nations vivant dans une réserve, les Inuit et le public cible féminin. Il s'agit de la proportion de ceux qui sont en mesure de décrire spontanément un élément de création en leurs propres mots; cela est considéré comme un préalable nécessaire pour qu'une publicité ait une incidence sur les attitudes des gens et, par conséquent, leurs comportements. Le quart (27 %) des membres des Premières nations vivant dans une réserve, deux sur dix (22 %) Inuit et trois sur dix (29 %) des membres du public cible féminin se rappellent un élément du contenu de la récente campagne. Compte tenu des normes observées dans le secteur canadien des campagnes

bénéficiant du support de la publicité télévisée, ces niveaux sont passablement élevés puisque la campagne ne comprenait que de la publicité radiophonique et une brochure.

- Ceux qui se rappellent la publicité ne sont pas certains des sources médiatiques en cause. Ils ont eu beaucoup plus tendance à dire qu'ils avaient vu cette publicité dans une clinique ou dans le bureau du médecin ou à la télévision, plutôt qu'à se rappeler correctement l'avoir entendue à la radio ou vue sous forme d'une brochure. Cela est probablement attribuable aux attentes sur l'endroit où ils remarqueraient habituellement une publicité de ce genre, plutôt qu'un reflet véritable du rappel de cette campagne, puisque les gens ont presque toujours plus tendance à mentionner la télévision même si elle ne fait pas partie de la combinaison des médias utilisés dans cette campagne et que le thème de la grossesse en santé serait plus probablement abordé dans un environnement lié aux soins de santé. Par conséquent, le rappel du contenu constitue une mesure du succès de cette campagne plus appropriée que l'ajustement du niveau de rappel en fonction de la source de la publicité. Néanmoins, le niveau de rappel du contenu rapporté dans le paragraphe précédent n'est peut-être pas parfaitement exact, puisque les gens peuvent se souvenir d'autres campagnes abordant des sujets semblables.
- La publicité radiophonique comprenait une série de quatre annonces centrées sur une saine alimentation, éviter la consommation de drogues et d'alcool, ne pas fumer, ainsi que les avantages de bien planifier une grossesse. Ces annonces semblent avoir été l'élément qui, parmi les deux composantes de cette campagne, a réussi le plus efficacement à capter l'attention de ces populations. Plus de la moitié de ces publics affirment avoir entendu au moins une des annonces à la radio quand on leur pose directement cette question (57 % des membres des Premières nations vivant dans une réserve, 54 % des Inuit et 58 % des membres du public cible féminin). De surcroît, une importante minorité au sein de chaque population affirme avoir entendu plus d'une de ces annonces radiophoniques (40 % des membres des Premières nations vivant dans une réserve, 39 % des Inuit et 44 % des membres du public cible féminin). Il s'agit d'un niveau élevé de rappel pour une

campagne radiophonique, en particulier compte tenu des valeurs de référence observées normalement dans le secteur canadien des campagnes à la télévision où on observe habituellement un niveau de rappel considérablement plus élevé qu'avec des médias secondaires (c.-à-d. radio, magazines et journaux). Il est notable que, chez les Inuit et le public cible féminin, le rappel de l'annonce radiophonique est beaucoup plus élevé chez ceux qui ne possèdent pas de diplôme d'études secondaires.

- Le niveau de rappel assisté pour la brochure est faible chez les membres des Premières nations vivant dans une réserve (4 %), bien que ce soit probablement attribuable, en partie, à des problèmes possibles de distribution (p.ex., la distribution peut avoir eu lieu plus tard que prévu, de telle sorte que les ménages n'avaient peut-être pas tous reçu la brochure au moment du sondage). Le taux de rappel de la brochure est plus élevé chez les Inuit (20 %) et dans le public cible féminin (10 %). Cependant, la brochure n'a pas attiré un fort niveau incrémentiel d'attention dépassant le niveau atteint par les annonces radiophoniques. Par exemple, alors que plus de la moitié (57 %) des membres des Premières nations vivant dans une réserve se rappellent un élément de la campagne publicitaire pour une grossesse en santé, la plupart d'entre eux (53 %) se rappellent uniquement les annonces à la radio, avec seulement un pour cent d'entre eux qui se rappellent uniquement la brochure (et quatre pour cent qui se rappellent les deux éléments). Les résultats sont généralement semblables pour les Inuit et pour le public cible féminin.
- Alors que des campagnes publicitaires antérieures du gouvernement fédéral évaluées par Environics avaient révélé que des proportions d'au moins la moitié des répondants se rappelant les annonces étaient capables d'établir un lien entre la publicité et le gouvernement du Canada, dans le cas présent, des proportions variant du quart au tiers des répondants se rappelant les annonces radiophoniques pour une grossesse en santé ont été capables d'établir ce lien. Une plus grande proportion au sein de chaque groupe affirme ne pas savoir qui en est l'auteur (43 % des membres des Premières nations vivant dans une réserve, 46 % des Inuit et 47 % des membres du public cible féminin). Des résultats analogues sont observés auprès du groupe relativement petit de ceux qui se rappellent avoir reçu la brochure.
- Les deux véhicules publicitaires semblent avoir réussi assez efficacement à communiquer les messages prévus se rapportant à une grossesse en santé. La plupart de ceux qui se rappellent les annonces radiophoniques ont été capables de mentionner au moins un message communiqué, selon eux, par les annonces (89 % des membres des Premières nations vivant dans une réserve, 69 % des Inuit et 84 % des membres du public cible féminin), le plus fréquemment mentionné était qu'elles ont été conçues pour encourager des grossesses en santé et qu'elles recommandent aux femmes d'éviter la consommation d'alcool, de drogues et de tabac pendant la grossesse. Chez ceux qui se rappellent la brochure, sept sur dix (71 %) membres des Premières nations vivant dans une réserve pouvaient décrire au moins un message dont ils se rappelaient, tandis que ce niveau était plus faible chez les Inuit (47 %).
- Hormis ces indicateurs de succès, en termes de rappel des annonces et de la communication du message, la campagne pour une grossesse en santé semble avoir eu une certaine incidence, quoique limitée, sur les mesures prises par les gens, surtout en termes de susciter des discussions avec des femmes enceintes ou leurs familles. Chez ceux qui se sont rappelés la publicité à la radio, 16 p. 100 des membres des Premières nations vivant dans une réserve, 22 p. 100 des Inuit et 21 p. 100 des membres du public cible féminin rapportent avoir fait quelque chose en réponse à cette annonce. Au sein du groupe relativement faible de personnes qui se sont rappelés la brochure, 28 p. 100 des membres des Premières nations vivant dans une réserve et 11 p. 100 des Inuit affirment que cela les avait motivés à faire quelque chose. Même si ces niveaux sont relativement faibles, il s'agit de niveaux assez habituels pour les campagnes publicitaires du gouvernement qui ont été analysées par Environics jusqu'à présent.
- Au sein du public cible féminin, il y a peu de différences entre celles qui se rappellent l'annonce et celles qui ne s'en rappellent pas, en termes de connaissances, d'attitudes ou de comportements relatifs à une grossesse en santé (cela est en partie attribuable aux nombres de base relativement faibles pour ce

groupe). Cependant, dans certains cas, *celles qui ne se rappellent pas* les annonces comprennent mieux les facteurs se rapportant à une grossesse en santé ou elles sont plus positives à propos des comportements qu'elles adopteraient si elles devenaient enceintes dans l'avenir, soit une tendance qui va à l'opposé de ce qu'on pourrait attendre et espérer. Une analyse plus en profondeur a déterminé que ces résultats pourraient s'expliquer par une troisième variable : le niveau de scolarité. Ainsi, celles qui ne se rappellent pas les annonces sont plus scolarisées que celles qui s'en rappellent (qui ont moins tendance à posséder un diplôme d'études secondaires) et ce serait donc leur niveau de scolarité qui expliquerait pourquoi elles sont mieux renseignées au sujet de certaines des mesures à prendre pour connaître une grossesse en santé.² En outre, ces résultats suggèrent que la publicité a réussi le plus efficacement à rejoindre le groupe cible approprié des personnes qui sont moins bien informées au sujet d'une grossesse en santé.

- Les Autochtones sont modérément positifs à l'égard de la performance du gouvernement fédéral dans le dossier de la grossesse en santé, avec quatre sur dix (40 %) membres des Premières nations vivant dans une réserve, 46 p. 100 des Inuit et la moitié (50 %) des membres du public cible féminin la classant de relativement bonne. Cependant, les membres des Premières nations vivant dans une réserve et les Inuit qui se rappellent un élément de la campagne publicitaire pour une grossesse en santé sont plus enclins à avoir une opinion favorable, mais cette tendance n'est pas apparente dans le public cible féminin. En termes de la performance globale du gouvernement fédéral, ainsi qu'en ce qui a trait à fournir aux Canadiens de l'information sur les services qui leur sont offerts, les membres des Premières nations vivant dans une réserve ont tendance à faire une évaluation mitigée, alors que les Inuit et les membres du public cible féminin sont généralement plus positifs que négatifs.

Connaissances, attitudes et comportements relatifs à une grossesse en santé

Les résultats présentés dans cette section sont fondés sur une série de questions qui n'ont été posées qu'aux membres du public cible féminin.

- Le public cible féminin semble avoir une compréhension relativement bonne des facteurs qui contribuent à une grossesse en santé. Une forte majorité d'entre elles reconnaissent les risques associés à la consommation d'alcool (91 % sont d'accord pour dire que cela peut entraîner des problèmes de santé et/ou handicaper l'enfant pour la vie) et au tabagisme (87 % affirment que fumer à n'importe quelle étape de la grossesse est dangereux) pendant la grossesse, elles affirment également être sensibilisées à ce qui constitue une bonne nutrition pendant la grossesse (83 %). Éviter l'alcool et la cigarette ainsi que consommer des aliments nutritifs comptent également parmi les facteurs qui contribuent probablement le plus à la naissance d'un enfant en santé, de même que faire de l'exercice régulièrement et éviter la fumée des autres.
- Elles semblent raisonnablement bien connaître la valeur de consulter un professionnel de la santé au début de la grossesse (78 % affirment qu'il est très probable que cela augmente leurs chances de connaître une grossesse en santé). Même chez celles qui n'ont jamais été enceintes, plus de sept sur dix affirment que la première consultation devrait avoir lieu dès qu'une femme découvre qu'elle est enceinte (55 %) ou au cours du premier trimestre (18 %). En outre, elles reconnaissent presque de façon universelle l'importance de visites régulières pendant la grossesse (95 %).
- Par comparaison avec ces deux autres considérations, deux facteurs ayant moins tendance à être jugés importants pour connaître une grossesse en santé sont la santé mentale (67 % affirment qu'il est très probable qu'éviter les situations stressantes augmente leurs chances de connaître une grossesse en santé)

2 De fait, les répondants possédant une scolarité de niveau universitaire semblent se rappeler davantage la campagne publicitaire; toutefois, le nombre de base de ce groupe (n=18) est trop faible pour permettre d'effectuer une analyse valide et de tirer des conclusions, par conséquent, aux fins de cette analyse, ils ont été combinés aux répondants possédant une scolarité de niveau collégial afin de créer un groupe de répondants possédant une scolarité de niveau postsecondaire.

et la santé buccodentaire (64 % très probable que cela augmente leurs chances). Par comparaison, elles semblent moins bien comprendre que le tabagisme peut réduire les chances d'une femme de devenir enceinte (47 % sont d'accord).

- Le rôle de l'acide folique dans une grossesse en santé est le facteur le moins bien compris. Seulement trois sur dix (30 %) membres du public cible féminin affirment qu'il est important de prendre de l'acide folique avant d'être enceinte. Ce faible niveau est surtout attribuable à un manque de connaissance de ce dossier, avec seulement trois sur dix (29 %) qui connaissent la vitamine qui peut réduire le risque d'une anomalie du tube neural et seulement six pour cent qui sont capables d'identifier l'acide folique par son nom. Par comparaison, le niveau de sensibilisation à l'égard de l'alcoolisation fœtale est beaucoup plus élevé (87 %).
- La vaste majorité des membres du public cible féminin qui n'ont jamais été enceintes prévoient adopter des comportements sains quand elles seront enceintes. En particulier, elles affirment qu'il est très probable qu'elles éviteront de consommer de l'alcool (89 % de celles qui en consomment), mangeront plus de fruits et de légumes (82 %) et cesseront de fumer (78 % des fumeuses). Une proportion moindre d'entre elles, mais toujours la majorité, affirment qu'il est très probable qu'elles éviteront d'être exposées à la fumée des autres (62 %).
- Un peu moins de la moitié (47 %) des membres du public cible féminin qui n'ont jamais été enceintes seraient très intéressées à obtenir des renseignements sur la grossesse, surtout en ce qui a trait à la nutrition et à la façon de connaître une grossesse en santé (en général). Il n'y a pas de différence en fonction des facteurs démographiques pouvant indiquer lesquelles seraient plus ou moins intéressées par ces renseignements.

Recommandations

À partir des résultats et des conclusions de cette recherche, les recommandations suivantes sont soumises à la réflexion de Santé Canada :

1. Il convient tout particulièrement de noter que le succès de la campagne est surtout attribuable à la publicité radiophonique. Historiquement, la radio été moins efficace, à dépenses médiatiques égales, que la publicité télévisée (au sein de la population canadienne en général), mais ceci montre les avantages de l'utiliser dans des situations appropriées et auprès de groupes cibles précis. Cependant, l'utilisation des brochures confère aussi des avantages considérables (p.ex., aucun autre support publicitaire ne peut fournir efficacement cette quantité d'information) et, par conséquent, il vaudrait la peine d'explorer comment régler les problèmes de distribution rencontrés au cours de cette campagne publicitaire avant d'utiliser à nouveau des brochures dans le cadre de campagnes futures ciblant ces mêmes populations.
2. Pour des recherches d'évaluation publicitaire futures, on devrait envisager un concept recherche en deux temps – préalable et ultérieur – afin de mesurer plus efficacement l'incidence motivationnelle d'une campagne publicitaire. Une comparaison des variables clés (p.ex., sensibilisation, connaissances, attitudes et comportements) telles que mesurées avant le début de la campagne (préalable) à celles obtenues auprès d'un nouvel échantillon (mais toujours représentatif) de répondants, une fois que la campagne a été complétée (ultérieur) donne une mesure plus exacte du changement que la présente analyse qui est fondée sur une comparaison entre ceux qui se rappellent les annonces et ceux qui ne s'en rappellent pas. Dans cette situation, les deux groupes peuvent parfois être différents en fonction d'une troisième variable ou en termes de leurs niveaux de référence en matière de sensibilisation ou de comportements; ce qui dans un cas comme dans l'autre peut masquer l'incidence véritable de la publicité. Bien entendu, les avantages d'une recherche en deux temps (préalable et ultérieur) doivent être pondérés en fonction d'autres considérations telles que les coûts de la recherche (qui s'avèrent assez considérables pour des populations à faible incidence telles que le public cible féminin dans ce sondage).

3. Santé Canada devrait centrer ses efforts de communication sur les sujets qui sont les moins bien compris et qui, par conséquent, sont assortis des besoins d'éducation les plus grands, notamment la relation qui existe entre une grossesse en santé et

l'acide folique, la santé buccodentaire et la santé mentale, de même que l'incidence négative que peut avoir le tabagisme sur les chances d'une femme de devenir enceinte et la nécessité d'éviter la fumée des autres.

Environics Research Group

Numéro du contrat : H1011-060094/001/CY

Date du contrat : 2007-05-03

Pour plus de renseignements sur cette étude, communiquer avec Santé Canada à l'adresse

por-rop@hc-sc.gc.ca

CONTENTS

| | |
|--|-----|
| EXECUTIVE SUMMARY | I |
| RÉSUMÉ DU RAPPORT | VII |
| INTRODUCTION | 1 |
| ADVERTISING CAMPAIGN EVALUATION | 3 |
| Advertising recall | 3 |
| Reactions to the advertising..... | 11 |
| Federal government performance..... | 17 |
| HEALTHY PREGNANCY | 23 |
| CONCLUSIONS AND RECOMMENDATIONS | 37 |
| SURVEY METHODOLOGY | 39 |
| APPENDICES | |
| A. Questionnaire (English and French) | |
| B. Detailed banner tables (under separate cover) | |

INTRODUCTION

A healthy pregnancy has a lasting influence on the well-being of a woman, her infant and future children, and her family and community. With the support of their partners, families and communities, women can achieve a healthy lifestyle before, during and after pregnancy. This lifestyle includes positive relationships, good strategies for dealing with stress, a healthy diet, regular physical activity, and avoidance of tobacco and recreational drugs. Having a healthy pregnancy is a major factor in reducing the risk of birth defects, low birth weight, developmental disabilities, genetic diseases and infant death. A focus on healthy pregnancies will also have a significant positive impact on the health care system.

Health Canada developed an Aboriginal Healthy Pregnancy advertising and social marketing campaign, with the objective of informing First Nations and Inuit women of childbearing age and their support systems about the required steps to a healthier pregnancy. The objectives of the campaign are to:

- Raise awareness that there are seven major health considerations for a healthy pregnancy (folic acid intake, alcohol avoidance, tobacco avoidance, nutrition, physical activity, mental health and oral health);
- Encourage women to take action by seeking out more information about the seven considerations for a healthy pregnancy when pregnant or when planning a pregnancy; and
- Encourage women to improve the health of their current or imminent pregnancy.

To support the Aboriginal Healthy Pregnancy social marketing campaign, a series of advertising products were developed, including radio advertisements, booklets and posters. The radio ads aired on all independent and community Aboriginal radio stations, as well as on selected mainstream radio stations, in cities located near certain reserves. The booklets were delivered by mail to all households on-reserve and in Inuit communities (although they may have been delivered later than planned, and may not have reached all households by the time of this survey).

Health Canada commissioned Environics Research Group to conduct public opinion research to evaluate the effectiveness of the campaign. This report presents the results of this research, beginning with an executive summary that outlines the key findings, followed by a detailed analysis of the survey data. Provided under separate cover is a detailed set of “banner tables” presenting the results for all questions by population segments as defined by regions and demographics. These tables are referenced by the survey question in the detailed analysis. *All results are expressed as percentages unless otherwise noted.*

ADVERTISING CAMPAIGN EVALUATION

Advertising recall

Unaided, content and corrected recall

The campaign has achieved a strong level of content recall, with approximately one in four within each group surveyed who can describe some creative element of the advertising. However, less than one in ten also correctly recall the source of the advertising.

Unaided recall. The initial survey question asked Aboriginal people if they had seen, heard or read any advertising in the previous few weeks about how women can have a healthy pregnancy. Four in ten (40%) First Nations people living on a reserve claim to be aware of such advertising, while another two percent may have seen it, for a total of 42 percent of the First Nations on-reserve population. Among Inuit, one in three (33%) say they are aware of such advertising, and another two percent may have seen it, for a total of 35 percent of the Inuit population. Among the female target audience, a slightly greater proportion (45%) recall or may recall the advertising.

Content recall. The result of the previous question provides a good measure of what people believe they saw or heard. However, the more important measure of recall is whether people have sufficiently internalized the advertising to be able to describe it in their own words. This is considered a prerequisite for the advertising to have an impact on people's attitudes, and thus, their behaviours. To measure this, a follow-up question was posed to those claiming recall, asking them to describe in their own words everything they could remember about the advertising in question.

Among First Nations people on-reserve, two-thirds (66%) of those who claim to have seen the advertising were able to play back (without prompting) some creative element that suggests they have likely seen or heard advertising about healthy pregnancy. Those who recall some content from the advertising are most likely to describe it in terms of the messages conveyed, including don't drink or do drugs during pregnancy (35%), eat healthy (29%) and don't smoke (24%). Fewer mention seeing pictures of pregnant women (12%), or recalled that the advertising addresses exercise during pregnancy (6%), or Fetal Alcohol Syndrome or other birth defects (6%).

The remainder (44%) could not recall any creative element related to the advertising (e.g., recalled only the source of the ad, or said they couldn't recall anything specific) despite having claimed to have seen the ad. When this group is subsequently removed from the group with unaided recall (discounting those who could not offer any description of the advertising), it means that one-quarter (27%) of all First Nations people living on a reserve recall some content from the ads.

Among Inuit who claim to have seen the advertising, more than six in ten (64%) could correctly recall some content. Once again, this is primarily related to messages about what to do or not to do during pregnancy, such as eat healthy (32%), don't drink or do drugs (26%), and don't smoke (24%). This group with content recall translates to 22 percent of the total Inuit population.

Among the female target audience, two-thirds (65%) of those who claim to recall the advertising were able to describe some content from the advertising. This translates to 29 percent of the total population for

this target group. Content recall is significantly higher among those who do not currently smoke cigarettes (41% vs. 23% of those who do) and those who do not drink alcohol (42% vs. 20% of those who do).

Content recall

April 2007

| | FIRST NATIONS ON-RESERVE (N=287) | INUIT (N=74) | FEMALE TARGET AUDIENCE (N=77) |
|---------------------------------------|-------------------------------------|-----------------|----------------------------------|
| Net recall – content | 66 | 64 | 65 |
| Don't drink/do drugs during pregnancy | 35 | 26 | 36 |
| Eat healthy | 29 | 32 | 27 |
| Don't smoke during pregnancy | 24 | 24 | 22 |
| Pictures of pregnant women | 12 | 6 | 9 |
| Exercise during pregnancy | 6 | 8 | 9 |
| FAS/birth defects | 6 | 11 | 3 |
| Targeted to Aboriginal women | 5 | 1 | 6 |
| Doctor visits/check-ups | 3 | – | 2 |
| Family/spousal support | * | 2 | 2 |
| Net recall – source | 18 | 19 | 17 |
| Healthy pregnancy (general) | 5 | 9 | 11 |
| Health programs | 5 | 4 | 2 |
| Breastfeeding | 2 | 6 | 2 |
| Pictures (general) | 1 | 5 | 1 |
| Pictures of babies | 2 | – | 6 |
| Other mentions | 15 | 9 | 12 |
| dk/na | 19 | 12 | 25 |

Note: responses may add to more than 100% since multiple responses were allowed

* indicates less than 0.5%

Q.1b

Please tell me everything you can remember about this advertising. What words, phrases, pictures or images come to mind? Anything else?

Subsample: Those with unaided recall of the healthy pregnancy advertising campaign

Source of recall. The level of recall can be further categorized by those who correctly recall the source of the advertising versus those who do not. When asked about where they noticed the advertising, only 10 percent of First Nations people on reserve who claim to recall the advertising had heard it on the radio, and only seven percent said it was in the form of a pamphlet or brochure. By comparison, there were considerably more mentions of seeing advertising in a clinic, hospital or doctor's office (41%), on television (21%), or in a Band office or Friendship Centre on-reserve (13%). The wording of this question typically favours television as a response (even for campaigns that do not include television in the mix), since TV is top-of-mind as an advertising medium. Thus, the results likely have more to do with expectations of where such advertising would normally appear, rather than any lack of recall

of the campaign in question. This is supported by the strong proportion that recognize hearing the ads on the radio when prompted (these "aided recall" results are discussed in greater detail in the next section).

Among Inuit who claim to recall the advertising, 16 percent recall seeing a pamphlet and 14 percent recall hearing it on the radio. Recall is more common for advertising seen in a clinic or doctor's office (37%), and is equally strong for advertising seen on TV (15%).

Among members of the female target audience who claim to recall the advertising, 16 percent say they recall seeing a pamphlet and only six percent mention hearing the advertising on the radio. This group is no more likely than others to say they saw the advertising in a clinic or doctor's office (39%).

Source of recall

April 2007

| | FIRST NATIONS ON-RESERVE (N=287) | INUIT (N=74) | FEMALE TARGET AUDIENCE (N=77) |
|---------------------------------------|-------------------------------------|-----------------|----------------------------------|
| Clinic/hospital/doctor's office | 41 | 37 | 39 |
| Television | 21 | 15 | 13 |
| Band office/Friendship centre/reserve | 13 | 4 | 6 |
| Radio | 10 | 14 | 6 |
| Pamphlet/brochure in the mail | 7 | 16 | 16 |
| Newspaper | 6 | 3 | 1 |
| Retail stores/public space | 5 | 8 | 8 |
| Magazines | 5 | 1 | 5 |
| Internet/website banner | 4 | 6 | 6 |
| Posters | 4 | 4 | 3 |
| Outdoor billboards | 4 | 7 | 1 |
| School | 4 | 2 | 7 |
| Other | 17 | 13 | 17 |
| dk/na | 2 | 2 | 3 |

Note: responses may add to more than 100% since multiple responses were allowed

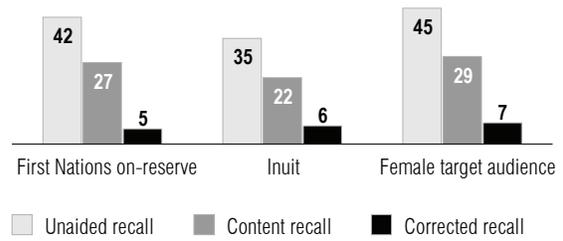
Q.1c

Where did you notice this advertising? Did you notice it anywhere else?

Subsample: Those with unaided recall of the healthy pregnancy advertising campaign

Corrected recall. In combining the results of these first three questions, a total of five percent of First Nations people living on a reserve claim to be aware of advertising about healthy pregnancy, could describe some content from the advertising in their own words, and correctly identify the source of the advertising (for “corrected recall”). The level of corrected recall is six percent among Inuit, and seven percent among the female target audience. However it is our opinion that, because of the media involved (i.e., radio and booklet), corrected recall underestimates the proportion who truly recall the advertising, and that content recall is a more appropriate measure of success of this campaign.

Unaided, content and corrected recall April 2007



Q.1

Over the past few weeks or so, have you seen, heard or read any advertising about how women can have a healthy pregnancy?

Q.1b

Please tell me everything you can remember about this advertising. What words, phrases, pictures or images come to mind? Anything else?

Subsample: Those with unaided recall of the healthy pregnancy advertising campaign

Aided recall

Aided recall of the radio campaign is particularly strong. The level of recall for the booklet appears low, particularly among First Nations people living on-reserve, although this may be because not all households had received their copy due to later-than-planned distribution.

Beyond evaluating unaided and corrected recall, the survey also measured “aided recall,” which is the extent to which individuals recognize an ad when it is described to them. Aided recognition is typically used as a diagnostic tool to better understand why an ad is not well internalized.

Radio. The advertising campaign included a series of four radio ads in which First Nations women and men, including pregnant women, their partners, Elders and nurses, talk about pregnancy. Although the four ads were similar stylistically, each spot focused on a different message about healthy pregnancy, including healthy eating, avoiding drugs and alcohol, avoiding smoking and the benefits of planning a pregnancy.

More than half of First Nations people living on a reserve (57%) say that they have heard at least one of the radio ads based on a description. This is a strong level of aided recall for a radio campaign, and is in line with the Canadian industry average for TV ad campaigns, which usually achieve considerably higher recall than secondary media (i.e., radio, magazine, newspaper). The level of recognition for the individual ads is fairly similar for the spots about smoking (43%), drugs and alcohol (41%), and healthy eating/staying active (36%), but fewer than half as many recognize hearing the one about the benefits of planning a pregnancy (17%). Among this population, the level of net recall for any radio ad ranges from a high of 72 percent in Saskatchewan to a low of 41 percent in B.C. Recall is higher among those in the lowest income bracket (64% of those earning less than \$20,000) than among those with higher incomes (53%).

Among Inuit, more than half (54%) recall hearing at least one of the radio ads. The ads most commonly recalled are the ones about healthy eating (41%) and

Aided recall – radio ads

April 2007

| | FIRST NATIONS ON-RESERVE | INUIT | FEMALE TARGET AUDIENCE |
|--|--------------------------|-----------|------------------------|
| Recall any radio ad | 57 | 54 | 58 |
| - One about harmful effects of smoking | 43 | 38 | 42 |
| - One about harmful effects of drugs/alcohol | 41 | 34 | 42 |
| - One about healthy eating/staying active | 36 | 41 | 42 |
| - One about benefits of planning pregnancy | 17 | 14 | 19 |
| Recall none of the ads | 43 | 46 | 42 |

Q.2

In the past few weeks or so, do you remember hearing any radio ads in which {First Nations/Inuit} women and men, including a pregnant woman, her partner, Elders, and nurses, talk about pregnancy? Please tell me if you heard the radio ad {FIRST AD}. Did you hear the radio ad ... Where they discuss eating a variety of foods and staying active by walking every day ... Where they discuss the harmful effects of drugs and alcohol during pregnancy ... Where they discuss the harmful effects that smoking during pregnancy has on the child, such as learning problems, ear infections and colds ... About the benefits of planning a pregnancy?

the effects of smoking (38%), followed by the one about drugs and alcohol during pregnancy (34%). As with First Nations people on-reserve, Inuit are also much less likely to say they recall hearing the radio ad about planning a pregnancy (14%). Among this population, the level of net recall is significantly higher in Nunavik (75%) than in Nunavut (48%), among those without a high school diploma (63% vs. 45% of those with more education), and among those 40 years of age and older (67% vs. 47% of younger Inuit).

Among the female target audience, six in ten (58%) say they have heard at least one of the radio ads. This group is equally likely to have heard the ads about smoking, drugs and alcohol, and healthy eating (42%

for each), and much less likely to have heard the ad about planning a pregnancy (19%). Education level is a key determinant of advertising recall, since those who have not achieved their high school diploma are more likely to have seen any of the ads (72%) than are those with more education (44%).

In addition to the generally strong overall recall for the radio campaign, many individuals recognize multiple spots. Four in ten (40%) of the First Nations on-reserve general population have heard more than one of the radio ads, and three in ten (28%) have heard at least three of four. The proportions recalling more than one radio ad are similar among Inuit (39%) and the female target audience (44%).

Aided recall – radio ads

April 2007

| | FIRST NATIONS ON-RESERVE | INUIT | FEMALE TARGET AUDIENCE |
|-------------------------------|--------------------------|-------|------------------------|
| Recall one radio ad only | 16 | 16 | 15 |
| Recall more than one ad (net) | 40 | 39 | 44 |
| - Recall two radio ads | 12 | 15 | 13 |
| - Recall three radio ads | 17 | 14 | 20 |
| - Recall all four radio ads | 11 | 10 | 11 |
| Recall none of the ads | 43 | 46 | 42 |

Q.2

In the past few weeks or so, do you remember hearing any radio ads in which {First Nations/Inuit} women and men, including a pregnant woman, her partner, Elders, and nurses, talk about pregnancy? Please tell me if you heard the radio ad {FIRST AD}. Did you hear the radio ad ... Where they discuss eating a variety of foods and staying active by walking every day ... Where they discuss the harmful effects of drugs and alcohol during pregnancy ... Where they discuss the harmful effects that smoking during pregnancy has on the child, such as learning problems, ear infections and colds ... About the benefits of planning a pregnancy?

Booklet. In addition to the radio ads, the healthy pregnancy ad campaign included a colourful booklet that was designed for distribution to all households on First Nations reserves and in Inuit communities. The booklet contained five different sections to flip to, with each section including pictures of pregnant First Nations or Inuit women and their families, and providing information on things a woman can do to have a healthy pregnancy. The booklets were sent to the post offices for each reserve and community, with a request for them to be delivered to each household in the area. The actual distribution may have occurred later than originally planned, such that not all households had received their copy by the time of this survey.

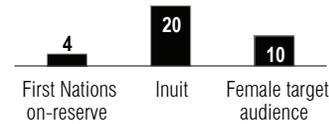
Four percent of First Nations people living on-reserve say that they received or may have received this booklet, based on a description that was provided. This relatively low recall level suggests that all on-reserve households may not have received the booklet through this distribution method. Across the country, recall is highest in Ontario (9%) and Manitoba (8%).

Among Inuit, one in five (20%) recall receiving the booklet in the mail. Recall is significantly higher among those without a high school diploma (26% vs. 15% for those with a high school diploma).

Among the female target audience, one in ten (10%) say they recall receiving the booklet.

Aided recall – booklet

April 2007



Q.6

Over the past few weeks or so do you remember receiving a colourful booklet in the mail containing five different sections you can flip to? Each section includes pictures of pregnant {First Nations/Inuit} women and their families, and provides information on the things a woman can do to have a healthy pregnancy.

Summary of aided recall. In addition to measuring recall for each of these two campaign elements individually, the analysis examined the overall “reach” of these efforts as well as the incremental benefit of each.

Overall, more than half (57%) of First Nations people living on-reserve recalled some element of the healthy pregnancy advertising examined here, when specifically prompted. Most only recall hearing the ads on the radio (53%), while the booklet attracted almost no incremental attention (1%). Nor was there much overlap in recall between the two elements (4%). Among First Nations people on-reserve, the level of net recall is higher in Saskatchewan (72%), and among those with household incomes under \$20,000 (64%).

Among Inuit, more than six in ten (63%) recall at least one of the elements of the campaign. Most of this recall was generated by the radio ads (42%), although a

further eight percent only recall receiving the booklet. For the one in ten (12%) who recall both the radio ads and the booklet, there was an opportunity for each element to reinforce the messages of the other. The level of net recall is significantly higher in Nunavik (82%) than in Nunavut (55%), due to the stronger recall for the radio ads in that region. Net recall is also stronger among those without a high school diploma (72% vs. 55% of those with more education).

Six in ten (60%) of the female target audience say they recall at least one of the campaign elements. Once again, the radio ads attracted the most attention (51%), while the booklet generated limited recall either alone (2%) or in combination with the radio ads (8%). Those without a high school diploma (72%) are significantly more likely to recall the campaign than are those with more education (47%).

Summary of aided recall

April 2007

| | FIRST NATIONS ON-RESERVE | INUIT | FEMALE TARGET AUDIENCE |
|-----------------------------------|--------------------------|-------|------------------------|
| Recall any element of ad campaign | 57 | 63 | 60 |
| - Recall radio ad(s) only | 53 | 42 | 51 |
| - Recall booklet only | 1 | 8 | 2 |
| - Recall both | 4 | 12 | 8 |
| Recall none | 43 | 38 | 40 |

Q.2

In the past few weeks or so, do you remember hearing any radio ads in which {First Nations/Inuit} women and men, including a pregnant woman, her partner, Elders, and nurses, talk about pregnancy? Please tell me if you heard the radio ad {FIRST AD}. Did you hear the radio ad ... Where they discuss eating a variety of foods and staying active by walking every day ... Where they discuss the harmful effects of drugs and alcohol during pregnancy ... Where they discuss the harmful effects that smoking during pregnancy has on the child, such as learning problems, ear infections and colds ... About the benefits of planning a pregnancy?

Q.6

Over the past few weeks or so do you remember receiving a colourful booklet in the mail containing five different sections you can flip to? Each section includes pictures of pregnant {First Nations/Inuit} women and their families, and provides information on the things a woman can do to have a healthy pregnancy.

Reactions to the advertising

A number of diagnostic questions were asked to gauge who was seen as the sponsor of the elements of the healthy pregnancy advertising campaign, the extent to which the advertising communicated its intended messages, and whether the campaign prompted Aboriginal people to take action. These questions were asked separately for the radio ads and the booklet, among those who reported seeing the ads when prompted (i.e., aided recall).

Advertising sponsor

Between one-quarter and one-third of ad recallers in the three populations are aware the radio ads were produced by the Government of Canada.

Radio. One-third (34%) of First Nations people living on a reserve who recall the radio advertising identify the federal government as having produced the ads.

This includes references both to Health Canada (19%) and the Government of Canada (14%). A small number of ad recallers incorrectly attribute the ads to another source, such as the provincial government, their Band or tribunal, or corporate sponsors. Another four in ten (43%) say they do not know who sponsored the advertising. The likelihood of associating the ads with the federal government is higher among middle-aged ad recallers (42% of those aged 30 to 49 vs. 28% of younger and 31% of older ad recallers), those with a high school diploma (41% vs. 26% of those without) and those with household incomes over \$20,000 (46% vs. 27% of those with lower incomes).

Among Inuit, one-quarter (26%) link the ads to the federal government, and particularly to the Government of Canada (18%) rather than to Health Canada (8%). Almost half (46%) of ad recallers are unsure who sponsored the advertising.

Sponsor – radio ads

April 2007

| | FIRST NATIONS ON-RESERVE (N=395) | INUIT (N=109) | FEMALE TARGET AUDIENCE (N=96) |
|----------------------------------|-------------------------------------|------------------|----------------------------------|
| NET Federal government | 34 | 26 | 24 |
| Health Canada | 19 | 8 | 16 |
| Government of Canada | 14 | 18 | 8 |
| Indian Affairs/Aboriginal Health | 2 | – | – |
| Provincial government | 9 | 6 | 10 |
| Band/tribunal | 3 | 4 | 4 |
| Corporate sponsors | 3 | 3 | 1 |
| Government (unspecified) | 2 | 5 | 4 |
| Regional/local health unit | * | 7 | – |
| Other | 6 | 4 | 9 |
| dk/na | 43 | 46 | 47 |

* indicates less than 0.5%

Q.3

Thinking about the ad(s) that you heard, who do you think produced them – that is, who paid for them?

Subsample: Those with aided recall of the healthy pregnancy radio advertising

Q.3a

Which level of government?

Subsample: Those with aided recall of the healthy pregnancy radio advertising – and said that “government (general)” produced the ad(s)

One-quarter (24%) of the female target audience associate the radio ads with the federal government, and more so with Health Canada (16%) than with the Government of Canada (8%). By comparison, twice as many ad recallers (47%) are unsure who produced the radio advertising they recall.

Booklet. Among the relatively small group of First Nations people living on a reserve and Inuit who recognized receiving the healthy pregnancy booklet in the mail, half are unsure who sponsored or produced it (52% for First Nations on-reserve and 53% for Inuit). Four in ten (40%) First Nations people living on-reserve associate the booklet with the federal government, which primarily includes references to the Government of Canada (19%), followed by Indian Affairs (12%) and Health Canada (9%). A smaller proportion of Inuit (30%) link the booklet to the federal government, but in this case are equally likely to mention the Government of Canada (15%) and Health Canada specifically (15%).

Sponsor – booklet
April 2007

| | FIRST NATIONS ON-RESERVE (N=30) | INUIT (N=46) |
|----------------------------------|---------------------------------------|-----------------|
| NET Federal government | 40 | 30 |
| Government of Canada | 19 | 15 |
| Indian Affairs/Aboriginal Health | 12 | – |
| Health Canada | 9 | 15 |
| Provincial government | 8 | 13 |
| Public/taxpayers | – | 3 |
| Regional/local health unit | – | 3 |
| dk/na | 52 | 53 |

Note: Base size is too small to report results among the female target audience (n=18)

Q.7

Thinking about the booklet that you received, who do you think produced it – that is, who paid for it?

Subsample: Those with aided recall of the healthy pregnancy booklet

Q.7a

Which level of government?

Subsample: Those with aided recall of the healthy pregnancy booklet – and said that “government (general)” produced it

Message communication

Aboriginal people who recall the radio ads and the booklet are most likely to see them as a broad promotion of healthy pregnancies, as well as conveying specific messages about avoiding alcohol, drugs and cigarettes during pregnancy.

Radio. Aboriginal people who recalled any of the radio ads were also asked (unprompted) what they thought was the main point the advertising was trying to get across. Overall, the campaign appears to have been quite communicative, with most ad recallers able to mention at least one message they drew from the ads (89% of First Nations on-reserve, 69% of Inuit, and 84% of the female target audience). All three populations

were most likely to provide a generic description that the ads “encourage healthy pregnancies” (ranging between 40% and 47%). The most common specific messages were those about avoiding drinking and drugs, and avoiding smoking during pregnancy. Other messages conveyed by the ads were having a generally healthy lifestyle, eating healthy, and exercising during pregnancy, addressing FAS, and encouraging planned pregnancies. Eleven percent of First Nations people on-reserve and 16 percent of the female target audience could not offer any ideas about what they thought the ads were communicating. This level is somewhat higher among Inuit (31%), which is a fairly typical pattern for open-ended questions asked of this population.

Message communication – radio ads

April 2007

| | FIRST NATIONS ON-RESERVE (N=395) | INUIT (N=109) | FEMALE TARGET AUDIENCE (N=96) |
|--|-------------------------------------|------------------|----------------------------------|
| Encourage healthy pregnancies (general) | 40 | 43 | 47 |
| Avoid drinking/doing drugs during pregnancy | 24 | 14 | 16 |
| Avoid smoking during pregnancy | 18 | 11 | 12 |
| Encourage healthy lifestyle/avoid bad habits | 9 | 1 | 4 |
| Healthy eating during pregnancy | 8 | 3 | 2 |
| Fitness/exercise during pregnancy | 6 | 1 | 4 |
| Targeted to Aboriginal women | 4 | 1 | 4 |
| FAS/Fetal Alcohol Syndrome | 3 | 2 | 6 |
| Prevention/planned pregnancies | 2 | 1 | 4 |
| Other | 6 | 7 | 8 |
| dk/na | 11 | 31 | 16 |

Q.4

Thinking about the ad(s) that you heard, what do you think was the main point they were trying to get across?

Subsample: Those with aided recall of the healthy pregnancy radio advertising

Booklet. Most (71%) of the small group of First Nations people living on a reserve who recall receiving the healthy pregnancy booklet in the mail could describe at least one message they felt the advertising was trying to get across. This was most likely to be a general message about encouraging healthy pregnancies (34%), while fewer say the booklet conveyed specific messages about avoiding smoking during pregnancy, avoiding drinking or drugs, or the benefits of planning a pregnancy. Three in ten (29%) say they do not know what the booklet was trying to communicate.

Inuit are less certain about the intended message of the booklet, with more than half (53%) of those recalling the booklet unable to suggest any ideas about what they thought it was communicating. Once again, this group is more likely to mention the booklet is conveying a general message about encouraging healthy pregnancies (37%). Other messages drawn from the booklet include avoiding drinking and doing drugs, avoiding smoking and encouraging healthy eating during pregnancy.

Message communication – booklet April 2007

| | FIRST NATIONS ON-RESERVE (N=30) | INUIT (N=46) |
|--|---------------------------------------|-----------------|
| Encourage healthy pregnancies (general) | 34 | 37 |
| Avoid smoking during pregnancy | 10 | 5 |
| Avoid drinking/doing drugs during pregnancy | 9 | 10 |
| Targeted to young women | 7 | – |
| Prevention/planned pregnancies | 7 | – |
| Targeted to Aboriginal women | 6 | 2 |
| Encourage healthy lifestyle/avoid bad habits | 4 | 2 |
| Fitness/exercise during pregnancy | 3 | 4 |
| Healthy eating during pregnancy | 2 | 6 |
| Other | 7 | 1 |
| dk/na | 29 | 53 |

Note: Base size is too small to report results among the female target audience (n=18)

Q.8

Thinking about the booklet that you received, what do you think was the main point it was trying to get across?

Subsample: Those with aided recall of the healthy pregnancy booklet

Call to action

Of those recalling the radio advertising, 16 percent of First Nations people on-reserve, and two in ten of Inuit and the female target audience say they took action as a result.

Radio. Aboriginal people who said they recall hearing any of the radio ads were asked if they did anything as a result. Overall, the ads appear to have had some limited impact on people's actions.

Sixteen percent of First Nations people living on a reserve who recall the radio advertising said they have or may have done something as a result. This translates to one in ten (10%) of the total population of First Nations people on-reserve. Not surprisingly, the proportion who say they took action is higher among people under 50 years of age (18% vs. 8% of those 50 years and older).

Two in ten (22%) Inuit who recall hearing the radio ads say they did something differently as a result, which translates to 12 percent of the total Inuit population.

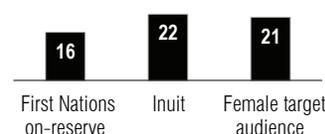
Among the female target audience, two in ten (21%) ad recallers say they took action in response to the advertising, which translates to 12 percent of the total population of this target group.

Those who reported doing something as a result of hearing any of the radio ads were then asked (unprompted) what type of actions they took. Among First Nations people on-reserve and Inuit, the action most likely to be reported was discussing the ads with a pregnant woman or her family (39% and 42%, respectively). Some indicated that they had taken up healthy behaviours of their own, including eating healthy, starting to exercise, quitting smoking or drinking (despite the fact that most did not fit the primary target of women 18 to 25 who have never been pregnant, or are currently pregnant). There were no mentions in either group of looking for further information by contacting a health care professional or the federal government (by phone or by Internet).

The actions most likely to be reported by the female target audience are quitting smoking, discussing the ads with family and starting to eat healthy. However, the small number of cases reporting such actions (n=23) does not provide a basis for meaningful analysis or conclusions.

Took action as a result of radio ads

April 2007 Among ad recallers



Q.5a

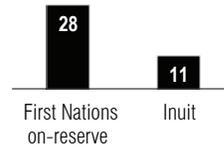
Did you do anything as a result of hearing the ad(s)?

Subsample: Those with aided recall of any of the radio ads (n=395 First Nations on-reserve, n=109 Inuit and n=96 female target audience)

Booklet. Among those who recall receiving the booklet in the mail, three in ten (28%) First Nations people living on a reserve and 11 percent of Inuit say that they did something as a result. However, due to the low aided recall for the booklet, this level of action translates into very low proportions within the total populations (1% of First Nations on-reserve and 2% of Inuit). The base size of ad recallers from the female target audience (n=18) is too small to report the level of action. In addition, the base sizes of those who were asked what specific actions they took are also too small to report the results (n=9 for First Nations on-reserve and n=5 for Inuit).

Took action as a result of booklet

April 2007 Among ad recallers



Q.9a

Did you do anything as a result of receiving this booklet?

Subsample: Those with aided recall of booklet (n=30 First Nations on-reserve and n=46 Inuit)

Note: Base size is too small to report results among the female target audience (n=18)

Federal government performance

In addition to evaluating the effectiveness of an advertising campaign, the ACET is designed to evaluate opinions of federal government performance more generally. Using a seven-point scale, where “1” means “terrible,” “7” means “excellent” and the mid-point “4” means “neither good nor bad,” First Nations people living on a reserve and Inuit were asked to evaluate the Government of Canada in three areas: for performance on healthy pregnancy; for overall performance; and for providing information to the public about government services that are available to Canadians.

Government performance on healthy pregnancy

Aboriginal people are moderately positive about the federal government’s performance on the issue of healthy pregnancy. Positive ratings are higher among those who recall the ad campaign.

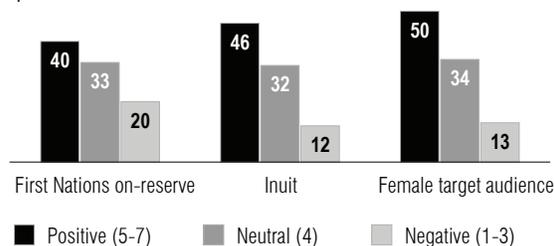
Aboriginal people’s assessment of the federal government’s performance on promoting health pregnancy is mixed, but more positive than negative. Among First Nations people living on-reserve, four in ten (40%) give positive ratings (5, 6, or 7), compared with two in ten (20%) who give negative ratings (1, 2 or 3). Another one-third (33%) give a neutral rating (a score of “4”), while eight percent are unable to offer a response to this question. Evaluations of the government’s performance on this issue are most positive in Saskatchewan (53%). Positive evaluations are also more evident among women (47% vs. 33% of men) and 18- to 29-year-olds (50%).

Slightly less than half (46%) of Inuit give the federal government a positive rating for its performance on healthy pregnancy, compared to one-third (32%) who give a neutral rating and one in ten (12%) who give a negative rating. Assessment of government performance on this issue is similar across regions and demographic subgroups.

Among the female target audience, half (50%) give the government a positive evaluation for its performance on this issue, while one-third (34%) give a neutral rating and 13 percent give a negative rating.

GOC performance on healthy pregnancy

April 2007

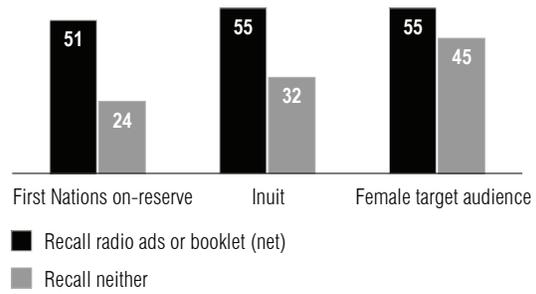


Q.10

This (these) ad(s) and booklet (was/were) in fact produced by the Government of Canada. How would you rate the performance of the Government of Canada on the issue of healthy pregnancy? Please use a 7-point scale, where “1” means “terrible” and “7” means excellent, and the mid-point “4” means “neither good nor bad.”

Opinions of the government’s performance on healthy pregnancy vary by advertising recall. First Nations people living on a reserve with aided recall of any element of the healthy pregnancy campaign are much more likely to hold a positive opinion (51%) than are those who do not recall the campaign (24%).³ A similar pattern holds true for Inuit (55% of ad recallers give the federal government a positive rating vs. 32% of non-recallers), but the difference by ad recall is not statistically significant for the female target audience.

GOC performance on healthy pregnancy
April 2007 By ad recall



Q.10

This (these) ad(s) and booklet (was/were) in fact produced by the Government of Canada. How would you rate the performance of the Government of Canada on the issue of healthy pregnancy? Please use a 7-point scale, where “1” means “terrible” and “7” means excellent, and the mid-point “4” means “neither good nor bad.”

3 Although there is an association between these two variables, the results are not indicative of a causal relationship.

Overall performance of the federal government

First Nations people living on-reserve are evenly divided in their evaluation of the federal government's overall performance, while Inuit and the female target audience are more positive than negative.

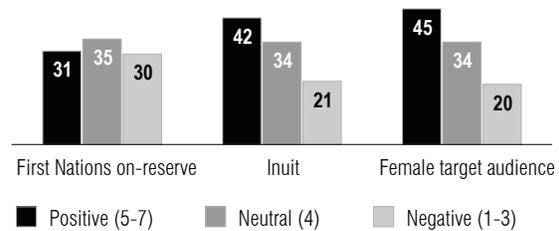
Among First Nations people living on-reserve, opinions of the federal government's overall performance are more balanced than opinions on its job on the issue of healthy pregnancy. Ratings are almost evenly divided between positive (5, 6, or 7) (31%), neutral (4) (35%) and negative (1, 2 or 3) (30%). Across the country, a positive evaluation is most common in Saskatchewan (41%), and least so in Ontario (25%) and B.C. (21%). Overall positive opinions are highest among 18- to 29-year-olds (43%), and decline with level of education and income. Those with aided recall of any element of the healthy pregnancy campaign (38%) are more likely than those who do not recall it (22%) to give the government a positive overall performance rating.

The opinions of Inuit on the federal government's overall performance are more positive than negative, similar to their assessment of the government's job on healthy pregnancy. Four in ten (42%) give a positive rating, compared to one-third (34%) who give a neutral rating and two in ten (21%) who give a negative rating. There are no significant differences in opinion by region or demographic segment of the population.

Among the female target audience, more than four in ten (45%) give the federal government a positive evaluation on its overall performance, compared to one-third (34%) who hold a neutral opinion and two in ten (20%) who hold a negative one.

GOC overall performance

April 2007



Q.11

Generally speaking, how do you rate the performance of the Government of Canada? Please use the same 7-point scale, where "1" means "terrible", "7" means "excellent," and the mid-point "4" means "neither good nor bad."

Performance on providing information to the public

First Nations people living on-reserve give a mixed assessment of the job the federal government is doing in providing services and information to Canadians, while Inuit and the female target audience are more positive than negative.

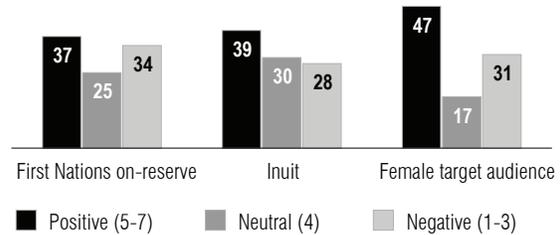
Similar to other performance ratings covered on this survey, there is no consensus among First Nations people living on a reserve about the job they see the federal government doing in “providing information to the public about government services that are available to Canadians.” More than one in three (37%) give the government a positive rating in this area (5, 6 or 7), while a similar proportion (34%) give a negative rating (1, 2 or 3), and one in four (25%) are neutral on this issue. Positive ratings are most widely given in Alberta (50%), followed by Saskatchewan (43%). A positive assessment is also higher among 18- to 39-year-olds (43% vs. 28% of older people) and those with aided recall of the ad campaign (45% vs. 26% of those who do not recall the campaign).

Inuit are more positive than negative about the government’s performance in providing the public with information, similar to the other performance ratings given by this audience. Four in ten (39%) give the government a positive rating in this area, while the remainder are evenly divided between giving a neutral (30%) and negative (28%) rating. Positive ratings are more common among those with household incomes under \$30,000 a year (50% vs. 34% of those with higher incomes) and those without a high school diploma (47% vs. 29% of those with more education).

Among the female target audience, close to one in two (47%) give the government a positive rating in this area, compared to 17 percent who give a neutral rating and three in ten (31%) who give a negative rating.

GOC performance in providing information about government services

April 2007



Q.12

And, using the same scale, how would you rate the performance of the Government of Canada in providing information to the public about government services that are available to Canadians?

Finally, the survey asked respondents to rate the Government of Canada on four areas related to providing services and information to the public, using a similar seven-point scale, where “1” means “totally disagree,” “7” means “totally agree,” and the mid-point “4” means “neither agree nor disagree.” Overall, positive ratings are a plurality in all but one case, and are always higher than negative ratings. From all three audiences (First Nations on-reserve, Inuit, and the female target audience), the federal government receives its highest rating on the measure of delivering its service and information in a respectful way.

Among First Nations people living on a reserve, half (48%) agree that the government provides respectful service and information (5, 6 or 7). Almost four in ten (37%) agree they can count on the government for reliable service and information, while slightly fewer agree that the government is using new and innovative ways to provide information and services (34%), and that it is easy to contact the government for information and service (34%). In general, younger people and those who recall some element of the healthy pregnancy campaign are more likely to give the federal government positive ratings for these areas, while Ontario residents are least likely to do so.

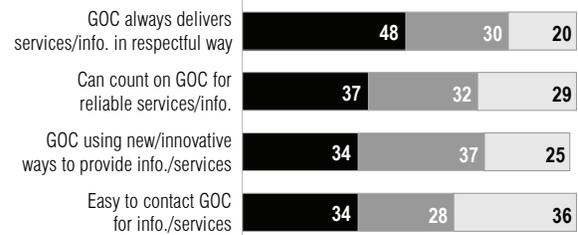
Inuit tend to give slightly more positive ratings, consistent with their other performance ratings on this survey. Six in ten (59%) agree that the government provides respectful service and information, while almost half (47%) agree they can count on the government for reliable service and information. Four in ten each say that the government is using new and innovative ways to provide information and services (38%), and that it is easy to contact the government for information and service (38%). Generally speaking, positive ratings are more common among residents of Nunavut and those with lower incomes, but do not vary by advertising recall.

The female target audience is most positive about the government’s performance in these areas. More than six in ten (64%) say that the government provides respectful service and information. More than half (55%) agree they can count on the government for reliable service and information, while exactly half (50%) say that the government is using new and innovative ways to provide information and services. This group reserves

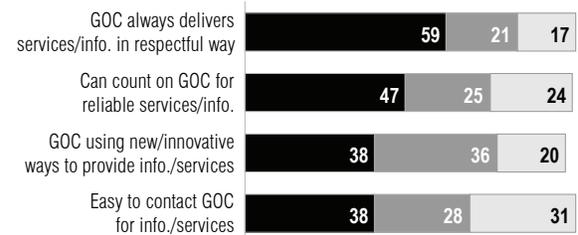
GOC service and information ratings

April 2007

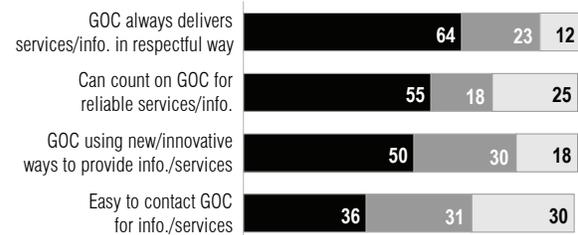
First Nations on-reserve



Inuit



Female target audience



Agree (5-7)
 Neither agree nor disagree (4)
 Disagree (1-3)

Q.13

Please tell me the extent to which you agree or disagree with each of the following statements, using a 7-point scale, where “1” is “totally disagree” and “7” is “totally agree,” and the mid-point “4” is “neither agree nor disagree” ... It is easy to contact the Government of Canada for information and service ... The Government of Canada is using new and innovative ways to provide information and services to citizens ... The Government of Canada delivers its services and information in a respectful way ... You can count on the Government of Canada for reliable service and information.

their lowest rating for the government being easy to contact for information and service (36%). Those who recall any element of the healthy pregnancy campaign are more likely to agree that the federal government is using innovative ways to provide information and ser-

vices, and that it is easy to contact the federal government. There are no consistent patterns by demographic group in positive ratings of the federal government's performance in these areas.

GOC service and information ratings – Agree (5-7)

April 2007 By recall of any element of the healthy pregnancy campaign

| | FIRST NATIONS ON-RESERVE | | INUIT | | FEMALE TARGET AUDIENCE | |
|--|-------------------------------|-----------------------------|-------------------------------|----------------------------|------------------------------|----------------------------|
| | RECALL CAMPAIGN (N=401) | DO NOT RECALL (N=299) | RECALL CAMPAIGN (N=128) | DO NOT RECALL (N=75) | RECALL CAMPAIGN (N=99) | DO NOT RECALL (N=65) |
| GOC always delivers services/info in a respectful way | 56 | 37 | 58 | 60 | 56 | 53 |
| Can count on GOC for reliable services/info | 42 | 27 | 45 | 49 | 65 | 65 |
| GOC using new/innovative ways to provide info/services | 42 | 22 | 38 | 37 | 58 | 36 |
| Easy to contact GOC for info/services | 37 | 28 | 41 | 33 | 44 | 21 |

Q.13

Please tell me the extent to which you agree or disagree with each of the following statements, using a 7-point scale, where “1” is “totally disagree” and “7” is “totally agree,” and the mid-point “4” is “neither agree nor disagree” ... It is easy to contact the Government of Canada for information and service ... The Government of Canada is using new and innovative ways to provide information and services to citizens ... The Government of Canada delivers its services and information in a respectful way ... You can count on the Government of Canada for reliable service and information.

HEALTHY PREGNANCY

In addition to evaluating the effectiveness of the healthy pregnancy advertising campaign, a secondary objective was to examine its impact on knowledge, attitudes and behaviours related to Healthy Pregnancy. To do this, the female target audience was asked a series of questions drawn from a baseline study conducted in 2006 by Health Canada, among First Nations on-reserve and Inuit general populations.⁴

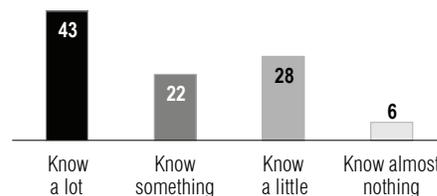
Knowledge about healthy pregnancy

Two-thirds of the target audience say they know at least something about how to have a healthy pregnancy. Eating nutritious food and stopping alcohol consumption are the two factors most widely understood to contribute to this goal.

There is a wide range in the level of knowledge about how to have a healthy pregnancy reported by the female target audience. This is a self-reported measure that, while not validated against objective measures of knowledge, can be an accurate indicator of what people believe they know. More than four in ten (43%) say they know a lot about how to increase the chances of having a healthy child, while two in ten (22%) say they know something, and one in three (34%) say they know a little or almost nothing about the topic. Residents of Quebec and the Atlantic provinces, Ontario and Manitoba (57%) are more likely than others (30%) to say they know a lot about having a healthy pregnancy. The reported level of knowledge increases with level of

Knowledge of things a pregnant woman can do to increase her chances of having a healthy child

April 2007 Female target audience



Q.14

Would you say you know a lot, know something, know a little or know almost nothing about the things a pregnant woman can do to increase the chances her child will be born healthy?

Base: Female target audience

⁴ Ekos Research Associates Inc., *FNIHB Maternal and Child Health Survey*. 2006.

education, with six in ten (62%) of those with a college or university education indicating they know a lot about healthy pregnancy, compared to 36 percent of those with a high school education or less.

Next, the female target audience was provided with a series of eight factors potentially affecting pregnancy, and asked to indicate how likely they believe each is to increase the chances of a healthy pregnancy on a 5-point scale, where 1 means not at all likely and 5 means very likely. Across all eight factors, more than eight in ten say it is likely (rating of 4 or 5) to increase the chances a baby will be born healthy, and less than one in ten say it is unlikely to do so (rating of 1 or 2).

Greater variation in the perceived importance of the various factors is evident when the results are reviewed for those that regard each to be a “very likely” step (rating of 5 out of 5) towards a healthy pregnancy. The female target audience is most apt to consider eating nutritious food (88%) and stopping drinking (88%) to increase the chances of having a healthy child, followed by stopping smoking (84%). A second tier of importance consists of getting regular exercise (81%), avoiding other people’s smoke (80%), and consulting a health professional early in pregnancy (78%). Two steps considered relatively less important to a healthy pregnancy are avoiding stressful situations (67%), and taking care of gums and teeth (64%).

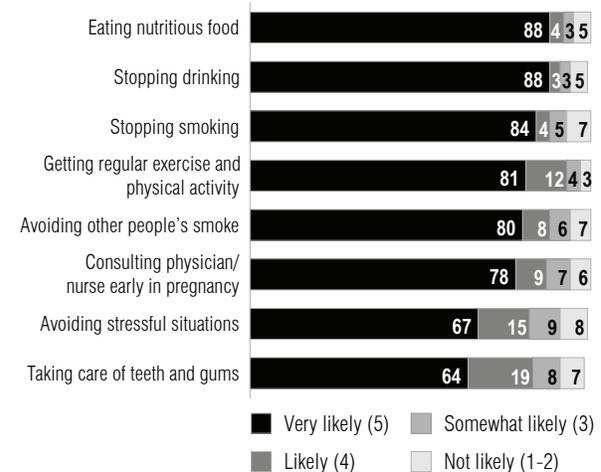
Those who say they know a lot or something about healthy pregnancy are more apt than those who know a little or nothing to say it is very likely that eating nutritious food, avoiding other people’s smoke and avoiding stressful situations will contribute to a healthy pregnancy.

For some of these factors, the knowledge that they can influence a healthy pregnancy is lower among those who recall the recent healthy pregnancy campaign. For example, the likelihood to say regular exercise contributes to a healthy pregnancy is lower among those recalling the campaign (75% very likely) than among those who do not recall the radio ads or the booklet (91%). A similar pattern exists when it comes to stopping smoking (78% of ad recallers vs. 94% of

non-recallers) and stopping drinking (84% of ad recallers vs. 94% of non-recallers). This is the opposite pattern from what one would expect and hope for (i.e., that ad recallers have a better understanding of the factors related to a healthy pregnancy), and may be due to differing education levels between ad recallers and non-recallers. That is, non-recallers are better educated, being more likely to have a high school diploma, and therefore have a better knowledge of the factors influencing a healthy pregnancy.⁵ Ad recallers are less likely to have completed their high school education, and so despite having better recall of the healthy pregnancy campaign, may remain less knowledgeable about the steps that contribute to a healthy pregnancy.

Factors increasing chances of healthy pregnancy

April 2007 Female target audience



Q.15

Here are some things that pregnant women might do to increase the chances that their baby will be born healthy. On a scale of “1” to “5”, where “1” means not at all likely and “5” means very likely, please tell me how likely each of the following is to increase the chances of a healthy pregnancy ...?

Base: Female target audience

5 In fact, university-educated respondents appear to have higher recall of the ad campaign; however the base size for this group (n=18) is too small for meaningful analysis and conclusions, and has therefore been combined with college-educated respondents to create a group with post-secondary education for this analysis.

Neural tube defects and FAS

Awareness of fetal alcohol problems is considerably higher than awareness of a vitamin that can reduce the risk of neural tube defects when taken before pregnancy.

Three in ten (29%) of the female target audience say they are aware of a vitamin women can take before they get pregnant that may reduce the risk of neural tube defects, such as spina bifida. However, only six percent could correctly identify folic acid by name. A few mentioned the prenatal vitamin brand Materna (5%), while most were unsure about the name of the vitamin in question.

By comparison, the female target audience reports much greater awareness of the terms related to fetal alcohol problems. Almost nine in ten (87%) have heard at least one of the terms, the most well-known being Fetal Alcohol Syndrome (85%). Significantly fewer have heard of Fetal Alcohol Effects (49%) or Fetal Alcohol Spectrum Disorder (35%). The net level of awareness of these terms is significantly lower among those who have not yet received a high school diploma (80% vs. 95% of those with a high diploma), and those who say they know only a little or almost nothing about healthy pregnancy (81% vs. 93% of those with at least some knowledge).

Awareness of vitamin that may reduce risk of neural tube defects

April 2007 Female target audience

| | TOTAL |
|-------------------------------------|-----------|
| Yes, aware of such a vitamin | 29 |
| <i>Which one?</i> | |
| Folic acid | 6 |
| Materna | 5 |
| Various (A, B, C, D, B12) | 1 |
| Prenatal vitamin | 1 |
| Other | 1 |
| dk/na | 14 |
| No, not aware | 68 |
| dk/na | 3 |

Q.16

Do you know about a vitamin that women can take before they get pregnant that may reduce the risk of neural tube defects, such as spina bifida?

Base: Female target audience

Q.17

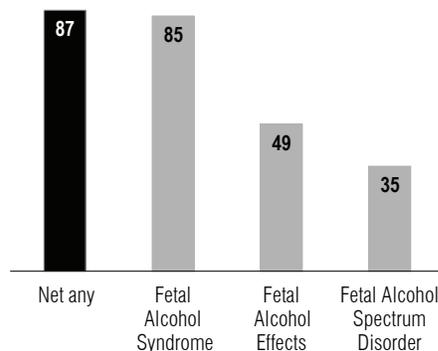
What is this vitamin called?

Base: Female target audience

Subsample: Aware of a vitamin women can take before pregnancy that may reduce the risk of neural tube defects

Awareness of fetal alcohol problems

April 2007 Female target audience



Q.18

Have you ever heard of something called Fetal Alcohol Syndrome, Fetal Alcohol Effects, or Fetal Alcohol Spectrum Disorder?

Base: Female target audience

Attitudes toward pregnancy

The following section presents the level of agreement among the female target audience with a series of statements about pregnancy generally, about drinking alcohol during pregnancy, and about pregnancy and tobacco smoke, using a five-point scale, where “1” means strongly disagree, “5” means strongly agree and the mid-point “3” means neither agree nor disagree.

General attitudes toward pregnancy

The female target audience is most likely to believe in the importance of seeing a doctor regularly during pregnancy. They are least certain about the importance of taking folic acid, primarily because they lack knowledge about the issue.

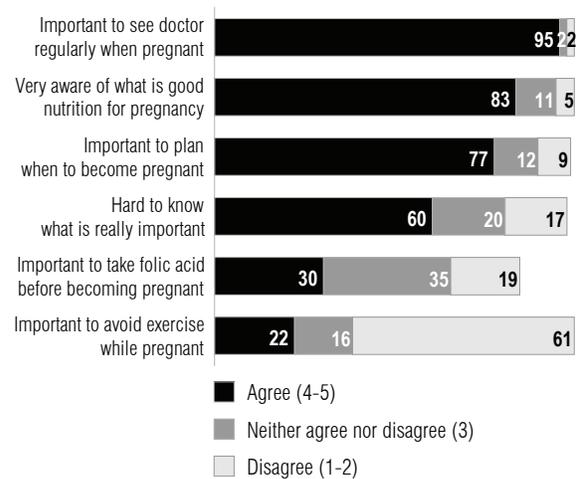
There is almost ubiquitous agreement that it is important when pregnant to see a doctor regularly, with more than nine in ten (95%) of the female target audience agreeing strongly (89% giving a rating of “5”) or agreeing (6% giving a rating of “4”) with this statement. Large majorities also agree that they are very aware of what good nutrition is during pregnancy (67% agree strongly and 16% agree) and that it is important to plan when to become pregnant (64% agree strongly and 13% agree). Fewer women, although still a majority, agree that it is hard to know what is really important because there’s so much to know about being pregnant and having a healthy pregnancy (60% give a rating of 4 or 5). In addition, most women disagree with the negatively-worded statement “it is important to avoid exercise while pregnant” (61% gave a rating of 1 or 2), although two in ten (22%) actually were in agreement (4 or 5).

By comparison to the other attitudinal statements, there is less consensus about the importance of taking folic acid before becoming pregnant. In part, this appears to be due to a lack of knowledge about the issue among the target audience; one in three (35%) neither agreed nor disagreed, and 17 percent said they are unsure. Among those who could provide an opinion, three in ten (30%) agree with this statement compared to two in ten (19%) who say they disagree. Those with household incomes over \$50,000 (64%) are significantly more likely than those with lower incomes (25%) to agree with the importance of taking folic acid.

Compared to those who report knowing a little or almost nothing about healthy pregnancy, those who say they know a lot about the topic are more apt to strongly agree that regular doctor visits are important during pregnancy (94%) and that they are aware of what good pregnancy nutrition is (80%), and to strongly disagree that it is important to avoid exercising during pregnancy (61%). Strong agreement that it is important to regularly see a doctor is also higher among those with household incomes of \$30,000 or more (98% vs. 84% of those with incomes under \$30,000). Attitudes do not differ significantly by recall of the healthy pregnancy ad campaign.

Agreement with statements about pregnancy

April 2007 Female target audience



Q.19

I'm going to read several statements about pregnancy. On a scale of "1" to "5," where "1" means strongly disagree, "5" means strongly agree, and the mid-point "3" means neither agree nor disagree, please tell me if you, personally, agree or disagree with what each statement is saying ... It is important to plan when to become pregnant ... When pregnant, it is important to see a doctor regularly ... I am very aware of what good nutrition is during pregnancy ... It is important to avoid exercise while pregnant ... It is important to start taking folic acid a few months before you know you are pregnant ... There's so much to know about being pregnant and having a healthy pregnancy, it's hard to know what is really important.

Base: Female target audience

Drinking alcohol during pregnancy

A large majority of the female target audience recognize the risks associated with drinking during pregnancy, with nine in ten agreeing that it can lead to lifelong disabilities in a child.

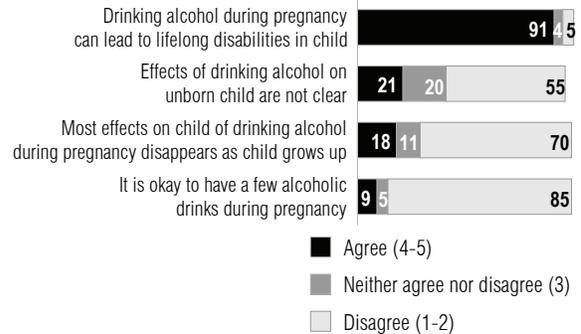
The female target audience is clearly of the opinion that alcohol during pregnancy can be very harmful to the child. Nine in ten (91%) agree strongly (86%) or agree (5%) that drinking alcohol during pregnancy can lead to the child having health problems and/or lifelong disabilities. In addition, large majorities disagree that it is okay to have a few alcoholic drinks during pregnancy (82% strongly disagree and 3% disagree) and that most effects of drinking alcohol during pregnancy disappear as the child grows up (66% strongly disagree and 4% disagree).

Opinions are more mixed as to whether the effects of drinking alcohol on the development of an unborn child are unclear. More than half (55%) disagree with this statement (rating 1 or 2), while two in ten (21%) agree (4 or 5) and another two in ten (20%) say they neither agree nor disagree. However, those with greater self-reported knowledge of healthy pregnancy (53% of those with at least some knowledge) are more likely than those with little or no knowledge (34%) to say they strongly disagree with this statement.

Attitudes toward drinking alcohol during pregnancy do not differ significantly between those who have one or more drinks per month and those who do not drink at all, nor do they differ by recall of the healthy pregnancy ad campaign. However, non-smokers (93%) are more apt than smokers (76%) to strongly disagree that it is okay to have a few drinks when pregnant.

Agreement with statements about drinking alcohol during pregnancy

April 2007 Female target audience



Q.20

I now have some statements about drinking alcohol during pregnancy. Using the same scale of "1" to "5," where "1" means strongly disagree, "5" means strongly agree, and the mid-point "3" means neither agree nor disagree, please tell me if you, personally, agree or disagree with what each statement is saying ... Drinking alcohol during pregnancy can lead to health problems and/or lifelong disabilities in a child ... It is okay to have a few alcoholic drinks during pregnancy ... Most of the effects of drinking alcohol during pregnancy on the child usually disappear as the child grows up ... The effect of drinking alcohol on the development of an unborn child is not clear.

Base: Female target audience

Pregnancy and tobacco smoke

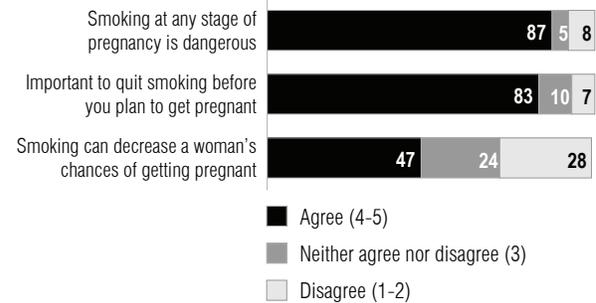
Most of the female target audience considers smoking during pregnancy to be dangerous, and believe it is important to quit before getting pregnant. There is less certainty about the effect smoking can have on the chances of becoming pregnant.

As with alcohol and pregnancy, the female target audience recognizes the danger of smoking during pregnancy. More than eight in ten strongly agree (84%) or agree (3%) that smoking at any stage of pregnancy is dangerous, while a similar proportion strongly agree (79%) or agree (4%) that it is important to quit smoking before you plan to get pregnant. There is no consensus as to whether smoking can decrease a woman's chances of getting pregnant, with close to half (47%) who agree, three in ten (28%) who disagree, and another one-quarter (24%) who neither agree nor disagree.

The likelihood to agree that smoking decreases the chances of getting pregnant is higher among those who say they know a lot about healthy pregnancy (64%). Attitudes toward smoking during pregnancy do not differ significantly between smokers and non-smokers, nor do they vary by recall of the healthy pregnancy ad campaign.

Agreement with statements about smoking during pregnancy

April 2007 Female target audience



Q.21

The next few statements are about healthy pregnancy and tobacco smoke. Using the same scale of "1" to "5," please tell me if you, personally, agree or disagree with what each statement is saying ... Smoking can decrease a woman's chances of getting pregnant ... It is important to quit smoking before you plan to get pregnant ... Smoking at any stage of a pregnancy is dangerous.

Base: Female target audience

Behaviours related to healthy pregnancy

The large majority of the female target audience expect that they will adopt healthy behaviours upon becoming pregnant, particularly avoiding alcohol consumption, but also eating fruits and vegetables, stopping smoking and avoiding second-hand smoke.

While everyone in the female target audience was asked the same questions about knowledge and attitudes towards healthy pregnancy, there were two different streams of questions about behaviour depending on whether the women were currently pregnant with their first child (15% of the female target audience) or have never been pregnant (85%). The low base size for the former group (n=25) means that no meaningful analysis or conclusions can be drawn from the results, and thus the data are discussed only in qualitative terms (without reference to numbers).

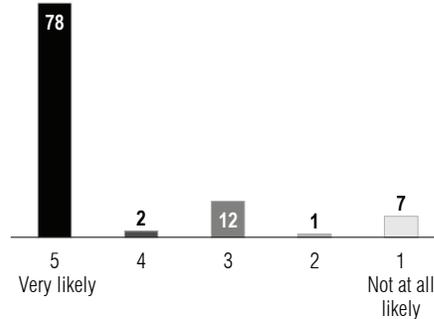
Smoking. Seven in ten of the female target audience who have never been pregnant say they smoke every day (44%) or occasionally (26%). Of this group, eight in ten say it is very likely (78%) or likely (2%) that they would quit smoking if they were to become pregnant. The likelihood to say they would quit upon pregnancy is higher among those with at least some knowledge of healthy pregnancy (85% vs. 66% of those with little or no knowledge). Anticipated smoking behaviour during pregnancy does not vary by recall of the healthy pregnancy ad campaign.

Of the very small group who say they are unlikely to quit in such a situation (8%, or n=8 respondents), most agree they would be very likely to cut back on the number of cigarettes they smoke.

Of the female target audience who are currently pregnant (n=25), the large majority say they smoked before finding out they were pregnant, and most of this group say they either stopped smoking or cut back on the amount they smoke since becoming pregnant.

Likelihood of quitting smoking if were to become pregnant

April 2007 Female target audience – Never pregnant



Q.31

On a scale from "1" to "5," where "1" means not at all likely and "5" means very likely, how likely would you be to quit smoking if you were to become pregnant?

Base: Female target audience

Subsample: Never been pregnant and smoke regularly or occasionally (n=93)

Second-hand smoke. By comparison to personal decisions about smoking during pregnancy, slightly less importance is placed on avoiding second-hand smoke. Of the female target audience who have never been pregnant, almost three-quarters say it is very likely (62%) or likely (11%) that they would stop their exposure to other people's smoke if they were to become pregnant. Those who personally smoke are less apt to say they would be very likely to stop their exposure to second-hand smoke during pregnancy (57% vs. 74% of non-smokers).

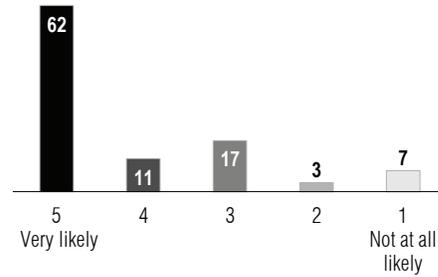
The likelihood to say they would avoid exposure to second-hand smoke is marginally higher among those who do *not* recall the healthy pregnancy ad campaign (71% very likely vs. 55% of ad recallers). As with attitudes towards healthy pregnancy, this may be due to the fact this group is better educated (i.e., more likely to have a high school diploma) than are ad recallers.

The small group who say it is unlikely they would stop their exposure (10%, or n=16 respondents) are almost equally divided between those who say they would at least reduce their exposure and those who would not.

About half of the female target audience who are currently pregnant (n=25) say they have reduced or stopped their exposure to second-hand smoke in their car and in their home since becoming pregnant.

Likelihood of stopping exposure to second-hand smoke if were to become pregnant

April 2007 Female target audience – Never pregnant



Q.33

On a scale from "1" to "5," where "1" means not at all likely and "5" means very likely, how likely would you be to stop your exposure to other people's smoke if you were to become pregnant?

Base: Female target audience

Subsample: Never been pregnant (n=139)

Drinking alcohol. When asked about their monthly alcohol consumption, three in ten (29%) of the female target audience who have never been pregnant report not drinking at all, and seven in ten (68%) have one or more drinks per month. Of this latter group, almost all say they are very likely (89%) or likely (4%) to stop drinking completely if they were to become pregnant. Those with a high school diploma (94% vs. 81% of those without) and those with household incomes over \$20,000 (95% vs. 81% of those with lower incomes) are more apt to say they would be very likely to stop drinking alcohol.

The likelihood to say they would stop drinking alcohol if they become pregnant is significantly higher among those who do *not* recall the healthy pregnancy ad campaign (99% vs. 81% of ad recallers – very likely). However, this finding may be due to a third factor, education level, since non-recallers are more likely to have a high school diploma than are ad recallers.

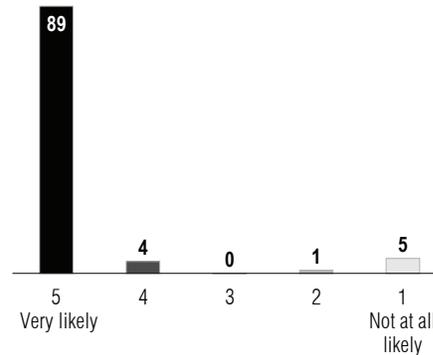
Of the very small group who say they are unlikely to stop drinking (6%, or n=6 respondents), most say they would be very likely to reduce the amount of alcohol they drink.

About half of the female target audience who are currently pregnant (n=25) say they drank one or more alcoholic drinks per month before finding out they were pregnant, and almost all of this group say they stopped drinking completely upon becoming pregnant.

Healthy eating. The female target audience who have never been pregnant were asked how likely they would be to eat more fruits and vegetables when they are pregnant than they do right now. Almost all say they would be very likely (82%) or likely (13%) to do so. The proportion who say they would be very likely to eat more of these types of foods is significantly higher among those with a lot or some knowledge of healthy pregnancy (88% vs. 74% of those with little or no knowledge), but does not vary by recall of the healthy pregnancy ad campaign.

Almost all of the female target audience who are currently pregnant (n=25) say they are eating more fruits and vegetables since becoming pregnant.

Likelihood of stopping drinking alcohol completely if were to become pregnant April 2007 Female target audience – Never pregnant



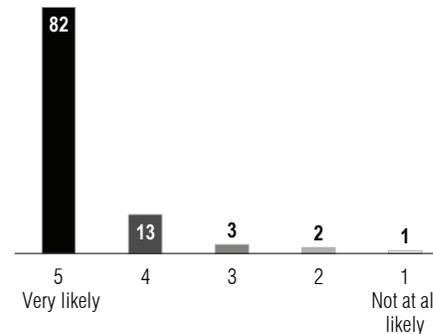
Q.36

On a scale from “1” to “5,” where “1” means not at all likely and “5” means very likely, how likely would you be to stop drinking alcohol completely if you were to become pregnant?

Base: Female target audience

Subsample: Never been pregnant and have at least one drink per month (n=91)

Likelihood of eating more fruits and vegetables if were to become pregnant April 2007 Female target audience – Never pregnant



Q.38

On a scale from “1” to “5,” where “1” means not at all likely and “5” means very likely, how likely would you be to eat more fruits or vegetables when you are pregnant than you do right now?

Base: Female target audience

Subsample: Never been pregnant (n=139)

First visit to a health professional

Those who have never been pregnant themselves nonetheless recognize that the first visit to a health professional should occur as soon as possible during pregnancy.

The female target audience who have never been pregnant are moderately knowledgeable about when a woman should first visit a doctor, nurse or midwife about a pregnancy. More than half (55%) say she should visit a health professional as soon as she finds out she is pregnant, and two in ten (18%) say the visit should occur during the first trimester. A few (11%) say the first visit should occur before getting pregnant, while one in six (16%) were not sure when the first visit should take place.

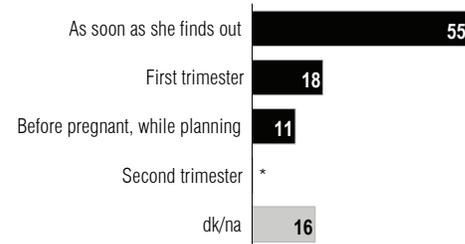
Those who say they know a lot or something about healthy pregnancy are more likely than others to say the first visit to a health professional should occur as soon as a woman finds out she is pregnant (63%). Those with incomes under \$20,000 (23%), and those who say they know little or nothing about healthy pregnancy (29%) are more apt than others to say they do not know when a woman should first visit a health professional about a pregnancy.

The likelihood to say the first visit should occur as soon as a woman discovers she is pregnant is higher among those who do not recall the healthy pregnancy ad campaign (68% vs. 46% of non-recallers), while recallers are more apt to say they do not know when the first visit should be (24% vs. 4% of non-recallers). As with attitudes and behaviours, this may be due to the fact that non-recallers are better educated in general, while ad recallers are less likely to have completed their high school education.

Of the female target audience who are currently pregnant (n=25), about three-quarters say they first visited a health professional about their pregnancy during their first month of pregnancy, and no-one said their first visit was later than three months into the pregnancy.

When woman should first visit health professional about a pregnancy

April 2007 Female target audience – Never pregnant



* Indicates less than 0.5%

Q.39

From what you know or have heard, when should a woman first visit a doctor, nurse or midwife about a pregnancy?

Base: Female target audience

Subsample: Never been pregnant (n=139)

Social supports available

Those who have never been pregnant are most likely to anticipate that their mother will provide them with social support during pregnancy.

One factor that influences a woman's chances of having a healthy pregnancy is the availability of social support, which can include things like emotional support, providing information, or even helping with childcare, housework and transportation. The female target audience who have never been pregnant was asked who they think would provide them with social support if they were to become pregnant. A majority (59%) identify their mother as the primary source of social support. While only two in ten (19%) mention a partner or husband, this is likely because members of this young age group do not yet have a long-term partner, rather than any lack of support they may envision from this source. Interestingly, it is women without a high school diploma who are more likely than others to anticipate receiving social support from their partner or husband during their pregnancy (29%).

A wide variety of other sources are mentioned, primarily including family and friends. However, a small number say they would have access to support from other community members such as a community health representative (11%), their Band, native organization or community (6%), a nurse (5%) or doctor (4%).

Of the female target audience who are currently pregnant (n=25), eight in ten say the father of their child is very involved or involved (a rating of 4 or 5 on a 5-point scale) in the pregnancy. This group is equally likely to identify their mother and their partner/husband as their two primary sources of social support during their pregnancy.

Who would provide social support if were to become pregnant

April 2007 Female target audience – Never pregnant

| | TOTAL |
|------------------------------------|-------|
| Mother | 59 |
| Partner/husband | 19 |
| Father | 15 |
| Sister | 14 |
| Grandmother | 12 |
| Friends | 11 |
| Community health representative | 11 |
| Aunt | 6 |
| Entire family | 6 |
| Band/native organization/community | 6 |
| Nurse | 5 |
| Doctor | 4 |
| Other (<4%) | 12 |
| dk/na | 9 |

Q.42

If you were to become pregnant, who do you think would provide you with social support during your pregnancy? Support can include things like emotional support, providing you with information, or even helping you with childcare, housework or transportation.

Base: Female target audience

Subsample: Never been pregnant (n=139)

Interest in healthy pregnancy information

About half of those who have never been pregnant would be very interested in getting information about pregnancy, primarily about nutrition and how to have a healthy pregnancy.

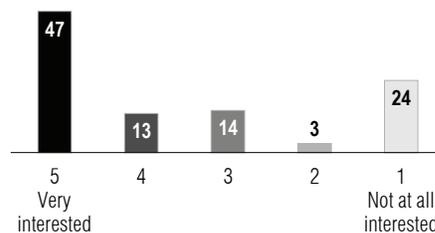
The female target audience who have never been pregnant express moderate levels of interest in getting information about healthy pregnancy. Almost half (47%) say they are very interested in such information, compared to one-quarter (24%) who are not at all interested. The remaining three in ten (30%) fall in between these two extremes. There are no significant differences by demographic segments to indicate who may be more or less interested in healthy pregnancy information, nor does interest vary by recall of the healthy pregnancy ad campaign.

Those interested in getting information about health pregnancy were asked what kind of information they are looking for. This group is most likely to mention information on nutrition (26%) and how to have a healthy pregnancy (24%). A wide variety of other information needs were identified, such as information on physical activity, health risks, smoking and pregnancy and other specific conditions or problems. A few (7%) were specifically interested in postpartum information, such as breastfeeding. One-third could not identify any information they were interested in (27%), or were not looking for any type of information at all (7%). The sole difference by recall of the healthy pregnancy ad campaign is that recallers (13%) are more apt than non-recallers (2%) to say they would like information on physical activity.

Of the female target audience who are currently pregnant (n=25), almost all say it is easy for them to get information about healthy pregnancy, and three-quarters say they are very satisfied with the information that is available to them on this topic. Over half found themselves first looking for information as soon as they found out they were pregnant, while most of the remainder first looked during their first trimester.

Interested in getting information about healthy pregnancy

April 2007 Female target audience – Never pregnant



Q.46

On a scale from "1" to "5," where "1" is not at all interested and "5" is very interested, how interested are you in getting information about healthy pregnancy?

Base: Female target audience

Subsample: Never been pregnant (n=139)

Type of information looking for

April 2007 Female target audience – Never pregnant

| | TOTAL |
|--|-------|
| Nutrition | 26 |
| How to have a healthy pregnancy/baby | 24 |
| Physical activity | 9 |
| General information/everything (unspecified) | 8 |
| Health risks | 7 |
| Postpartum information (e.g., breastfeeding) | 7 |
| Smoking and pregnancy | 5 |
| Fetal development | 5 |
| Other specific conditions/problems | 5 |
| Other (<3%) | 7 |
| None/nothing | 7 |
| dk/na | 27 |

Q.47

What kind of information are you looking for?

Base: Female target audience

Subsample: Never been pregnant – excludes those not at all interested in information (n=111)

Finally, the entire female target audience was asked why they think some someone would not look for information about healthy pregnancy when they are pregnant. A number of different possibilities were mentioned, none of which stand out at particularly high levels. Potential reasons include a sense of apathy or complacency (14%), lack of interest (12%), lack of education or knowledge (including knowing where to look for information; 11%), and shame or embarrassment (9%) – perhaps relating to an unplanned or unwanted pregnancy (8%). Of some concern is the small group who say that some women may not look for information because knowledge about pregnancy comes naturally (12%). Those who say they know a lot or something about healthy pregnancy are more apt than others to point out that women may not look for pregnancy information because of a lack of education or knowledge about where to find such information (15%).

Reasons why some women would not look for information when pregnant

April 2007 Female target audience

| | TOTAL |
|---|-------|
| Apathy/complacency/unconcerned | 14 |
| Don't need to/comes naturally | 12 |
| Not interested in information | 12 |
| Lack of education/knowledge | 11 |
| Shame/shyness/fear/embarrassment | 9 |
| Unplanned or unwanted pregnancy | 8 |
| Not first pregnancy/experienced | 7 |
| Information not available | 4 |
| Lack of support (from family, friends, partner) | 3 |
| Other (<2%) | 8 |
| dk/na | 27 |

Q.48

Why do you think some women do not look for information about healthy pregnancy when they are pregnant?

Base: Female target audience

CONCLUSIONS AND RECOMMENDATIONS

The results of this evaluation indicate that the Healthy Pregnancy advertising campaign was reasonably effective in terms of attracting the attention of First Nations people living on-reserve, Inuit and the female target audience. The combined elements of the campaign achieved a strong level of content recall similar to Canadian industry benchmarks for campaigns supported by TV advertising. This success is due primarily to the radio advertising, while the booklet made a much more limited contribution, particularly among First Nations people living on-reserve (due at least in part to distribution issues).

The two media vehicles were reasonably effective at communicating the intended messages about healthy pregnancy, and appeared to generate some limited action similar to levels observed for other federal government advertising campaigns analyzed by Environics. Perhaps the area that would be most worth improving is the association between the advertising and the federal government. Strengthening this link may help ensure that ad recallers think of the government as a source if and when they do become interested in information about healthy pregnancy.

Based on the findings and conclusions of this research, the following recommendations are provided to Health Canada for consideration:

1. It is particularly noteworthy that the campaign's success is due primarily to radio advertising. Radio has traditionally been found to be less effective per media dollar spent when compared to television advertising (among the general Canadian population), but this demonstrates the benefits of its use in appropriate situations and with specific target audiences. However, there are also considerable benefits to the use of booklets (e.g., no other medium can effectively provide this amount of information), and therefore it would be worthwhile to explore whether the distribution issues experienced with this ad campaign can be addressed before booklets are used in future campaigns directed towards these populations.
2. For future advertising evaluation research, consideration should be given to a pre-post research design to more effectively measure the motivational impact of an advertising campaign. Comparing key variables (e.g., awareness, knowledge, attitudes or behaviours) from before the advertising begins (pre) to a new (still representative) sample of respondents once it has been completed (post) provides a more accurate measure of change than the current analysis based on comparing ad recallers versus non-recallers. In the latter case, these two groups can sometimes differ on a third variable, or differ in terms of their baseline level of awareness or behaviour, either of which can conceal the true impact of the advertising. Of course, the benefits of a pre-post approach need to be weighed against other considerations such as the cost of the research (which is quite considerable for low-incidence populations such as the female target audience for this survey).
3. Health Canada should focus its communication efforts on the topic areas that are least well-understood, and that therefore require the most education, including the relationship between healthy pregnancy and folic acid, oral health and mental health, as well as the negative impact that smoking can have on a woman's chances of becoming pregnant and the need to avoid second-hand smoke.

SURVEY METHODOLOGY

The results are based on telephone interviews conducted between April 2 and 17, 2007 with a representative sample of 700 First Nations people living on a reserve and 203 Inuit, aged 18 and over. In addition, an oversample was conducted between April 2 and 29, 2007 among women 18 to 25 years of age who are pregnant with their first child, or who have never been pregnant before (referred to throughout this report as the “female target audience”), for a total of 164 interviews with this target audience. The margin of sampling error for the First Nations sample is plus or minus 3.7 percentage points, for the Inuit sample is plus or minus 6.9 percentage points, and for the female target audience is plus or minus 7.7 percentage points (all at the 95% confidence level).

Sample design. The sampling method was designed to complete interviews with the following target audiences:

1. A *general population sample* of approximately 900 Aboriginal people, 18 years of age and older, including 700 First Nations people living on a reserve and 200 Inuit living in Inuit communities; and
2. An *oversample* of 230 women from the First Nations on-reserve and Inuit populations who are between the ages of 18 and 25, who have never been pregnant or who are currently pregnant with their first child. Based on the original estimated incidence of this target group (8%), it was estimated that approximately 70 respondents meeting these criteria should be identified through the general population sample, resulting in an anticipated total of 300 interviews with this target audience.

However, some difficulties were encountered during the fieldwork for oversample, including a lower-than-anticipated incidence of the target audience and a higher-than-anticipated refusal rate. This may be due

in part to household concerns about asking to speak to young females. As a result, the anticipated number of interviews could not be completed for the budget and timetable available for this study. A total of 111 oversample interviews were completed, and when added to the 53 eligible respondents identified in the general population sample, resulted in 164 interviews completed overall with the female target audience.

The sample frame for the First Nations on-reserve population was generated by targeting postal codes associated with Census Sub Divisions (CSDs) designated as reserves. Available telephone numbers were then matched to each of these postal codes. The sample was stratified across the 10 provinces to provide for analysis within region. Within this sample frame, households were randomly selected for inclusion in the study, and respondents were screened to ensure that they live on a reserve, are of First Nations ancestry and are 18 years of age or older.

The sample frame for the Inuit population was generated from listed telephone numbers in the most recently published directories for the Northwest Territories, Nunavut, Nunavik (Quebec) and Labrador (the four provinces/territories accounting for 90% of the Inuit population according to the 2001 Census). In this case, a sample proportionate to the population was used. Within this sample frame, households were randomly selected for inclusion in the study, and respondents were screened to ensure that they are of Inuit ancestry and are 18 years of age or older.

For the oversample portion of the survey, further screening was conducted to identify women between the ages of 18 and 25 who have never been pregnant before, or who are currently pregnant with their first child. Quotas were initially set to ensure a sample proportionate by province/territory according to the overall First Nations on-reserve and Inuit populations.

However, Environics removed these quotas during fieldwork due to the difficulty of finding this target audience, in order to generate as many completed interviews as possible (regardless of region). This resulted in a higher number of completes in Quebec than would normally be expected (see adjacent table entitled *Sample distribution – female target audience*).

At the analysis stage, the data was weighted to ensure the final sample was fully proportionate to the actual distribution of this population in Canada. The final sample was weighted by province/territory, gender and age within the First Nations on-reserve and Inuit general populations, and then by the proportion of the First Nations on-reserve and Inuit populations overall. The final sample for the female target audience was weighted by province/territory, and by the overall proportion of the First Nations and Inuit populations.

The final sample for both the First Nations on-reserve and the Inuit general populations is distributed as follows:

Sample distribution – general population

| | QUOTAS | TOTAL N (UNWEIGHTED) | TOTAL N (WEIGHTED) |
|---------------------------------|--------------|-------------------------|-----------------------|
| First Nations on-reserve | (700) | (700) | (778) |
| Atlantic provinces | 50 | 49 | 44 |
| Quebec | 100 | 96 | 98 |
| Ontario | 125 | 122 | 124 |
| Manitoba | 125 | 127 | 144 |
| Saskatchewan | 100 | 108 | 121 |
| Alberta | 100 | 107 | 103 |
| B.C. | 100 | 91 | 145 |
| Inuit | (200) | (203) | (125) |
| Northwest Territories | 25 | 19 | 13 |
| Nunavut | 115 | 124 | 67 |
| Nunavik (Quebec) | 40 | 41 | 28 |
| Labrador | 20 | 19 | 16 |
| TOTAL | 900 | 903 | 903 |

The final sample distribution for the female target audience (drawn from both the general population samples and the oversample) is distributed as follows:

Sample distribution – female target audience

| | TOTAL N (UNWEIGHTED) | TOTAL N (WEIGHTED) |
|---------------------------------|-------------------------|-----------------------|
| First Nations on-reserve | (136) | (141) |
| Atlantic provinces | 5 | 9 |
| Quebec | 52 | 18 |
| Ontario | 12 | 23 |
| Manitoba | 20 | 26 |
| Saskatchewan | 18 | 22 |
| Alberta | 17 | 19 |
| B.C. | 12 | 26 |
| Inuit | (28) | (23) |
| Northwest Territories | 1 | 1 |
| Nunavut | 16 | 15 |
| Nunavik (Quebec) | 10 | 6 |
| Labrador | 1 | 1 |
| TOTAL | 164 | 164 |

Questionnaire. The questionnaire incorporated the Advertising Campaign Evaluation Tool (ACET) at its core, while the healthy pregnancy questions were adapted from a 2006 Maternal and Child Health survey conducted for FNIHB. The questionnaire was pre-tested on a small group of respondents prior to being finalized, and only a few minor changes were required following the pre-test. The mean completion time for the survey was 12 minutes for the general population survey, and 22 minutes for the oversample survey conducted with the female target audience.

Telephone interviewing. Fieldwork was conducted at Environics' central facilities in Toronto and Montreal. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. During fieldwork, 10 percent of each interviewer's work was unobtrusively monitored for quality control.

All surveys were conducted in respondents' official language of choice, or in Inuktitut. All fieldwork was conducted in accordance with the professional standards established by the Marketing Research and Intelligence Association (MRIA), as well as applicable federal legislation (PIPEDA). The introduction of the survey included reference to the fact that it is registered with the National Survey Registration System. A minimum of eight calls were made to a household before classifying it as a "no answer."

Completion results. The total sample for this survey consisted of 903 interviews among First Nations people living on-reserve and Inuit aged 18 and older, and an oversample of 111 interviews with the female target audience.

The effective response rate for the general population survey is 12 percent.⁶ This is calculated as the number of responding participants (completed interviews, disqualifications and over-quota participants – 3,640), divided by unresolved numbers (busy, no answer – 9,624) plus non-responding households or individuals (refusals, language barrier, missed callbacks – 17,518) plus responding participants (3,640) [R/(U + IS + R)]. Using the same calculation, the effective response rate for the female target audience oversample survey is 28 percent. The disposition of all dialled sample for both components of the survey is presented in the following table.

This response rate for the general Aboriginal population is slightly lower than has previously been achieved for public opinion research with this audience, and appears to be due to a greater proportion of refusals. However, it is on par with industry norms for research conducted with the general Canadian population. The higher response rate for the oversample is typical of hard-to-reach populations (since those who do not qualify for the survey are considered co-operative contacts).

Completion results

| | GENERAL POPULATION | OVER-SAMPLE |
|--|--------------------|---------------|
| Total sample dialled | 38,545 | 52,066 |
| UNRESOLVED NUMBERS (U) | 9,624 | 10,774 |
| Busy | 288 | 351 |
| No answer | 5,096 | 5,548 |
| Answering machine | 4,240 | 4,875 |
| RESOLVED NUMBERS <i>(Total minus Unresolved)</i> | 28,921 | 41,292 |
| OUT OF SCOPE (Invalid/non-eligible) | 7,706 | 9,415 |
| Non-residential | 253 | 407 |
| Not-in-service | 6,773 | 8,096 |
| Fax/modem | 680 | 912 |
| IN SCOPE NON-RESPONDING (IS) | 17,518 | 19,855 |
| Refusals – household | 10,272 | 12,410 |
| Refusals – respondent | 2,135 | 3,456 |
| Language barrier | 786 | 600 |
| Callback missed/respondent not available | 4,262 | 3,372 |
| Break-offs (interview not completed) | 63 | 17 |
| IN SCOPE RESPONDING (R) | 3,640 | 11,975 |
| Disqualified | 2,669 | 11,864 |
| Quota filled | 68 | 0 |
| Completed | 903 | 111 |
| RESPONSE RATE [R / (U + IS + R)] | 12% | 28% |

⁶ This response rate calculation is based on a formula developed by MRIA in consultation with the Government of Canada (Public Works and Government Services).

Sample profile

The tables on the following pages present a profile of the final sample for the three populations surveyed for this research: First Nations people living on-reserve, Inuit, and the female target audience.

| | FIRST NATIONS ON-RESERVE | INUIT | FEMALE TARGET AUDIENCE |
|-----------------------------|--------------------------|-----------------|------------------------|
| Region | | | |
| Atlantic provinces | 5 | 13 ¹ | 5 |
| Quebec | 13 | – | 11 |
| Ontario | 16 | – | 14 |
| Manitoba | 19 | – | 16 |
| Saskatchewan | 16 | – | 13 |
| Alberta | 13 | – | 11 |
| British Columbia | 19 | – | 16 |
| Northwest Territories | – | 10 | 1 |
| Nunavut | – | 54 | 9 |
| Nunavik | – | 23 | 4 |
| Age | | | |
| 18-29 | 39 | 42 | 100 ² |
| 30-39 | 22 | 24 | – |
| 40-49 | 19 | 20 | – |
| 50+ | 21 | 15 | – |
| Gender | | | |
| Male | 50 | 49 | – |
| Female | 50 | 51 | 100 |
| Education | | | |
| Less than high school | 38 | 42 | 52 |
| Completed high school | 15 | 16 | 22 |
| Community college | 23 | 25 | 13 |
| University | 23 | 15 | 13 |
| Employment status | | | |
| Working full-time | 36 | 42 | 25 |
| Working part-time | 9 | 16 | 16 |
| Self-employed | 6 | 3 | 1 |
| Unemployed/looking for work | 18 | 20 | 26 |
| Student | 9 | 4 | 22 |
| Retired | 8 | 4 | – |
| Not in workforce | 10 | 7 | 8 |

1 Inuit interviews conducted in Labrador only

2 100% of female target audience falls between 18 and 25 years of age

Sample profile (continued)

| | FIRST NATIONS ON-RESERVE | INUIT | FEMALE TARGET AUDIENCE |
|----------------------------|--------------------------|-------|------------------------|
| Marital status | | | |
| Married/common law | 49 | 55 | 35 |
| Single, Never married | 36 | 31 | 62 |
| Separated/divorced/widowed | 14 | 12 | 2 |
| Household income | | | |
| Under \$10,000 | 18 | 15 | 19 |
| \$10,000 to \$19,999 | 17 | 10 | 16 |
| \$20,000 to \$29,999 | 15 | 12 | 14 |
| \$30,000 to \$39,999 | 10 | 11 | 9 |
| \$40,000 to \$59,999 | 15 | 13 | 8 |
| \$60,000 to \$79,999 | 7 | 11 | 7 |
| \$80,000 and over | 5 | 16 | 2 |
| Refused/dk/na | 14 | 13 | 24 |

APPENDIX A
QUESTIONNAIRE

Health Canada
ACET Aboriginal Healthy Pregnancy

FINAL Questionnaire – POST PRE-TEST

INTRODUCTION

Good morning/afternoon/evening. My name is _____ and I am calling from Environics Research Group, a public opinion research company. Today we are conducting a survey to find out about health issues among Aboriginal people living in First Nation and Inuit communities.

We are not selling or soliciting anything. Your opinion is important to us, and your answers will be kept strictly confidential and anonymous. This survey is registered with the national survey registration system.

IF ASKED: The survey will take about 20 minutes to complete

IF ASKED: I can tell you at the end who sponsored this survey.

IF ASKED: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996

RESPONDENT SELECTION

- A. This survey is about maternal and child health. Are there any women in your household between 18 and 25 years of age who are currently pregnant, or who have never been pregnant before?

IF MORE THAN ONE, ASK FOR RESPONDENT WITH MOST RECENT BIRTHDAY – IF NOT AVAILABLE, SELECT NEXT AVAILABLE RESPONDENT. GO TO Q.C.

IF PERSON SELECTED NOT AVAILABLE, ARRANGE CALLBACK

IF NONE, ASK Q.B.

- B. Then may I please speak with someone in your household who is 18 years or older?

IF MORE THAN ONE, ASK FOR RESPONDENT WITH MOST RECENT BIRTHDAY – IF NOT AVAILABLE, SELECT NEXT AVAILABLE RESPONDENT. GO TO Q.C.

IF PERSON SELECTED NOT AVAILABLE, ARRANGE CALLBACK

WHEN SPEAKING WITH RESPONDENT, CONTINUE:

- C. Are you an Aboriginal person?
CLARIFY IF NECESSARY: A First Nations, Métis or Inuit person?

01 - Yes

02 - No

03 - DK/NA

THANK AND TERMINATE

THANK AND TERMINATE

D. Would you identify yourself as First Nations, Métis or Inuit?

01 - First Nations

02 - Métis

THANK AND TERMINATE (We're very sorry; this quota is full).

03 - Inuit

VOLUNTEERED

04 - Inuk

05 - Inuvialuit

98 - Other (SPECIFY _____)

E. (IF FIRST NATIONS IN Q.D) Over the last twelve months, have you been living mostly on reserve or off reserve?

01 - On reserve

02 - Off reserve

THANK AND TERMINATE (We're very sorry; this survey is designed for people living on a reserve)

03 - DK/NA

THANK AND TERMINATE

F. Since health concerns can sometimes be related to age, in what year were you born?

_____ Year

VOLUNTEERED

97 - Refuse/NA

G. RECORD GENDER

01 - Male

SKIP TO NEXT SECTION

02 - Female

IF 18-25 YEARS, CONTINUE. OTHERWISE SKIP TO NEXT SECTION

ASK Q.H OF WOMEN 18-25 YEARS. OTHERWISE SKIP TO NEXT SECTION.

H. Are you currently pregnant?

01 - Yes

02 - No

SKIP TO Q.J

99 - DK/NA

SKIP TO Q.J

I. Is this your first pregnancy?

01 - Yes

02 - No

SKIP TO NEXT SECTION

99 - DK/NA

SKIP TO NEXT SECTION

J. [IF NOT CURRENTLY PREGNANT] Have you ever given birth before?

01 - Yes

02 - No

99 - DK/NA

TARGET GROUP QUALIFICATION:

Pregnant for first time: Q.I code 1

Never been pregnant: Q.J code 2 or 99

Does not qualify for target: All others

A. ACET Questions

ASK ALL

To start out . . .

1. Over the past few weeks or so, have you seen, heard or read any advertising about how women can have a healthy pregnancy? [ACET]

- 01 - Yes
- 02 - No SKIP TO Q.2 [OR Q.6]
- 03 - Maybe
- 99 - DK/NA SKIP TO Q.2 [OR Q.6]

- 1b. Please tell me everything you can remember about this advertising. What words, phrases, pictures or images come to mind? [ACET]
PROBE: Anything else?

RECORD VERBATIM

99 - DK/NA

- 1c. Where did you notice this advertising? [ACET]
PROBE: Did you notice it anywhere else?
DO NOT READ - CODE ALL THAT APPLY

- 01 - Television
- 02 - Radio
- 03 - Newspaper
- 04 - Magazines
- 05 - Local weekly newspaper
- 06 - Pamphlet/brochure in the mail
- 07 - Outdoor billboards
- 08 - Public transit
- 09 - Internet/Website banner
- 10 - Word of mouth
- 11 - Ethnic newspaper
- 12 - Fair/exhibition
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

ASK ALL

I would now like to ask you some questions about some specific advertising . . .

RANDOMIZE ORDER OF Q2 AND Q6

Radio spots

2. In the past few weeks or so, do you remember hearing any radio ads in which [First Nations/Inuit] women and men, including a pregnant woman, her partner, Elders, and nurses, talk about pregnancy? Please tell me if you heard the radio ad [FIRST AD]. Did you hear the radio ad [REPEAT FOR ALL OTHER ADS]...?

[ACET]

READ AND ROTATE

- a. where they discuss eating a variety of foods and staying active by walking every day?
- b. where they discuss the harmful effects of drugs and alcohol during pregnancy?
- c. where they discuss the harmful effects that smoking during pregnancy has on the child, such as learning problems, ear infections and colds?
- d. about the benefits of planning a pregnancy?

01 - Yes

02 - No

03 - Maybe

99 - DK/NA

IF NO TO ALL IN Q.2, SKIP TO Q.6 [OR Q.10]

3. Thinking about the ad(s) that you heard, who do you think produced them - that is, who paid for them? [ACET]
DO NOT READ - RECORD ONE RESPONSE ONLY

01 - Government of Canada (federal government)

02 - Provincial government

03 - Government (unspecified)

04 - Health Canada

98 - Other (SPECIFY _____)

99 - DK/NA

IF CODE 3 AT Q.3, ASK Q.3a. OTHERWISE SKIP TO Q.4

- 3a. Which level of government? [ACET]
READ - ACCEPT ONE RESPONSE ONLY

01 - Federal government

02 - Provincial government

VOLUNTEERED

98 - Other

99 - DK/NA

4. Thinking about the ad(s) that you heard, what do you think was the main point they were trying to get across? [ACET]
RECORD VERBATIM - SHOULD BE AT LEAST FIVE WORDS WHERE POSSIBLE.

97 - Nothing
99 - DK/NA

- 5a. Did you do anything as a result of hearing the ad(s)? [ACET]

01 - Yes
02 - No SKIP TO Q6 [OR Q10]
03 - Maybe
99 - DK/NA SKIP TO Q6 [OR Q10]

- 5b. What did you do? [ACET]
PROBE: Anything else?
RECORD VERBATIM – PROBE UNTIL UNPRODUCTIVE

97 - Nothing
99 - DK/NA

ASK ALL

Booklet

6. Over the past few weeks or so do you remember receiving a colourful booklet in the mail containing five different sections you can flip to? Each section includes pictures of pregnant [First Nations/Inuit] women and their families, and provides information on the things a woman can do to have a healthy pregnancy. [ACET]

01 - Yes
02 - No SKIP TO Q10 [OR Q2]
03 - Maybe
99 - DK/NA SKIP TO Q10 [OR Q2]

7. Thinking about the booklet that you received, who do you think produced it - that is, who paid for it? [ACET]
DO NOT READ - RECORD ONE RESPONSE ONLY

01 - Government of Canada (federal government)
02 - Provincial government
03 - Government (unspecified)
04 - Health Canada
98 - Other (SPECIFY _____)
99 - DK/NA

IF CODE 3 AT Q.7, ASK Q.7a. OTHERWISE SKIP TO Q.8

- 7a. Which level of government? [ACET]
READ - ACCEPT ONE RESPONSE ONLY

01 - Federal government
02 - Provincial government
VOLUNTEERED
98 - Other
99 - DK/NA

8. Thinking about the booklet that you received, what do you think was the main point it was trying to get across? [ACET]
RECORD VERBATIM - SHOULD BE AT LEAST FIVE WORDS WHERE POSSIBLE.

97 - Nothing
99 - DK/NA

- 9a. Did you do anything as a result of receiving this booklet? [ACET]

01 - Yes
02 - No SKIP TO Q10 [OR Q2]
03 - Maybe
99 - DK/NA SKIP TO Q10 [OR Q2]

- 9b. What did you do? [ACET]
PROBE: Anything else?
RECORD VERBATIM – PROBE UNTIL UNPRODUCTIVE

97 - Nothing
99 - DK/NA

99 - DK/NA

ASK ALL

10. This (these) ad(s) and booklet (was/were) in fact produced by the Government of Canada. How would you rate the performance of the Government of Canada on the issue of healthy pregnancy? Please use a 7-point scale, where "1" means "terrible" and "7" means excellent, and the midpoint "4" means "neither good nor bad." [ACET]

01 - Terrible
02 -
03 -
04 - Neither good nor bad
05 -
06 -
07 - Excellent
VOLUNTEERED
99 - DK/NA

11. Generally speaking, how do you rate the performance of the Government of Canada? Please use the same 7-point scale, where "1" means "terrible", "7" means "excellent", and the midpoint "4" means "neither good nor bad." [ACET]

01 - Terrible
02 -
03 -
04 - Neither good nor bad
05 -
06 -
07 - Excellent
VOLUNTEERED
99 - DK/NA

12. And, using the same scale, how would you rate the performance of the Government of Canada in providing information to the public about government services that are available to Canadians? [ACET]
REPEAT SCALE IF NECESSARY

01 - Terrible
02 -
03 -
04 - Neither good nor bad
05 -
06 -
07 - Excellent
VOLUNTEERED
99 - DK/NA

13. Please tell me the extent to which you agree or disagree with each of the following statements, using a 7 point scale, where "1" is "totally disagree" and "7" is "totally agree", and the midpoint "4" is "neither agree nor disagree." [\[ACET\]](#)

READ AND ROTATE STATEMENTS - REPEAT SCALE AS NEEDED

- a. It is easy to contact the Government of Canada for information and service
- b. The Government of Canada is using new and innovative ways to provide information and services to citizens
- c. The Government of Canada delivers its services and information in a respectful way.
- d. You can count on the Government of Canada for reliable service and information.

01 - Totally disagree

02 -

03 -

04 - Neither agree nor disagree

05 -

06 -

07 - Totally agree

VOLUNTEERED

99 - DK/NA

B. Healthy Pregnancy

ASK SECTION B ONLY IF QUALIFY FOR TARGET GROUP (WOMEN 18-25 WHO ARE PREGNANT FOR THE FIRST TIME, OR HAVE NEVER BEEN PREGNANT). OTHERWISE SKIP TO DEMOGRAPHICS.

NEW

14. Would you say you know a lot, know something, know a little, or know almost nothing about the things a pregnant woman can do to increase the chances her child will be born healthy?

01 – Know a lot
02 – Know something
03 – Know a little
04 – Know almost nothing
VOLUNTEERED
99 - DK/NA

2006-Q12

15. Here are some things that pregnant women might do to increase the chances that their baby will be born healthy. On a scale of “1” to “5”, where “1” means not at all likely and “5” means very likely, please tell me how likely each of the following is to increase the chances of a healthy pregnancy.
READ AND ROTATE STATEMENTS - REPEAT SCALE AS NEEDED

- a. Avoiding other people's smoke
- b. Avoiding stressful situations
- c. Consulting a physician or nurse early in a pregnancy
- d. Eating nutritious food
- e. Stopping drinking
- f. Getting regular exercise and physical activity
- g. Stopping smoking
- h. Taking care of teeth and gums [NEW]

01 - Not at all likely
02 -
03 -
04 -
05 - Very likely
VOLUNTEERED
99 - DK/NA

2006-Q13

16. Do you know about a vitamin that women can take before they get pregnant that may reduce the risk of neural tube defects, such as spina bifida?

01 - Yes
02 - No SKIP TO Q18
99 - DK/NA SKIP TO Q18

2006-Q14

17. What is this vitamin called?
DO NOT READ – CODE ONE ONLY

- 01 - Folic acid
- 02 - Iron
- 03 - Materna
- 04 – Prenatal vitamin
- 05 - Various vitamins (A, B, C, D, B12)
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

2006-Q15

18. Have you ever heard of something called fetal alcohol syndrome, fetal alcohol effects, or fetal alcohol spectrum disorder?
CLARIFY WHICH THEY HAVE HEARD OF

- 01 – Yes, fetal alcohol syndrome
- 02 – Yes, fetal alcohol effects
- 03 – Yes, fetal alcohol spectrum disorder
- 04 – No, none
- 99 - DK/NA

2006-Q18

19. I'm going to read several statements about pregnancy. On a scale of "1" to "5", where "1" means strongly disagree, "5" means strongly agree, and the midpoint "3" means neither agree nor disagree, please tell me if you, personally, agree or disagree with what each statement is saying.
READ AND ROTATE STATEMENTS - REPEAT SCALE AS NEEDED

- a. It is important to plan when to become pregnant.
- b. When pregnant it is important to see a doctor regularly.
- c. I am very aware of what good nutrition is during pregnancy.
- d. It is important to avoid exercise while pregnant (IF ASKED: general exercise)
- e. It is important to start taking folic acid a few months before you know you are pregnant.
- f. There's so much to know about being pregnant and having a healthy pregnancy, it's hard to know what is really important. [2006/36b]

- 01 – Strongly disagree
- 02 -
- 03 - Neither agree nor disagree
- 04 -
- 05 – Strongly agree
- VOLUNTEERED
- 99 - DK/NA

2006-Q19

20. I now have some statements about drinking alcohol during pregnancy. Using the same scale of "1" to "5", where "1" means strongly disagree, "5" means strongly agree, and the midpoint "3" means neither agree nor disagree, please tell me if you, personally, agree or disagree with what each statement is saying.
READ AND ROTATE STATEMENTS - REPEAT SCALE AS NEEDED

- a. Drinking alcohol during pregnancy can lead to health problems and/or lifelong disabilities in a child.
- b. It is okay to have a few alcoholic drinks during pregnancy.
- c. Most of the effects of drinking alcohol during pregnancy on the child usually disappear as the child grows up.
- d. The effect of drinking alcohol on the development of an unborn child is not clear.

01 – Strongly disagree
02 -
03 - Neither agree nor disagree
04 -
05 – Strongly agree
VOLUNTEERED
99 - DK/NA

2006-Q20

21. The next few statements are about healthy pregnancy and tobacco smoke. Using the same scale of “1” to “5”, please tell me if you, personally, agree or disagree with what each statement is saying.
READ AND ROTATE STATEMENTS - REPEAT SCALE AS NEEDED

- a. Smoking can decrease a woman’s chances of getting pregnant.
- b. It is important to quit smoking before you plan to get pregnant.
- c. Smoking at any stage of a pregnancy is dangerous.

01 – Strongly disagree
02 -
03 - Neither agree nor disagree
04 -
05 – Strongly agree
VOLUNTEERED
99 - DK/NA

ASK Q.22 IF CURRENTLY PREGNANT. OTHERWISE SKIP TO Q.30.

NEW

22. Before you found out you were pregnant, did you smoke cigarettes?

01 – Yes
02 – No SKIP TO Q.24
99 - DK/NA SKIP TO Q.24

2006-Q28

23. Since you became pregnant, have you cut back on the amount you smoke, stopped smoking completely or has there been no change?

01 – Yes, cut back
02 – Yes, stopped
03 – No change
99 - DK/NA

2006-Q30

24. Since you became pregnant, have you reduced your exposure to other people's smoke in your car, stopped being exposed to it altogether, or has there been no change?

- 01 – Yes, reduced
- 02 – Yes, stopped
- 03 – No change
- VOLUNTEERED
- 04 – Not exposed to second-hand smoke in the car
- 05 – Do not drive/have a car
- 99 - DK/NA

2006-Q31

25. Since you became pregnant, have you reduced your exposure to other people's smoke in your home, stopped being exposed to it completely, or has there been no change?

- 01 – Yes, reduced
- 02 – Yes, stopped
- 03 – No change
- VOLUNTEERED
- 04 – Not exposed to second-hand smoke in the home
- 99 - DK/NA

2006-Q32

26. Since you became pregnant, are you eating more fruits and vegetables?

- 01 – Yes
- 02 – No
- VOLUNTEERED
- 03 – I always ate a lot of fruits and vegetables
- 99 - DK/NA

NEW

27. Before you found out you were pregnant, how many alcoholic drinks, such as beer, wine or other spirits, did you have in a typical month?

- 01 – Zero SKIP TO Q.29
- 02 – 1 to 4
- 03 – 5 to 12
- 04 – 11 or more
- 99 – DK/NA SKIP TO Q.29

2006-Q33

28. Since you became pregnant, have you cut back on the alcohol you drink, stopped drinking alcohol completely, or has there been no change?

- 01 – Yes, cut back
- 02 – Yes, stopped
- 03 – No change
- VOLUNTEERED
- 04 – Don't drink alcohol
- 99 - DK/NA

2006-Q35

29. How many months pregnant were you when you first visited a doctor, nurse or midwife about your pregnancy?

_____ RECORD NUMBER OF MONTHS
99 - DK/NA

ASK Q.30 IF NEVER BEEN PREGNANT. OTHERWISE SKIP TO Q.40.

2006-Q.52

30. At the present time, do you smoke cigarettes every day, occasionally, or not at all?

01 - Every day
02 - Occasionally
03 - Not at all SKIP TO Q.33
99 - DK/NA SKIP TO Q.33

2006-Q21

31. On a scale from “1” to “5”, where “1” means not at all likely and “5” means very likely, how likely would you be to quit smoking if you were to become pregnant?

01 - Not at all likely
02 -
03 - SKIP TO Q.33
04 - SKIP TO Q.33
05 - Very likely SKIP TO Q.33
VOLUNTEERED
06 - Don't smoke SKIP TO Q.33
99 - DK/NA

2006-Q22

32. [IF CODE 1-2 AT Q.31] How likely would you be to cut back?

01 - Not at all likely
02 -
03 -
04 -
05 - Very likely
VOLUNTEERED
06 - Don't smoke
99 - DK/NA

2006-Q23

33. On a scale from “1” to “5”, where “1” means not at all likely and “5” means very likely, how likely would you be to stop your exposure to other people's smoke if you were to become pregnant?

01 - Not at all likely
02 -
03 - SKIP TO Q.35
04 - SKIP TO Q.35
05 - Very likely SKIP TO Q.35
VOLUNTEERED
06 – Not exposed to second-hand smoke SKIP TO Q.35
99 - DK/NA

2006-Q24

34. [IF CODE 1-2 AT Q.33] How likely would you be to reduce your exposure?

- 01 - Not at all likely
- 02 -
- 03 -
- 04 -
- 05 - Very likely
- VOLUNTEERED
- 06 – Not exposed to second-hand smoke
- 99 - DK/NA

NEW

35. How many alcoholic drinks, such as beer, wine or other spirits, do you have in a typical month?

- 01 – Zero SKIP TO Q.38
- 02 – 1 to 4
- 03 – 5 to 12
- 04 – 11 or more
- 99 – DK/NA SKIP TO Q.38

2006-Q25

36. On a scale from “1” to “5”, where “1” means not at all likely and “5” means very likely, how likely would you be to stop drinking alcohol completely if you were to become pregnant?

IF ASKED: By alcohol, I mean beer, wine or other spirits.

- 01 - Not at all likely
- 02 -
- 03 - SKIP TO Q.38
- 04 - SKIP TO Q.38
- 05 - Very likely SKIP TO Q.38
- VOLUNTEERED
- 06 – Don't drink alcohol SKIP TO Q.38
- 99 - DK/NA

2006-Q26

37. [IF CODE 1-2 AT Q.36] How likely would you be to reduce the amount of alcohol you drink?

- 01 - Not at all likely
- 02 -
- 03 -
- 04 -
- 05 - Very likely
- VOLUNTEERED
- 06 – Don't drink alcohol
- 99 - DK/NA

2006-Q27

38. On a scale from “1” to “5”, where “1” means not at all likely and “5” means very likely, how likely would you be to eat more fruits or vegetables when you are pregnant than you do right now?

- 01 - Not at all likely
- 02 -
- 03 -
- 04 -
- 05 - Very likely
- VOLUNTEERED
- 06 - Already eat a lot of fruits and vegetables
- 99 - DK/NA

NEW

39. From what you know or have heard, when should a woman first visit a doctor, nurse or midwife about a pregnancy?

DO NOT READ – CODE ONE ONLY

- 01 – Before pregnant, while planning
- 02 – As soon as she finds out
- 03 – First trimester (1-3 months)
- 04 – Second trimester (4-6 months)
- 05 – Third trimester (7-9 months)
- VOLUNTEERED
- 99 - DK/NA

ASK Q.40 IF CURRENTLY PREGNANT. OTHERWISE, SKIP TO Q.42.

2006-Q37FA

40. On a scale from “1” to “5”, where “1” is not at all involved and “5” is very involved, how involved would you say the father of your child is in your pregnancy? This includes going to appointments, tests and so on, or hearing about the results of the tests.

- 01 - Not at all involved
- 02 -
- 03 -
- 04 -
- 05 - Very involved
- VOLUNTEERED
- 99 - DK/NA

2006-Q38FA

41. Who is providing you with social support during your pregnancy? Support can include things like emotional support, providing you with information, or even helping you with childcare, housework or transportation.

DO NOT READ – CODE FIRST THREE RESPONSES

- 01 – Elder
- 02 – Mother
- 03 – Sister
- 04 – Aunt
- 05 – Grandmother
- 06 – Friends
- 07 – Partner/husband
- 08 – Nurse
- 09 – Midwife

- 10 – Doctor
- 11 – Community Health Representative
- 12 – Father
- 13 – Brother
- 14 – Uncle
- 15 – Grandfather
- 16 – In-laws
- 17 – Cousin
- 18 – Indian/Band/Native organizations/community in general
- 19 – No-one
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

ASK Q.42 IF NEVER BEEN PREGNANT. OTHERWISE SKIP TO Q.43.

2006-Q38FC variation

42. If you were to become pregnant, who do you think would provide you with social support during your pregnancy? Support can include things like emotional support, providing you with information, or even helping you with childcare, housework or transportation.
DO NOT READ – CODE FIRST THREE RESPONSES

- 01 – Elder
- 02 – Mother
- 03 – Sister
- 04 – Aunt
- 05 – Grandmother
- 06 – Friends
- 07 – Partner/husband
- 08 – Nurse
- 09 – Midwife
- 10 – Doctor
- 11 – Community Health Representative
- 12 – Father
- 13 – Brother
- 14 – Uncle
- 15 – Grandfather
- 16 – In-laws
- 17 – Cousin
- 18 – Indian/Band/Native organizations/community in general
- 19 – No-one
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

ASK Q.43 IF CURRENTLY PREGNANT. OTHERWISE SKIP TO Q.46.

2006-Q40A

43. On a scale from “1” to “5”, where “1” is not at all easy and “5” is very easy, how easy is it for you to get information about healthy pregnancy?

- 01 - Not at all easy
- 02 -
- 03 -
- 04 -
- 05 - Very easy
- VOLUNTEERED
- 99 - DK/NA

2006-Q41B

44. On a scale from “1” to “5”, where “1” is not at all satisfied and “5” is very satisfied, how satisfied are you with the information that is available to you about healthy pregnancy?

- 01 - Not at all satisfied
- 02 -
- 03 -
- 04 -
- 05 - Very satisfied
- VOLUNTEERED
- 99 - DK/NA

2006-Q45FA

45. When in your pregnancy did you first find yourself looking for information about healthy pregnancy?
READ IF NECESSARY – CODE ONE ONLY

- 01 – Before pregnant, while planning
- 02 – As soon as you found out
- 03 – First trimester (1-3 months)
- 04 – Second trimester (4-6 months)
- 05 – Third trimester (7-9 months)
- VOLUNTEERED
- 98 – Have not looked for information
- 99 - DK/NA

ASK Q.46 IF NEVER BEEN PREGNANT. OTHERWISE SKIP TO Q.48.

2006-Q43FA

46. On a scale from “1” to “5”, where “1” is not at all interested and “5” is very interested, how interested are you in getting information about healthy pregnancy?

- 01 - Not at all interested
- 02 -
- 03 -
- 04 -
- 05 - Very interested
- VOLUNTEERED
- 99 - DK/NA

2006-Q44FA

47. What kind of information are you looking for?
DO NOT READ – CODE ALL THAT APPLY.

- 01 – Nutrition
- 02 – Health risks
- 03 – How to have a healthy pregnancy/baby
- 04 – Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder
- 05 – Smoking and pregnancy
- 06 – Other specific conditions/problems
- 07 – Physical activity
- 08 – Alcohol use and pregnancy
- 09 – Drug use and pregnancy
- 10 – Fetal development
- 11 – Post pregnancy information (breastfeeding, nutrition for baby)
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

ASK ALL IN TARGET AUDIENCE

2006-Q46

48. Why do you think some women do not look for information about healthy pregnancy when they are pregnant?

DO NOT READ – CODE ALL THAT APPLY

01 – Not first pregnancy/experienced

02 – Not interested in information

03 – Don't need to/comes naturally

04 – Information not available

05 – Too much information/can't learn it all

06 – Too hard to understand

07 – No time

08 – Don't trust information/sources available

09 – Trust doctors/healthcare worker/midwife to give all necessary information

10 – Apathy/complacency/unconcerned about baby or healthy pregnancy

11 – Shame/shyness/fear/embarrassment

12 – Lack of education/knowledge/ignore/don't know where to find information

13 – Unplanned or unwanted pregnancy

14 – Lack of support (from family, friends, partner, community)

98 - Other (SPECIFY _____)

99 - DK/NA

C. Demographics

ASK ALL

To finish up, I would like to ask you a few questions about you and your household for statistical purposes only. Please be assured that your answers will remain completely confidential.

IF TARGET AUDIENCE, ASK Q.49-51. OTHERWISE SKIP TO Q.52.

2006-Q.49 variation

49. How many hours do you usually spend exercising in a typical week? By exercise, we mean physical activity such as walking, a fitness activity or sports.

- _____ number of hours
- 98 - Do not exercise
- 99 - DK/NA

- IF PREGNANT AND HAVE STOPPED SMOKING COMPLETELY (Q.23 CODE 2), AUTOMATICALLY RECORD CODE 3 AT Q.50 AND SKIP TO Q.51.

- IF PREGNANT AND NOT STOPPED SMOKING (Q.23 CODE 1, 3 OR 99) OR DID NOT SMOKE BEFORE PREGNANT (Q.22 CODE 2-99), ASK Q.50.

- IF NOT PREGNANT, SKIP TO Q.52.

2006-Q.52

50. At the present time, do you smoke cigarettes every day, occasionally, or not at all?

- 01 - Every day
- 02 - Occasionally
- 03 - Not at all
- 99 - DK/NA

- IF PREGNANT AND HAVE STOPPED DRINKING COMPLETELY (Q.28 CODE 2), AUTOMATICALLY RECORD CODE 3 AT Q.51 AND SKIP TO Q.52.

- IF PREGNANT AND NOT STOPPED DRINKING (Q.28 CODE 1, 3 OR 99) OR DID NOT DRINK BEFORE PREGNANT (Q.27 CODE 2-99), ASK Q.51.

NEW

51. How many alcoholic drinks, such as beer, wine or other spirits, do you have in a typical month?

- 01 – Zero
- 02 – 1 to 4
- 03 – 5 to 12
- 04 – 11 or more
- 99 – DK/NA

ACET

52. What is the highest level of formal education that you have completed?

READ

- 01 - Grade 8 or less
- 02 - Some high school
- 03 - Completed high school
- 04 - Community college, technical college, or CEGEP
- 05 - Some university
- 06 - Completed university degree
- 07 - Post-graduate degree
- VOLUNTEERED
- 99 - DK/NA

ACET

53. What is your current employment status?

READ - CODE ONE ONLY

- 01 - Working full-time (35 or more hours per week)
- 02 - Working part-time (less than 35 hours per week)
- 03 - Self-employed
- 04 - Unemployed, but looking for work
- 05 - Attending school full-time/a student
- 06 - Retired
- 07 - Not in the workforce (homemaker, unemployed/not looking for work)
- VOLUNTEERED
- 98 - Other
- 99 - DK/NA

ACET

54. Do you have any children under the age of 18 currently living in your household?

- 01 - Yes
- 02 - No
- 99 - DK/NA

NEW

55. Do you have access to the Internet? Would that be at home, at work or school, or both?

- 01 - Home only
- 02 - Work/school only
- 03 - Both
- 04 - No access
- VOLUNTEERED
- 98 - Have access somewhere else (friend's house, library)
- 99 - DK/NA

2006-Q.57

56. Which one of the following best describes your current marital status? Are you...?

READ - CODE ONE ONLY

- 01 - Married or common law
- 02 - Single, never married
- 03 - Separated or divorced
- 04 - Widowed
- VOLUNTEERED
- 99 - DK/NA

ACET

57. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?

READ – STOP WHEN REACH APPROPRIATE CATEGORY

- 01 - Under \$10,000
- 02 - \$10,000 to \$19,999
- 03 - \$20,000 to \$29,999
- 04 - \$30,000 to \$39,999
- 05 - \$40,000 to \$49,999
- 06 - \$50,000 to \$59,999
- 07 - \$60,000 to \$69,999
- 08 - \$70,000 to \$79,999
- 09 - \$80,000 to \$99,999
- 10 - \$100,000 and over
- VOLUNTEERED
- 97 - REFUSE
- 99 - DK/NA

This completes the survey. In case my supervisor would like to verify that I conducted this interview, may I have your first name?

First Name: _____

Thank you very much for your time and assistance. This survey was conducted on behalf of the First Nations and Inuit Health Branch of Health Canada, and is registered under the Federal Access to Information Act.

RECORD:

58. Province/Territory

- 01 - Alberta
- 02 - British Columbia
- 03 - Manitoba
- 04 - New Brunswick
- 05 - Newfoundland and Labrador
- 06 - Nova Scotia
- 07 - Ontario
- 08 - Prince Edward Island
- 09 - Quebec
- 10 - Saskatchewan
- 11 - Yukon
- 12 - Northwest Territories
- 13 - Nunavut

-- END --

Santé Canada
Grossesse en santé chez les Autochtones – OECF

Questionnaire – VERSION DÉFINITIVE

INTRODUCTION

Bonjour/Bonsoir. Je me nomme _____ et vous appelle au nom d'Environics Research Group, une société de recherche sur l'opinion publique. Nous réalisons un sondage sur des questions se rapportant à la santé auprès des Autochtones vivant dans des collectivités des Premières nations et des Inuits pour le compte de la Direction générale de la santé des Premières nations et des Inuits de Santé Canada. Veuillez avoir l'assurance que nous ne vendons ou sollicitons rien. Votre opinion est ce qui compte pour nous et vos réponses demeureront strictement confidentielles et anonymes. Ce sondage est inscrit dans le système national d'enregistrement des sondages.

SI ON LE DEMANDE : le sondage prendra environ 20 minutes à compléter.

SI ON LE DEMANDE : à la fin du sondage, je pourrai vous dire qui le commandite.

SI ON LE DEMANDE : le système d'enregistrement a été mis sur pied par le secteur canadien œuvrant dans le domaine des sondages pour permettre au public de vérifier si un sondage est légitime, pour obtenir des renseignements généraux au sujet du secteur des sondages ou pour déposer une plainte. Le numéro de téléphone sans frais du système d'enregistrement est le 1-800-554-9996.

SÉLECTION DES RÉPONDANTS

- A. Ce sondage porte sur la santé maternelle et la santé de l'enfant. Est-ce qu'il y a des femmes dans votre foyer qui sont âgées de 18 à 25 ans et qui sont présentement enceintes ou qui n'ont jamais été enceintes ?

SI PLUS D'UNE, DEMANDER À PARLER À LA RÉPONDANTE QUI A CÉLÉBRÉ LE PLUS RÉCEMMENT SON ANNIVERSAIRE DE NAISSANCE – SI ELLE N'EST PAS DISPONIBLE, CHOISIR LA DEUXIÈME RÉPONDANTE ADMISSIBLE. PASSER À LA Q.C.

SI LA PERSONNE CHOISIE N'EST PAS DISPONIBLE, PRENDRE DES ARRANGEMENTS POUR UN RAPPEL

SI AUCUNE, POSER LA Q.B.

- B. Alors, puis-je parler à quelqu'un de votre foyer qui est âgé de 18 ans ou plus ?

SI PLUS D'UN, DEMANDER À PARLER À LA PERSONNE QUI A CÉLÉBRÉ LE PLUS RÉCEMMENT SON ANNIVERSAIRE DE NAISSANCE – SI ELLE N'EST PAS DISPONIBLE, CHOISIR LE DEUXIÈME RÉPONDANT ADMISSIBLE. PASSER À LA Q.C

SI LA PERSONNE CHOISIE N'EST PAS DISPONIBLE, PRENDRE DES ARRANGEMENTS POUR UN RAPPEL

UNE FOIS EN LIGNE AVEC LE/LA RÉPONDANT(E), POSER :

C. Êtes-vous Autochtone ?

PRÉCISER AU BESOIN: Un membre des Premières nations, Métis ou Inuit ?

01 - Oui

02 - Non REMERCIER ET TERMINER

03 - NSP/PR REMERCIER ET TERMINER

D. Vous identifieriez-vous en tant que membre des Premières nations, Métis ou Inuit ?

01 – Premières nations

02 – Métis REMERCIER ET TERMINER (Nous sommes désolés, ce
contingemment est rempli).

03 – Inuit

NON SUGGÉRÉ

04 - Inuk

05 - Inuvialuit

98 - Autre (PRÉCISER _____)

E. (SI MEMBRES DES PREMIÈRES NATIONS À LA Q.D) Au cours des 12 derniers mois, avez-vous surtout habité à l'intérieur d'une réserve ou à l'extérieur d'une réserve ?

01 – Dans une réserve

02 – À l'extérieur d'une réserve REMERCIER ET TERMINER (Nous regrettons; ce sondage est
conçu pour les personnes vivant à l'intérieur d'une réserve)

03 - NSP/PR REMERCIER ET TERMINER

F. Puisque les préoccupations relatives à la santé sont souvent liées à l'âge, en quelle année êtes-vous né(e) ?

_____ Année

NON SUGGÉRÉ

97 - Refus/PR

G. INSCRIRE LE SEXE

01 - Homme PASSER À LA SECTION SUIVANTE

02 - Femme SI ÂGÉE DE 18-25 ANS, CONTINUER. SINON, PASSER À LA SECTION SUIVANTE

POSER Q.H AUX FEMMES QUI SONT ÂGÉES DE 18-25 ANS. SINON, PASSER À LA SECTION SUIVANTE.

H. Êtes-vous enceinte présentement ?

01 - Oui

02 - Non SAUTER À LA Q.J

99 - NSP/PR SAUTER À LA Q.J

I. S'agit-il de votre première grossesse ?

01 - Oui

02 - Non PASSER À LA SECTION SUIVANTE

99 - NSP/PR PASSER À LA SECTION SUIVANTE

J. [SI PAS PRÉSENTEMENT ENCEINTE] Avez-vous déjà accouché ?

- 01 - Oui
- 02 - Non
- 99 - NSP/PR

ADMISSIBILITÉ DANS LE GROUPE CIBLE :

- Enceinte pour la première fois : Q.I code 1
 - Jamais été enceinte : Q.J code 2 ou 99
 - Pas admissible dans le groupe cible : Tous les autres
-

OECF

Pour commencer . . .

1. Au cours des dernières semaines, est-ce que vous avez vu, entendu ou lu des annonces sur la façon dont les femmes peuvent avoir une grossesse en santé ? [\[OECF\]](#)

- 01 – Oui
- 02 – Non PASSER À LA Q.2
- 03 – Peut-être
- 99 – NSP/PR PASSER À LA Q.2

1b. Dites-moi tout ce dont vous vous souvenez à propos de cette publicité ? Quels sont les mots, les expressions, les photos ou les images qui vous viennent à l'esprit ? [\[OECF\]](#)
SONDER : Est-ce qu'il y en a d'autres ?

INSCRIRE TEL QUEL

99 – NSP/PR

1c. Où avez-vous remarqué ces annonces ? [\[OECF\]](#)
SONDER : Est-ce que vous l'avez/les avez remarqué(es) ailleurs ?
NE PAS LIRE - CODER TOUTES LES MENTIONS QUI S'APPLIQUENT

- 01 - Télévision
- 02 - Radio
- 03 - Journaux
- 04 - Revues
- 05 - Hebdomadaires locaux
- 06 - Dépliants/brochures reçus par la poste
- 07 - Panneaux publicitaires
- 08 - Transport en commun
- 09 - Internet/bannière sur site Web
- 10 - Bouche à oreille
- 11 - Journaux des communautés ethniques
- 12 - Foire/exposition
- 98 - Autre (PRÉCISER _____)
- 99 – NSP/PR

DEMANDER À TOUS

Je vais maintenant vous poser quelques questions sur des annonces en particulier. . .

Annonces à la radio

2. Au cours des dernières semaines ou environ, vous rappelez-vous avoir entendu des annonces à la radio dans lesquelles des femmes et des hommes [des Premières nations/Inuits], comprenant une femme enceinte, son conjoint, des aînés et des infirmières discutant de la grossesse ? Veuillez s'il vous plaît me dire si vous avez entendu l'annonce à la radio [PREMIÈRE ANNONCE]. Avez-vous entendu l'annonce à la radio [RÉPÉTER POUR TOUTES LES AUTRES ANNONCES]... ? [OECF]
LECTURE EN ROTATION

- a. Dans laquelle ils discutent de la consommation d'une gamme d'aliments et de la façon de demeurer actif en marchant à tous les jours ?
- b. Dans laquelle ils discutent des effets nocifs de la consommation de drogues et d'alcool pendant la grossesse ?
- c. Dans laquelle ils discutent des effets nocifs sur l'enfant qu'a le tabagisme pendant la grossesse, tel que des problèmes d'apprentissage, des infections de l'oreille et des rhumes ?
- d. sur les avantages de la planification de la grossesse ?

01 – Oui
02 – Non
03 – Peut-être
99 – NSP/PR

SI NON À TOUS À LA Q.2, SAUTER À LA Q.6

3. Si vous pensez à la publicité que vous avez [entendue], qui, selon vous, en était l'auteur – c'est-à-dire, qui l'a financée ? [OECF]
NE PAS LIRE - INSCRIRE UNE SEULE RÉPONSE

01 - Gouvernement du Canada (gouvernement fédéral)
02 - Gouvernement provincial
03 - Gouvernement (non précisé)
04 - Santé Canada
98 - Autre (PRÉCISER _____)
99 – NSP/PR

SI CODE 3 À Q.3, POSER Q.3a. SINON PASSER À LA Q.4

3a. Quel ordre de gouvernement ? [OECF]
LIRE - N'ACCEPTER QU'UNE SEULE RÉPONSE

01 – Gouvernement fédéral
02 – Gouvernement provincial
NON SUGGÉRÉ
98 – Autre
99 – NSP/PR

4. Si vous pensez à la publicité que vous avez [entendue], quel en était le message principal, selon vous ?
[OECP]
INSCRIRE TEL QUEL - LA RÉPONSE DOIT, DANS LA MESURE DU POSSIBLE, COMPTER AU MOINS CINQ MOTS.

97 – Rien
99 – NSP/PR

- 5a. Avez-vous fait quelque chose en réponse à cette annonce ? [OECP]

01 - Oui
02 - Non PASSER À LA Q6 [OU Q10]
03 - Peut-être
99 – NSP/PR PASSER À LA Q6 [OU Q10]

- 5b. Qu'avez-vous fait ? [OECP]
SONDER : Autre chose ?
INSCRIRE TEL QUEL – SONDER JUSQU'À CE QUE NON-PRODUCTIF

97 – Rien
99 – NSP/PR

DEMANDER À TOUS

Brochure

6. Au cours des dernières semaines ou environ, vous rappelez-vous avoir reçu une brochure en couleur par la poste qui comprenait cinq sections différentes à consulter ? Chaque section présente des photos de femmes [des Premières nations/Inuits] et leurs familles et donne de l'information sur les choses qu'une femme peut faire pour connaître une grossesse en santé ? [OECF]

01 - Oui
02 - Non PASSER À LA Q10 [OU Q2]
03 - Peut-être
99 – NSP/PR PASSER À LA Q10 [OU Q2]

7. Si vous pensez à la brochure que vous avez reçue, qui, selon vous, en était l'auteur – c'est-à-dire, qui l'a financée ? [OECF]
NE PAS LIRE - INSCRIRE UNE SEULE RÉPONSE

01 - Gouvernement du Canada (gouvernement fédéral)
02 - Gouvernement provincial
03 - Gouvernement (non précisé)
04 - Santé Canada
98 - Autre (PRÉCISER _____)
99 – NSP/PR

SI CODE 3 À Q.7, POSER Q.7a. SINON PASSER À LA Q.8

- 7a. Quel ordre de gouvernement ? [OECF]
LIRE - N'ACCEPTER QU'UNE SEULE RÉPONSE

01 – Gouvernement fédéral
02 – Gouvernement provincial
NON SUGGÉRÉ
98 – Autre
99 – NSP/PR

8. Si vous pensez à la brochure que vous avez reçue, quel en était le message principal, selon vous ? [OECF]
INSCRIRE TEL QUEL - LA RÉPONSE DOIT, DANS LA MESURE DU POSSIBLE, COMPTER AU MOINS CINQ MOTS.

97 – Rien
99 – NSP/PR

- 9a. Avez-vous fait quelque chose en réponse à la réception de cette brochure ? [OECF]

01 - Oui
02 - Non PASSER À LA Q10 [OR Q2]
03 - Peut-être
99 – NSP/PR PASSER À LA Q10 [OR Q2]

9b. Qu'avez-vous fait ? [OECP]

SONDER : Autre chose ?

INSCRIRE TEL QUEL – SONDER JUSQU'À CE QUE NON-PRODUCTIF

97 - Rien

99 – NSP/PR

DEMANDER À TOUS

10. Cette/ces annonce(s) et cette brochure étaient en fait produite(s) par le gouvernement du Canada. Comment évalueriez-vous la performance du gouvernement du Canada dans le dossier de la grossesse en santé ? Veuillez utiliser une échelle de 7 points où 1 veut dire « affreuse », 7 veut dire « excellente » et 4, le point milieu, veut dire « ni bonne ni mauvaise. » [OECP]

01 - Affreuse

02 -

03 -

04 – Ni bonne ni mauvaise

05 -

06 -

07 - Excellente

NON SUGGÉRÉ

99 – NSP/PR

11. De façon générale, comment évaluez-vous la performance du gouvernement du Canada ? Veuillez utiliser une échelle de 7 points où 1 veut dire « affreuse », 7 veut dire « excellente » et 4, le point milieu, veut dire « ni bonne, ni mauvaise. » [OECP]

01 - Affreuse

02 -

03 -

04 – Ni bonne ni mauvaise

05 -

06 -

07 - Excellente

NON SUGGÉRÉ

99 – NSP/PR

12. En utilisant la même échelle, comment évalueriez-vous la performance du gouvernement du Canada pour ce qui est de fournir aux Canadiens de l'information sur les services qui leur sont offerts ? [OÉCP]
RÉPÉTER L'ÉCHELLE AU BESOIN

01 - Affreuse

02 -

03 -

04 – Ni bonne ni mauvaise

05 -

06 -

07 - Excellente

NON SUGGÉRÉ

99 – NSP/PR

13. Dans quelle mesure êtes-vous d'accord avec les énoncés suivants, en utilisant une échelle de 7 points où 1 signifie « entièrement en désaccord », 7 signifie « entièrement d'accord » et 4, le point milieu, veut dire « ni d'accord, ni en désaccord. » Voici les énoncés. [OÉCP]

LECTURE DES ÉNONCÉS EN ROTATION – RÉPÉTER L'ÉCHELLE AU BESOIN

a. C'est facile de communiquer avec le gouvernement du Canada pour avoir des informations ou des services.

b. Le gouvernement du Canada utilise des façons novatrices pour fournir des informations et des services aux citoyens.

c. Le gouvernement du Canada fournit ses services et ses informations de façon respectueuse.

d. On peut compter sur le gouvernement du Canada pour obtenir des services et de l'information fiables.

01 – Entièrement en désaccord

02 -

03 -

04 – Ni d'accord ni en désaccord

05 -

06 -

07 – Entièrement d'accord

NON SUGGÉRÉ

99 – NSP/PR

B. Grossesse en santé

POSER LA SECTION B SEULEMENT SI ADMISSIBLE DANS LE GROUPE CIBLE (FEMMES ÂGÉES DE 18-25 ANS QUI SONT ENCEINTES POUR LA PREMIÈRE FOIS OU QUI N'ONT JAMAIS ÉTÉ ENCEINTES). SINON PASSER AUX QUESTIONS DÉMOGRAPHIQUES.

NOUVELLE

14. Diriez-vous que vous connaissez beaucoup de choses, certaines choses, peu de choses ou presque rien à propos des choses qu'une femme enceinte peut faire pour accroître les chances de donner naissance à un enfant en bonne santé ?

01 – Connaît beaucoup de choses

02 – Connaît certaines choses

03 – Connaît peu de choses

04 – Connaît presque rien

NON SUGGÉRÉ

99 – NSP/PR

2006-Q12

15. Voici certaines des choses que les femmes enceintes peuvent faire pour augmenter leurs chances d'avoir un bébé en santé. Sur une échelle de 1 à 5 où 1 signifie pas du tout probable et 5, très probable, dites-moi s'il vous plaît quelle est la probabilité que chacune des choses suivantes augmente leurs chances de connaître une grossesse en santé ?

LECTURE EN ROTATION DES ÉNONCÉS – RÉPÉTER L'ÉCHELLE AU BESOIN

a. Éviter la fumée des autres

b. Éviter les situations stressantes

c. Consulter un médecin ou une infirmière en début de grossesse

d. Manger des aliments nutritifs

e. Cesser de prendre de l'alcool

f. Faire régulièrement des exercices et de l'activité physique

g. Cesser de fumer

h. Prendre soin de ses dents et de ses gencives [NOUVELLE]

01 - Pas du tout probable

02 -

03 -

04 -

05 - Très probable

NON SUGGÉRÉ

99 - NSP/PR

2006-Q13

16. Connaissez-vous une vitamine que les femmes peuvent prendre avant de devenir enceintes afin de réduire le risque d'une anomalie du tube neural, comme le spina bifida ?

01 - Oui

02 - Non PASSER À LA Q18

99 - NSP/PR PASSER À LA Q18

2006-Q14

17. Comment s'appelle cette vitamine ?

NE PAS LIRE - CODER UNE SEULE RÉPONSE

01 – Acide folique

02 – Fer

03 – Materna

04 – Vitamine prénatale

05 – Diverses vitamines (A, B, C, D, B12)

98 - Autre (PRÉCISER _____)

99 - NSP/PR

2006-Q15

18. Avez-vous déjà entendu parler du syndrome d'intoxication fœtale à l'alcool, de manifestations d'alcoolisme fœtal ou de l'ensemble des troubles causés par l'alcoolisation fœtale ?

PRÉCISER CE DONT ELLES ONT ENTENDU PARLER

01 - Oui, syndrome d'intoxication fœtale à l'alcool

02 - Oui, manifestations d'alcoolisme fœtal

03 - Oui, ensemble des troubles causés par l'alcoolisation fœtale

04 - Non, d'aucun

99 - NSP/PR

2006-Q18

19. Je vais vous lire des énoncés au sujet de la grossesse. Sur une échelle de 1 à 5 où 1 signifie fermement en désaccord, 5, fermement d'accord et le point milieu, 3, ni d'accord ni en désaccord, dites-moi s'il vous plaît si, personnellement, vous êtes d'accord ou non avec la signification de chaque énoncé.

LECTURE EN ROTATION DES ÉNONCÉS – RÉPÉTER L'ÉCHELLE AU BESOIN

a. Il est important de planifier le moment de devenir enceinte.

b. Quand on est enceinte, il est important de voir régulièrement le médecin.

c. Je sais très bien ce qu'est une bonne alimentation durant la grossesse.

d. Il est important d'éviter l'exercice quand on est enceinte. (SI ON LE DEMANDE : l'exercice en général)

e. Il est important de commencer à prendre de l'acide folique quelques mois avant de se savoir enceinte.

f. Il y a tant de choses à apprendre sur la grossesse et la façon de se garder en santé pendant la grossesse qu'il est difficile de savoir ce qui est vraiment important. [2006/36b]

01 - Fermement en désaccord

02 -

03 - Ni d'accord ni en désaccord

04 -

05 - Fermement d'accord

NON SUGGÉRÉ

99 – NSP/PR

2006-Q19

20. Je vais vous lire divers énoncés au sujet de la consommation d'alcool durant la grossesse. Sur une échelle de 1 à 5 où 1 signifie fermement en désaccord, 5, fermement d'accord et le point milieu, 3, ni d'accord ni en désaccord, dites-moi s'il vous plaît si, personnellement, vous êtes d'accord ou non avec la signification de chaque énoncé.

LECTURE EN ROTATION DES ÉNONCÉS – RÉPÉTER L'ÉCHELLE AU BESOIN

- a. Consommer de l'alcool durant la grossesse peut entraîner des problèmes de santé et/ou handicaper l'enfant pour la vie.
- b. Il est permis de prendre quelques verres d'alcool durant la grossesse.
- c. La plupart des effets sur l'enfant de la consommation d'alcool durant la grossesse disparaissent à mesure que l'enfant vieillit.
- d. L'effet de la consommation d'alcool sur le développement d'un enfant à naître n'est pas évident.

01 - Fermement en désaccord

02 -

03 - Ni d'accord ni en désaccord

04 -

05 - Fermement d'accord

NON SUGGÉRÉ

99 – NSP/PR

2006-Q20

21. Les prochaines affirmations se rapportent à la grossesse en santé et à la fumée du tabac. À l'aide de la même échelle de 1 à 5 où 1 signifie fermement en désaccord, 5, fermement d'accord et le point milieu, 3, ni d'accord ni en désaccord, dites-moi s'il vous plaît si, personnellement, vous êtes d'accord ou non avec la signification de chaque énoncé.

LECTURE EN ROTATION DES ÉNONCÉS – RÉPÉTER L'ÉCHELLE AU BESOIN

- a. Fumer peut réduire les chances d'une femme de devenir enceinte.
- b. Il est important de cesser de fumer avant de songer à devenir enceinte.
- c. Fumer à n'importe quelle étape de la grossesse est dangereux.

01 - Fermement en désaccord

02 -

03 - Ni d'accord ni en désaccord

04 -

05 - Fermement d'accord

NON SUGGÉRÉ

99 – NSP/PR

POSER Q.22 SI PRÉSENTEMENT ENCEINTE. SINON SAUTER À LA Q.30

NOUVELLE

22. Avant d'apprendre que vous étiez enceinte, fumiez-vous la cigarette ?

01 - Oui

02 - Non

99 - NSP/PR

SAUTER À LA Q.24

SAUTER À LA Q.24

2006-Q28

23. Depuis que vous êtes enceinte, avez-vous réduit votre consommation de tabac, cessé complètement de fumer ou est-ce qu'il n'y a pas eu de changement ?

- 01 - Oui, réduit
- 02 - Oui, cessé
- 03 – Aucun changement
- 99 - NSP/PR

2006-Q30

24. Depuis que vous êtes enceinte, avez-vous réduit votre exposition à la fumée des autres dans votre voiture, cessé carrément d'y être exposée ou est-ce qu'il n'y a pas eu de changement ?

- 01 - Oui, réduit
- 02 - Oui, cessé
- 03 - Aucun changement
- NON SUGGÉRÉ
- 04 – Pas exposée à la fumée des autres dans l'automobile
- 05 – Ne conduit pas/n'a pas d'automobile
- 99 - NSP/PR

2006-Q31

25. Depuis que vous êtes enceinte, avez-vous réduit votre exposition à la fumée des autres dans votre maison, cessé carrément d'y être exposée ou est-ce qu'il n'y a pas eu de changement ?

- 01 - Oui, réduit
- 02 - Oui, cessé
- 03 - Aucun changement
- NON SUGGÉRÉ
- 04 - Pas exposée à la fumée des autres dans la maison
- 99 - NSP/PR

2006-Q32

26. Depuis que vous êtes enceinte, mangez-vous plus de fruits et de légumes ?

- 01 - Oui
- 02 - Non
- NON SUGGÉRÉ
- 03 - A toujours mangé beaucoup de fruits et de légumes
- 99 - NSP/PR

NOUVELLE

27. Avant d'apprendre que vous étiez enceinte, combien de consommations alcoolisées telles que la bière, le vin ou d'autres spiritueux preniez-vous au cours d'un mois habituel ?

- 01 - Zéro PASSER À LA Q.29
- 02 - 1 à 4
- 03 - 5 à 12
- 04 - 11 ou plus
- 99 - NSP/PR PASSER À LA Q.29

2006-Q33

28. Depuis que vous êtes enceinte, avez-vous réduit votre consommation d'alcool, cessé carrément de boire de l'alcool ou est-ce qu'il n'y a pas eu de changement ?

- 01 - Oui, réduit
- 02 - Oui, cessé
- 03 - Aucun changement
- NON SUGGÉRÉ
- 04 - Ne boit pas d'alcool
- 99 - NSP/PR

2006-Q35

29. Depuis combien de mois étiez-vous enceinte lorsque vous avez consulté pour la première fois un médecin, une infirmière ou une sage-femme au sujet de votre grossesse ?

_____ INSCRIRE LE NOMBRE DE MOIS
99 – NSP/PR

POSER Q.30 SI N'A JAMAIS ÉTÉ ENCEINTE. SINON SAUTER À LA Q.40

2006-Q.52

30. En ce moment, fumez-vous la cigarette tous les jours, à l'occasion ou pas du tout ?

- 01 – Tous les jours
- 02 – À l'occasion
- 03 – Pas du tout PASSER À LA Q.33
- 99 – NSP/PR PASSER À LA Q.33

2006-Q21

31. Sur une échelle de 1 à 5 où 1 signifie pas du tout probable et 5, très probable, quelle est la probabilité que vous cessiez de fumer si vous deveniez enceinte ?

- 01 - Pas du tout probable
- 02 –
- 03 – PASSER À LA Q.33
- 04 – PASSER À LA Q.33
- 05 – Très probable PASSER À LA Q.33
- NON SUGGÉRÉ
- 06 – Ne fume pas PASSER À LA Q.33
- 99 – NSP/PR

2006-Q22

32. [SI CODE 1-2 À LA Q.31] Dans quelle mesure est-il probable que vous réduisiez la quantité que vous fumez ?

- 01 - Pas du tout probable
- 02 –
- 03 –
- 04 –
- 05 – Très probable
- NON SUGGÉRÉ
- 06 – Ne fume pas
- 99 – NSP/PR

2006-Q23

33. Sur une échelle de 1 à 5 où 1 signifie pas du tout probable et 5, très probable, quelle est la probabilité que vous cessiez votre exposition à la fumée des autres si vous deveniez enceinte ?

01 - Pas du tout probable

02 –

03 – PASSER À LA Q.35

04 – PASSER À LA Q.35

05 – Très probable PASSER À LA Q.35

NON SUGGÉRÉ

06 – Pas d'exposition à la fumée secondaire PASSER À LA Q.35

99 – NSP/PR

2006-Q24

34. [SI CODE 1-2 À LA Q.33] Dans quelle mesure est-il probable que vous réduisiez votre exposition ?

01 - Pas du tout probable

02 –

03 –

04 –

05 – Très probable

NON SUGGÉRÉ

06 – Pas d'exposition à la fumée secondaire

99 – NSP/PR

NOUVELLE

35. Combien de consommations alcoolisées telles que la bière, le vin ou d'autres spiritueux prenez-vous au cours d'un mois habituel ?

01 – Zéro PASSER À LA Q.38

02 – 1 à 4

03 – 5 à 12

04 – 11 ou plus

99 – NSP/PR PASSER À LA Q.38

2006-Q25

36. Sur une échelle de 1 à 5 où 1 signifie pas du tout probable et 5, très probable, quelle est la probabilité que vous cessiez carrément de boire de l'alcool si vous deveniez enceinte ?

SI ON LE DEMANDE : par alcool, j'entends la bière, le vin ou d'autres spiritueux

01 - Pas du tout probable

02 –

03 – PASSER À LA Q.38

04 – PASSER À LA Q.38

05 – Très probable PASSER À LA Q.38

NON SUGGÉRÉ

06 – Ne boit pas d'alcool PASSER À LA Q.38

99 – NSP/PR

2006-Q26

37. [SI CODE 1-2 À LA Q.36] Dans quelle mesure serait-il probable que vous réduisiez votre consommation d'alcool ?

01 - Pas du tout probable

02 –

03 –

04 –

05 – Très probable

NON SUGGÉRÉ

06 – Ne boit pas d'alcool

99 – NSP/PR

2006-Q27

38. Sur une échelle de 1 à 5 où 1 signifie pas du tout probable et 5, très probable, quelle est la probabilité que vous mangiez plus de fruits ou de légumes que maintenant si vous étiez enceinte ?

01 - Pas du tout probable

02 –

03 –

04 –

05 – Très probable

NON SUGGÉRÉ

06 – Mange déjà beaucoup de fruits et de légumes

99 – NSP/PR

NOUVELLE

39. À partir de ce que vous savez ou avez entendu, à quel moment une femme devrait-elle consulter un médecin, une infirmière ou une sage-femme pour la première fois à propos de la grossesse ?

NE PAS LIRE – CODER UNE SEULE RÉPONSE

01 – Avant d'être enceinte, pendant l'étape de planification

02 – Dès qu'elle l'apprend

03 – Premier trimestre (1-3 mois)

04 – Deuxième trimestre (4-6 mois)

05 – Troisième trimestre (7-9 mois)

NON SUGGÉRÉ

99 – NSP/PR

POSER Q.40 SI ENCEINTE PRÉSENTEMENT. SINON, SAUTER À LA Q.42.

2006-Q37FA

40. Sur une échelle de 1 à 5 où 1 signifie pas du tout intéressé et 5, très intéressé, dans quelle mesure diriez-vous que votre partenaire s'intéresse à votre grossesse ? Cela comprend vous accompagner lors de vos rendez-vous, tests, etc., et s'intéresser à leurs résultats.

01 – Pas du tout intéressé

02 –

03 –

04 –

05 – Très intéressé

NON SUGGÉRÉ

99 – NSP/PR

2006-Q38FA

41. Qui vous apporte du soutien social durant votre grossesse ? Cela peut signifier le soutien émotif, vous donner de l'information ou même de l'aide pour la garde d'enfants, les travaux domestiques ou le transport.

NE PAS LIRE – CODER LES TROIS PREMIÈRES RÉPONSES

01 – Aîné

02 – Mère

03 – Sœur

04 – Tante

05 – Grand-mère

06 – Amis

07 – Partenaire/conjoint/mari

08 – Infirmière

09 – Sage-femme

10 – Médecin

- 11 – Représentant de la santé communautaire
- 12 – Père
- 13 – Frère
- 14 – Oncle
- 15 – Grand-père
- 16 – Beaux-parents
- 17 – Cousin
- 18 – Organisme autochtone/ Bande /la collectivité en général
- 19 – Personne
- 98 – Autre réponse (PRÉCISER _____)
- 99 – NSP/PR

POSER Q.42 SI N'A JAMAIS ÉTÉ ENCEINTE. SINON SAUTER À LA Q.43

2006-Q38FC variation

42. Si vous deveniez enceinte, qui sont ceux qui vous apporteraient du soutien social pendant votre grossesse ? Soutien peut comprendre des choses telles que le soutien affectif, vous donner de l'information ou même vous aider avec la garde d'enfants, les travaux domestiques ou le transport.

- 01 – Aîné
- 02 – Mère
- 03 – Sœur
- 04 – Tante
- 05 – Grand-mère
- 06 – Amis
- 07 – Partenaire/conjoint/mari
- 08 – Infirmière
- 09 – Sage-femme
- 10 – Médecin
- 11 – Représentant de la santé communautaire
- 12 – Père
- 13 – Frère
- 14 – Oncle
- 15 – Grand-père
- 16 – Beaux-parents
- 17 – Cousin
- 18 – Organisme autochtone/ Bande /la collectivité en général
- 19 – Personne
- 98 – Autre réponse (PRÉCISER _____)
- 99 – NSP/PR

POSER Q.43 SI PRÉSENTEMENT ENCEINTE. SINON SAUTER À LA Q.46

2006-Q40A

43. Sur une échelle de 1 à 5 où 1 signifie pas du tout facile et 5, très facile, dans quelle mesure vous est-il ou non facile de trouver de l'information sur la santé pendant la grossesse ?

- 01 – Pas du tout facile
- 02 –
- 03 –
- 04 –
- 05 – Très facile
- NON SUGGÉRÉ
- 99 – NSP/PR

2006-Q41B

44. Sur une échelle de 1 à 5 où 1 signifie très insatisfait(e) et 5, très satisfait(e), dans quelle mesure êtes-vous satisfait(e) de l'information qui vous est offerte sur la santé pendant la grossesse ?

- 01 – Très insatisfait(e)
- 02 –
- 03 –
- 04 –
- 05 – Très satisfait(e)
- NON SUGGÉRÉ
- 99 – NSP/PR

2006-Q45FA

45. À quel moment au cours de votre grossesse, avez-vous pour la première fois cherché à obtenir de l'information à propos de la grossesse en santé ?

LIRE AU BESOIN – CODER UNE SEULE RÉPONSE

- 01 – Avant d'être enceinte, pendant l'étape de planification
- 02 – Dès que vous l'avez appris
- 03 – Premier trimestre (1-3 mois)
- 04 – Deuxième trimestre (4-6 mois)
- 05 – Troisième trimestre (7-9 mois)
- NON SUGGÉRÉ
- 98 – N'a pas cherché d'information
- 99 – NSP/PR

POSER Q.46 SI N'A JAMAIS ÉTÉ ENCEINTE. SINON SAUTER À LA Q.48.

2006-Q43FA

46. Sur une échelle de 1 à 5 où 1 signifie pas du tout intéressé(e) et 5, très intéressé(e), dans quelle mesure êtes-vous intéressé(e) à vous renseigner sur la santé pendant la grossesse ?

- 01 – Pas du tout intéressé(e)
- 02 –
- 03 –
- 04 –
- 05 – Très intéressé(e)
- NON SUGGÉRÉ
- 99 – NSP/PR

2006-Q44FA

47. Quelle sorte d'information recherchez-vous ?

NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Alimentation
- 02 – Risques pour la santé
- 03 – Comment avoir une grossesse/un bébé en santé
- 04 – Information sur le syndrome d'intoxication fœtale à l'alcool/l'ensemble des troubles causés par l'intoxication fœtale à l'alcool
- 05 – Information sur le tabac et la grossesse
- 06 – Information sur d'autres pathologies ou problèmes particuliers
- 07 – Activité physique
- 08 – Information sur la consommation d'alcool et la grossesse
- 09 – Information sur la consommation de drogue et la grossesse
- 10 – Développement fœtal
- 11 – Information pour l'après grossesse (allaitement, nutrition du bébé)
- 98 – Autre réponse (PRÉCISER _____)
- 99 – NSP/PR

POSER À TOUTES CELLES DU GROUPE CIBLE

2006-Q46

48. Pourquoi, selon vous, certaines femmes ne cherchent-elles pas à se renseigner sur la santé pendant la grossesse quand elles sont enceintes ?

NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Pas une première grossesse/Ont de l'expérience

02 – Pas intéressées à se renseigner

03 – C'est naturel, pas besoin d'information

04 – Information non disponible

05 – Trop d'information, on ne peut pas tout apprendre

06 – Trop difficile à comprendre

07 – Manque de temps

08 – Manque de confiance dans l'information/les sources disponibles

09 – Confiance dans le médecin/le professionnel de la santé/la sage-femme pour donner toute l'information nécessaire

10 – Apathie/suffisance/pas préoccupées par le bébé ou par une grossesse en santé

11 – Honte/timidité/peur/embaras

12 – Manque d'éducation/de connaissances/ignore/ne sait pas où trouver de l'information

13 – Grossesse non-planifiée ou non-désirée

14 – Manque de soutien (de la famille, des amis, du conjoint, de la collectivité)

98 – Autre réponse (PRÉCISER _____)

99 – NSP/PR

C. Questions démographiques

POSER À TOUS

Pour conclure, j'aimerais vous poser quelques questions sur vous et votre ménage à des fins statistiques seulement. Veuillez avoir l'assurance que vos réponses demeureront strictement confidentielles.

SI APPARTIENT AU GROUPE CIBLE, POSER Q.49-51. SINON SAUTER À LA Q.52

2006-Q.49 variation

49. Combien de temps passez-vous d'ordinaire au cours d'une semaine normale à faire de l'exercice ?

- _____ nombre d'heures
- 98 – Ne fait pas d'exercice
- 99 – NSP/PR

-SI ENCEINTE ET A COMPLÈTEMENT CESSÉ DE FUMER (Q.23 CODE 2) INSCRIRE AUTOMATIQUEMENT LE CODE 3 À LA Q.50 ET SAUTER À LA Q.51.

- SI ENCEINTE ET N'A PAS CESSÉ DE FUMER (Q.23 CODE 1, 3 OU 99) OU NE FUMAIT PAS AVANT D'ÊTRE ENCEINTE (Q.22 CODE 2-99), POSER LA Q.50.

-SI PAS ENCEINTE, SAUTER À LA Q.52.

2006-Q52

50. Actuellement, fumez-vous la cigarette tous les jours, à l'occasion ou pas du tout ?

- 01 – Tous les jours
- 02 – A l'occasion
- 03 – Pas du tout
- 99 – NSP/PR

- SI ENCEINTE ET A COMPLÈTEMENT CESSÉ DE BOIRE DE L'ALCOOL (Q.28 CODE 2) INSCRIRE AUTOMATIQUEMENT LE CODE 3 À LA Q.51 ET SAUTER À LA Q.52.

- SI ENCEINTE ET N'A PAS CESSÉ DE BOIRE DE L'ALCOOL (Q.28 CODE 1, 3 OU 99) OU QU'ELLE N'EN BUVAIT PAS AVANT D'ÊTRE ENCEINTE (Q.27 CODE 2-99), POSER Q.51.

NOUVELLE

51. Combien de consommations alcoolisées telles que la bière, le vin ou d'autre spiritueux prenez-vous au cours d'un mois habituel ?

- 01 – Zéro
- 02 – 1 à 4
- 03 – 5 à 12
- 04 – 11 ou plus
- 99 – NSP/PR

OECF

52. Quel est le plus haut niveau de scolarité que vous avez complété ?

LIRE

- 01 - Huitième année ou moins
- 02 - Études secondaires (commencées)
- 03 - Études secondaires (complétées)
- 04 - Études collégiales, collège communautaire, école technique ou CEGEP
- 05 - Études universitaires (commencées)
- 06 - Diplôme d'études universitaires de 1^{er} cycle
- 07 - Diplôme d'études universitaires de 2^e ou 3^e cycle
- NON SUGGÉRÉ
- 99 - NSP/PR

OECF

53. Laquelle des descriptions suivantes correspond le mieux à votre situation professionnelle à l'heure actuelle ?
Êtes-vous... ?

LIRE – CODER UNE SEULE RÉPONSE

01 - Employé(e) à temps plein (35 heures ou plus par semaine)

02 - Employé(e) à temps partiel (moins de 35 heures par semaine)

03 - Travailleur(euse) autonome

04 - Sans-emploi, mais à la recherche de travail

05 - Aux études à temps plein/étudiant(e)

06 - Retraité(e)

07 - Pas sur le marché du travail (personne à la maison/au chômage, mais pas à la recherche d'un emploi)

NON SUGGÉRÉ

98 - Autre

99 - NSP/PR

OECF

54. Avez-vous des enfants de 18 ans et moins qui vivent avec vous ?

01 - Oui

02 - Non

99 – NSP/PR

NOUVELLE

55. Avez-vous accès à Internet ? À la maison, au travail ou à l'école ou les deux ?

01 – À la maison seulement

02 – Travail/école seulement

03 – Les deux

04 – N'a pas accès

NON SUGGÉRÉ

98 – A accès ailleurs (maison d'un ami, bibliothèque)

99 – NSP/PR

2006-Q57

56. Laquelle des catégories suivantes décrit votre état civil actuel ? Êtes-vous... ?

LIRE – CODER UNE SEULE RÉPONSE

01 – Marié(e) ou conjoint(e) de fait

02 – Célibataire, jamais marié(e)

03 – Séparé(e) ou divorcé(e)

04 – Veuve-veuf

NON SUGGÉRÉ

99 – NSP/PR

OECF

57. Laquelle des catégories suivantes décrit le mieux le total de vos revenus familiaux, c'est-à-dire la somme des revenus avant impôts de tous les membres de votre foyer ?
LIRE – ARRÊTER UNE FOIS LA BONNE CATÉGORIE ATTEINTE

- 01 – Moins de 10 000 \$
- 02 – De 10 000 \$ à 19 999 \$
- 03 – De 20 000 \$ à 29 999 \$
- 04 – De 30 000 \$ à 39 999 \$
- 05 – De 40 000 \$ à 49 999 \$
- 06 – De 50 000 \$ à 59 999 \$
- 07 – De 60 000 \$ à 69 999 \$
- 08 – De 70 000 \$ à 79 999 \$
- 09 – De 80 000 \$ à 99 999 \$
- 10 – 100 000 \$ et plus
- NON SUGGÉRÉ
- 98 - REFUS
- 99 – NSP/PR

Voilà qui complète le sondage. Au cas où mon/ma superviseur(e) voudrait s'assurer que j'ai réalisé cette entrevue, puis-je avoir votre prénom ?

Prénom : _____

Merci beaucoup de votre temps et de votre aide. Ce sondage a été réalisé pour le compte de la Direction générale de la santé des Premières nations et des Inuits de Santé Canada et il est inscrit conformément aux dispositions de la *Loi canadienne sur l'accès à l'information*.

INSCRIRE :

58. Province/Territoire

- 01 - Alberta
- 02 - Colombie-Britannique
- 03 - Manitoba
- 04 - Nouveau-Brunswick
- 05 - Terre-Neuve
- 06 - Nouvelle-Écosse
- 07 - Ontario
- 08 - Île-du-Prince-Édouard
- 09 - Québec
- 10 - Saskatchewan
- 11 - Yukon
- 12 - Territoires du Nord-Ouest
- 13 - Nunavut

-- FIN --