

**“South District Healthy and Safe City” – Community Diagnosis Study Report****Parent Organization: Southern District Healthy and Safe Association**

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## Preamble


There is a close connection between health and safety in daily life. Since 1985, the World Health Organization has been promoting the “Healthy Cities” project and the concept of “Safe Communities”. Through public participation and cooperation with regional partners, the World Health Organization helps to spread the common societal beliefs of health and safety across communities, thereby arousing the awareness of the residents about healthy and safe living.

In October 2007, the Southern District was recognized as a “Healthy City” by the Alliance for Healthy Cities, an affiliation of the World Health Organization Regional Office of the Western Pacific. In order to enhance the continuity and flexibility of work, the “Southern District Healthy and Safe Association” was established in November 2008 with the support of the Southern District Council and the Southern District Office. The “Southern District Healthy and Safe Association” is responsible for the promotion of safety and health development in the district and for deepening public understanding of the concept of safety and health. Gathering local resources and talent, the Association strives to provide advice and recommendation on the improvement in the environment of the district.

The Southern District Community Diagnosis Study was conducted by the Centre for Health Education and Health Promotion, The Chinese University of Hong Kong with the financial support of the Southern District Council. Using data collection from quantitative and qualitative surveys as the research methods, the study focused on the health and safety issues in the Southern District and presented an analysis of the characteristics and needs of the community regarding safety and health. Throughout the survey, much support and assistance were given by different groups and building associations in the district for the collection of residents’ opinion.

The results of the community diagnosis study are of important referential values for the future development of the Southern District regarding health and safety. They facilitate further investigation by the District Council, governmental departments and local groups on the development of the district regarding health and safety and the formulation of a more comprehensive community plan. With the research results, it is hoped to encourage residents of the district to establish a healthy lifestyle, as well as to enhance cooperation between various governmental departments, local groups, schools, non-governmental organizations and the private sector for the continuing development of the district regarding health and safety, such that all parties can actively participate in the construction of the Southern District Healthy and Safe City.

Chairman, Southern District  
Healthy and Safe Association



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Dr Chu Ching-hong, JP

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## Foreword

The Southern District Healthy and Safe Association is committed to making the Southern District a healthy and safe community. The aim of the current project is to create the Southern District Healthy and Safe City, with a view to enhancing the health of nearly 280,000 residents in the district (Southern District has a population of 275,162, according to 2006 Population By-census) <sup>1</sup>.

The Southern District Healthy and Safe Association and the Centre for Health Education and Health Promotion under the School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong (the Centre) conducted the “Southern District Healthy and Safe City Community Diagnosis” in July 2010. The aims are to probe the needs of local dwellers and propose a practical solution accordingly to advocate community health, to formulate a health promotion plan with the study results, and to carry out in-depth investigation for viable proposals with respect to specific population groups or specific health issues, in order to realize the goal of “Southern District Healthy and Safe City”.

As far as definition is concerned, Steckler et al<sup>2</sup> have summarized the research of Guy Steuart and established “community diagnosis” as understanding how residents of a community live and any serious health problems they may have, and then implementing relevant projects and evaluating their effectiveness. The major objectives are twofold: to provide current community data, and to give recommendations accordingly on feasible measures as well as community health education<sup>3</sup>.

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<sup>1</sup> 政府統計處(2006). 二零零六年中期人口統計 – 主要統計表 香港：政府統計處

<sup>1</sup> Census and Statistics Department (2006). Hong Kong 2006 Population By-census – Main Tables. Hong Kong: Census and Statistics Department.

<sup>2</sup> Steckler, A.B., Dawson, L., Israel, B.A. and Eng, E. (1993). Community Health Development: An Overview of the works of Guy W. Steuart. *Health Education Quarterly*, Supp 1, S3-20.

<sup>3</sup> Steuart, G.W. (1993). Planning and evaluation in health education. 1969. *Health Education Quarterly*, Supp 1, S71-84.

Therefore, this “community diagnosis” study consists of the following three parts as the means to investigate and propose viable community enhancement solutions for making the Southern District a “healthy, safe city”.

1. Analyze past data pertaining to community and health of the Southern District.
2. Conduct a questionnaire survey by random sampling at designated spots in the district to collect residents’ views on local healthcare, community services and facilities.
3. Examine residents’ quality of life with reference to the WHO’s subjective quality of life measure (abbreviated version for Hong Kong), supplemented by questions related to their health conditions, lifestyle and information on the environment, health and safety for future reference.

In the period of July to August 2010, the Centre ran three focus groups and interviewed 26 members of the district, including residents of public housing estates, Subsidized Home Ownership Schemes housing, private housing estates and tenement buildings. Through the discussion, we got a fuller picture on the actual living condition and behaviour of the residents, who in turn took the opportunity to voice their opinions on the community. The Centre and Committee members thus prepared a community diagnosis questionnaire which fits local needs, based on preliminary results from the focus groups.

In the period of October to November 2010, the Centre conducted a community diagnosis questionnaire survey by random sampling at designated spots in the district, targeting Southern District residents aged 18 or above living in private estates/buildings, Subsidized Home Ownership Schemes housing (HOS flats), public estates, tenement buildings and other types of housing. The working group collected data successfully from 959 local residents, among which 465 lived in public estates, 127 in HOS flats, 366 in private estates/buildings and 1 in quarters.

Some results were not fully representative of all local residents due to research limitations, so further studies are required for a more comprehensive understanding of the overall quality of life in the district. Nonetheless, as the current study was conducted in a number of public estates and large scale private estates, and as focus group discussions were carried out to collect opinion and the actual lifestyle of the interviewees, the study report may be used as a reference for the general situation of the Southern District Healthy and Safe City.

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## Analysis of Focus Group Discussions

To learn about the actual lifestyle and behaviour of local residents in greater detail and prepare a community diagnosis questionnaire which fit local needs, the working group ran three focus group sessions with 26 members of the district, including residents of public estates, Subsidized Home Ownership Schemes housing, private estates and tenement buildings. The discussion ranged from environmental hygiene, safety, security, fire services, transportation, management to civic, recreational and community services of the district. Table 1 lists the background of the interviewees. The interviewees consisted of employed, middle-aged, housewives, elderly and students.

**Table 1: Background of Focus Group Interviewees**

Focus Group	Male	Female	Total
Residents	4	4	8
Residents	1	11	12
Residents	1	5	6
<b>Total</b>	6 (23.1%)	20 (76.9%)	26 (100%)

Major topics of the three focus group discussions are summarized as follows:

### 1. Community Harmony and Neighbourhood Relationships

#### Community relationships

- ❖ All interviewees found the living environment in the Southern District good, particularly air quality:
  - “...actually the Southern District is a nice place to live...” (Interviewee 1A)
  - “...the Southern District is close to the countryside, with a lot of coasts...” (Interviewee 1G)
  - “...I really like the Southern District, air quality is good...” (Interviewee 1A)
  - “...air quality is particularly better...” (Interviewee 2J)
  - “...air quality in the Southern District is the best in Hong Kong...” (Interviewee 3B)
- ❖ Most of the interviewees considered that people led a harmonious life in the district and neighbourhood relationships were good, particularly in the old village:
  - “...one thing about living in the Southern District is, if something happens, people living in the area will know about it. Communication of information is so easy...so close. Also, people have very good relationships, very good neighbourhood relationships, since we have lived here for so long...” (Interviewee 2J)
  - “...a lot of people living in the public housing estates in the Southern District have their doors opened, including myself...” (Interviewee 2J)



*“...also, a lot of people have been living here since they were kids. The elderly eye-witnessed the young people grow...” (Interviewee 2J)*

*“...out of the 18 districts in Hong Kong, our Southern District is the most harmonious one...” (Interviewee 3B)*

- ❖ Individual interviewee considered neighbourhood relationships worse than before:

*“...this has gone worse. Whenever someone is shouting, he will banged shut the door quickly and won't bother what is happening...” (Interviewee 3B)*

*“...he just doesn't want to be in trouble, doesn't want the police to trouble him...” (Interviewee 3B)*

### Community services

- ❖ Most of the interviewees considered that the number of social services agencies in the South District was rather sufficient, but said they didn't really understand the situation of the services; while some interviewees considered the resources insufficient:

*“...Kaifong Welfare Association...” (Interviewee 1C)*

*“...the most well-known ones are: the Aberdeen Kaifong Welfare Association, Caritas and the Boys' & Girls' Clubs Association at South Horizons...” (Interviewee 2G)*

*“...there is a family service centre in Shek Pai Wan, but possibly because of the location...not many people know about it after it was moved there, and also because they don't always promote their activities, not many people participate in the activities. As a result, only those living around Shek Pai Wan know about this centre...” (Interviewee 2J)*

*“...there are the Southern District Women's Association, and churches...” (Interviewee 2J)*

*“...actually I think the resources are not sufficient. For example, some areas may need the attention of more outreaching teams; it should be checked whether the teams are sufficient...” (Interviewee 2L)*

*“...here you can find the Missionary Alliance, the Methodist Church, the Boys' & Girls' Clubs Association, the Women's Association...” (Interviewee 3A)*

*“...there is elderly service...we have an elderly centre here, which provides meals and activities for the elderly...” (Interviewee 3A)*

- ❖ Some interviewees considered the care-and-attention place for elderly and elderly service insufficient, yet the aging population problem is deteriorating, making it impossible for the elderly to obtain the service they need:

*“...those are the private ones. There are lots of private places, but not many from the government...the government places are really insufficient...Also, it's very difficult to get a place given the long queue. Take my mom as an example. She's now 92. She has been queuing for so many years and yet she still hasn't got the placement. In the end she was moved to Yuen Long.” (Interviewee 2J)*

*“...there are places for the elderly, it’s so difficult, very difficult indeed. We’ve been queuing for so long for the government places and yet we still couldn’t get them...there’s no way we could get them...” (All interviewees of Group 3)*

*“...but as I’ve said, there are really too many. He wouldn’t be able to get the placement, not even until he dies...” (Interviewee 3A)*

*“...I was told there was no full-care service in the Southern District...” (Interviewee 3A)*

- ❖ Some interviewees pointed out that from time to time there were mentally abnormal people in the district. Also, the elderly may get depression due to the empty nest effect; however, there is not enough support in the community to allow those in need to understand the way to obtain support. It has a certain degree of impact on the residents living in the neighbourhood.

*“...a lot of those with a problem, they are mostly the elderly, some may have mental problem, there are lots of them...talking to themselves...yes, yes, suddenly come towards you and put his hand on your shoulder to talk to you... (Interviewee 1B)*

*“...there are many of them in Wah Fu Estate...” (Interviewee 1B)*

*“...there are also some in Tin Wan Estate...” (Interviewee 1F)*

#### Individuals and community involvement

- ❖ Most of the interviewees said that more opinion might be voiced so that the Government and the District Council could better understand residents’ needs and demands:

*“...become a volunteer. Whenever someone calls and asks for help, I’ll go and help...” (Interviewee 1D)*

*“...holding some small scale residents’ meetings. The government should set up some communication mechanism in order to strengthen communication with the grassroots citizens; the government should not only do things by theories...” (Interviewee 2L)*

*“...nowadays lots of housewives were volunteers...” (Interviewee 3A)*

#### Sound social services

- ❖ Most of the interviewees considered social services in the district insufficient, and suggested that the authorities concerned should provide suitable auxiliary facilities for the elderly in the district and should make good use of resources and intensify promotion.

*“...I think more resources should be put on the elderly. There are a lot of elderly in the Southern District. Many of them are solitary elderly, or the so-called hidden elderly. They don’t know how to seek for help. They know nothing about the resources available. The government should put more resources on this group of people, such as healthcare or other aspects. The most important thing is to make them happier...”*

*(Interviewee 1G)*

*“...take one district as a spot. Maybe there is no channel to let people know that volunteers are needed. Maybe there are volunteers, but maybe there is no promotion...” (Interviewee 1G)*

## 2. Environmental Hygiene

### Air pollution

- ❖ All interviewees considered that air quality in the Southern District was much better than that in the other districts:
  - “...I really like the Southern District, air quality is good...” (Interviewee 1A)*
  - “...air quality is particularly better...” (Interviewee 2J)*
  - “...air quality in the Southern District is the best in Hong Kong...” (Interviewee 3B)*
- ❖ Some interviewees said air quality was poor due to the large number of restaurants in the neighbourhood, but it was still acceptable:
  - “...in the morning and nearing meal time, as there are lots of restaurants downstairs, the cooking fume will rise up. So I have to close the windows all the time. But I don't think it's really bad. Also, other places with restaurants may have similar problems, so I don't think Aberdeen is worse than the other places...” (Interviewee 1E)*
  - “...it is from the restaurants...” (Interviewee 3B)*
- ❖ Some interviewees said that fume from the bus also affected air quality and health:
  - “...the fume from the bus is pretty serious. There's a higher chance to get asthma, for the elderly, toddlers and children, those in primary schools and kindergartens...” (Interviewee 3E)*
- ❖ Individual interviewees said that smoking problem was serious at the waterfront promenade, even though it had been designated as a non- smoking area:
  - “...many smokers gathered around the waterfront. They dumped cigarettes into the sea after smoking...” (Interviewee 2K)*

### Noise pollution

- ❖ Individual interviewees considered some places in the Southern District had noise problems:
  - “...the area around Lei Fook House is worse; it was very noisy over there...” (Interviewee 3B)*

### Light pollution

- ❖ Some of the interviewees considered that the excessive use of lighting in some housing estates and public facilities and in venues without any users was the cause of light pollution and a waste of energy:
  - “...I also feel that there was too much lights, so called light pollution...for example,*

*the flyover; wow, there are several dozens of fluorescent lamps on the flyover. Is that necessary? We need light, but do we need that much...*” (Interviewee 1C)

*“...just like those ball courts in the past. It’s open from six to ten. No one is using the facility during those hours, but the lights are still switched on...”* (Interviewee 1C)

*“...it’s actually the government who is wasting electricity, it’s them who are not protecting the environment...”* (Interviewee 1D)

### Environmental hygiene

- ❖ Most of the interviewees considered that the environment of the district was quite good, and the hygiene conditions were generally good:

*“...I see the cleaning vehicle every morning...”* (Interviewee 1B)

*“...there are really no rats around...”* (Interviewee 1H)

- ❖ Some of the interviewees considered sea pollution in the district more serious:

*“...I swim in the sea every day, in Deep Water Bay. So I also hope it could be cleaner. We feel uneasy if we find ourselves swimming with trash every day...”* (Interviewee 1A)

*“...I think the problem is serious, so much trash...because I live close to the sea, on 35<sup>th</sup> floor and I can walk to South Horizons from the other side. I can still smell that bad smell from 35<sup>th</sup> floor...”* (Interviewee 1B)

*“...during the fish moratorium, the bay is particularly dirty...with lots of trash floating all over the sea. There is lots of trash now...”* (Interviewee 1D)

*“...sea pollution is extremely serious...people dump cigarettes into the sea after smoking...”* (Interviewee 2K)

## **3. Healthcare Services**

### Accident and Emergency Services (A&E services)

- ❖ All interviewees considered that people need to rely on the Queen Mary Hospital, the only hospital that provided A&E service in the district, made the waiting time even longer:

*“...unless you are in real emergency that you admit to the A&E department by ambulance services and diagnosed as category one. Otherwise, if you have only minor illnesses such as fever, that is, category four, then you’ll have to wait for over 200 minutes...”* (Interviewee 1A)

*“...there’s nothing you can do about it, you’ll have to wait for 2 to 3 hours...”* (All interviewees of Group 3)

### Public outpatient services

- ❖ All interviewees considered the government outpatient service insufficient and the waiting time excessive. Sometimes, the follow-up consultation booking service was difficult for the elderly too, and it's quite a long distant travel for the elderly to go to Queen Mary Hospital could be quite far for them. Certain specialist outpatient services were insufficient, and those in need might not be able to receive proper treatment timely:

*"...it's still not your turn to have surgical treatment after waiting for three years. They just have a quick consultation for you..." (Interviewee 1A)*

*"...because Hong Kong's population is growing. The number of hospitals are definitely not enough..." (Interviewee 3A)*

*「...政府根本就看不到，如果你有事，不是要等很久，是根本就沒有位讓你看...」  
(受訪者 3A)*

*"...the government was blind. If something happens to you, it's not a matter of long waiting; it's a matter of availability..." (Interviewee 3A)*

*"...there's only one government clinic, the Ap Lei Chau Clinic. If it is full, then we'll have to go to Aberdeen. The one in Aberdeen is a Jockey Club clinic. Only these two clinics are available in our areas. The Aberdeen clinic provides night time consultation, but the one in Ap Lei Chau does not..." (Interviewee 3C)*

*"...specialist service is insufficient..." (Interviewee 1A)*

*"...My grandfather is almost 80 years old. He is a frequent visitor to the Queen Mary Hospital. It's really a waste of energy. Once they phoned to ask him to attend the next follow-up consultation session. My grandfather is just a normal old man...and he can't hear well. They told him the appointment time and place. The elderly don't have a good memory too. He just forgot about it in a minute...and wouldn't tell my mom that he would need to attend the follow-up consultation session on 1 January. It's funny that the hospital called back and blamed my mom for not taking my grandfather to the follow-up consultation session..." (Interviewee 2K)*

- ❖ All interviewees considered the government clinic's telephone booking service inconvenient and too complicated for the elderly:

*"...I can't get through the line no matter how many times I've tried. We don't know how to use computer; so it's even worse for us, isn't it? We, aged people, don't know how to operate the computer..." (Interviewee 1A)*

*"...The aged people always tell us they can never make a booking over the phone, probably because they don't know how to follow the instruction on the phone on pressing the buttons, and because it's always a telephone recording..." (Interviewee 2B)*

*“...actually you’ll have an even higher chance if you wait in a queue...there’s no one listening on the other side of the phone...it’s a telephone recording...” (All interviewees of Group 2)*

*“...the service for making appointment is no good. Many people’s cases are urgent but they still can’t see the doctor...” (Interviewee 3A)*

*“...you may have to have your consultation on the next day...” (Interviewee 1F)*

#### Private healthcare services

- ❖ Some of the interviewees said they had to turn to private clinics because of the insufficiency of public healthcare service:

*“...heard from the elderly. So if anything happens, many of them prefer to raise money by themselves and go to the private ones...” (Interviewee 1D)*

*“...many will go to the private ones...” (Interviewee 1D)*

*“...in the end I went to see the private doctor. I had waited for three years but in the end it was still unavailable. I saw the numbers, from No.4 to No.44...they said there were too many people so you’d better go to the private doctor...” (Interviewee 1A)*

- ❖ Most interviewees considered the number of private clinics sufficient and the fees reasonable:

*“...there are lots of private doctors in Aberdeen...” (All interviewees of Group 2)*

*“...24 hour private doctor services are available, but you have to make appointment. He will then return a call, they are not standby at the clinic overnight but they are available with arrangement. There are lots of them that require booking in Aberdeen...” (Interviewee 2J)*

*“...the fees are a bit higher, but not a lot higher. I haven’t been to one myself. I just heard from others that the fees are not a lot higher...” (Interviewee 1A)*

*“...the fees for private ones are acceptable, hundred plus dollars...” (Interviewee 3B)*

- ❖ Some of the interviewees considered public dental service in the district seriously insufficient:

*“...for dentists, they’re only for the families of civil servants. Dental service is expensive outside, and there’s only one Prince Philip Dental Hospital that is available. You still have to pay for it even though it’s cheaper. But the waiting time is very long...” (Interviewee 2K)*

#### Enhancement of primary care in the district

- ❖ Some of the interviewees said public outpatient service could be enhanced in order to reduce the waiting time.
- ❖ Individual student interviewees pointed out that the government should make good use of resources and cooperate with the private sector in order to improve patient flow

in the A&E department:

*“...actually, since A&E service in the Southern District is insufficient, would it be possible for the government to buy services or bed spaces from the private hospitals in order to improve patient flow in the Queen Mary Hospital or other hospitals?...”*  
(Interviewee 2L)

#### Enhancement of health education & health promotion activities in the district

- ❖ Some interviewees said that more health promoting activities could be organized in the district and peer participation could be encouraged in order to raise the participation rate:

*“...there’s a program called “Healthy Fun”. I hope it could continue. It seemed to be organized by a councillor. From Monday to Friday, during normal hours, some halls or venues under the Leisure and Cultural Services Department that are not occupied due to no booking made available for the elderly for activities, such as table tennis or social dance. I hope it could continue, because it seems that it will end in September or some time in 2011...”* (Interviewee 2J)

#### **4. Safety and Public Order**

##### Public order

- ❖ All interviewees considered public order in the district good apart from individual public estates. They also considered that the security personnel in the estates performed their jobs very well.

*“...actually Wah Fu Estate is quite good, public order is quite good...”* (Interviewee 1A)

*“...the Southern District is relatively safe...”* (Interviewee 1E)

*“...pretty good, most places are pretty good...”* (Interviewee 1G)

*“...parks in the South District have a lot of patrolling security personnel, don’t know the reason...”* (Interviewee 2J)

*“...it was worse 10 or 20 years ago, but it’s okay now, only one or two robbery cases per month...”* (Interviewee 3B)

*“...actually our Ap Lei Chau Estate is the safest. Further away, Lei Tung Estate is not as good; it is a complicated area...because there are hawkers at night at Lei Tung Estate...there are more crimes. There’s nothing you can do about it, not even the police...”* (Interviewee 3B)

- ❖ Individual interviewee said that the recycling services have made security worse:  
*“...there are now too many of the so-called environmental friendly recycling vehicles. There are now more gangs fighting for territories, so security has gone worse...”*  
(Interviewee 2J)

### Youth problems

- ❖ All interviewees remarked that youth problems in the district were not serious, apart from the gathering of youngsters around the waterfront sometimes. The problem was mainly vandalism, while drug abuse was not serious:

*“...rarely seen in the Southern District...” (Interviewee 1A)*

*“...personally I think there have been more youngsters loitering at night in Aberdeen in recent years, in small groups. Sometimes when I get off work late at night, or when I come back from other district, since I live in Aberdeen, I see in a distance some youngsters walking around...there should be more of them during holidays or summer vacation...” (Interviewee 1C)*

*“...as a result the so-called street children are formed in some areas, which will be a disruption to security....” (Interviewee 2L)*

*“...they only play among themselves and damage the facilities at most. They won't harass other people...” (Interviewee 3A)*

*“...they gather, but they won't make troubles there...” (Interviewee 3B)*

*“...they won't harass those who go home late, they won't harass, scream at or annoy people, they won't. They just create noise over there among themselves, like chatting up girls, chatting, drinking alcohol, and smoking. It's a bit of a nuisance, after all, but they are not dangerous...” (Interviewee 3B)*

*“...hiding in a corner to take drugs is rare...” (Interviewee 3B)*

- ❖ Some of the interviewees said that school bullying did exist in the district. There were also smoking and drug abuse problems, but they were not serious:

*“...he has mentioned that in the secondary schools in the district some students got beaten up. But he himself is not willing to see this, so sometimes he will be bullied by the others. Maybe these are just individual case and not very representative. Youngsters in this district are okay...” (Interviewee 2J)*

*“...I'm studying in the Southern District, but I won't tell you where my school is. There are around 950 people in total (excluding the teachers) in my school. Actually, a quarter of them smoke or take drugs...” (Interviewee 2K)*

### Safe environment

- ❖ Most interviewees considered the environment of the district safe, but certain facilities in the public housing estates could not cope with the needs of the elderly:

*“...in the Southern District, in Tin Wan Estate here, there are lots of steep roads and stairs. Actually it would be best if there are some escalators or elevators, such that the elderly could go up and down more easily. That road is very steep indeed...” (Interviewee 1F)*

*“...some escalators only go upwards and if you want to go down you will need to take*



*the stairs, don't know why. Is it for the reason of convenience? But it is inconvenient for the elderly..." (Interviewee 1B)*

*"...it's quite steep. Even though you can take the public light bus to go uphill, it's very difficult for the elderly to get on the vehicle. Sometimes we'll have to help push them up from behind. It's also difficult for them to alight from the bus. Both taking bus and walking are difficult for them..." (Interviewee 1B)*

- ❖ Some interviewees said the problem of objects dropped from height was serious and it posed a certain degree of danger to residents or passers-by, as most passageways in the public housing estates did not have any cover or canopy:

*"...water booming..." (Interviewee 1B)*

*"...I cook in the kitchen every day and I find some people pour down a whole bag of trash..." (Interviewee 1D)*

*"...it has happened many times. I always see people dropping cigarette butts, sanitary napkins, and even toilet papers with stool, all the time..." (Interviewee 3A)*

*"...objects dropped from height? I guess there are several cases per month..." (Interviewee 3B)*

*"...there's one case just today, dropping glass bottles..." (Interviewee 3C)*

*"...dropping glass bottles is quite frequent...there is no cover over your head all the way..." (Interviewee 3E)*

*"...on the Link rooftop, there are always basketballs being dropped, from 8<sup>th</sup> floor..." (Interviewee 3B)*

## 5. Transportation

- ❖ All interviewees considered that the Southern District was easily accessible by public transport and was convenient. However, fares were quite high and there was yet any MTR service:

*"...there are those connecting to the cross-harbour bus as well as cross-harbour buses. It's easily accessible..." (Interviewee 1A)*

*"...I think it's very convenient. You can go swimming or jogging; it's also convenient to go to Causeway Bay..." (Interviewee 2J)*

*"...but the fares are relatively high. When we just moved to the Southern District, the bus company considered here as the countryside, so the fare was much higher..." (Interviewee 1A)*

*"...it would be best if the fares could be more or less the same as those in the urban area..." (Interviewee 1G)*

- ❖ All interviewees considered that traffic congestion in the district happened all the time, particularly around the tunnel area during peak hours, since many people commuted at the same time. Buses heading for the same district were on the road at the same time, making the congestion problem even more serious:

*“...it’s only about the tunnel entrance and exit. Traffic stops immediately after leaving the tunnel at the border of Causeway Bay. Once there’s traffic congestion, it expands all the way back to Aberdeen...” (Interviewee 1A)*

*“...I think the transportation is just so-so, because traffic congestion happens all the time...” (Interviewee 2J)*

*“...there’s traffic congestion around the tunnel area all the time...” (All interviewees of Group 3)*

- ❖ Some interviewees considered traffic congestion in Tin Wan had worsen due the opening of a new hotel:

*“...due to the increase in mainland tourists, there are some hotels here. During morning commute hours, the traffic is always blocked by some coaches; the traffic was already very busy in the morning. The congestion is even worse on the main road...sometimes it takes several rounds of traffic light signals in order to digest the traffic...” (Interviewee 1E)*

- ❖ Individual interviewees considered the bus service insufficient:  
*“...but the problem is there are not enough buses, particularly after the re-routing...” (Interviewee 2L)*

- ❖ Some interviewees considered the public light bus service insufficient and speeding was frequent:

*“...they always drive at high speed, very scary. Those from Aberdeen to Mongkok are just like flying. I’d prefer taking the bus, which is much safer...” (Interviewee 3A)*

*“...public light bus is insufficient...” (Interviewee 3B)*

- ❖ Some interviewees considered they would less likely take the ferries, as the ferry service was only available for travelling in between Ap Lei Chau and the Lamma Island.

#### Sound ancillary transport facilities

- ❖ Most interviewees hoped for improvement in the district’s traffic congestion problem after the completion of the MTR project.

## **6. Civic and Recreational Facilities**

### Civic facilities

- ❖ Most interviewees considered civic facilities in the district rather sufficient.
- ❖ Some interviewees considered there were sufficient libraries and mobile library vans in the district.
- ❖ Some interviewees pointed out that there was no cinema in the district, and thus they needed to make a long trip to the Cyberport in order to enjoy the movies.
- ❖ Some interviewees considered civic facilities in the district insufficient, and there were no large scale facilities similar to the size of the Shatin Town Hall. Also,

facilities at the community hall were insufficient and it was difficult to book the venue:

*“...but it’s always full. Because the place is small, it’s always fully booked...”*  
(Interviewee 1B)

*“...I think the community hall is not large enough...”* (Interviewee 1B)

*“...the community hall aside, for a proper civic facility, there’s none in Southern District...”* (Interviewee 3A)

### Recreational facilities

- ❖ Most interviewees considered recreational and sports facilities in the district rather sufficient as there were outdoor sports ground and indoor games hall. However, there was only one non-heated swimming pool in the district and so people could not use it during the winter:

*“...there are not many swimming pools...only one in the whole Southern District. Otherwise you’ll need to use the ones at Morrison Hill or the Victoria Park...”*  
(Interviewee 2K)

*“...plus, it’s not a heated pool, so there’s none during winter...”* (Interviewee 3A)

- ❖ Some interviewees remarked on the long-term booking of sports facilities by individual organizations but the facilities were not in use. As a result, the utilisation rate was rather low and it was a waste of the government’s resources:

*“...there are actually vacancies. The indoor one at the Ocean Court is always vacant; but sometimes when we want to make a booking, they say that the two rooms are reserved for people to play table tennis and thus cannot be booked by others. However, there is no one playing table tennis there...many spaces there are always vacant...”*  
(Interviewee 2J)

*“...out of the eight squash courts, four of them, those on the lower floor are used as squash courts, while the two on the upper floor, it’s ridiculous, two are billiard saloons, two are table tennis room, but they are vacant and can be used for dancing. I believe it’s not difficult to remove two table tennis tables...”* (Interviewee 2K)

*“...if it’s always vacant, it means that part of the resources is excessive. It’s not well-planned...”* (Interviewee 2L)

*“...for a couple of days...Tuesday, Wednesday, Thursday, three days...yes, they are held by them (LCSD)...but they are not used...even so they won’t cancel the booking...”* (All interviewees of Group 3)

*“...there’s one Southern District Recreation and Sports Association which reserves the venue for their courses. Even if there are only 2 to 3 persons taking the course, the association will keep the venue. As a result, those in need cannot book the venue...”*  
(Interviewee 3A)

## 7. Estate Management

- ❖ Most interviewees generally considered that the management of large scale private housing estates or private buildings was generally good. Also, as most of the tenement buildings in Tin Wan had set up owners' corporations, there was generally no problem in their management.
- ❖ Most interviewees considered that damaged facilities of the building could be repaired immediately.
- ❖ Most interviewees who were tenants of public housing estates considered that the estate management was just okay. The caretakers were rather responsible but the security personnel were not as good:  
*"...because he knows someone living here, so he knows the password. He himself is not a tenant, so he uses the password given by his friends at the back door to enter the building..." (Interviewee 3B)*

## 8. Health Promotion Activities

- ❖ Most interviewees generally considered that not many large scale health promotion activities were organized in the district. Also, as most activities were organized in individual housing estates, they failed to fulfill the goal of generalization:  
*"...to my understanding, activities are frequently organized in Shek Pai Wan, for three to four times...they also have home visits. They have activities every week..." (Interviewee 2J)*
- ❖ Individual interviewees hoped for more concern from the government for the needs of the residents in the district.  
*"...I think the government has spent too many hard resources and auxiliary facilities on educating and counseling the students and has overlooked the soft resources, such as counseling with kindness, the manner of dealing with people..." (Interviewee 2L)*  
*"...yes, interpersonal relationship...needs of the elderly..." (Interviewee 2J)*
- ❖ Some interviewees hoped the District Council could make good use of resources and they should not hang too many banners or distribute too many promotional materials, particularly during the election period.  
*"...for example, a family with three registered electors will receive three sets of materials, which will definitely go to the trash...if there are five district councillors, there will be five sets of materials for each person. Wow! That's a lot..." (Interviewee 2J)*  
*"...also, please don't hang too many banners there. There are too many of them. And they're replaced all the time..." (Interviewee 2J)*  
*"...there's only a tiny bit of stain on it and soon it's replaced with a new one. They should better not use a white background if they're so worried about the dirt..." (Interviewee 2L)*

## Questionnaire Survey Results

In October and November 2011, the working group conducted a community diagnosis questionnaire survey by random sampling at designated spots in the district, targeting Southern District residents aged 18 or above. The working group successfully collected data from 959 local residents, among which 465 lived in public estates, 127 in HOS flats, 366 in private estates/buildings and 1 in quarters.

Except for the background information of the respondents (Figure 1.1, Figure 1.2, Figure 2.1 and Figure 2.2), the percentage data of all descriptive statistics were weighted on age and gender. Various statistical analyses were also based on the weighted data.

### 1. Background information of respondents

- In this survey, the ratio of male to female respondents was 1:2.7 (Figure 1.1). About 50% of the respondents were aged 55 or above (Figure 1.2), a higher percentage than the general population of the district<sup>1</sup>.

Figure 1.1 Percentage of male and female respondents (n = 959)

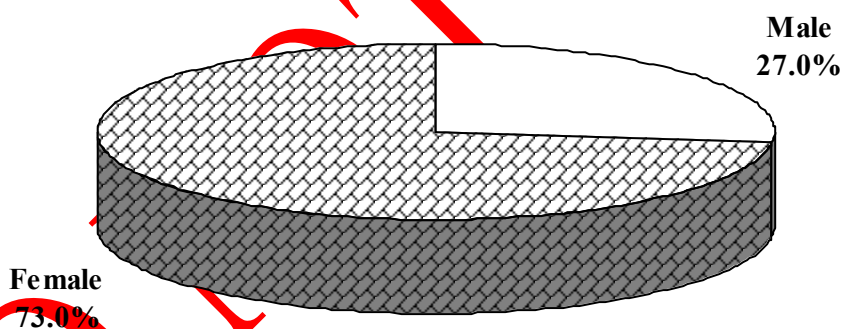
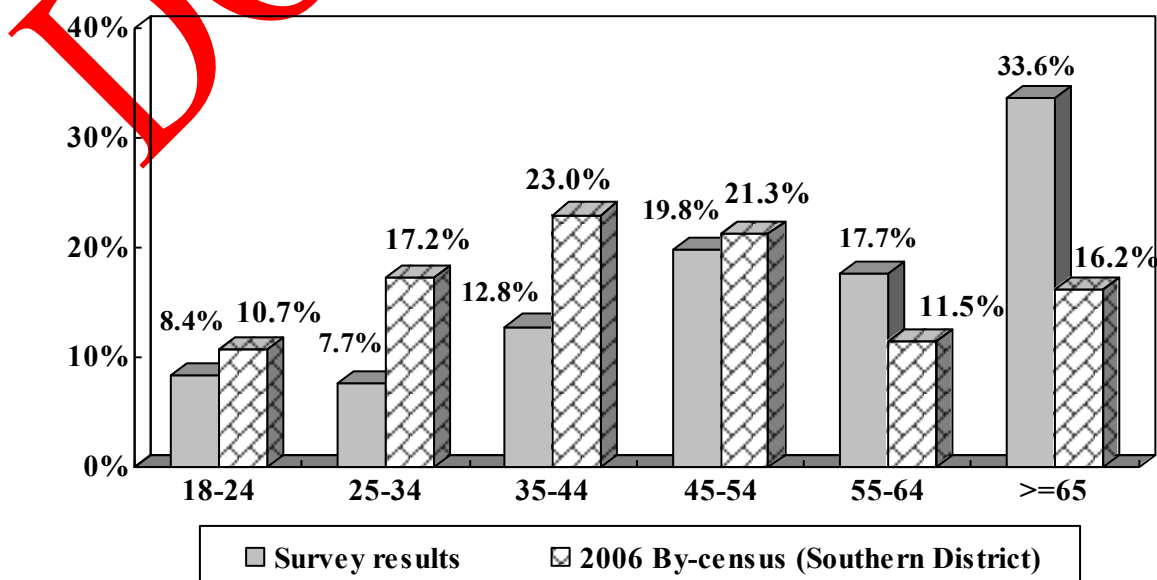


Figure 1.2 Age of respondents (n = 954)



## 2. General information of resident respondents

1. As shown in Figure 2.1, the distribution of housing types of the respondents was similar to the general population of the district<sup>1</sup>.
2. More than 80% of the resident respondents had lived in the district for more than 10 years (Figure 2.2).

Figure 2.1 Housing types of respondents (n = 959)

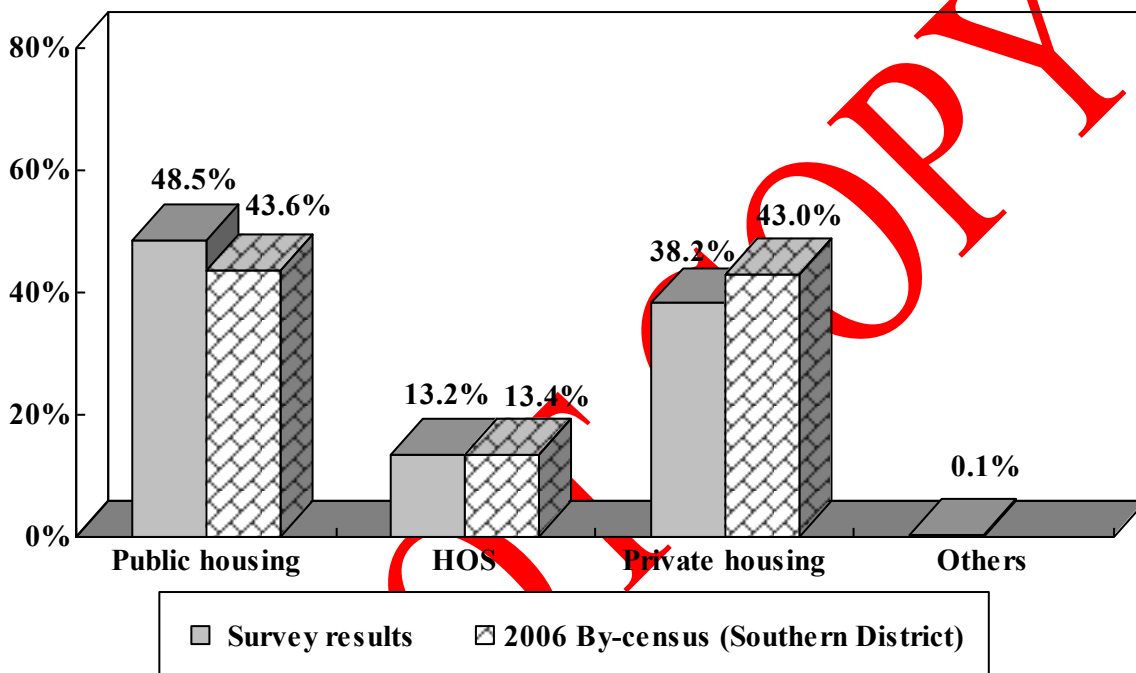
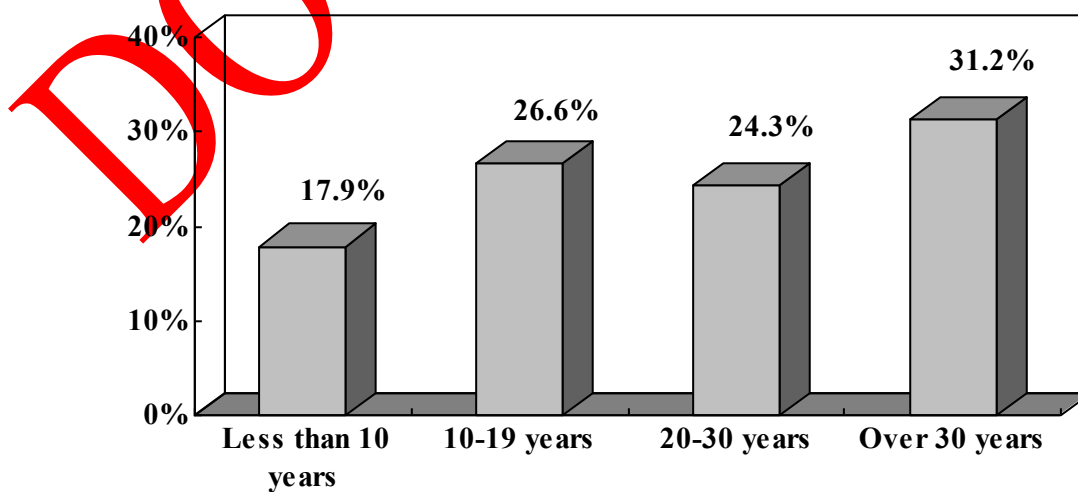


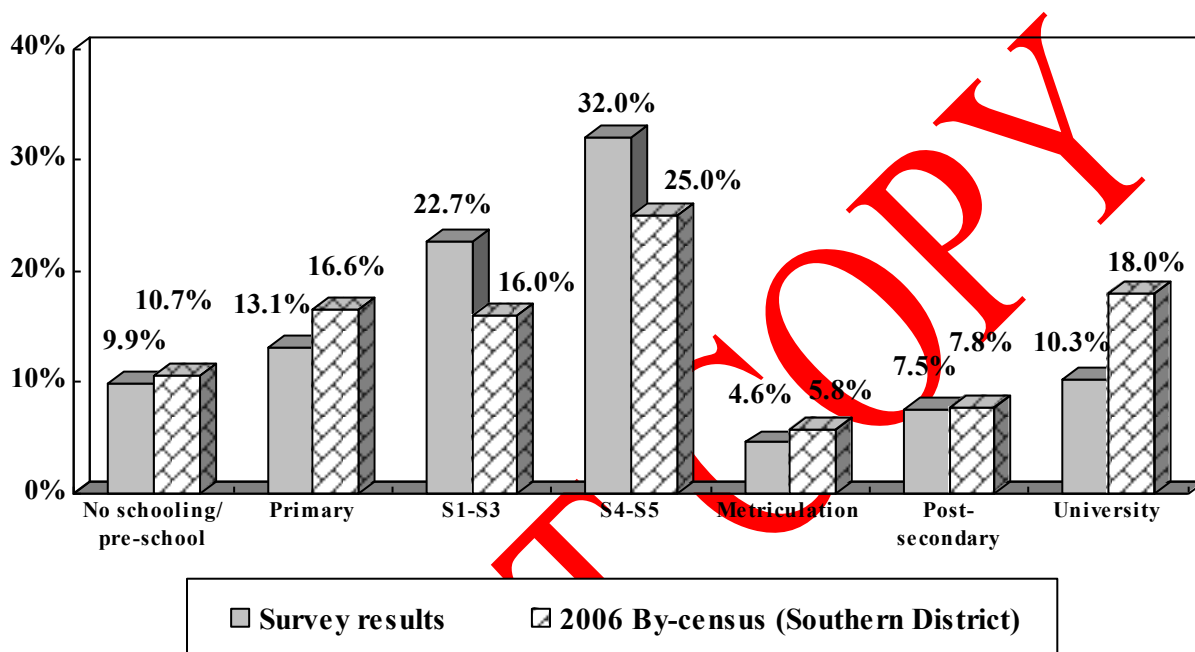
Figure 2.2 Respondents' duration of residence in Southern District (n = 957)



### 3. Educational attainment

90.1% of the respondents received formal education, a higher percentage than the general population of the district<sup>1</sup> (89.3%). The percentage of respondents who attained secondary education was also higher than the general population<sup>1</sup> (Figure 3).

Figure 3 Educational attainments of respondents

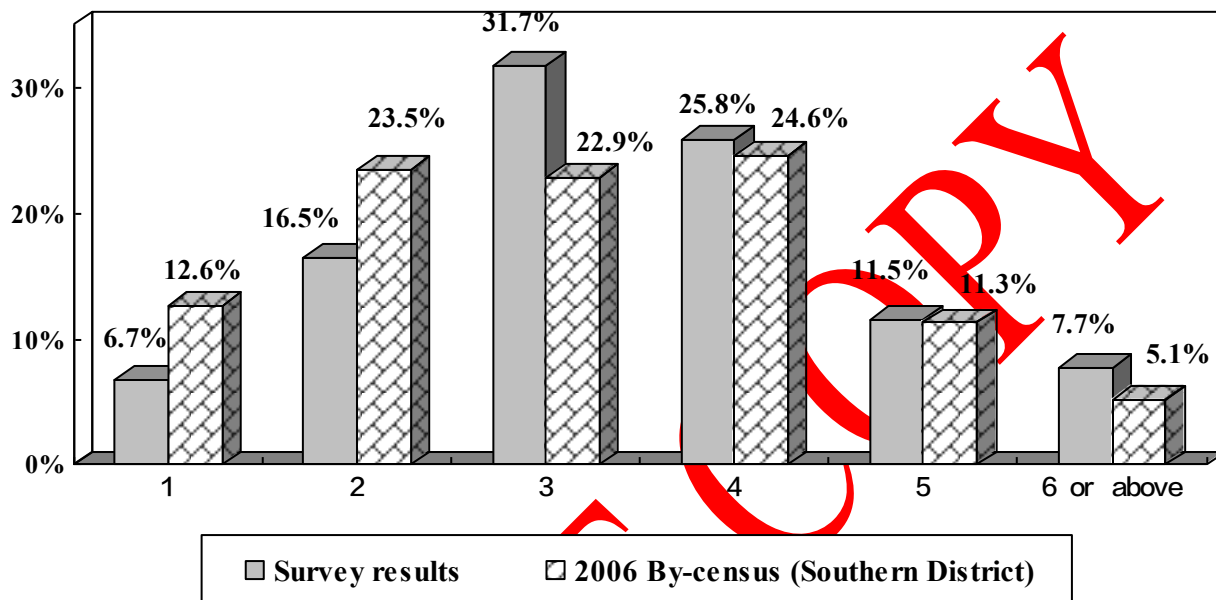


\* With reference to the results of the 2006 Population By-census from age 15 to 75 or above.

#### 4. Household size

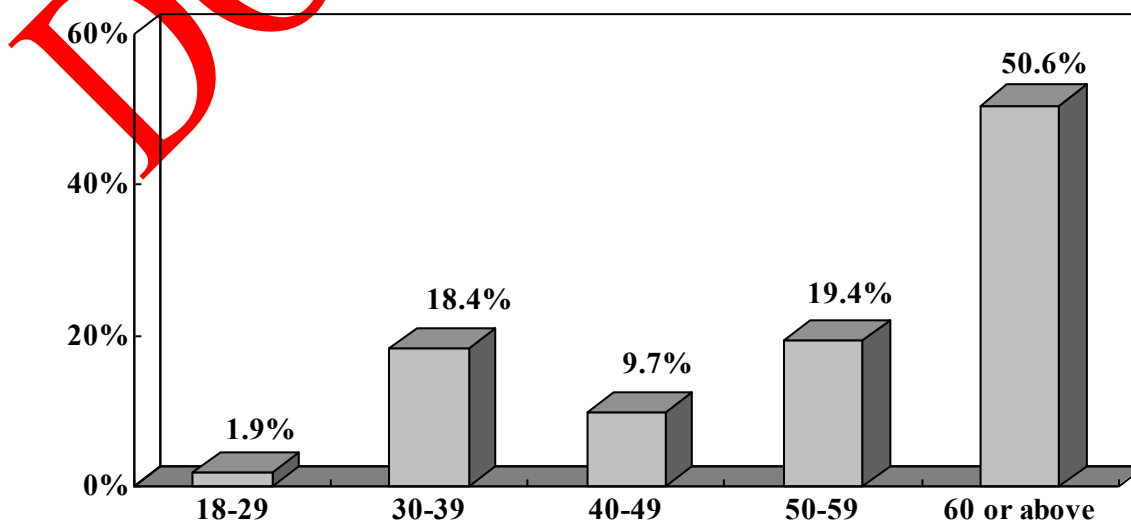
1. 76.8% of the respondents lived in families of at least 3 members, a higher percentage than the general population of the district<sup>1</sup>. 6.7% were single households, a far lower percentage than the general population of the district<sup>1</sup> (Figure 4.1).

Figure 4.1 Household sizes of respondents



2. Around 50% of those respondents living alone were aged 60 or above (Figure 4.2).

Figure 4.2 Age of singleton respondents





## 5. Occupation of respondents

1. As shown in Figure 5.1, 49.3% of the respondents were working population, who were mainly (1) service workers and shop sales workers, (2) clerks, (3) professionals (Figure 5.2), a higher percentage than the general population of the district<sup>1</sup>. 18.7% of the respondents were retired (Figure 5.1).
2. 10.4% of the respondents had part-time job as their main occupation, mostly in the capacity of service workers and shop sales workers.

Figure 5.1 Current employment status of respondents

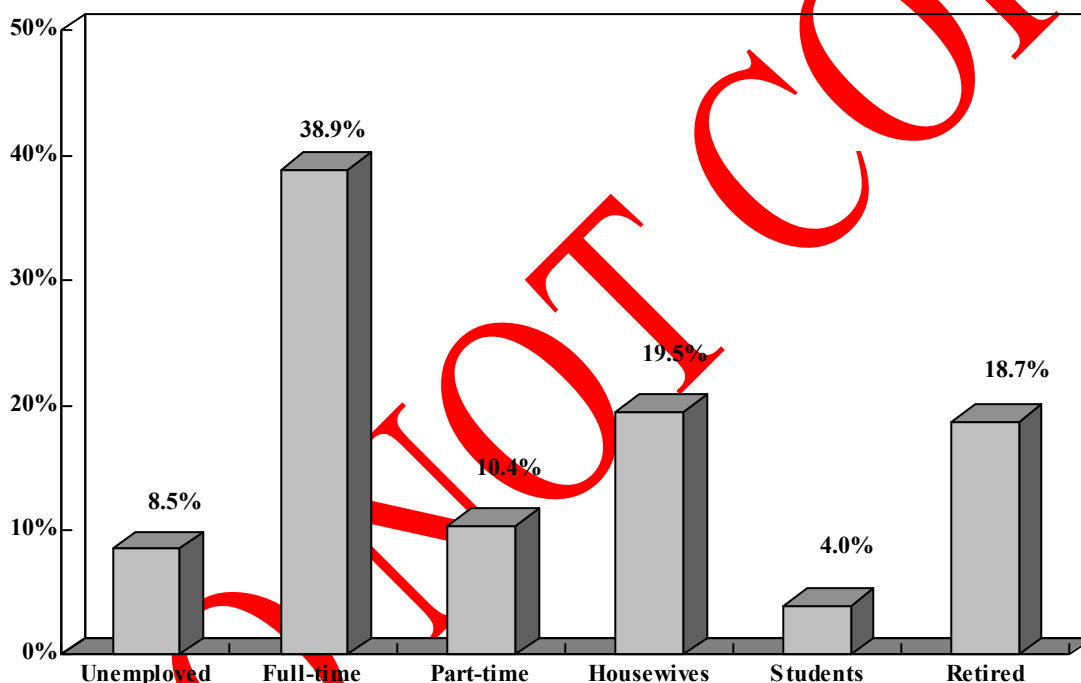
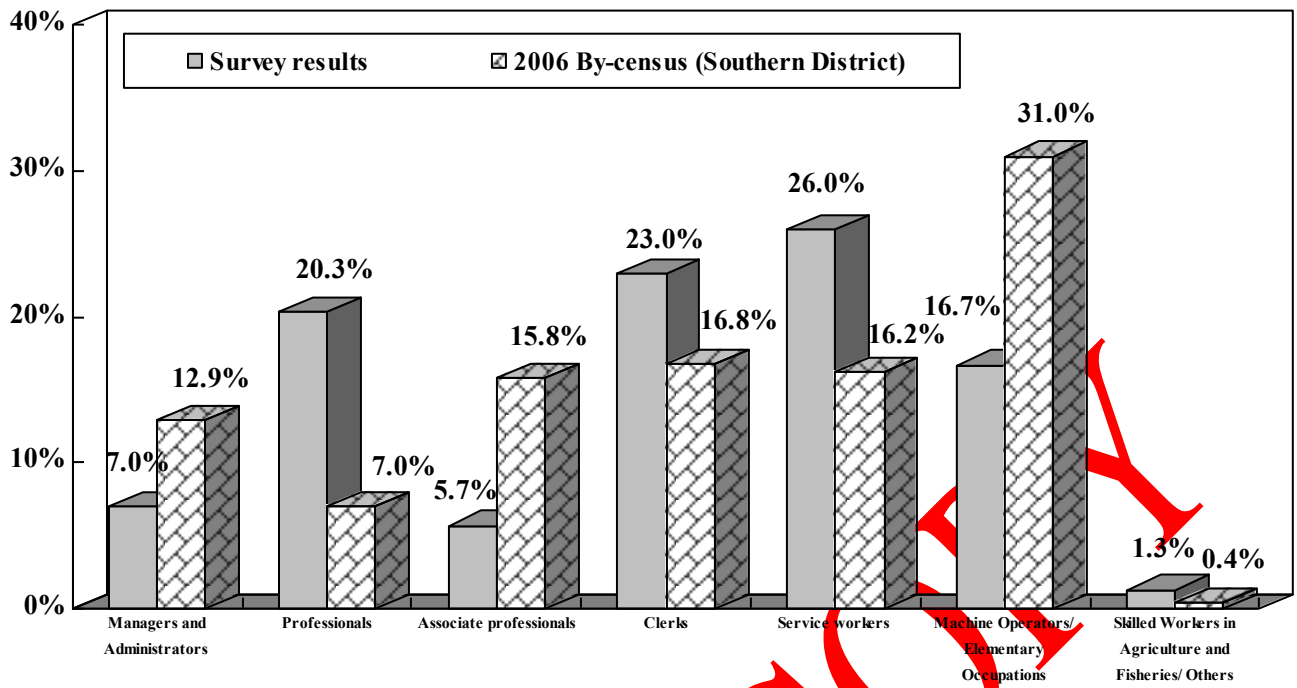


Figure 5.2 Occupation of respondents under full-time employment



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3. 51.0% reported to have no income. Among the respondents who reported to have an income, more than 25% (26.8%) had an average monthly income of \$15,000 or above. Many respondents (36.4%) reported an average monthly income of \$4,000 – \$9,999, which was also the most common income bracket for the general population of the district (33.6%)<sup>1</sup> (Figure 5.3).
4. As shown in Figure 5.1, 8.5% of the respondents reported to be unemployed, with the age group of 45 – 54 as the most common bracket, which accounts for close to 30% (Figure 5.4).

Figure 5.3 Average monthly income of respondents

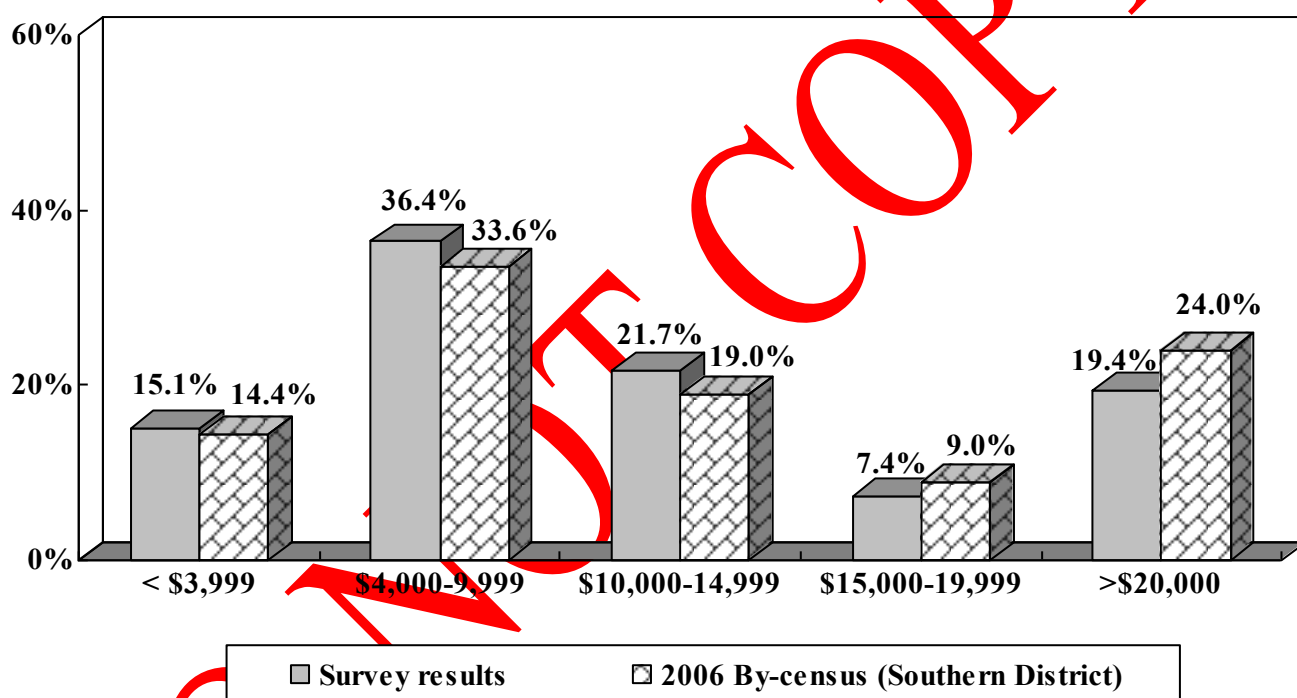
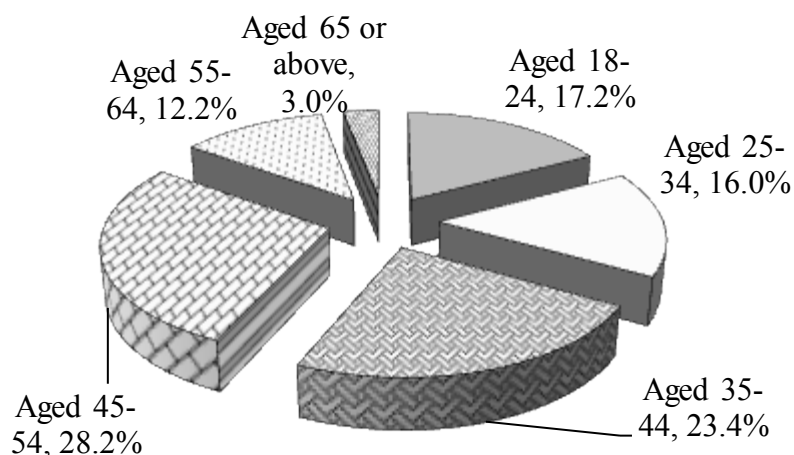


Figure 5.4 Age of unemployed respondents



## 6. Subjective quality of life

With reference to the WHO's Quality of Life Measure (Abbreviated version) (1998)<sup>4</sup>, the working group assessed the subjective quality of life of the respondents in terms of overall quality of life, physical health (PH), mental health (MH), interpersonal relationship (IR) and quality of the environment (QE).

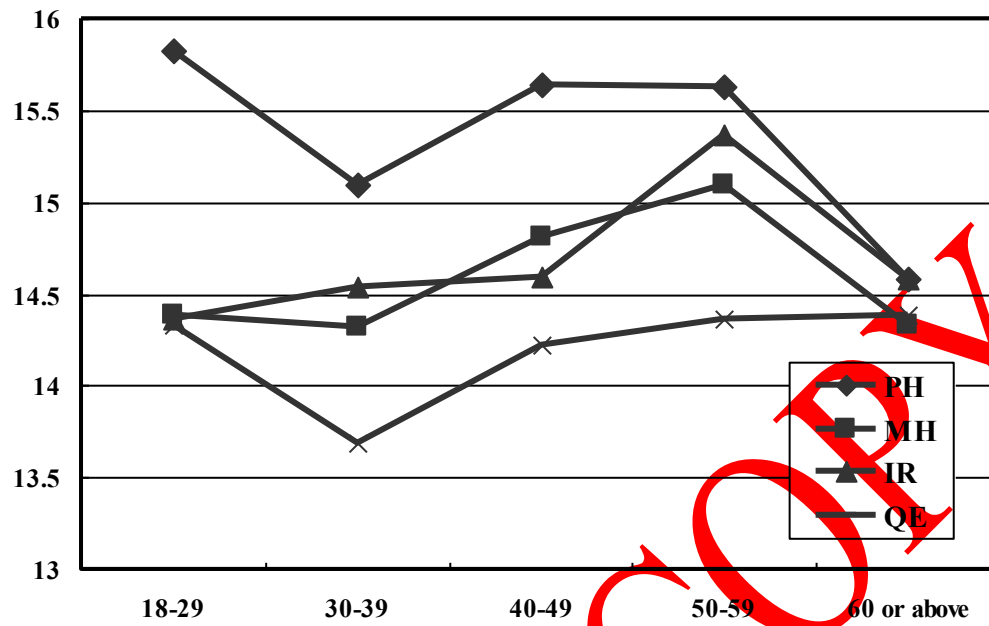
1. Table 1 shows the average scores given by the respondents for four aspects of subjective quality of life, with an overall average score of 14.70. The score for QE was substantially lower than the other three aspects.
2. Figure 6.1 shows the scores given by different age groups for the four aspects. The scores given by respondents aged 30-39 for MH, IR and QE were substantially lower than the other age groups. The score for QE was substantially lower than the other three aspects.

**Table 1: Average scores given by respondents for four aspects of subjective quality of life**  
(Full score: 20)

	Physical Health (PH)	Mental Health (MH)	Interpersonal Relationship (IR)	Quality of Environment (QE)	Overall average
<b>Average</b>	15.35	14.58	14.69	14.19	<b>14.70</b>

<sup>4</sup> Hong Kong Project Team on the development of the Hong Kong Chinese Version WHOQOL (1997). *Hong Kong Chinese Version World Health Organization Quality of Life Measure Abbreviated version*. Hong Kong: Hong Kong Hospital Authority.

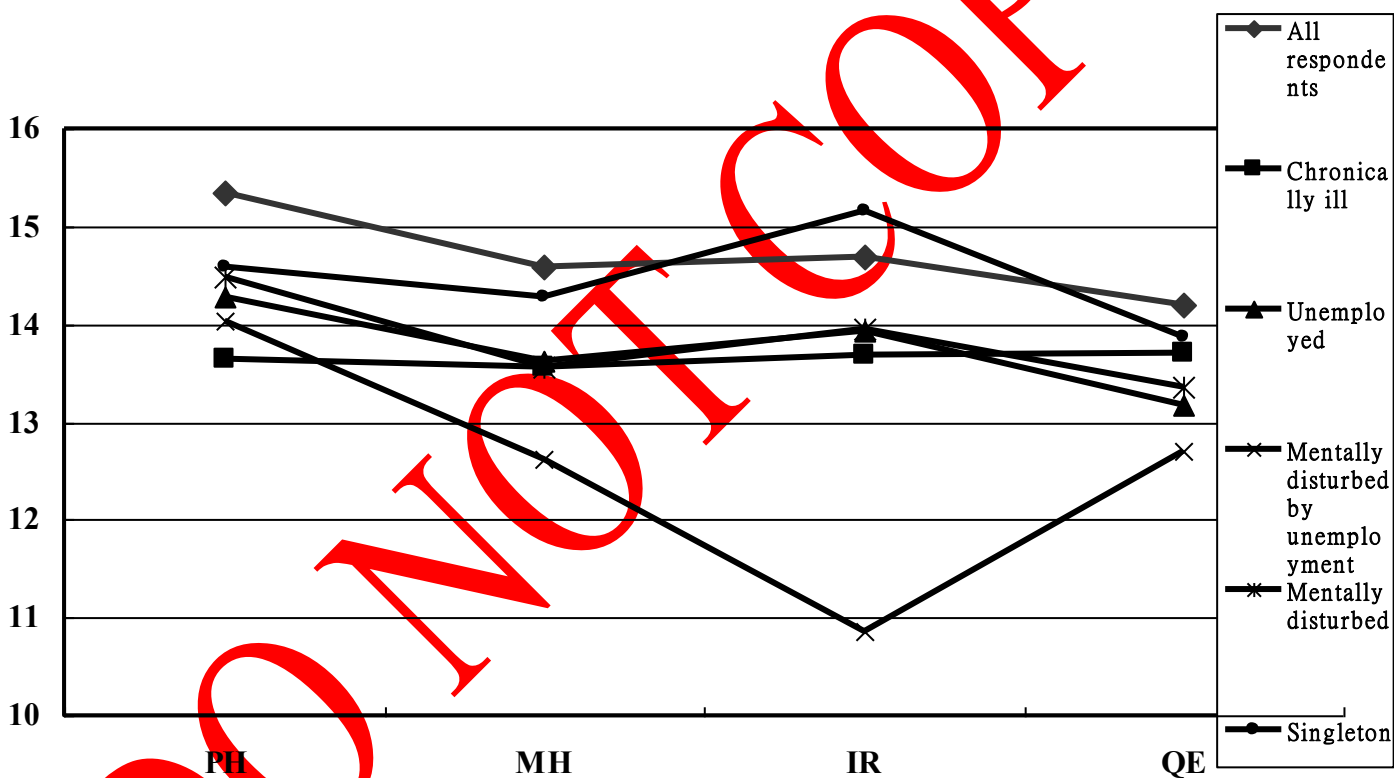
**Figure 6.1 Comparison of scores given by different age groups for four aspects of subjective quality of life (full score: 20)**



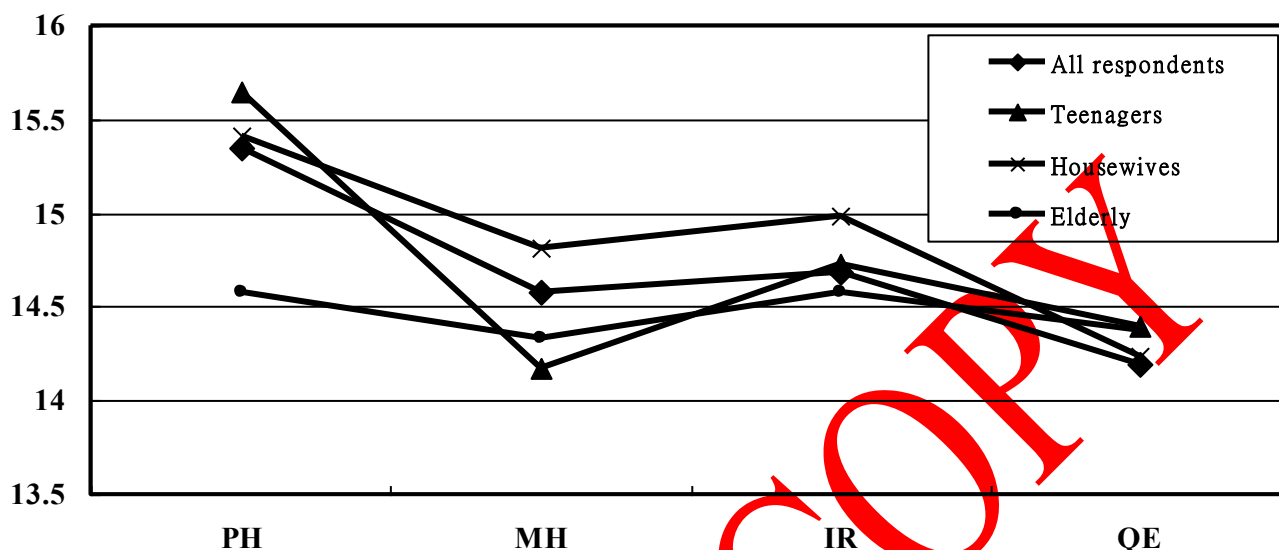
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3. Figures 6.2.1 and 6.2.2 show the scores given by respondents of different background for the four aspects.
4. It was found that the scores given by respondents who were mentally disturbed by unemployment, mentally disturbed, chronically ill or unemployed were substantially lower than all other respondents across the four aspects. In particular, the scores for IR given by respondents who were mentally disturbed by unemployment were also lower than those given by the other respondents (Figure 6.2.1).
5. It was also found that the scores given by housewives for the four aspects were substantially higher than those given by all other respondents (Figure 6.2.2).

**Figure 6.2.1 Comparison of scores given by respondents of different background for four aspects of subjective quality of life (full score: 20)**



**Figure 6.2.2 Comparison of scores given by respondents of different background for four aspects of subjective quality of life (full score: 20)**



## 7. Lifestyle

### *Habits regarding tobacco, alcohol and drugs (analgesics, hypnotics and sedatives)*

1. The working group sought to investigate whether the respondents had the habit of smoking at least one cigarette daily. 76.5% of them reported that they and those with whom they lived had no smoking habit, while 12.2% were non-smokers affected by passive smoking at home (Table 2).

**Table 2: Whether respondents or those with whom they lived smoked**

Scenario	Percentage
Neither smoked	76.5%
Respondent had smoking habit	9.8%
Those with whom respondent lived had smoking habit	12.2%
Both had smoking habit	1.5%

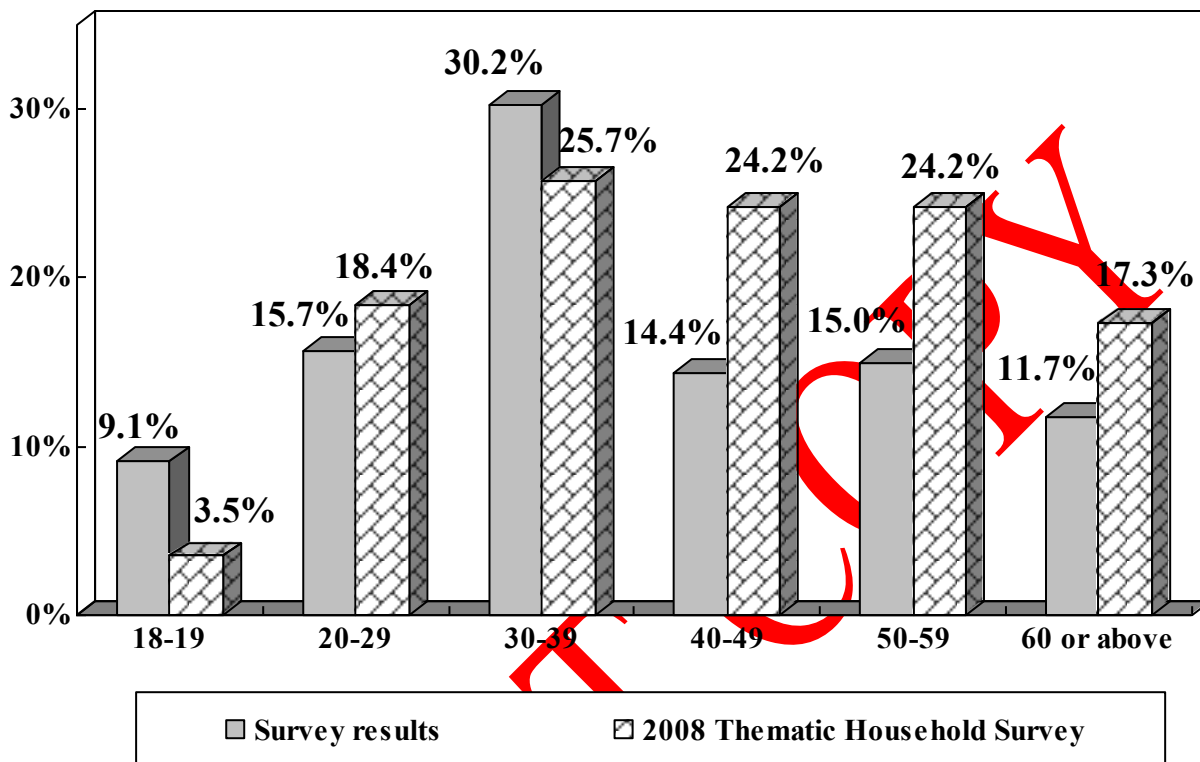
2. With reference to the results of Thematic Household Survey in 2008, it was found in this survey that the percentage of smokers among male respondents aged 18–19 and 30–39 was higher than the territory-wide figure<sup>5</sup> (Figure 7.1.1), while the percentage of smokers among female respondents aged 20–29 was much higher than the territory-wide figure, and the

<sup>5</sup>政府統計處(2008). 主題性住戶統計調查第三十六號報告書. 香港: 政府統計處 社會統計調查組

<sup>5</sup> Census and Statistics Department (2008). Thematic Household Survey Report No. 36. Hong Kong: Social Surveys Section, Census and Statistics Department.

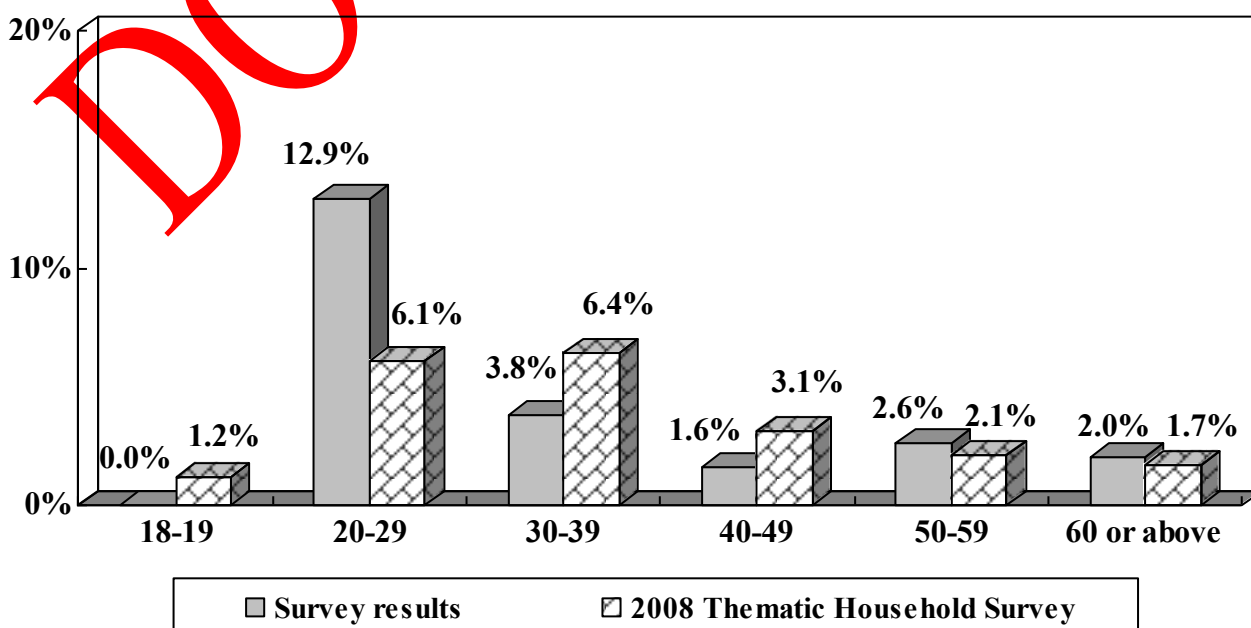
percentage of smokers among female respondents aged 50 or above was a bit higher than the territory-wide figure<sup>5</sup> (Figure 7.1.2).

**Figure 7.1.1 Percentage of male respondents who smoked daily for different age groups**



\* With reference to the results of Thematic Household Survey in 2008, the respondents were classified under the following age groups: 15-19, 20-29, 30-39, 40-49, 50-59 and 60 or above.

**Figure 7.1.2 Percentage of female respondents who smoked daily for different age groups**

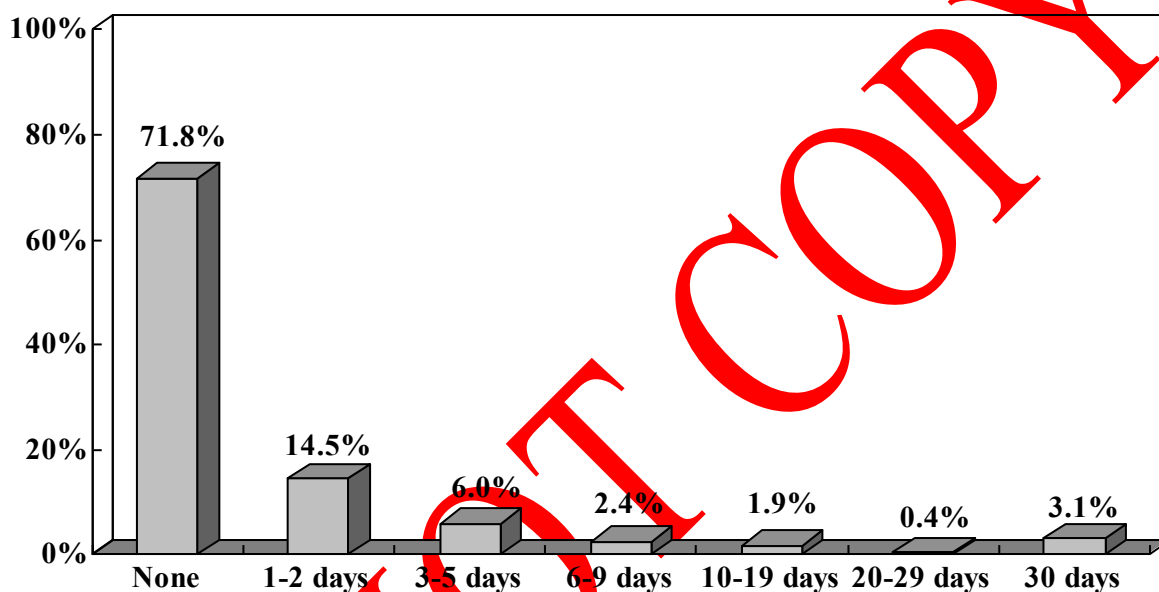




\* With reference to the results of Thematic Household Survey in 2008, the respondents were classified under the following age groups: 15–19, 20–29, 30–39, 40–49, 50–59 and 60 or above.

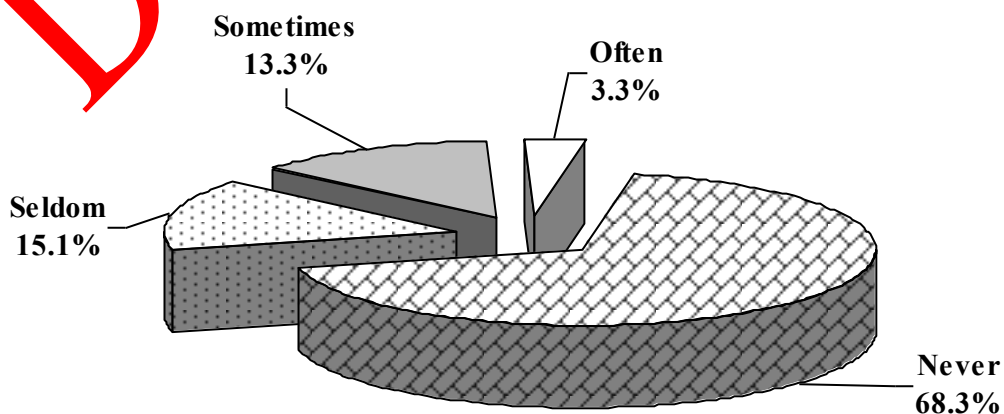
- 28.2% of the respondents reported that they consumed at least one glass of alcoholic drinks in the past 30 days (Figure 7.3), and about 55% of them usually consumed drinks with an alcoholic content of 1.1%– 10.0%.

**Figure 7.3 Alcohol consumption of respondents in the past 30 days**



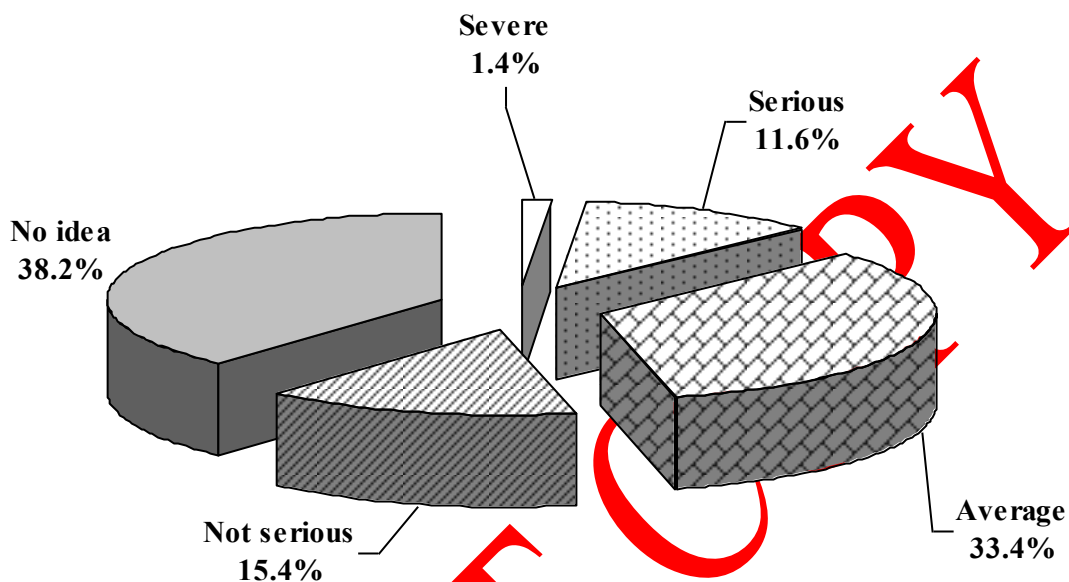
- 31.7% of the respondents reported that they had habitual consumption of drugs like analgesics, hypnotics and sedatives (Figure 7.4).

**Figure 7.4 Habitual consumption of drugs (analgesics, hypnotics and sedatives)**



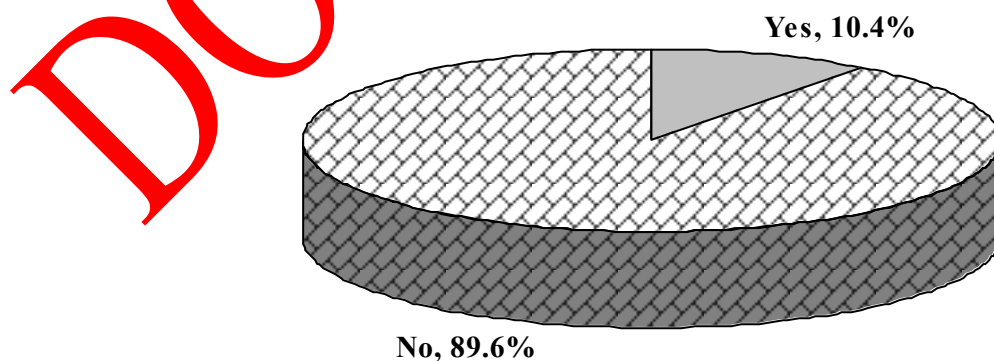
4. More than 10% of the respondents found the problem of drug abuse serious in the district, while close to 40% reported that they had no idea about this issue in the district (Figure 7.5).

**Figure 7.5 Problem of drug abuse in Southern District as perceived by respondents**



5. 10.4% of the respondents reported that they had acquaintance(s) who abused drugs (Figure 7.6).

**Figure 7.6 Whether respondents had any acquaintance(s) who abused drugs**



**Diet**

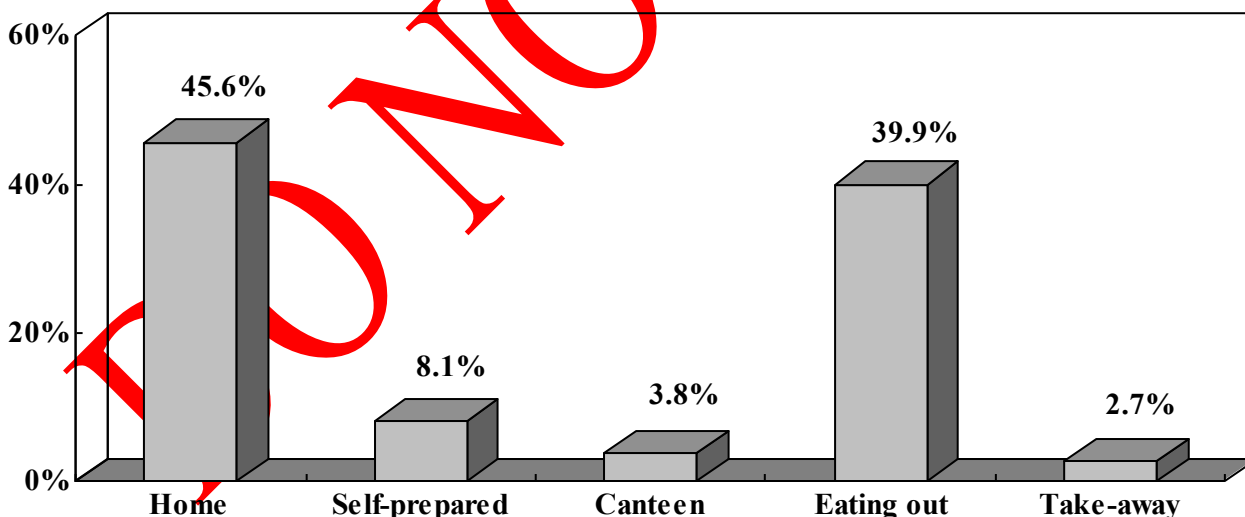
6. The Department of Health is actively promoting healthy diet and encouraging the public to eat two servings of fruits and three servings of vegetables every day under the slogan of “2 plus 3”. It was found in this survey that only 26.2% and 8.8% of the respondents had eaten at least two servings of fresh fruits and three servings of vegetables respectively in the past week, while 4.1% and 1.6% reported that they had not eaten any fruits nor vegetables respectively (Table 3).

**Table 3: Consumption of fresh fruits and vegetables by respondents in the past week**

	None	1 – 3 times in 7 days	4 – 6 times in 7 days	Once daily	Twice daily	3 times daily	4 times or more daily
<b>Fresh fruits</b>	4.1%	17.4%	9.8%	42.5%	21.0%	4.0%	1.2%
<b>Vegetables</b>	1.6%	8.9%	7.4%	39.2%	34.1%	6.4%	2.4%

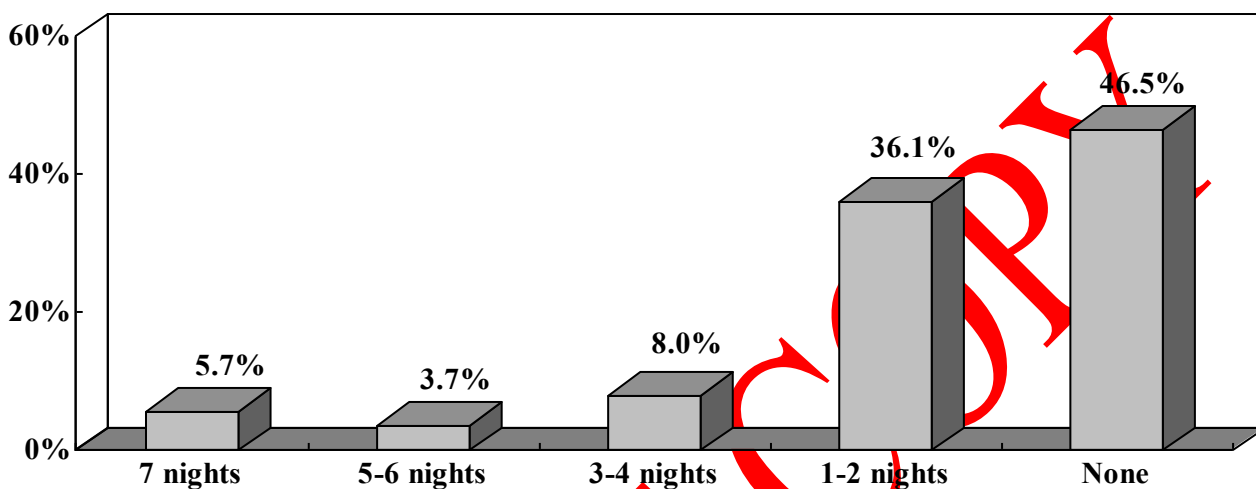
7. 45.6% of the respondents reported that they usually had lunch at home on an ordinary day, while 39.9% usually ate out for lunch (Figure 7.7).

**Figure 7.7 Lunch for respondents on an ordinary day**



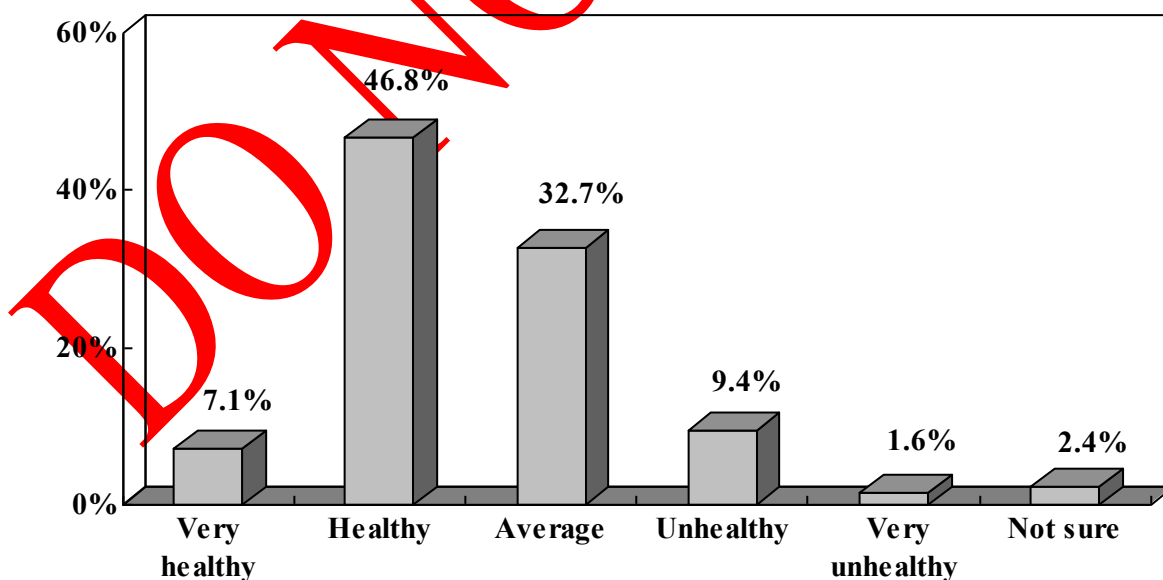
8. Close to 50% of the respondents reported that they had not eaten out for dinner in the past week, while 5.7% had eaten out for dinner on each day of the past week (Figure 7.8).

**Figure 7.8 Eating out or take-away for dinner by respondents in the past week**



9. More than 50% of the respondents considered their diet healthy (53.9%), while 2.4% were not sure whether their diet was healthy (Figure 7.9).

**Figure 7.9 Respondents' perception of their own diet**



**Physical activity**

10. 60.9% of the respondents reported that they had taken part in aerobic or leisure exercise on at least three days in the past week, and 38.8% had had 30 minutes of exercise cumulatively every day. Elderly and housewives are the groups that had the highest tendency of doing exercise on a regularly basis. However, 13.5% had not done any kind of physical activity in the past week with the highest percentage in the 18 – 29 age group, and the students and the employed (full-time and part-time) had a higher tendency of not doing any exercise (Table 4, Table 5 and Table 6).

**Table 4: Physical activity by respondents in the past week**

	Daily	1-6 days	None
Physical activity of medium intensity or above for at least 60 minutes cumulatively	2.1%	18.3%	79.6%
Aerobic exercise for at least 30 minutes cumulatively	5.6%	29.8%	64.5%
Leisure exercise for at least 30 minutes cumulatively	38.8%	28.6%	32.5%
Muscle training exercise for at least 5 minutes Cumulatively	5.2%	13.4%	81.4%
Stretching exercise for at least 5 minutes cumulatively	19.5%	29.0%	51.5%

**Table 5: Physical activity by respondents of different age groups in the past week**

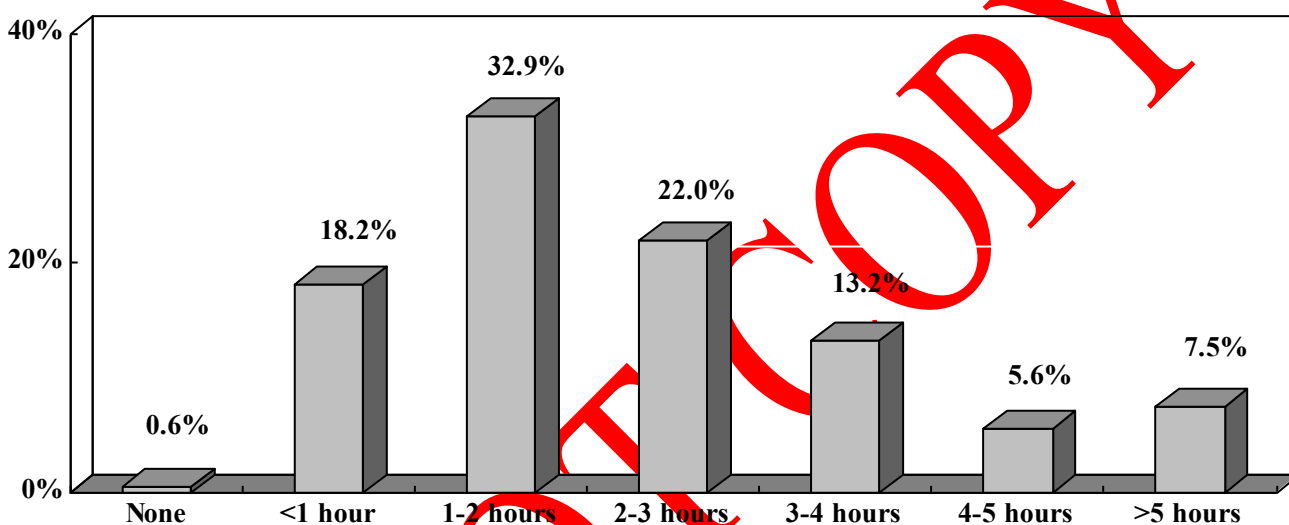
	18-29	30-39	40-49	50-59	60 or above	Overall
Regular exercise (aerobic or leisure exercise for at least 30 minutes on 3 days or more)	44.5%	45.9%	62.3%	64.9%	85.2%	60.9%
Physical activity of medium intensity or above for at least 60 minutes cumulatively	41.3%	25.9%	18.7%	13.2%	4.0%	20.4%
Aerobic exercise for at least 30 minutes cumulatively	50.1%	43.8%	34.7%	32.9%	16.9%	35.5%
Leisure exercise for at least 30 minutes cumulatively	57.1%	58.6%	69.2%	66.7%	83.9%	67.5%
Muscle training exercise for at least 5 minutes cumulatively	35.7%	18.7%	18.8%	11.1%	8.9%	18.6%
Stretching exercise for at least 5 minutes cumulatively	46.9%	45.1%	47.5%	52.0%	49.1%	48.5%
None of the above	19.9%	14.1%	13.0%	13.2%	8.1%	13.5%

**Table 6: Physical activity by respondents of different background in the past week**

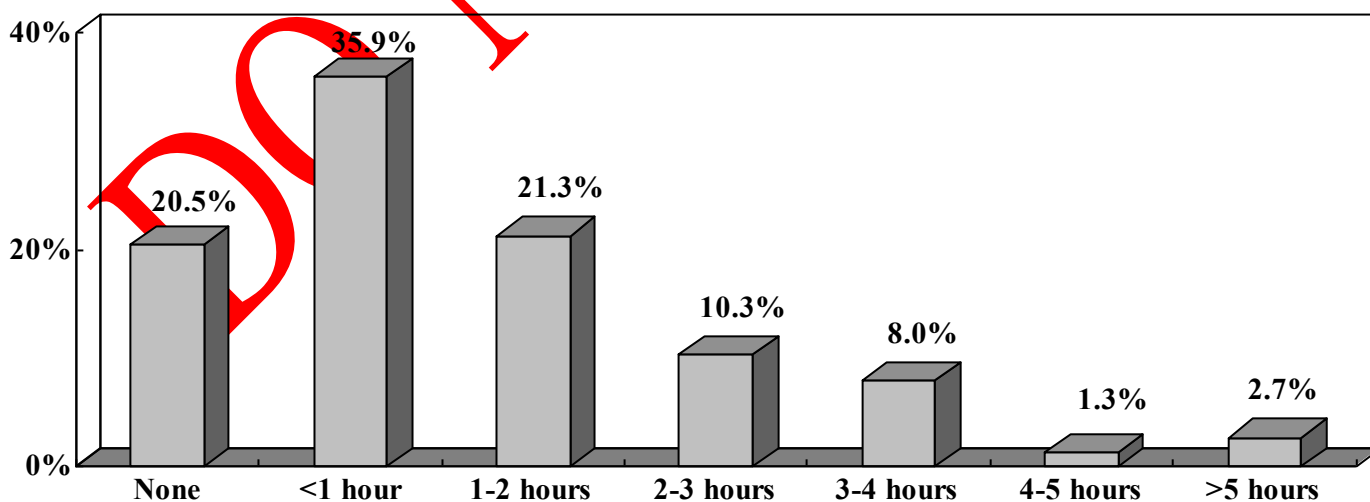
	Employed full-time	Unemployed	Retired	Employed part-time	Housewives	Students	Overall
Regular exercise (aerobic or leisure exercise for at least 30 minutes on 3 days or more)	47.1%	56.6%	84.7%	43.2%	78.5%	30.9%	60.6%
Physical activity of medium intensity or above for at least 60 minutes cumulatively	30.3%	29.3%	6.3%	17.8%	8.3%	52.9%	20.6%
Aerobic exercise for at least 30 minutes	43.8%	54.7%	19.1%	32.3%	26.3%	66.0%	35.8%
Leisure exercise for at least 30 minutes	55.4%	50.4%	85.0%	62.6%	84.7%	45.0%	67.3%
Muscle training exercise for at least 5 minutes	24.8%	18.8%	9.6%	19.5%	10.2%	49.1%	18.8%
Stretching exercise for at least 5 minutes	50.0%	53.1%	48.1%	42.7%	50.2%	47.8%	49.0%
None of the above	20.7%	11.5%	6.9%	14.8%	5.0%	21.8%	13.5%

11. As shown in Figure 7.10, 48.3% of the respondents spent more than two hours daily on television, newspapers, magazines or books, most of them aged 40-59. From Figure 7.11, 22.3% spent more than two hours of their spare time daily on Internet and electronic/computer games, most of them aged 18-29. According to research findings of Martinez-Gonzalez<sup>6</sup> et al and Stamatakis et al<sup>7</sup>, spending more than two hours daily on static activities like watching television and playing electronic/computer games is regarded as excessive, and it can lead to obesity.

**Figure 7.10 Time spent on TV, newspapers, magazines and books daily by respondents**



**Figure 7.11 Spare time spent on Internet and computer/electronic games daily by respondents**



<sup>6</sup> MA Martinez-Gonzalez, J Alfredo Martinez, FB Hu, MJ Gibney and J Kearney (1999). Physical Inactive, Sedentary Lifestyle and Obesity in the European Union. *International Journal of Obesity*, 23, 1192-1201.

<sup>7</sup> Stamatakis E, Hirani V and Rennie K (2009). Moderate-to-vigorous Physical Activity and Sedentary Behaviours in Relation to Body Mass Index-defined and Waist Circumference-defined Obesity. *The British Journal of Nutrition*, 101 (5), 765-773.

## **8. Mental health**

1. 24.8% of the respondents reported that they had been affected by emotional issues in the past three months, as shown in Table 7, Table 8 and Table 9. Emotional issues were more prevalent among women and the 18 – 29 age group.
2. 24.6% of the respondents reported that they were aware of individual organizations in the district which offered assistance to those with emotional issues, such as Caritas, Social Welfare Department, Aberdeen Kai-fong Welfare Association, Shek Pai Wan Elderly Centre, Wong Chuk Hang Service Centre, The Samaritan Befrienders, Department of Psychiatry of the Queen Mary Hospital, Youthline, The Neighbourhood Advice-Action Council, New Life Psychiatric Rehabilitation Association, Fu Hong Society. Also, 41.1% of the respondents reported that they are not sure whether there is any organization in the district which offered assistance to those in need.

**Table 7: Respondents affected by emotional issues in the past three months**

	Yes	No
<b>Capacity for work</b>	17.7%	82.3%
<b>Daily life</b>	15.7%	84.3%
<b>Social life</b>	10.8%	89.2%

**Table 8: Respondents of different age groups affected by emotional issues**

	18-29	30-39	40-49	50-59	60 or above
<b>Capacity for work</b>	23.6%	19.6%	20.2%	15.5%	9.4%
<b>Daily life</b>	18.7%	15.5%	16.3%	16.4%	11.8%
<b>Social life</b>	15.5%	15.8%	7.4%	10.3%	6.3%

**Table 9: Respondents of different genders affected by emotional issues**

	Male	Female
<b>Capacity for work</b>	17.1%	18.3%
<b>Daily life</b>	13.5%	17.7%
<b>Social life</b>	11.5%	10.2%



## **9. Interpersonal Relationship**

Table 10 shows how the respondents perceived their interpersonal relationship as well as relationship with family and neighbours. Overall speaking, the level of satisfaction for the neighbours was lower than that for the family by 18.0%.

**Table 10: Perceived interpersonal relationship and relationship with family and neighbours**

	<b>Satisfactory / Very satisfactory %</b>
Interpersonal relationship	75.0%
Relationship with family	82.7%
Relationship with neighbours	64.7%

## **10. Needs of local groups**

1. The working group sought to investigate the extent of concern of local residents for various groups in the district, from a scale of 1 (that group is not in need of care and concern) to 10 (that group is in extreme need of care and concern) (Table 11).
2. As shown in Table 11, the respondents regarded the elderly as the most in need of more care and concern in the district (86.4%), and more than 80% considered that the physically disabled and the mentally handicapped persons in the district needed more care.
3. Around 70% of the respondents regarded children and adolescents, low-income persons, single-parent families as well as ex-mental patients in the district needed more care.

**Table 11: Perceived need for care & concern of various groups**

	<b>Average Score</b>	<b>% of Score&gt;6</b>
<b>Children &amp; adolescents</b>	6.91	71.5%
<b>Elderly</b>	8.03	86.4%
<b>Ethnic minorities</b>	4.74	41.2%
<b>Low-income persons</b>	6.56	68.1%
<b>Ex-mental patients</b>	6.59	68.0%
<b>Street sleepers</b>	4.94	45.6%
<b>Single-parent families</b>	6.36	68.0%
<b>New arrivals</b>	5.58	54.7%
<b>Physically disabled persons</b>	7.57	80.2%
<b>Mentally handicapped persons</b>	7.59	80.7%

**11. Level of satisfaction among resident respondents with respect to services provided by the Government/voluntary bodies/private entities**

1. The working group sought to investigate how satisfied local residents were with the services provided by the Government/voluntary bodies/private entities, from a scale of 1 (unacceptable) to 10 (very satisfied) (Table 12).
2. As shown in Table 12, the respondents were the most satisfied with security and fire service in the district.
3. Among the services, the respondents were the least satisfied with the healthcare service, especially A&E service and public general outpatient clinic service (Table 12). Most respondents found the healthcare service incapable of coping with demand, while some remarked on excessive queuing time in public hospitals and inconvenience in using the outpatient telephone booking system.
4. Table 12 also shows that some respondents were dissatisfied with some of the community services, especially family welfare and crisis management service. Also, close to 30% of the respondents had no comment on the community services in the district.

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**Table 12: Level of satisfaction among respondents with respect to services provided by the Government/voluntary bodies/private entities**

	Average score	No comment %
<b>Environmental hygiene</b>	6.71	3.9%
<b>Family doctor service</b>	6.80	19.9%
<b>Private outpatient service</b>	6.31	22.9%
<b>Public general outpatient clinic service</b>	5.36	9.1%
<b>Private specialist/outpatient clinic service</b>	5.98	33.3%
<b>Public specialist/outpatient clinic service</b>	5.56	16.2%
<b>A&amp;E service</b>	5.35	14.4%
<b>Public in-patient service</b>	6.19	16.2%
<b>Community health education &amp; promotion service</b>	6.13	18.3%
<b>Public order</b>	7.37	5.9%
<b>Fire service</b>	7.60	8.0%
<b>Bus service</b>	6.25	3.2%
<b>Minibus service</b>	6.33	5.5%
<b>Ferry service</b>	6.79	38.7%
<b>Taxi service</b>	7.27	17.8%
<b>Estate/Building management</b>	7.22	5.8%
<b>Carpark facilities</b>	6.67	38.7%
<b>Parks &amp; recreational/sports facilities</b>	6.55	7.3%
<b>Cultural/Recreational service</b>	6.43	15.3%
<b>Child care service</b>	6.61	29.6%
<b>Adolescent service</b>	6.39	28.0%
<b>Family welfare &amp; crisis management service</b>	6.05	30.5%
<b>Community elderly service</b>	6.77	19.7%
<b>Rehabilitation service</b>	6.46	28.5%

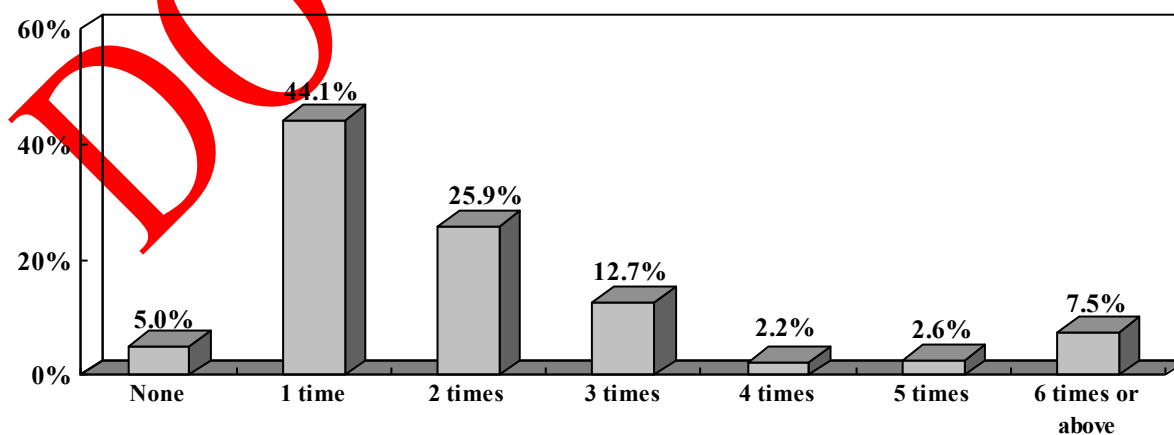
## 12. Health and safety

1. The working group sought to investigate the health and safety situation of the residents in the past three months. 16.0% of the respondents reported injuries due to accidents, most of which happened at home causing minor injuries that did not need medical attention (39.6%). However, 19.8% reported minor injuries like slips in the street. It was also found that more serious injuries that required treatment by doctor and sick leave mostly happened at workplace (9.2%) (Table 13).
2. 49.5% of the respondents reported illness or physical discomfort, most of which only required only one or two visits to the doctor (Figure 8.1). Most visits were triggered by acute illnesses (68.6%), and 27.7% by chronic illnesses (Figure 8.2).
3. Most respondents reported that they had not used hospitalization service in the past three months (95.4%). For those who had used hospitalization service, the period of stay was from 1 to 60 days. Among them, close to 70% was hospitalized for one week or below.

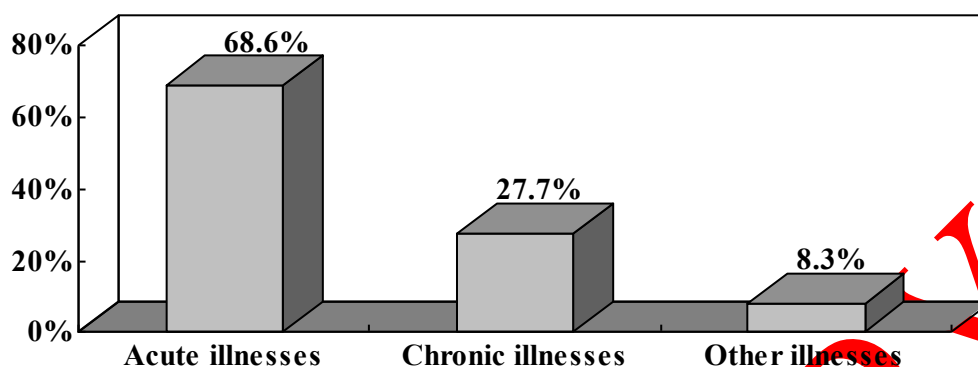
**Table 13: Injuries sustained by respondents**

	At Home	In Workplace	In School	In the street
Minor injuries, no medical attention needed	39.6%	12.4%	0.3%	19.8%
Post-injury treatment by doctor needed, but no sick leave required	8.3%	3.3%	0.7%	6.6%
More serious injuries, treatment by doctor and sick leave required	0.3%	9.2%	0.0%	2.1%
Serious injuries, hospitalization and sick leave required	2.9%	2.2%	0.0%	2.0%

**Figure 8.1 Number of visits to doctors due to illness or physical discomfort**



**Figure 8.2 Reason of visiting the doctors**



4. The respondents were asked whether they had heard about any safety incidents that happened in the district, from a scale of 1 (never) to 10 (often) (Table 14).
5. As shown in Table 14, the district enjoyed good security and accidents were infrequent, but more than 30% reported relatively frequent accidents due to objects dropped/falling from height.

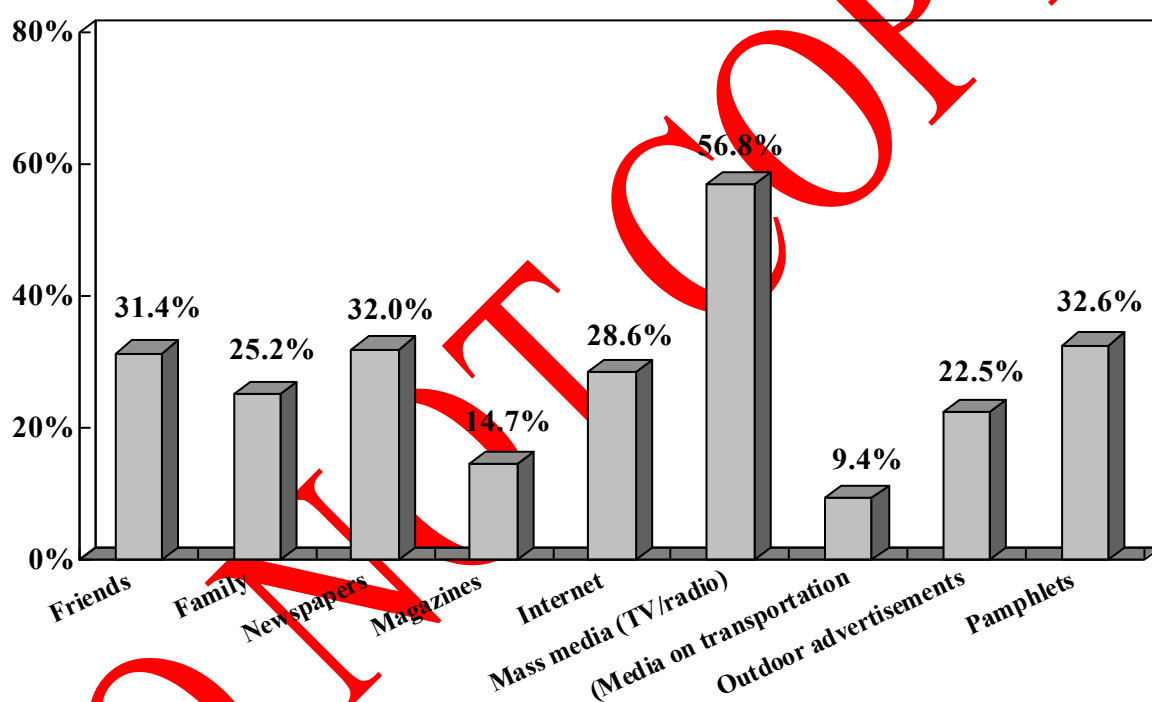
**Table 14: Respondents' knowledge of safety incidents in the past three months**

	Average score	% of Score>6
<b>Pickpocket</b>	2.08	10.8%
<b>Housebreaking/theft</b>	2.05	10.4%
<b>Household accidents</b>	2.18	12.3%
<b>Workplace accidents</b>	1.75	9.9%
<b>Traffic accidents</b>	2.59	14.2%
<b>Accidents at recreational facilities</b>	1.88	11.0%
<b>Fires</b>	1.87	9.6%
<b>Objects dropped/falling from Height</b>	3.97	33.1%

### 13. Health information

1. Most respondents obtained health information from mass media like television/radio (56.8%), followed by friends, newspapers and pamphlets of individual organizations (Figure 9).
2. 9.8% of the respondents reported knowledge of “Southern District Healthy and Safe Association”. Among them, 27.6% had participated in the activities organized by the association.

Figure 9 Channels of health information for respondents



**14. Importance of community, environment and health enhancement projects in the district**

1. The working group sought to investigate the importance of community, environment and health enhancement projects in the district as perceived by local residents, from a scale of 1 (the least important) to 10 (the most important) (Table 15).
2. Close to 80% of the respondents found it important to improve healthcare services, ancillary transport services, civic and recreational facilities and community services in the district (Table 15).
3. Close to 80% of the respondents deemed the promotion of safer sex important, and the figures for the promotion of mental health and tobacco/alcohol/drug-free culture exceeded 70% (Table 15).

**Table 15: Perceived importance of community, environment and health enhancement projects in the district**

	Average score	Score > 6 %
<b>Community relationship</b>	6.67	66.9%
<b>Environmental hygiene</b>	6.97	71.3%
<b>Healthcare services</b>	7.55	79.3%
<b>Safety &amp; public order</b>	7.11	71.4%
<b>Ancillary transport services</b>	7.53	78.6%
<b>Civic/Recreational facilities</b>	7.25	78.8%
<b>Community services</b>	7.31	77.8%
<b>Estate management</b>	6.93	70.1%
<b>Communicable disease control</b>	7.01	68.4%
<b>Promotion of healthy diet</b>	6.79	68.3%
<b>Promotion of physical activity</b>	6.94	69.9%
<b>Promotion of mental health</b>	7.19	73.1%
<b>Promotion of tobacco / alcohol / drug-free culture</b>	7.29	73.3%
<b>Promotion of safer sex</b>	7.43	78.2%

## Overall Conclusions

Currently there is not an effective policy at the regional level for the promotion of “healthy and safe city” in Hong Kong. Each district has its own strategy and emphasis in developing the concept of “healthy and safe city” based on its needs and circumstances. As a result, the project is yet to attain bottom-up, universal participation, and this survey is not fully representative of the quality of life of the Southern District population.

The working group reached the following conclusions with respect to the residents’ opinions on health, lifestyle and services available in the district:

### Quality of life

1. From the results of the WHO’s Quality of Life Measure (abbreviated version for Hong Kong) and the residents’ level of satisfaction with the services provided by the Government/voluntary bodies/private entities, it was noted that the residents found life in the Southern District quite satisfactory, similar to other districts of Hong Kong. The score for quality of the environment was substantially lower than those for physical health, mental health and interpersonal relationship. (Table 1 and Figure 6.1)
2. The scores given by respondents aged 30-39 for mental health, interpersonal relationship and quality of the environment were substantially lower than the other age groups. (Figure 6.1)
3. It was found that the scores given by respondents who were mentally disturbed by unemployment, mentally disturbed, chronically ill or unemployed were substantially lower than all other respondents across the four aspects. In contrast, it was found that the scores given by housewives for the four aspects were substantially higher than those given by the all other respondents (Figures 6.2.1 and 6.2.2), and housewives were the group that had the highest tendency of doing exercise on a regularly basis in the past week (Table 6), reflecting that women in the district were positive and active, and had a higher quality of life.
4. 8.5% of the respondents reported to be unemployed, with the age group of 45 – 54 as the most common bracket. In addition, it was found that the scores given by respondents who were mentally disturbed by unemployment for the four aspects were lower than those given by the other respondents, particularly the score for interpersonal relationship (Figure 6.2.1).

### Physical health

1. It was found that 22.0% of the respondents or those with whom they lived had smoking habit (Table 2), while 12.2% were non-smokers affected by passive smoking at home. The percentage of smokers among male respondents aged 18–19 and 30-39 was higher than the



territory-wide figure<sup>5</sup> (Figure 7.1.1), while the percentage of smokers among female respondents aged 20-29 was much higher than the territory-wide figure, and the percentage of smokers among female respondents aged 50 or above was a bit higher than the territory-wide figure<sup>5</sup> (Figure 7.1.2); individual focus group interviewees also reported that smoking offences were serious at the waterfront promenade, indicating that anti-tobacco education should be intensified and attention should be paid to the problem of women smoking in the district.

2. 31.7% of the respondents reported that they had habitual consumption of drugs (analgesics, hypnotics and sedatives) (Figure 7.4), which was revealed by the survey to be heavily related to chronic illness (27.7%), unemployment (8.5%) and psychological/emotional issues (24.8%).
3. 13.0% of the respondents found drug abuse problem serious in the Southern District, while 38.2% reported that they had no idea about this issue in the district (Figure 7.5). 10.4% of the respondents reported that they had acquaintance(s) who abused drugs (Figure 7.6). More than 70% of the respondents deemed the promotion of tobacco/alcohol/drug-free culture important (Table 15), indicating that the authorities should face smoking and drug abuse problems squarely and should enhance the promotion and implementation of preventive measures.
4. 60% of the respondents reported regular physical activities in the past week, most of them in the age group of 60 or above and housewives, which mainly involved leisure exercise (Table 5).
5. 13.5% of the respondents reported that they had not done any kind of physical activity in the past week, which is heavily related to age and occupation and more prevalent among the 18-29 age group, the employed and the students (Tables 5 & 6). Most of the focus group interviewees reported that it was difficult to book the recreational facilities in the district as there were too many people to share the limited facilities in the district, and expressed that there was only one non-heated swimming pool in the district, making it difficult for the residents to do different kinds of physical activities. Close to 70% of the respondents hoped for more promotion of physical activities in the district (Table 15).
6. 53.9% of the respondents considered their diet healthy (Figure 7.9), yet only 26.2% and 8.8% of the respondents ate at least two servings of fresh fruits and three servings of vegetables daily (Table 3). Meanwhile, 45.6% usually ate out for lunch (Figure 7.7). Close to 70% hoped for more promotion of healthy diet in the district (Table 15).

#### Mental health and social life

1. It was found that unemployed respondents and those mentally disturbed by unemployment scored substantially lower than all respondents in the four aspects of subjective quality of life, especially interpersonal relationship. The score for quality of the environment was also lower than the other three aspects (Figures 6.1, 6.2.1 and 6.2.2).

2. As shown in Table 10, respondents whose work and daily life were affected by emotional issues were mostly female, and emotional issues were more prevalent in the 18–29 age group than others (Table 8). In particular, the youngsters scored lower in mental health than other respondents (Figure 6.2.2). More than 70% of the respondents hoped for more promotion of mental health in the district (Figure 15).
3. The respondents reported that their relationship with family members was better than the other two parties (interpersonal relationship and relationship with neighbours) (Table 10).

#### Healthcare service

1. 54.3% of the respondents were satisfied with the level of convenience of healthcare services in the district.
2. Among different services provided by the government and various organizations, the respondents were the least satisfied with healthcare services. Out of various healthcare services, they were most aggrieved with A&E service and public general outpatient clinic service (Table 12). All focus group interviewees remarked that residents of the district had to rely on only one A&E department in the district, which was incapable of coping with demand.
3. Primary care: all focus group interviewees remarked that the telephone booking service was inconvenient for the residents, particularly for the elderly, and that queuing time at public hospitals was too long. Such comments indicated that public healthcare service was insufficient to satisfy local residents' demand for primary care.
4. Close to 80% of the respondents hoped for improvements in healthcare services in the district (Table 15). Some focus group interviewees hoped for improvements in the government outpatient clinic service in order to reduce the queuing time.

#### Environmental hygiene

1. 63.4% of the respondents considered their living environment healthy, and 72.7% were very satisfied with the building/estate in which they lived. The focus group interviewees also considered air quality in the Southern District was better than the other districts and environmental hygiene of the district was good in general; however, light pollution problem was more prevalent in the estates.
2. 71.3% of the respondents hoped for improvements in environmental hygiene of the district, and 68.3% hoped for better communicable disease control (Table 15).

#### Estate/Building management

1. As shown in Table 12, the respondents were satisfied with estate/building management with average score as high as 7.22 (Table 12).
2. All focus group interviewees considered that the security personnel of the estate were very responsible and they often carried out their patrolling duty. Most focus group interviewees

considered that the management of large scale private estates and private buildings was generally good; and as most of the tenement buildings in Tin Wan had established owners' corporations, the management was generally okay. However, the security personnel at the public housing estates were less good.

#### Safe environment

1. 67.4% of the respondents found the district safe, including personal safety, environmental safety and political safety. As shown in 12, most respondents found security and fire services of the district satisfactory, yet 71.4% of them still hoped for improvements in safety and security of the district (Table 15).
2. The respondents reported relatively frequent accidents due to objects dropped/falling from height in the past three months (Table 14), while some of the focus group interviewees remarked that incidents of objects dropped from height often happened, thus posing a certain degree of danger to the residents or passers-by.
3. Most of the focus group interviewees reported that there were a lot of steep roads in the district, but the ancillary facilities were insufficient and could not cope with the need of the elderly.

#### Transportation

1. 56.2% of the respondents found transport services in the district very satisfactory, but all focus group interviewees considered that traffic congestion around the Aberdeen Tunnel area was serious and happened frequently, and the fares were relatively high. Some focus group interviewees remarked that the new hotel in Tin Wai created traffic congestion by pushing up traffic volume.
2. 78.6% hoped for improvements in the ancillary transport service of the district (Table 15).
3. Most of the focus group interviewees hoped for improvements in the transport service of the district after the MTR service was in place.

#### Civic/Recreational and sports facilities/services

1. The Southern District is the largest district on the Hong Kong Island with an area of about 4,000 hectares, almost half of the size of the Hong Kong Island. It has more famous bathing beaches than the other districts<sup>8</sup>. There is one public swimming pool, twelve bathing beaches<sup>9</sup>, four public libraries<sup>10</sup>, six sports centres<sup>11</sup> and one sports ground<sup>11</sup>. The respondents were generally satisfied with the recreational facilities available in the district (Table 12).

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<sup>8</sup> Southern District Council Webpage: District Highlights.

<sup>9</sup> LCSD Webpage: Beaches and Swimming Pools.

<sup>10</sup> LCSD Webpage: Hong Kong Public Libraries.

<sup>11</sup> LCSD Webpage: Sports Grounds.

2. Some of the focus group interviewees remarked on the lack of large scale recreational facilities in the district (for example, town hall), and they considered that the community hall was insufficient to satisfy the needs of the local residents.
3. Most of the focus group interviewees considered that there was only one non-heated swimming pool in the district and it was inconvenient for the residents. Some of them pointed out that it was difficult for them to book the sports facilities in the district as they had been occupied for a long term by individual organizations. The survey also revealed that 13.5% of the respondents had not done any kind of physical activity in the past week (Table 5).
4. Close to 80% of the respondents hoped for improvements in civic/recreational and sports facilities in the district (Table 15).

#### Community services

1. Most of the respondents were satisfied with the community services in the district, while close to 30% of them had no comment on the child care service, adolescent service, rehabilitation service, and family welfare and crisis management service in the district (Table 12).
2. Close to 80% hoped for improvements in community services in the district (Table 15), while more than 80% considered that more concern and proper support should be given to the elderly, physically disabled persons and mentally handicapped persons.

## Recommendations

The Southern District is the largest district on the Hong Kong Island with an area of about 4,000 hectares, almost half of the size of the Hong Kong Island. It has more famous bathing beaches than the other districts<sup>8</sup>. Most respondents reported to be satisfied with living in the Southern District. However, the issue of population aging required coordinated efforts from various stakeholders. Publicity should be enhanced, and suitable health promotion should be pursued to strengthen community solidarity for the implementation of the “healthy and safe city” vision, in order to improve public health. In summary of the opinions of local residents, the working group would like to make the following recommendations:

As reflected by the results of the WHO’s Quality of Life Measure (abbreviated version for Hong Kong), the score for quality of the environment was lower. Respondents who were mentally disturbed by unemployment, had worse interpersonal relationship than all respondents and most unemployed respondents were middle-aged persons aged 45-54, while emotional issues were more prevalent among youngsters aged 18 – 29 than other age groups. More than 70% of the respondents hoped for more promotion of mental health in the district. We recommend that social service agencies organize more youth and middle age employment and counselling projects as well as workshops pertaining to self-confidence, and organize more activities in the estates and the community, in order to relieve the youth of psychological issues and to further enhance neighbour relationships for the creation of a harmonized community.

The respondents were the least satisfied with healthcare services among various services, and out of different healthcare services, they were the most aggrieved with A&E service and public outpatient clinic service. It is evident that public healthcare services are inadequate to meet the local residents’ demand for primary care. Their discontent may also be attributed to excessive queuing time at public hospitals and outpatient clinics as well as the complicated telephone booking system. Therefore, the Government must review and face squarely the local needs such as whether sufficient healthcare service is provided, whether outpatient clinic and A&E services should be reinforced, whether the telephone booking system should be improved, such as by setting up a live conversation service hotline for assisting the elderly in making appointment for outpatient clinic service, as well as by providing mobile van service, in order to relieve the problem of public outpatient clinic service.

Due to lifestyle changes, chronic illnesses have become an important health issue in Hong Kong. In this survey, 27.7% of the respondents were chronically ill, among which more than 50% were aged 60 or above and around 20% aged 50– 59. The authorities should attend to the problems stemming from population aging. More resources should be devoted to elderly services in the

district, while health promotion activities and self-help groups could be organized for the chronically ill of the district as part of the chronic illness management strategy.

More than 70% of the respondents hoped for more promotion of tobacco/alcohol/drug-free culture in the district; more concern should be given to the problem of women and youth smoking. It was found that emotional issues were more prevalent among youngsters aged 18 – 29 than other age groups, and their score for mental health was lower than the other respondents, making it possible that youngsters might use smoking as a way to relieve their emotional pressure. More efforts should be made to understand the physical and mental health needs of local residents, so as to make the promotion activities fit actual needs. More diversity could also be introduced such as carnivals, games, health talks and health checks to spread the message of healthy living and enhance public awareness. In addition, the authorities should enhance the residents' civic awareness, in order to alleviate the problems of smoking in no smoking areas and objects dropped from height.

It was found that those who had not done any exercise in the past week were mostly aged 18 – 29, employed or students. Therefore, the authorities may intensify promotion on the school level by promoting continuous sports in schools, in order to develop students' healthy living skills. The authorities may also cooperate with the Leisure and Cultural Services Department in promoting physical activities suitable for different age groups, such that the general public can get into the habit of doing exercises at a young age. In addition, the authorities should face squarely the problem regarding the usage and allocation of sports facilities in the district, and should consider practically the feasibility of providing heated swimming pools, such that residents can have more opportunities to engage in different physical activities.

Only more than 20% and less than 10% of the respondents reported consumption of at least two servings of fresh fruits and three servings of vegetables every day in the past week respectively. To lower the risk of cardiovascular and other chronic illnesses and thereby reduce the healthcare burden, the authorities should intensify the education work to let the citizens know more about healthy diet. Promotion could also be done on the school level to cultivate the healthy eating habit from childhood. As around 40% of the respondents usually ate out for lunch or opted for lunch box, it is also feasible to promote healthy diet at the restaurants and introduce more EatSmart Restaurants.

Even though most residents were satisfied with the environment of the Southern District, the score for quality of the environment was still lower than those of physical health, mental health and interpersonal relationship. In addition, the congestion problem around the tunnel area was of concern to the residents. We recommend that the authorities should face the problem squarely and implement roadway improvement projects in order to alleviate road traffic.

## Acknowledgments

Southern District Council

Southern District Office

Participating Public, Home Ownership Scheme and Private Estates

Participating Residents

### “South District Healthy and Safe City” – Community Diagnosis Study Report

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