Critical appraisal of the effectiveness of our child health services in the past 20 years and “Survey on the quality of life of Hong Kong kindergarten and primary students and their parents”

Press Conference

11 June, 2017 (Sunday)
About The Hong Kong Paediatric Society & The Hong Kong Paediatric Foundation

Dr. CHAN Chok Wan, Chairman of Board of Directors of Hong Kong Paediatric Foundation, Past President of the International Pediatric Association (IPA)
The Hong Kong Paediatric Society

- Established in 1962
- Key members are paediatricians and healthcare professionals
- Dedicated to
  - advance the knowledge of child health care
  - maintain high standard of child health care
  - promote child health through public education
  - Foster children’s right
The Hong Kong Paediatric Foundation

- Established in 1994
- A charitable organization wholly owned by the Hong Kong Paediatric Society
- Primary members include child health professionals from intersectoral domains and community celebrities
- Dedicated to the promotion of child health and child advocacy through public education
1997 vs 2017
Are there any changes in child health?
Healthcare Statistics of Hong Kong

- Neonatal Morality Rate
- Infant Mortality rate
- Below-Five Mortality Rate
- Below-Five Morbidity Rate

The best in the world!
Existing child health problem in Hong Kong

- Children mental health problem
- Youth suicide problem
- Environmental health and safety (lead-poisoning issue)
- Accident and home safety
- Growth and development
- Poverty and lack of resources
- Education system

......
Huge difference between the statistics and the reality

WHY?

- **Child health**: proactive and prevention (medical/ social / education)
- **Paediatric**: Childhood illnesses (community and hospital base)
What is Child Health?

**WHO definition**

- Age: 0-18 years (newborn, childhood, adolescence)
- Domains: medical, social, education
- Definition of Child Health:
  
  *Not just a state of complete physical, mental, intellectual, social and emotional well-being from infancy through adolescence but to develop positive capacity to achieve life’s goals and to reach full developmental potential*
Three major issues derived from the 20-year review

1. The surge in mental illness among children & adolescents
   - caseload of child and adolescent psychiatric services rose significantly

2. Fluctuating rate of student suicides
   - lack of sustainable and effective strategies

3. Growth standard
   - lack of research statistics and comprehensive data on childhood growth
     - last updated in 1993
(1) The surge in mental illness among children & adolescents

- The caseload of Hospital Authority rose from 18,900 in 2011-12 to 28,800 in 2015-16, representing an increase by more than 50%.

**Figure 2.3 Caseload of HA’s Child and Adolescent Psychiatric Services**

Some patients were categorised into more than one disease group in the same year.

*Source: HA*

(1) The surge in mental illness among children & adolescents
- lack of research and services

- A study conducted in 2008 found that the overall prevalence of mental disorders among the sampled children and adolescents in Hong Kong was 16.4%, which is significantly higher than the global figure (13.4%)

- No further study after 2008

- Data of emotional problem is incomplete

### Prevalence of Mental Disorders in Children and Adolescents
(Wide vs Local)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Worldwide pooled prevalence % (95% CI)</th>
<th>Hong Kong prevalence (young adolescents) % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disorder</td>
<td>13.4 (11.3 – 15.9)</td>
<td>16.4 (13.3 – 19.5)</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>6.5 (4.7 – 9.1)</td>
<td>6.9 (4.8 – 9.0)</td>
</tr>
<tr>
<td>Any depressive disorder</td>
<td>2.6 (1.7 – 3.9)</td>
<td>1.3 (0.3 – 2.3)</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>1.3 (0.7 -2.3)</td>
<td>--</td>
</tr>
<tr>
<td>Any disruptive disorder</td>
<td>5.7 (4.0 -8.1)</td>
<td>--</td>
</tr>
<tr>
<td>Attention Deficit/Hyperactivity Disorder</td>
<td>3.4 (2.6 – 4.5)</td>
<td>3.9 (2.3 – 5.5)</td>
</tr>
<tr>
<td>Oppositional defiant disorder</td>
<td>3.6 (2.8 – 4.7)</td>
<td>6.8 (4.7 – 8.9)</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>2.1 (1.6 – 2.9)</td>
<td>1.7 (0.6 – 2.8)</td>
</tr>
</tbody>
</table>

Hong Kong mental health services Inadequacies

1. Insufficiency
   ➢ Insufficiency in software & hardware
   ➢ Inadequate resources

2. Uneven distribution of services

3. Inaccurate focus resources allocation

4. Not holistic approach

5. No comprehensive policy
(1) The surge in mental illness among children & adolescents - comment

- **Cases increase continuously, however**
  - Scattered policies, lack of cross-departmental co-ordination
  - Focuses on treatment instead of prevention
  - Focuses on autism spectrum disorders and attention-deficit/hyperactivity disorder
  - Neglects children with emotional problems, inadequacy in outreach of children in need

- The early stage of life presents an important opportunity to promote mental health and prevent mental disorders as up to 50% of mental disorders in adults begin before the age of 14

  "lack of a forward-looking and comprehensive prevention and treatment strategy and analysis"

  **Cannot count on reactive approach, we need a forward-looking, holistic and effective strategy**

(2) Fluctuating rate of student suicides

Figure of age 10-19 teenage suicide (per 100 Thousand case)

Short-term measures in react to sharp rises of suicide figures, no long-term solution to tackle the underlying problems
(2) Fluctuating rate of student suicides
27% had considered harming themselves or committing suicide in the past 6 months

In the past six months, the frequency of the following situations you encountered

- Thought of harm yourself or commit suicide
  - Always: 5%
  - Sometimes: 22%
  - Total: 27%

Valid Sample: 1,685
(3) Growth chart last updated in 1993

- A territory wide cross-sectional growth survey, covering 25,000 Chinese children was performed in 1993 by the Faculty of Medicine, The Chinese University of Hong Kong in collaboration with the Department of Health and the Hospital Authority for the development of a local growth chart.

- Growth parameters measured include weight for age, height for age, weight for height, head circumference, BMI, age of pubertal changes etc.

- Growth chart shall be updated every 5-10 years in order to match with the growth and development of children.

No update of the local growth chart since 1993
The Department of Health just consider to update it this year
May need another 5-10 years to develop a new growth chart
Following the return to China for 20 years, what have our government done for our children in HK?
X
Only focused on education reform
More pressure for our children?

✔
Support underprivileged children and tackle child abuse
Ineffective, lack of resources

Mr. Tung Chee-hwa
Sir Donald Tsang Yam-kuen

Program for disabled, ethnic minorities, underprivileged children

Drug testing scheme

Inclusion of pneumococcal vaccine under free programme

Ineffective, lack of resources

Cannot tackle the drug abuse problem
Mr. Leung Chun-ying

✗  • Focuses on mainland exchange programmes for young people
✓  • Support ethnic minorities to learn Chinese
✓  • Supports children with special needs

- Ineffective, lack of resources
- Neglecting other needs of teenagers

？  • Expand the “School-based Education Psychology Service” to deal with students suicide problem

Not tackling the root causes, effectiveness doubtful?
The three Chief Executives:
Mr. Tung Chee-hwa
Sir Donald Tsang Yam-kuen
Mr. Leung Chun-ying

- 20 years return to China
- All three Chief Executives did not care about children, and there is no child health policy
- There is even no designated child section in the Policy Addresses in the last 20 years
- Children-related policies only covered 12% of the Policy Addresses in the past 20 years
- All policies only tackled the symptoms, not the root causes
- Short-term remedial measures result in “back to square one” afterwards
- Problems became worse
The Hong Kong government has huge fiscal reserves
Yet only allocated very little resources to child health
Child health is a long term issue which needs to be tackled with a long term and comprehensive policy
The policy should not only focus on disease treatment, but also prevention and early intervention

If the problem persists or worse, it may lead to disastrous consequences
“Survey on the quality of life of Hong Kong kindergarten and primary students and their parents”

Dr. Wong Hiu Lei, Lilian
Secretary General, Hong Kong Paediatric Foundation
and Past President of Hong Kong Paediatric Society
## Methodology

<table>
<thead>
<tr>
<th>Objective</th>
<th>To investigate parents’ opinion on our child health services in the past 20 years, and the pressure of children and parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of survey</td>
<td>11 May, 2017 - 6 June, 2017</td>
</tr>
<tr>
<td>Participants</td>
<td>Parents of Hong Kong kindergarten and primary school students</td>
</tr>
<tr>
<td>Methodology</td>
<td>Self-report questionnaires</td>
</tr>
<tr>
<td>Number of complete respondents</td>
<td>1,327</td>
</tr>
</tbody>
</table>
Life of our children
- are they healthy and happy?
36% children have physical problem such as myopia, hyperopia, astigmatism, tooth decay, underweight, overweight, etc.
21% have emotional or behavioral problem

Q4. Did any of the below happen to your child? (Multiple selections)

- Other physical conditions (such as myopia, hyperopia, astigmatism, tooth decay, underweight, overweight, etc.): 36%
- Chronic illness (such as asthma, sinusitis, eczema, cramps, etc.): 23%
- Emotional or behavioral problems: 21%
- Social anxiety: 8%
- Dyslexia: 6%
- Physical disability (such as amblyopia, hearing loss, cerebral palsy): 2%
- Intellectual disability: 1%
- None of the above: 37%

No. of respondents: 1,327
Myopia, tooth decay and overweight problem sharply increase after children entering primary schools

Q4. Did any of the below happen to your child? (Multiple selections)

<table>
<thead>
<tr>
<th></th>
<th>Average</th>
<th>Kindergarten</th>
<th>Primary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional or behavioral problems</td>
<td>21%</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Chronic illness (such as asthma, sinusitis, eczema, cramps, etc.)</td>
<td>23%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Other physical conditions (such as myopia, hyperopia, astigmatism, tooth decay, underweight, overweight, etc.)</td>
<td>36%</td>
<td>18%</td>
<td>44%</td>
</tr>
<tr>
<td>None of the above</td>
<td>37%</td>
<td>48%</td>
<td>32%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327
407 (Kindergarten) / 920 (Primary school)
The score for happiness drops after children entering primary schools. Academic is the main reason for unhappiness.

Q2. Do you think your child is happy? (10 being very happy, 1 being least happy)

<table>
<thead>
<tr>
<th></th>
<th>Average</th>
<th>Kindergarten</th>
<th>Primary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think your child is happy?</td>
<td>7.9</td>
<td>8.3</td>
<td>7.7</td>
</tr>
</tbody>
</table>

If they are unhappy, the reasons are:

- **Academic**: 54% (Kindergarten), 24% (Primary School), 68% (Average)
- **Emotional problem**: 50% (Kindergarten), 60% (Primary School), 45% (Average)
- **Social**: 30% (Kindergarten), 28% (Primary School), 30% (Average)
- **Parent-child relationship**: 21% (Kindergarten), 26% (Primary School), 20% (Average)

No. of respondents: 1,327
407 (Kindergarten)/ 920 (Primary school)
Stress level increases 60% after children entering primary schools

Q7. How do you rate your child’s stress level? (10 being most stressful and 1 being least stressful)

<table>
<thead>
<tr>
<th>Stress level of Kindergarten students</th>
<th>Stress level of primary school students</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6</td>
<td>5.8 (↑ 60%)</td>
</tr>
</tbody>
</table>

No. of respondents: 407 (Kindergarten) / 920 (Primary school)
60% parents considered academic performance as the stressor
50% ranked parental expectations

Q8. What do you think is the source of stress for your child?
(Multiple selection)

Academic performance: 60%
Parental expectations: 50%
High self-expectations: 38%
Socializing with friends: 26%
Family relationships: 13%
Extra curricular activities performance: 12%
Physical health: 7%
Financial/housing: 5%
Others: 6%

No. of respondents: 1,327
Academic performance and parental expectations become the major source of stress after children entering primary schools

Q8. What do you think is the source of stress for your child? (Multiple selection)

<table>
<thead>
<tr>
<th>Kindergarten</th>
<th>Primary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental expectations (48%)</td>
<td>Academic performance (76%)</td>
</tr>
<tr>
<td>High self-expectations (41%)</td>
<td>Parental expectations (51%)</td>
</tr>
<tr>
<td>Socializing with friends (30%)</td>
<td>High self-expectations (37%)</td>
</tr>
<tr>
<td>Academic performance (23%)</td>
<td>Socializing with friends (24%)</td>
</tr>
</tbody>
</table>

No. of respondents: 407 (Kindergarten) / 920 (Primary school)
The stress level of parents
The stress level of parents with kindergarten and primary school children reaches point 7

Q11. How do you rate your stress level? (10 being the most stressful and 1 being least stressful)

<table>
<thead>
<tr>
<th>Stress level of parents with kindergarten children</th>
<th>Stress level of parents with primary school children</th>
<th>Stress level of parents whose children do not suffer from any health problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7</td>
<td>6.8</td>
<td>6.3</td>
</tr>
</tbody>
</table>

No. of respondents: 407 (Kindergarten) / 920 (Primary school) / 488 (No health problem)
Children’s academic performance becomes the major source of stress for parents after children entering primary schools

Q12. What is the source of stress? (Multiple selection)

<table>
<thead>
<tr>
<th>Parents with kindergarten children</th>
<th>Parents with primary school children</th>
<th>Parents with children not suffer from any health problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s emotional and behavioral problems (71%)</td>
<td><strong>Children’s academic performance (79%)</strong></td>
<td><strong>Children’s academic performance (76%)</strong></td>
</tr>
<tr>
<td>Children’s physical health (54%)</td>
<td>Children’s emotional and behavioral problems (70%)</td>
<td>Children’s emotional and behavioral problems (58%)</td>
</tr>
<tr>
<td>Marital relationship (42%)</td>
<td>Children’s physical health (52%)</td>
<td>Children’s physical health (46%)</td>
</tr>
<tr>
<td>Financial/housing issues (42%)</td>
<td>Financial/housing issues (36%)</td>
<td>Financial/housing issues (32%)</td>
</tr>
<tr>
<td>Children’s academic performance (41%)</td>
<td>Marital relationship (27%)</td>
<td>Own emotional problems (30%)</td>
</tr>
</tbody>
</table>

No. of respondents: 407 (Kindergarten) / 920 (Primary school) / 488 (No health problem)
94% parents experienced stress-related symptoms when taking care of their children over the past 6 months.

78% experienced lost of temper.

67% experienced emotional outburst.

Q10. Did you experience the below symptoms when taking care of your child over the past 6 months?

- Lost of temper: 62% Sometimes, 16% Often
- Emotional outburst: 58% Sometimes, 9% Often
- Dizzy/headache: 56% Sometimes, 11% Often
- Insomnia: 50% Sometimes, 9% Often
- Stomachache/Bellyache: 42% Sometimes, 4% Often
- Exacerbated skin allergy or other allergic symptoms: 27% Sometimes, 10% Often

No. of respondents: 1,327
When parents taking care of their children, no matter at what age or with/without health problem
90% parents experienced stress-related symptom(s)

Q10. Did you experience the below symptoms when taking care of your child over the past 6 months?

<table>
<thead>
<tr>
<th>Kindergarten</th>
<th>Primary school</th>
<th>Children without health problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost of temper (84%)</td>
<td>Lost of temper (75%)</td>
<td>Lost of temper (68%)</td>
</tr>
<tr>
<td>Emotional outburst (71%)</td>
<td>Emotional outburst (65%)</td>
<td>Emotional outburst (55%)</td>
</tr>
<tr>
<td>Dizzy/headache (70%)</td>
<td>Dizzy/headache (65%)</td>
<td>Insomnia (55%)</td>
</tr>
<tr>
<td>Insomnia (59%)</td>
<td>Insomnia (58%)</td>
<td>Dizzy/headache (58%)</td>
</tr>
<tr>
<td>Stomachache/Bellyache</td>
<td>Stomachache/Bellyache</td>
<td>Stomachache/Bellyache (33%)</td>
</tr>
<tr>
<td></td>
<td>(51%)</td>
<td></td>
</tr>
<tr>
<td><strong>Experienced stress-related symptom(s) (95%)</strong></td>
<td><strong>Experienced stress-related symptom(s) (93%)</strong></td>
<td><strong>Experienced stress-related symptom(s) (90%)</strong></td>
</tr>
</tbody>
</table>

No. of respondents: 407 (Kindergarten) / 920 (Primary school) / 488 (No health problem)
How did parents rate the government services on health, education and welfare for children now and before the handover?
Compare with 20 years ago, **65% parents disagreed** the current education policy has improved

Q17. The following question is only intending for parents who have been residing in Hong Kong before 1997

Compare the current policy vs the policy when you were a child

<table>
<thead>
<tr>
<th>Policy</th>
<th>Disagree</th>
<th>No significant difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education policy has improved</td>
<td>65%</td>
<td>14%</td>
</tr>
<tr>
<td>Policy on emotional health for children has improved</td>
<td>31%</td>
<td>17%</td>
</tr>
<tr>
<td>Welfare policy for children has improved</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>Medical policy for children has improved</td>
<td>23%</td>
<td>19%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,071
(parents who have been residing in Hong Kong before 1997)
88% parents think there is **inadequate** government support to parents

Q18. Do you think there is adequate government support to parents?

- **Inadequate**, 88%
- **Adequate**, 12%

No. of respondents: 1,327
Parents expect the government to provide support and concrete policy from different perspectives, not only funding.

Q19. What kind of support do you anticipate from the government? (Multiple selections)

- Emotional support for children: 68%
- Emotional support for parents: 58%
- Long term follow up services: 66%
- Develop Child Health Policy: 59%
- Establish Children's Commissioner to address children issues: 49%
- Increase funding and resources: 58%

No. of respondents: 1,327
3 major appeals from the Hong Kong Paediatric Society & the Hong Kong Paediatric Foundation

Dr. CHAN Chok Wan, Chairman of Board of Directors of Hong Kong Paediatric Foundation, Past President of the International Pediatric Association (IPA)
The focus of our education system should be on cultivation, not elimination, and examinations should not be reduced to a mechanism of producing losers (Policy address, 1999).

There is no direct relationship between student suicide and the education system.

Policy chaotic, no target

2017
The core issues

- Education is not just knowledge transfer, it has significant impact on the health and wellbeing of our children
- Our education system focuses on examination and academic result
- It neglects the importance of exercise, rest, play, moral and personality development
- The curriculum of primary and secondary schools does not include Chinese History, students are in lack of core values and resilience
- The Education Bureau and Welfare Department adopted different policies and regulations on early childhood development

Recommendations

- Education shall foster physical and mental health, with the right balance
- Chinese History shall be included in Liberal Studies
- Coordinate different organizations and support working parents
- Establish a Children’s Commissioner to supervise the implementation of policies
THREE MAJOR REQUESTS

1. Implement a Child Health Policy – with timetable and roadmap

- It takes around 30 years to achieve the effects of a Child Health Policy
- If the coming government does not take any action, by 2047 (HK returns to China for 50 years), the problem will escalate
- 20 years have been wasted since the handover, it means one generation of HK children are not being taken care of and provided the opportunity to maximize their potential
- We have to establish the child health policy ASAP so that our children would not suffer any more, and to ensure the competability of Hong Kong
Since 2012, the Hong Kong Paediatric Society and the Hong Kong Paediatric Foundation focus on Child Health Policy

HKPS and HKPF gathered over hundreds of healthcare professionals, economist, educators and social welfare professionals to review the child health problems in our community and develop the first ever Child Health Policy Proposal for Hong Kong
THREE MAJOR REQUESTS
2. Establish a Children’s Commission
   – Independent, empowered with resources

- The Legislative Council passed the motion of “establishment of the Children’s Committee” twice
  - 7 June, 2007
  - 20 November, 2013

- But the Children’s Committee was established under the Family Council and no actions have been taken!

- We urge to establish the “Children’s Commission”
Children’s Commission

- Part of the government hierarchy
- Above bureau
- Report to the Chief Executive
- With resources and power to develop policies and action plans
- Can coordinate, monitor, and evaluate inter-bureaus policies
- Independent like the ICAC

Children’s Committee

- Consultation only
- No power to regulate the policies
- No power to monitor and evaluate the policies
- No power to coordinate different bureaus and departments
- Cannot influence the development of policies and action plans
THREE MAJOR REQUESTS

3. Appoint a Children’s Commissioner

- report directly to the Chief Executive
- lead the Children’s Commission
- should be child-centered, focus on the needs of children
- Monitor, evaluate and follow up on policies across different bureaus
- Have adequate resources and power
- supervise the implementation of the Child Health Policy, and direct research, monitoring and execution of the policy
An example to illustrate the importance of a Children's Commissioner
“Pilot Scheme on On-site Pre-school Rehabilitation Services”

Speaking at the launch event,
Mrs Carrie Lam said

“Children are the pillars of future society and the responsibility of enabling them to grow healthily definitely rests with the Government. “

- Implemented by the then Chief Secretary for Administration, Ms. Carrie Lam, the 2-year Pilot Scheme provided training to children with special needs.

- Multi-disciplinary service teams of NGOs offered rehabilitation services at kindergartens and child care centres.

- Led and coordinated by the “commissioner”

- The “commissioner” reviewed the policies. Through coordination and appropriate allocation of resources, concrete programs were implemented.

- Effective measures were in placed which eventually improved and grew the services for children with special needs.
The successful of a city depending on the quality and health of children and teenagers
• Children accounts for 18% of our population now, but it will be 100% of our future!
• We urge the new Chief Executive of HKSAR to put child health a top priority in her policy agenda
• Our children should be care for with love, policy and action
  “Healthy Children, Better Future”

• Strategy:
  – Establish the Child Health Policy
  – Set up Children’s Commission
  – Appoint Children’s Commissioner
Improve Child Health
Advocate Children’s Right

“ALL of us are responsible”

http://hkpf.org.hk/tc/home/
http://www.medicine.org.hk/hkps/
“Survey on the quality of life of Hong Kong kindergarten and primary students and their parents”

Respondents profiles
# Respondents Profile

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16%</td>
</tr>
<tr>
<td>Female</td>
<td>84%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>0%</td>
</tr>
<tr>
<td>20-24</td>
<td>0%</td>
</tr>
<tr>
<td>25-30</td>
<td>3%</td>
</tr>
<tr>
<td>31-35</td>
<td>18%</td>
</tr>
<tr>
<td>36-40</td>
<td>35%</td>
</tr>
<tr>
<td>41-45</td>
<td>32%</td>
</tr>
<tr>
<td>46 or above</td>
<td>12%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327
Respondents Profile

<table>
<thead>
<tr>
<th>Gender of child</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>56%</td>
</tr>
<tr>
<td>Female</td>
<td>44%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327

<table>
<thead>
<tr>
<th>School grade of children</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery (K1)</td>
<td>11%</td>
</tr>
<tr>
<td>Lower (K2)</td>
<td>9%</td>
</tr>
<tr>
<td>Upper (K3)</td>
<td>10%</td>
</tr>
<tr>
<td>Primary 1</td>
<td>16%</td>
</tr>
<tr>
<td>Primary 2</td>
<td>11%</td>
</tr>
<tr>
<td>Primary 3</td>
<td>12%</td>
</tr>
<tr>
<td>Primary 4</td>
<td>11%</td>
</tr>
<tr>
<td>Primary 5</td>
<td>11%</td>
</tr>
<tr>
<td>Primary 6</td>
<td>9%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327
## Respondents Profile

<table>
<thead>
<tr>
<th>Education level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary or below</td>
<td>1%</td>
</tr>
<tr>
<td>F.1 to F.3 (Junior high)</td>
<td>12%</td>
</tr>
<tr>
<td>F.4 to F.6/F.7 (High school)</td>
<td>36%</td>
</tr>
<tr>
<td>Tertiary education/ Non-degree</td>
<td>33%</td>
</tr>
<tr>
<td>Master degree or above</td>
<td>18%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time work</td>
<td>57%</td>
</tr>
<tr>
<td>Part-time work</td>
<td>13%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1%</td>
</tr>
<tr>
<td>Full-time homemaker</td>
<td>27%</td>
</tr>
<tr>
<td>Others, please specify</td>
<td>2%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327
Respondents Profile

<table>
<thead>
<tr>
<th>Type of housing</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-owned private property</td>
<td>37%</td>
</tr>
<tr>
<td>Rented private property</td>
<td>21%</td>
</tr>
<tr>
<td>Home Ownership Scheme (HOS)</td>
<td>14%</td>
</tr>
<tr>
<td>Public Housing</td>
<td>23%</td>
</tr>
<tr>
<td>Subdivided flat</td>
<td>2%</td>
</tr>
<tr>
<td>Cubicle apartments</td>
<td>1%</td>
</tr>
<tr>
<td>Others</td>
<td>3%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327

<table>
<thead>
<tr>
<th>No. of children</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38%</td>
</tr>
<tr>
<td>2</td>
<td>53%</td>
</tr>
<tr>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>5 or above</td>
<td>0%</td>
</tr>
</tbody>
</table>

No. of respondents: 1,327