

METHODS

Sample Selection

The sampling frame for this survey was drawn from the Healthy Babies / Healthy Children Database (HBHC), also referred to as the Integrated Services for Children Information System (ISCIS). Included in the survey were mothers who resided in Peel Region, delivered a baby in 2000 or 2001 and spoke English according to information collected on screening tools used for the HBHC program.

Mothers were selected at random from the HBHC database. Each selected mother was sent a letter that described the study and provided an opportunity to refuse to be a survey participant (see Appendix A). If the mother did not refuse during this phase, she had another opportunity to refuse when the survey was introduced during telephone contact by the survey company (Compustat Consultants Inc., henceforth referred to as Compustat).

Survey Administration

Participant lists were e-mailed to Compustat on a regular basis in a zipped, password-protected file. This file contained the name, telephone number and municipality of residence of the mother.

A structured telephone survey was developed to collect data on a number of topics (see Appendix B). These included: pregnancy and health, fetal alcohol syndrome, folic acid use, physical activity, reading to children, sun safety, second-hand smoke, dental health, parenting, child care, family meals, food insecurity, child health issues, car seat safety, access to services and information, and demographic characteristics of mothers. Questions were developed to assess mothers' knowledge and perceptions about health issues relevant to pregnant women, as well as parenting behaviours that influence child health. The survey tool was pilot tested in April 2002 and subsequently revised based on results of the pilot.

The main study was conducted between May 6th and October 4th, 2002. Mothers were called at various times of the day and week, weekdays between 9:00 a.m. and 9:00 p.m. and weekends between 10:00 a.m. and 4:00 p.m. If the time was inconvenient for the mother, appointments were scheduled for a more suitable time. At least 10 call attempts were made to each number selected from the sampling frame. Although the goal was to complete 1,800 telephone surveys, data were collected from only 1,649 mothers due to the limited number of Caledon mothers having given birth during the timeframe of interest.

When respondents had more than one child, they were asked to answer all questions in reference to their youngest child.

Data Analysis and Results

Preliminary analyses of data were conducted by Compustat using custom software, and tables of results were provided to the Health Department. Raw data files in SPSS and text formats were also provided, which allowed further cross-tabulations to be performed using SPSS Version 11.1, and charts and tables to be prepared using Excel 2002.

Of the 1,649 telephone interviews that were completed, 58% of the mothers were from Mississauga, 28% were from Brampton and 13% were from Caledon. Caledon was intentionally over-sampled to provide more accurate results for this municipality. Therefore, the overall results for Peel required “weighting” to eliminate any regional bias. The results were weighted such that Mississauga mothers represented 64% of respondents, Brampton 31% and Caledon 5%, proportions which are similar to the actual proportion of residents and mothers of newborns across the Region of Peel as shown in Appendix C.

Data shown in tables throughout this report are thus the weighted responses, with the exception of those pertaining to call attempts (see Results, Table 1) and any breakdowns by municipality. The process of weighting the data altered the overall results by only a small amount (0-2%).

Overall results for Peel Region are accurate to within plus or minus 2% in the worst-case scenario (i.e. results that measure proportions near 50%), at the 95% confidence level – meaning that 19 times out of 20, the results would be accurate to within two percentage points. The accuracy level of results for Mississauga is plus or minus 3%, for Brampton, plus or minus 5%, and for Caledon, plus or minus 7%, all at the 95% confidence level.

The Results section of this report presents findings as proportions of responses by the mother. In some cases, proportions are based on all mothers’ responses whereas in other cases, they are based on a subset of the data. When this occurs, the subset number is included in the accompanying table or figure. Differences in proportions between demographic groups have been highlighted. Words such as “more likely” or “less likely” are only used when those differences have been found to be statistically significant at the 95% confidence level.