Personal, Food and Environmental Hygiene Survey 2005

Main Report

Central Health Education Unit
Centre for Health Protection
Department of Health
Government of the Hong Kong Special Administrative Region

December 2006

Social Sciences Research Centre of the University of Hong Kong was commissioned to conduct the survey

衞生署
Department of Health

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Executive Summary

Introduction

The Department of Health (DH) commissioned the Social Sciences Research Centre (SSRC) of the University of Hong Kong to conduct a survey on personal, food and environmental hygiene. The objectives of this survey are:

(i) to examine the general public's knowledge, attitudes and practices of personal, food and environmental hygiene;
(ii) to identify factors influencing the adoption of good hygiene practices;
(iii) to examine the general public's awareness of health education for personal, food and environmental hygiene; and
(iv) to explore effective channels for disseminating health information to the public.

Research Methodology

The survey was conducted by telephone interviews using a bilingual questionnaire designed by DH. A sample of 3220 respondents was achieved, with a response rate of 67.0%. Telephone numbers were selected by random sampling using the SSRC's Computer-Aided Telephone Interview (CATI) system. Eligible respondents were individuals aged 12 or above who had their birthday most recently and were at home at the time of the interview. The fieldwork was carried out between 4:00 p.m. and 10:00 p.m. from 6 December, 2005 to 16 January, 2006. All data analyses were performed using SPSS for Windows version 12.0.

Findings of the Survey

Compared with the Hong Kong Annual Digest of Statistics 2005 and the General Household Survey 2004, this survey slightly over-represented females, younger people, never married individuals and those with higher education level and higher household income. More than half (55.7%) of the respondents were females. Nearly one-third (31.8%) aged 12-24 years. Over two-fifths (45.0%) were never married. Three-fifths (59.1%) and a quarter (27.4%) of respondents attained secondary education level and tertiary education level or above, respectively. One-third (32.1%) had a household income of HK$30,000 or above.

Knowledge of Hygiene Issues

Nearly all respondents in this survey had good (73.6%) or fair (25.2%) knowledge of personal, food and environmental hygiene.

Many respondents correctly identified the practices of covering mouth and nose when coughing or sneezing (85.7%), ensuring good indoor ventilation (85.4%), keeping hands clean and washing hands properly (74.8%) and receiving vaccination (54.3%) as the

effective preventive measures against droplet spread or airborne diseases. A high proportion of respondents identified that keeping the body clean and showering every day (83.3%), keeping hands clean and washing hands properly (71.7%) and keeping furniture tidy and clean (63.0%) are the effective preventive measures against diseases spread through direct contact. The majority of respondents identified that storing food properly (86.3%), washing hands before eating or cooking (84.2%) and keeping kitchen tidy and dry (74.3%) are effective preventive measures against gastrointestinal infections. Most respondents identified that preventing mosquito breeding (91.3%) and preventing mosquito bites (74.8%) are effective measures for mosquito-borne disease prevention.

The majority of respondents knew that the fixed penalty for littering (88.0%) and for spitting (79.8%) in public in Hong Kong is HK$1,500.

Attitudes toward Hygiene Issues

Most respondents agreed that observing personal, food and environmental hygiene (96.2%) and maintaining a healthy lifestyle (92.8%) can help to prevent communicable diseases. Almost all respondents (97.6%) stated that maintaining a hygienic environment should be an individual's or a citizen's responsibility.

Personal Hygiene Practices

Many respondents had carried out good personal hygiene practices. Commonly practised measures included washing hands after going to the toilet (99.9%), using liquid soap to wash hands (93.7%), washing hands after handling rubbish (93.5%), covering mouth and nose when coughing or sneezing (92.1%) and washing hands after coughing or sneezing (82.3%). 68.5% of respondents washed hands after touching public installations or equipment.

Avoiding the use of public towels (70.5%) and washing hands after handling diapers or materials soiled by excreta (67.0%) were other practices undertaken by the respondents. Only 9.1% of respondents had the practice of wearing a mask in the three days preceding the survey. About 30% of respondents reported "not applicable" for these practices.

Food Hygiene Practices

Most respondents had demonstrated good food hygiene practices. Commonly practised measures included washing hands before eating or handling food (97.8%), cooking meat and poultry thoroughly (92.3%), storing raw food and cooked food separately (90.8%), washing meat, seafood and vegetables thoroughly before cooking (90.6%), wrapping leftover food well before putting it into the refrigerator (86.5%) and noting the expiry date when buying pre-packaged food (86.1%). Using serving chopsticks or spoons when having meals with others (65.2%) and handling raw food and cooked food with separate sets of knives and chopping boards (53.6%) were other practices carried out by the respondents, their household members or domestic helpers.

Environmental Hygiene Practices

Many respondents had commonly carried out environmental hygiene practices such as keeping windows at home open to maintain good indoor ventilation (97.6%), cleaning home (93.7%), putting rubbish like cans, bottles and lunch boxes in a covered litter bin (85.5%) and keeping drains and pipes free from blockage and leakage (84.0%).

Changing water in vases (41.0%) and removing stagnant water from saucers underneath flowerpots (36.8%) were other practices undertaken by the respondents, their household members or domestic helpers. Only 10.2% of the respondents had reported dirty common facilities to the building management office and 1.4% had reported rubbish black spots or stagnant water at construction sites to the government department. Over 50% of respondents reported "not applicable" for these practices.

Awareness of Health Education and Public Health Issues

Respondents usually obtained health education/information on hygiene through television (TV) advertisements or Government announcements of public interest (APIs) (68.6%), followed by newspapers (30.2%), TV news (23.0%) and TV programmes/series (18.1%). Among the 8.0% of respondents who obtained such information through websites, 43.3% visited the Department of Health website and 26.3% searched Yahoo or Google.

Respondents generally rated the Government effort in providing hygiene information as satisfactory (43.8%) or fair (49.4%). Regarding the areas of improvement, some respondents felt that publicity and education were insufficient and publicity channels were limited.

44.2% and 29.0% of respondents reported that the news on health issues affected their awareness and practices of personal, food and environment hygiene, respectively. Most were influenced by the news on avian flu and food hygiene and safety.

Demographic Breakdowns of the Results

Respondents who were female, with higher education level and higher household income showed better knowledge of hygiene issues. They were also more likely to believe that observing personal, food and environmental hygiene could prevent communicable diseases. The working group and adults aged 18-64 years had better knowledge of hygiene issues than the non-working group and the other age groups. Married respondents and older respondents were more likely to believe that observing personal, food and environmental hygiene and maintaining a healthy lifestyle could prevent communicable diseases than their counterparts.

Good personal, food and environmental hygiene practices were commonly found in females and married persons. Frequency of most practices increases with age and household income. The non-working group undertook more hygiene practices than students and the working group. Better educated respondents undertook more food hygiene practices, but fewer personal and environmental hygiene practices than their counterparts.

Models of Factors Influencing the Hygiene Practices

To further examine the factors influencing respondents' practices of personal, food and environmental hygiene, logistic regression modelling was used.

Gender and education level are associated with washing hands after coughing or sneezing. Gender and occupation are associated with washing hands after touching public installations or equipment. Gender, education level, occupation and attitude towards the effect of observing personal, food and environmental hygiene on communicable disease prevention are factors influencing the use of liquid soap to wash hands.

Gender, age, education level, occupation and attitude towards the effect of observing hygiene on communicable disease prevention are associated with using serving chopsticks or spoons when having meals with others. Gender, age and education level are factors affecting the use of separate sets of knives and chopping boards when handling raw food and cooked food.

Marital status and attitude towards the effect of observing hygiene on communicable disease prevention are associated with putting rubbish in a covered litter bin.

Conclusion and Recommendations

The survey shows that the Government effort in providing quality public health education and health promotion is worthwhile. The general public has good knowledge of hygiene issues and good practices of many hygiene measures. The majority agree that observing personal, food and environmental hygiene and maintaining a healthy lifestyle can help to prevent communicable diseases, and recognise individuals' or citizens' responsibility in maintaining a hygienic environment.

Successful initiatives can also be reflected by comparing the results of the present survey with the Personal and Environmental Hygiene Survey (Dengue Fever and SARS) conducted in 2003. For those practices included in both surveys, it is found that most practices are sustainable.

Understanding the current public hygiene practices, the Government can design targeted promotions and campaigns to improve behaviour among the vulnerable groups. For example, the importance of wearing a mask and using separate sets of knives and chopping boards for raw and cooked food can be highlighted. More targeted approaches on practices for the working group, students and better educated people, and targeted approaches on knowledge for the two extremes of the age continuum can be explored. More promotional work can be done at workplaces and schools. Health information and messages can be disseminated through a diversity of channels, especially the mass media, in order to reach people at all levels. As it is not easy to change people's behaviour, public health education should start at a young age in schools and within the family to promote good habits of hygiene practices.

Chapter 1 Introduction

1.1 Background

In December 2003, the Department of Health (DH) commissioned a population survey on personal and environmental hygiene to examine the public's knowledge, attitude, awareness and practices for dengue fever and SARS prevention. The results found that the Government's campaigns for dengue fever and SARS prevention were generally effective and many were satisfied with the Government effort in providing dengue fever and SARS prevention information.

For the 2005 Survey, DH has taken into consideration the recent outbreaks of a number of common communicable diseases in Hong Kong and worldwide, including the frequent reports of food poisoning and the outbreak of avian influenza. As maintaining good personal, food and environmental hygiene practices are important preventive measures against infectious diseases, the main foci of the present survey are therefore public knowledge, attitudes, awareness and practices on personal, food and environmental hygiene issues.

With the aim of continuing to provide quality health education and information to the public, DH sees the need to examine the effectiveness of the health education campaigns by evaluating the impact of its work, especially on the different dimensions of personal, food and environmental hygiene.

DH has commissioned the Social Sciences Research Centre (SSRC) of the University of Hong Kong to conduct this survey on personal, food and environmental hygiene.

1.2 Objectives

The objectives of the survey are:

(i) to examine the general public's knowledge, attitudes and practices of personal, food and environmental hygiene;
(ii) to identify factors influencing the adoption of good hygiene practices;
(iii) to examine the general public's awareness of health education for personal, food and environmental hygiene; and
(iv) to explore effective channels for disseminating health information to the public.

Chapter 2 Research Methodology

In this chapter, the methodology used in conducting the survey is discussed. It covers the details of the target respondents, sampling method, data collection method, questionnaire design, pilot study, sampling result, data processing and analysis.

2.1 Target Respondents

The survey covered the land-based non-institutional population of Hong Kong. Target respondents were the household members aged 12 years or above who are Cantonese, Putonghua or English speakers.

2.2 Sampling Method

Telephone survey methodology was adopted. A random sample of residential telephone numbers was drawn from the SSRC Computer Aided Telephone Interview (CATI) system. These residential numbers were derived from the 2003 English residential telephone directory. They were generated by dropping the last digit of those directory numbers, removing duplicates, adding all 10 possible final digits, and randomising order. This was to ensure coverage of unlisted and new numbers.

The survey used the modified "Last Birthday" rule in the selection of respondents. For each household contacted, the person, including the domestic helper, aged 12 years or above who had his/her birthday recently and was at home at the time of telephone interview was selected to be the eligible respondent. This was to minimize the over-representation of housewives and the elderly in the sample.

2.3 Data Collection Method

Data were collected by telephone interviews. All the interviews were done between 4:00 p.m. to 10:00 p.m. from 6 December, 2005 to 16 January, 2006, excluding public holidays. The fieldwork covered weekdays and two weekends to ensure that the sample was representative of all households.

Prior to the start of the survey, all SSRC interviewers were trained in a standardised approach and a detailed briefing about the survey was given by the project coordinator. The interviews were conducted by well-trained and experienced interviewers who are fluent in Cantonese, Putonghua and English. Before each interview, respondents were informed about the nature and the purpose of the survey. They were reassured that all the information provided would be kept anonymous and in strict confidence. Their right to refuse or withdraw from the interview at any time during the process was clearly explained to them. Verbal consent from respondents was obtained for all the interviews.

2.4 Questionnaire Design

DH designed a bilingual (Chinese and English) questionnaire for the survey, which consisted of 77 questions[1]. It covered the following areas:

(i) knowledge of personal, food and environmental hygiene;
(ii) attitudes towards personal, food and environmental hygiene;
(iii) practices of personal, food and environmental hygiene;
(iv) facilitating factors for and barriers against good hygienic practices;
(v) awareness of health education on personal, food and environmental hygiene;
(vi) channels of obtaining health information; and
(vii) demographic information: gender, age, marital status, education level, occupation, housing type and monthly household income.

This questionnaire contained some of the questions used in the 2003 Survey[2]. The purpose of including some of the previous questions was to monitor the trend since 2003. To meet the objectives of the present survey, new questions were also added to better understand the various aspects of personal, food and environmental hygiene among the public.

2.5 Pilot Study

Prior to the main fieldwork, 56 successful interviews were completed for the pilot study on November 11, 2005, to test the logistics of the survey and the length and wording of the questionnaire. The average interview time was 18.5 minutes, which was longer than the agreed interview time (15 minutes +/- 15%). The response rate was 49.1% for the call period from 10:30 a.m. to 10:00 p.m. The low response rate was due to the low response and contact rates in the morning and early afternoon. The response rate from 10:30 a.m. to 4:30 p.m. was 35.3%. After 4:30 p.m., the response rate increased to 69.6%. With the approval of DH, the starting time of the poll was postponed to afternoon as in the 2003 Survey. Moreover, changes were made to the questionnaire after the pilot study, including reducing the number of questions, refining the wording and content of the questionnaires, and altering the pre-coding options. Successful interviews collected from the pilot study were not included as part of the survey proper.

[1] The survey questionnaire is included in the Appendix.
[2] Q5, Q9, Q10, Q11, Q12, Q13, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q32, Q33, Q44, Q45, Q46, Q47, Q48, Q50, Q51, Q52, Q53, Q54, Q55 and Q56 were questions from the 2003 Survey. The wording of some of the questions was slightly modified for the present survey.

2.6 Sampling Result

Table 2.6.1 and Table 2.6.2 show the status of the telephone numbers attempted and the composition of the answered telephone numbers.

Table 2.6.1 Status of the telephone numbers attempted

1. Number of telephone numbers answered within 5 call attempts	10967
2. Number of unanswered telephone numbers	2058
3. Number of invalid household telephone numbers	8708
4. Number of invalid cases due to language difficulty	59
Total (1+2+3+4)	21792

Table 2.6.2 Composition of the telephone numbers answered

1. Number of successful telephone numbers	3220
2. Number of drop-out telephone numbers	352
3. Number of refusal telephone numbers	1237
4. Number of telephone numbers with respondents not available to answer the call	6158
Total (1+2+3+4)	10967

From the list of telephone numbers generated for the survey, 21792 telephone numbers were attempted. Among these numbers, 10967 telephone numbers were answered within five call attempts, with 3220 being successfully completed interviews, 352 and 1237 being drop-out and refusal cases. The response rate[3] was 67.0%. The remaining answered telephone numbers (6158) were households with eligible respondents not available to answer the call. There were 2058 non-contact telephone numbers, i.e. telephone numbers which had not been answered at all for the 5 call attempts. The classified invalid telephone numbers included 8708 invalid domestic household telephone numbers and 59 telephone numbers with household members having language difficulty. The contact rate[4] was 50.3%. It is important to note that the household telephone coverage has decreased from about 99.0% in 2003 to less than 93.0%[5] now.

As the population proportion is unknown, 0.5 was used to calculate the sampling error[6]. The sampling error for a 95% confidence interval is 1.7%. This means that we have 95% confidence that the estimated population proportion is within the sample proportion plus or minus 1.7%. For example, 96.2% of respondents agreed that observing personal, food and environmental hygiene could prevent communicable diseases. The estimated population proportion who agreed to the above statement would fall between 94.5% and 97.9% with 95% confidence.

[3] Response rate = the number of successfully completed interviews divided by the sum of the numbers of successfully completed interviews, drop-out cases and refusal cases.

[4] Contact rate = the number of answered telephone calls divided by the total number of calls attempted.

[5] Bacon-Shone, J. and Lau, L. (2006). Mobile vs. Fixed-line Surveys in Hong Kong. Second International Conference on Telephone Survey Methodology Preliminary Program. Miami, United States.

[6] Sampling error = 1.96 x {square root of [(0.5)(0.5)/(3220)]}.

2.7 Data Processing and Analysis

Descriptive analysis was applied to all the questions in the questionnaire. Statistically appropriate tests were used to study the sub-group differences and associations. A total of six logistic regression models were produced to identify factors affecting respondents' practice of preventive measures for selected personal, food and environmental hygiene practices.

Because some of the variables involved many categories of respondents, these variables were re-grouped into fewer categories to facilitate tests of association and logistic regression analyses. Re-grouping details would be further discussed in the corresponding chapters.

All the analyses were performed using the statistical software, SPSS for Windows version 12.0. The significance level was set at 5% (2-tailed) for analyses involving the test of significance. Percentages reported in this report were rounded to one decimal place. Some might not add up to 100% due to rounding of figures.

Chapter 3 Findings of the Survey

In this chapter on survey findings, presentation of descriptive figures are divided into seven sections, namely demographic information, knowledge of hygiene issues, attitudes towards hygiene issues, practices of personal hygiene, practices of food hygiene, practices of environmental hygiene and awareness of health education and public health issues.

3.1 Demographic Information

Table 3.1.1 shows the background information of the respondents[+]. The figures of these demographic variables have been scaled for the comparison with the 2004 population statistics based on the Hong Kong Annual Digest of Statistics 2005 (except for marital status where 2004 figures from the General Household Survey is used due to unavailability of such figures in the Hong Kong Annual Digest of Statistics 2005). It is used instead of the 2001 Population Census because it is more updated and can provide a closer reference for this survey.

3.1.1 Background of respondents

Table 3.1.1 Personal information of respondents

	This Survey (%)	Annual Digest of Statistics 2005 (%)		This Survey (%)	Annual Digest of Statistics 2005 (%)
Gender			***Marital status[#<]***		
Male	44.3	47.7	Never married	45.0	31.5
Female	55.7	52.3	Now married	51.7	59.6
			Widowed	1.3	> 9.0
Age			Divorced/separated	2.0	
12-17	17.2	> 18.4			
18-24	14.6		***Education level[#]***		
25-34	15.5	17.5	No schooling/kindergarten	1.8	6.8
35-44	19.4	22.2	Primary	11.7	19.7
45-54	18.2	18.7	Secondary	59.1	52.0
55-64	9.3	9.6	Tertiary or above	27.4	21.6
65 or above	5.8	13.5			
Housing type			***Household income***		
Public housing	32.3	29.2	Below $5,000	6.8	12.0
Housing Authority/ Society subsidised sale flat	16.2	16.6	$5,000-$9,999	12.0	18.6
Private residential flat	45.3	45.2	$10,000-$14,999	18.3	16.5
Village house	4.9	7.6	$15,000-$19,999	12.3	12.4
Staff quarter	1.2	1.5	$20,000-$24,999	12.0	9.7
Temporary/wooden quarter	(0.2)[!]	/	$25,000-$29,999	6.5	6.7
			$30,000 or above	32.1	24.1

Occupation [#]			***Occupation*** [#]		
Managers and administrators	13.2	8.5			
Professionals	14.7	6.3	Students	(26.0)^	48.1
Associate professionals	12.6	18.4	Homemakers	(15.9)^	
Clerks	23.6	16.5	Retired persons	(7.8)^	
Service workers and shop sales workers	16.2	15.7	Unemployed persons	(3.1)^	3.5
Craft and related workers	6.9	8.2			
Plant and machine operators and assemblers	6.5	7.2			
Elementary occupations	5.8	18.8*			
Skilled agricultural and fishery workers and occupations not classified	0.3	0.3			
Domestic helpers	(0.8)*	/			

+All the missing data were not included in the table.

#According to the Census and Statistics Department, percentages of marital status, education level, and occupation were based on the population aged 15 and over.

<Census and Statistics Department figures for marital status were based on 2004 figures obtained from the General Household Survey because the Hong Kong Annual Digest of Statistics 2005 does not have statistics on marital status.

!Temporary/wooden quarter was not classified in the Hong Kong Annual Digest of Statistics. The percentage reported in brackets was derived from the survey sample (3220 respondents).

^Because students, homemakers, retired persons and unemployed persons were not classified as the working population in the Hong Kong Annual Digest of Statistics 2005, percentages reported in brackets for these groups were derived from the survey sample (3220 respondents). These percentages were calculated based on the labour force of the population (i.e. employed persons, underemployed persons and unemployed persons).

*Under the occupation classification of the Census and Statistics Department, local domestic helpers belonged to the "elementary occupations" category. The percentage reported for elementary occupations in the Hong Kong Annual Digest of Statistics included local domestic helpers. However, the category, "domestic helpers", in this sample included both local and overseas domestic helpers and the percentage reported in brackets was derived from the survey sample (3220 respondents).

Gender

The sample contained more female respondents (55.7%) than male respondents (44.3%).

Age

In order to compare with the figures from the Hong Kong Annual Digest of Statistics, the 12-17 and the 18-24 age groups were regrouped into one age group. In this survey, 31.8% of respondents belonged to this 12-24 age group. Respondents aged between 35 and 44 and aged between 45 and 54 each accounted for one-fifth of the sample (19.4% and 18.2%). The sample under-represented older respondents (5.8% vs. 13.5% for aged 65 or above).

Marital status

There were more respondents who were married (51.7%) than respondents who were single (45.0%). Divorced/separated (2.0%) and widowed (1.3%) only took up less than 4.0% of the sample.

Education level

Nearly three-fifths (59.1%) of respondents had secondary education, including respondents with lower secondary education, upper secondary education and matriculation level. More than a quarter (27.4%) of respondents had reached tertiary level or above. Compared to the Annual Digest of Statistics 2005, the sample contained more educated respondents.

Housing type

Respondents usually lived in private residential flats (45.3%) or public housing (32.3%). There were comparatively fewer respondents who lived in Housing Authority/Society subsidised sale flats (16.2%), village houses (4.9%) and staff quarters (1.2%).

Household income

Respondents with a monthly household income $30,000 or above (32.1%) made up the largest group in the sample, followed by respondents with household incomes of $10,000-$14,999 (18.3%), $15,000-$19,999 (12.3%), $20,000-$24,999 (12.0%) and $5,000-$9,999 (12.0%). Monthly household incomes of below $5,000 and $25,000-$29,999 took up 6.8% and 6.5% of the sample, respectively.

Occupation

Apart from domestic helpers, other job categories of this survey followed the classifications of the Census and Statistics Department. The most common occupation among respondents was clerks (23.6%). The percentages of respondents working as service workers and shop sales workers (16.2%), professionals (14.7%), managers and administrators (13.2%) and associate professionals (12.6%) were similar.

Figures for domestic helpers (0.8%), students (26.0%), housewives (15.9%), the retired (7.8%) and the unemployed (3.1%) were percentages obtained from the actual sample and were reported in brackets. This is because domestic helpers in the present survey included both local and overseas domestic helpers, which is not the way the Census and Statistics Department classified domestic helpers, and the remaining groups were not counted as part of the working population.

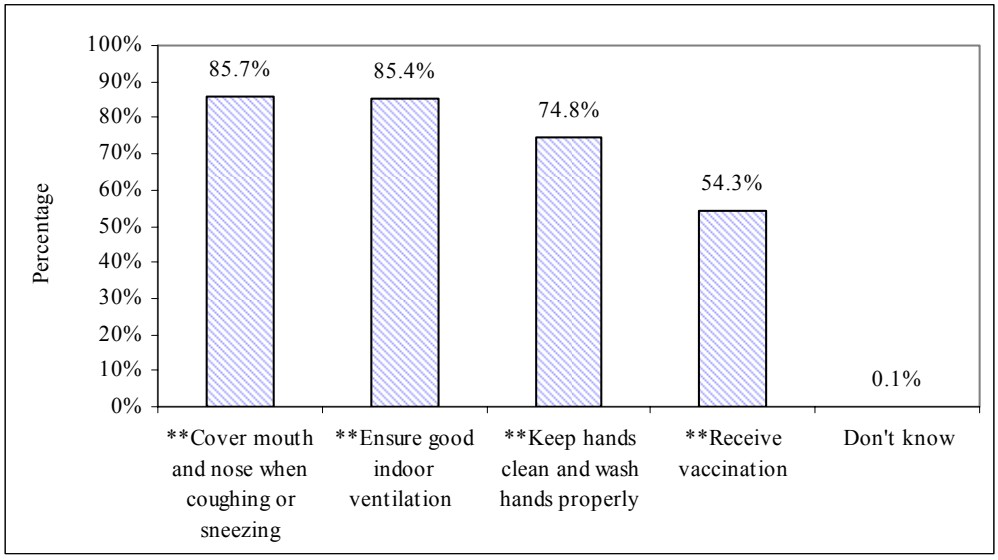
3.2 Knowledge of Hygiene Issues

This section presents respondents' knowledge of various hygiene issues. Six knowledge questions are used to examine respondents' knowledge. Correct responses are presented in shaded bars and their labels are marked with two asterisks (**).

3.2.1 Effective preventive measures against droplet spread or airborne diseases

Figure 3.2.1 shows that many respondents knew the effective measures for preventing droplet spread or airborne diseases (e.g. influenza and tuberculosis). A high proportion of respondents said covering mouth and nose when coughing or sneezing (85.7%), ensuring good indoor ventilation (85.4%) and keeping hands clean and washing hands properly (74.8%) were effective preventive measures for diseases transmitted through droplet spread. Although receiving vaccination (54.3%) was least mentioned by respondents as an effective measure, it was still correctly identified by more than half of the sample. In fact, all of these are effective measures for this kind of diseases.

Fig. 3.2.1 Effective preventive measures against droplet spread or airborne diseases

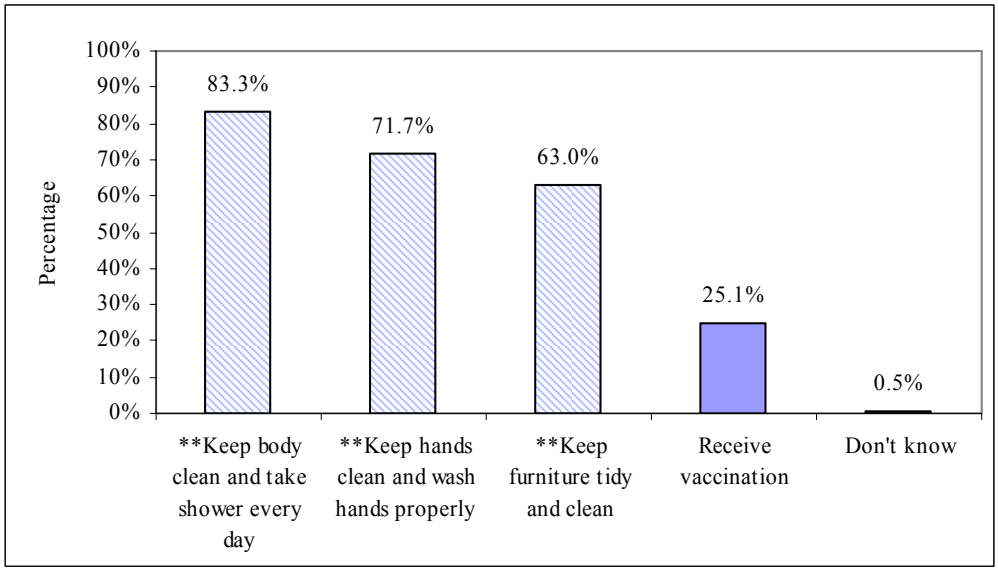


This is a multiple responses question. (Base=3220)

3.2.2 Effective preventive measures against diseases spread through direct contact

As shown in Figure 3.2.2, many respondents correctly identified keeping the body clean and taking a shower every day (83.3%), keeping hands clean and washing hands properly (71.7%) and keeping furniture tidy and clean (63.0%) as effective preventive measures for diseases spread by direct contact (e.g. head lice and scabies). About one-fourth (25.1%) of respondents mistakenly believed that this kind of diseases could be prevented by receiving vaccination.

Fig. 3.2.2 Effective preventive measures against diseases spread through direct contact

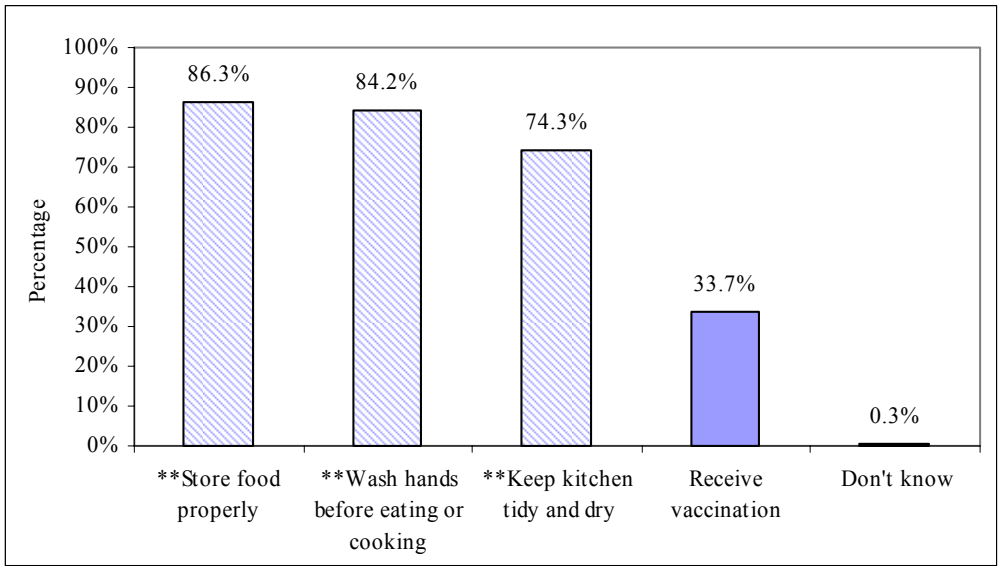


This is a multiple responses question. (Base=3220)

3.2.3 Effective preventive measures against gastrointestinal infections

Good food hygiene practices can prevent gastrointestinal infections, like gastroenteritis and hepatitis A. Figures 3.2.3 indicates that storing food properly (86.3%), washing hands before eating or cooking (84.2%) and keeping kitchen tidy and dry (74.3%) were effective preventive measures correctly identified by at least three-quarters of respondents. However, there was still one-third (33.7%) of respondents who believed receiving vaccination is an effective preventive measure for gastrointestinal infections, which is wrong.

Fig. 3.2.3 Effective preventive measures against gastrointestinal infections

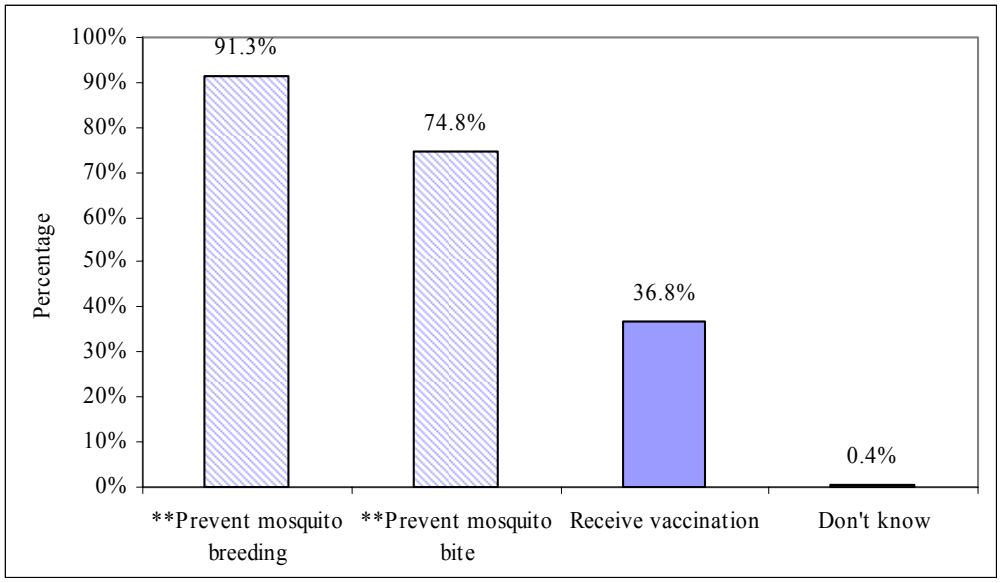


This is a multiple responses question. (Base=3220)

3.2.4 Effective preventive measures against mosquito-borne diseases

Mosquito-borne diseases, e.g. dengue fever and Japanese encephalitis, can be prevented by preventing mosquitoes from breeding and preventing mosquito bites. There were 91.3% and 74.8% of respondents who got these preventive measures correct, respectively. Receiving vaccination is not an effective preventive measure but it was reported by 36.8% of respondents. Figure 3.2.4 shows the distribution of responses.

Fig. 3.2.4 Effective preventive measures against mosquito-borne diseases

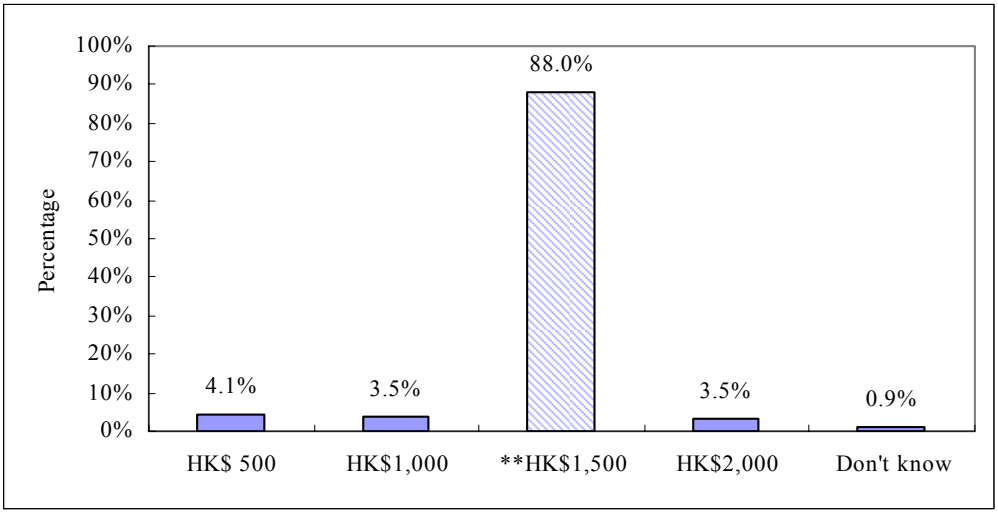


This is a multiple responses question. (Base=3220)

3.2.5 Fixed penalty for littering in public in Hong Kong

A very high percentage of respondents (88.0%) knew that the fixed penalty for littering in public in Hong Kong is HK$1,500 (Figure 3.2.5). Only about a tenth (11.1%) of respondents gave incorrect amounts.

Fig. 3.2.5 Fixed penalty for littering in public in Hong Kong

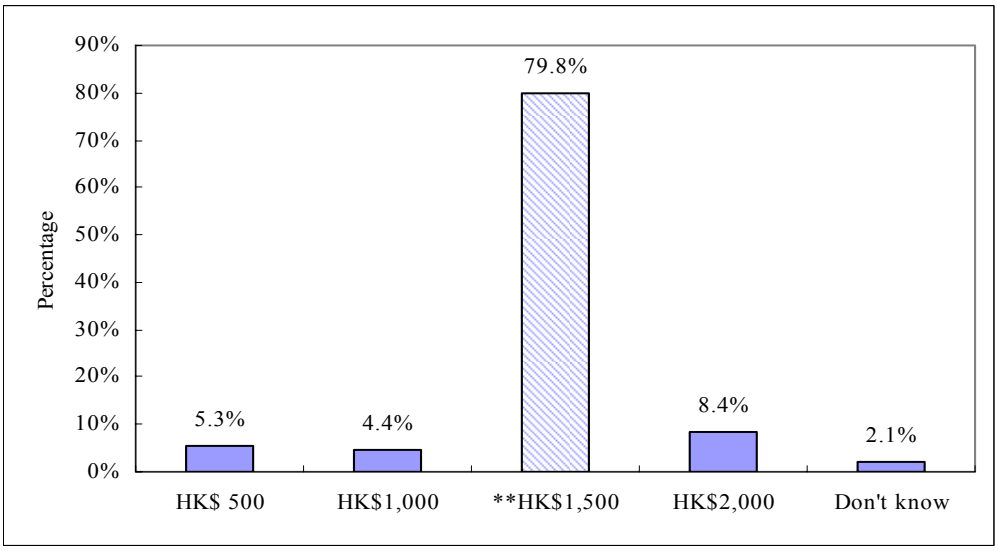


(Base=3220)

3.2.6 Fixed penalty for spitting in public in Hong Kong

Four-fifths (79.8%) of respondents knew that the fixed penalty for spitting in public in Hong Kong is HK$1,500 (Figure 3.2.6). Respondents who gave incorrect amounts of the fine comprised 18.1% of the sample.

Fig. 3.2.6 Fixed penalty for spitting in public in Hong Kong



(Base=3220)

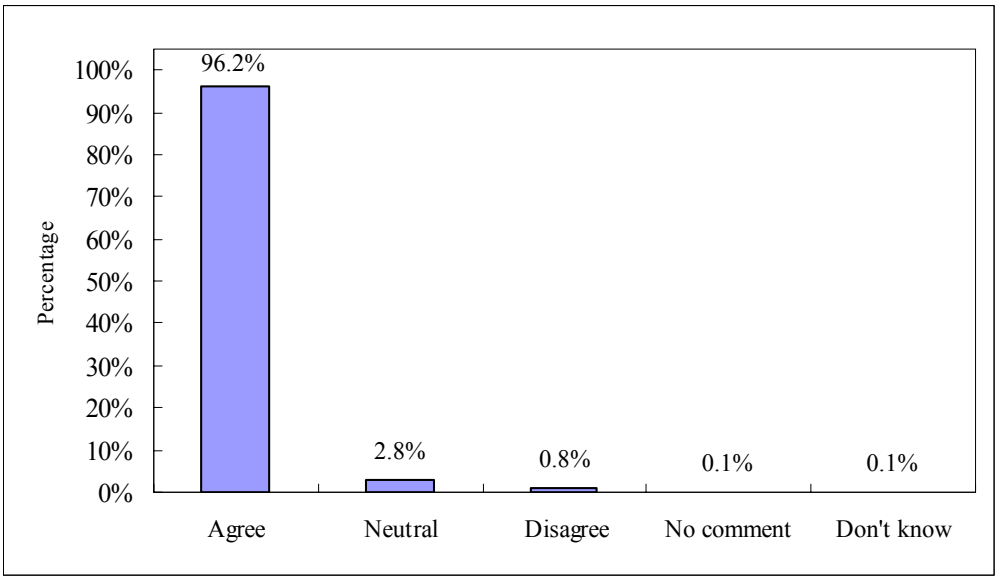
3.3 Attitudes towards Hygiene Issues

There are three questions on respondents' attitudes towards the prevention of communicable diseases in this section. Respondents were asked to give their views on various statements.

3.3.1 Observing personal, food and environmental hygiene can prevent communicable diseases

Nearly all the respondents (96.2%) agreed that observing personal, food and environmental hygiene could prevent communicable diseases and less than 4.0% of respondents held different views. Percentages of respondents in each category can be found in Figure 3.3.1.

Fig. 3.3.1 Observing personal, food and environmental hygiene can prevent communicable diseases

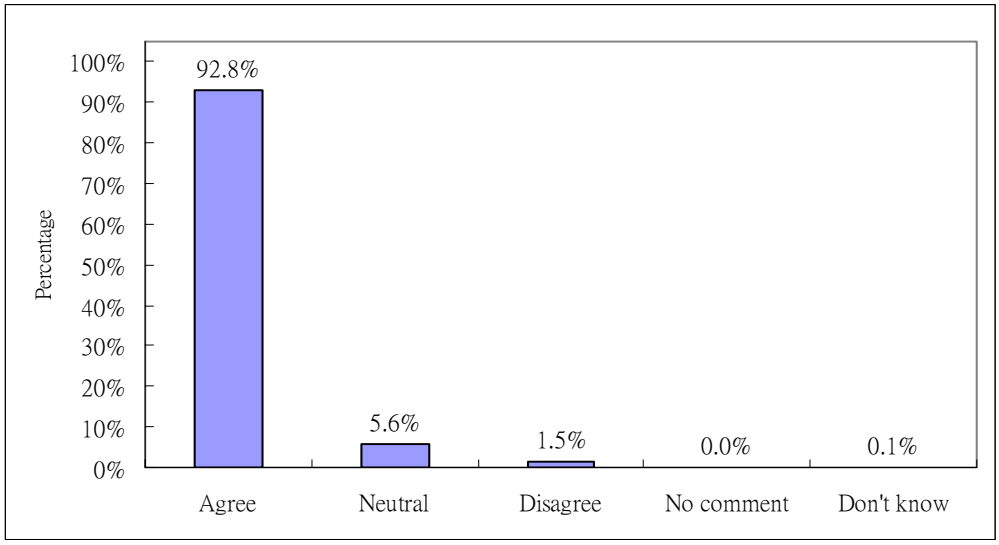


(Base=3220)

3.3.2 Maintaining a healthy lifestyle can prevent communicable diseases

Figure 3.3.2 shows that the majority of respondents (92.8%) agreed that maintaining a healthy lifestyle could prevent communicable diseases. About 6.0% of respondents were neutral about this statement and the remaining opinions were reported by less than 2.0% of respondents.

Fig. 3.3.2 Maintaining a healthy lifestyle can prevent communicable diseases

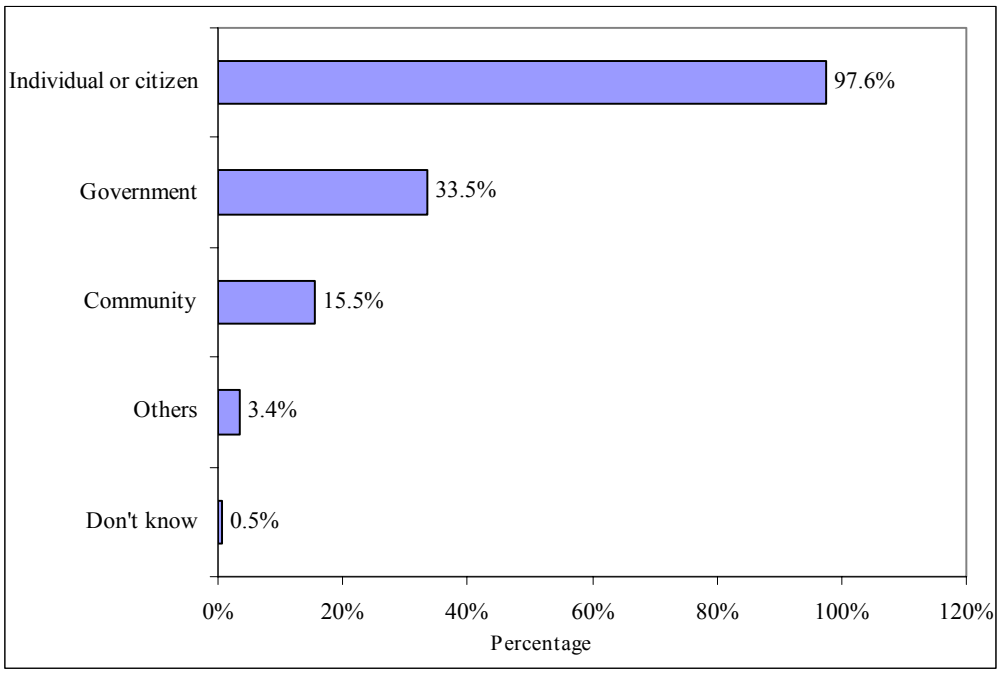


(Base=3220)

3.3.3 Responsibility for maintaining a hygienic environment

Nearly all respondents (97.6%) believed that maintaining a hygienic environment should be an individual's or a citizen's responsibility. One-third (33.5%) claimed that the Government should hold the responsibility for this and more than one-eighth (15.5%) said it should be a community's responsibility. Figure 3.3.3 gives the details of each category.

Fig. 3.3.3 Responsibility for maintaining a hygienic environment



This is a multiple responses question. (Base=3220)

3.4 Personal Hygiene Practices

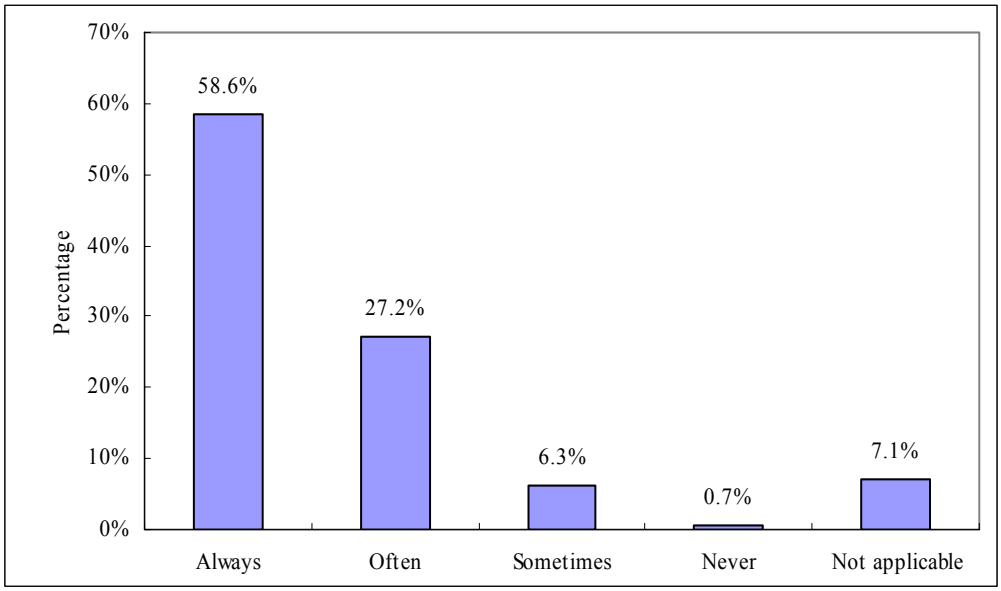
This section presents respondents' personal hygiene practices in the past three days. The option "not applicable" for the practices means that a particular practice does not apply to the respondents. For example, if a respondent said the practice of covering mouth and nose when coughing or sneezing was not applicable to them, it implied that this respondent did not cough or sneeze in the past three days. Percentages for practice barriers would only be reported for respondents who had not performed a specified hygiene practice at all when there was actually a need to do so.

3.4.1 Covering mouth and nose when coughing or sneezing

The majority of respondents (92.1%) covered their mouth and nose when coughing or sneezing (Figure 3.4.1). Nearly three-fifths (58.6%) always covered their mouth and nose when they coughed or sneezed. 27.2% and 6.3% of respondents often or sometimes took this measure.

Among those (0.7%) who never covered their mouth and nose at all when coughing or sneezing, about a quarter said they had no such habit (27.3%) or they found it unnecessary (22.7%).

Fig. 3.4.1 Covering mouth and nose when coughing or sneezing in the past 3 days



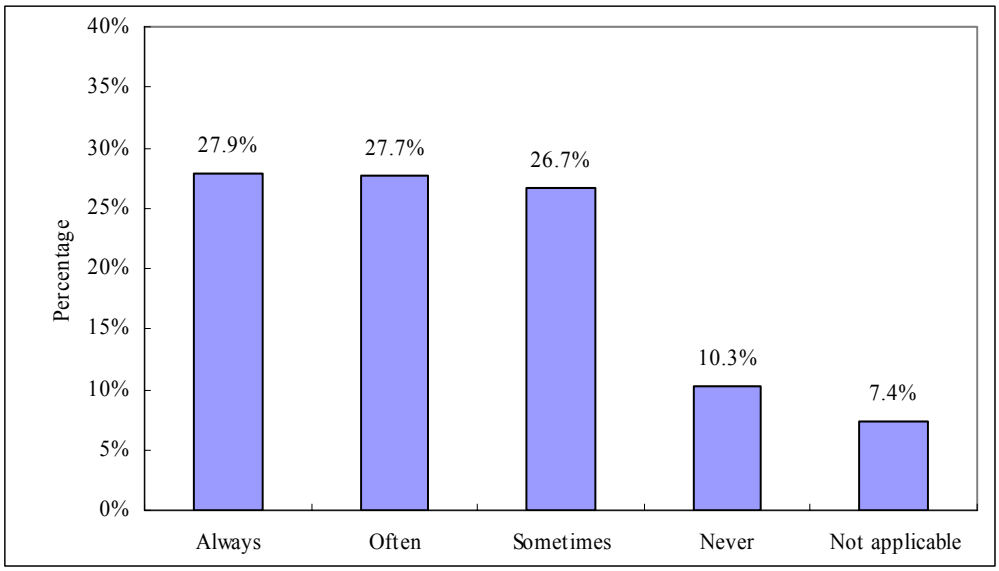
(Base=3220)

3.4.2 Washing hands after coughing or sneezing

Most respondents (82.3%) washed their hands after coughing or sneezing, with about the same percentage of respondents who always (27.9%), often (27.7%) or sometimes (26.7%) carried out this practice. Figure 3.4.2 shows the distribution.

There were 10.3% of respondents who never washed their hands after they coughed or sneezed in the past three days. Their main reasons for not doing so were due to the inconvenience when staying outside (34.4%) or the unavailability of washing facilities nearby (19.9%).

Fig. 3.4.2 Washing hands after coughing or sneezing in the past 3 days

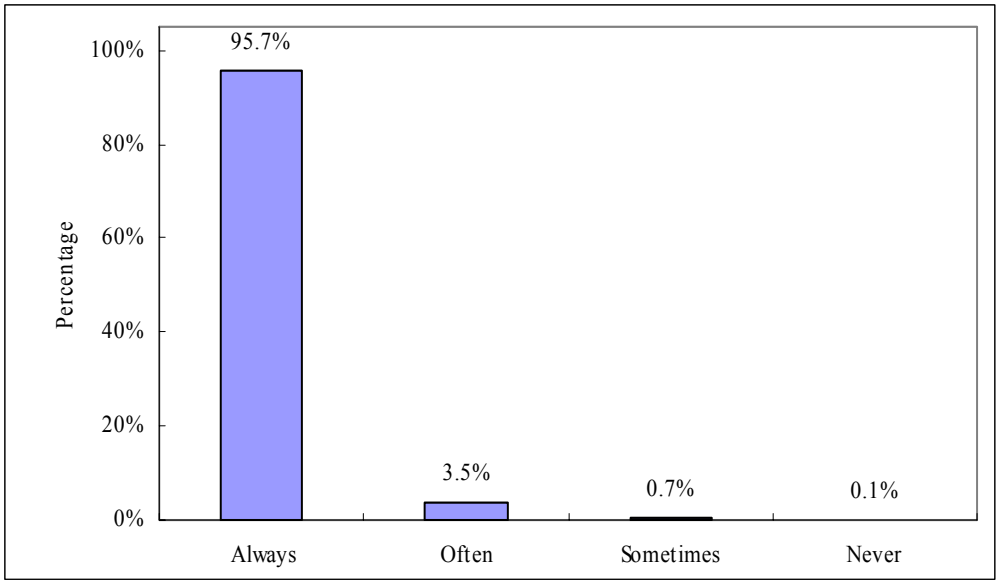


(Base=3220)

3.4.3 Washing hands after going to the toilet

As illustrated in Figure 3.4.3, the practice of washing hands after going to the toilet was carried out by almost all respondents (99.9%). This included 95.7% of respondents who always washed their hands. There were 0.1% of respondents who failed to do so at all.

Fig. 3.4.3 Washing hands after going to the toilet in past 3 days

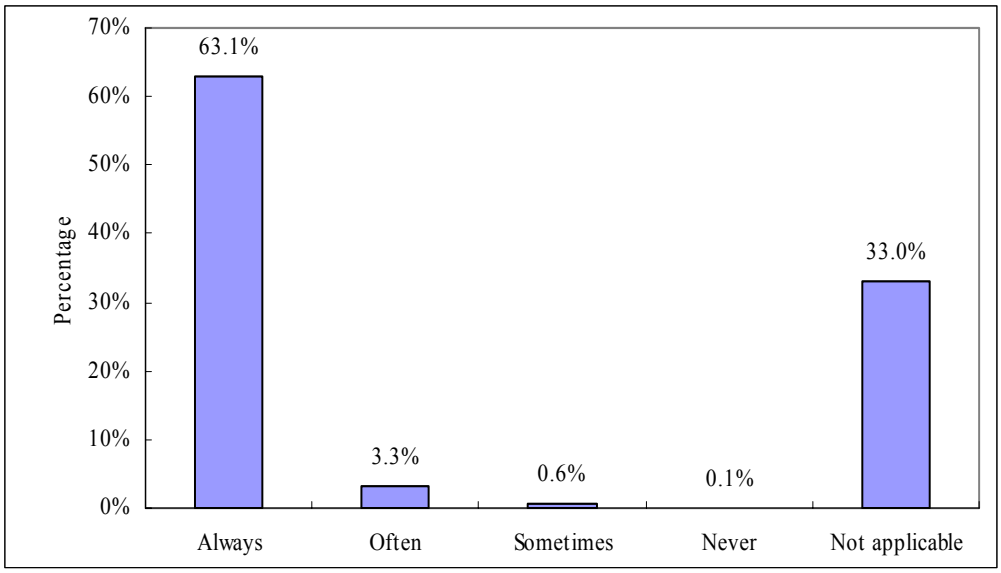


(Base=3220)

3.4.4 Washing hands after handling diapers or materials soiled by excreta

Figure 3.4.4 shows that the practice of washing hands after handling diapers or materials soiled by excreta was not applicable to one-third (33.0%) of respondents. Two-thirds (67.0%) of respondents always (63.1%), often (3.3%) or sometimes (0.6%) carried out this practice. 0.1% of respondents did not do this at all when they were in that situation.

Fig. 3.4.4 Washing hands after handling diapers or materials soiled by excreta in the past 3 days



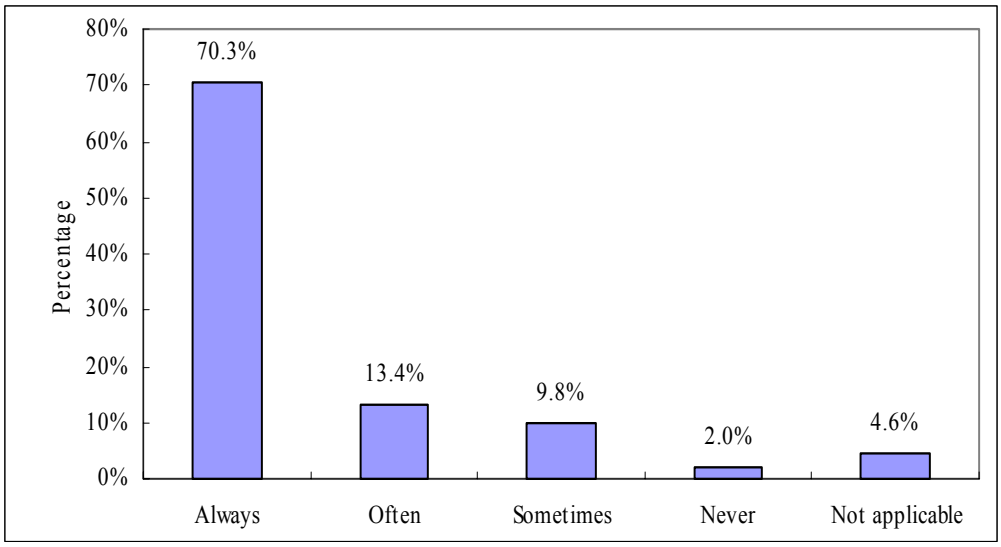
(Base=3220)

3.4.5 Washing hands after handling rubbish

After handling rubbish, 70.3% of respondents always washed their hands (Figure 3.4.5). Respondents who often or sometimes washed their hands after they handled rubbish made up 13.4% and 9.8% of the sample, respectively.

Of those 2.0% who never did this practice, 59.4% said it was not necessary to wash their hands and 25.0% reported that they had no such habit.

Fig. 3.4.5 Washing hands after handling rubbish in the past 3 days



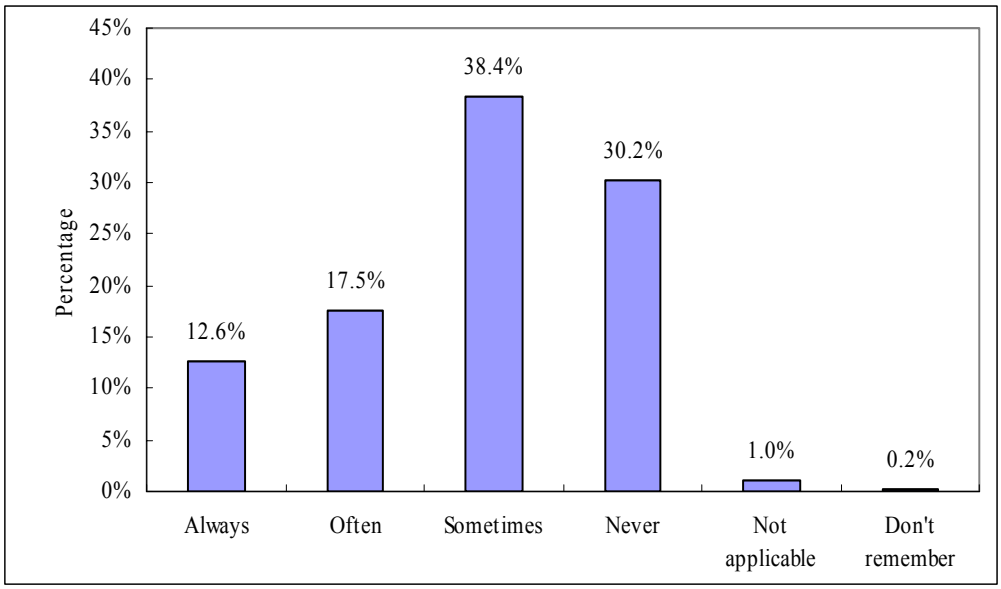
(Base=3220)

3.4.6 Washing hands after touching public installations or equipment

There were 68.5% of respondents who sometimes or more frequently washed their hands after touching public installations or equipment, such as an escalator handrail, elevator control panel or door knob. However, there were more respondents who did it sometimes (38.4%) than respondents who often (17.5%) or always (12.6%) had such a practice. This pattern does not follow the trend of other practices, which had more respondents who were in the "always" category. Figure 3.4.6 gives the details.

The proportion of respondents (30.2%) not washing hands after touching public installations or equipment was also comparatively higher than other practices. Their reasons were that it was inconvenient to wash hands when staying outside (29.6%) and there was no washing facility around (24.8%). About one-fifth (18.8%) said it was unnecessary to do so.

Fig. 3.4.6 Washing hands after touching public installations or equipment in the past 3 days

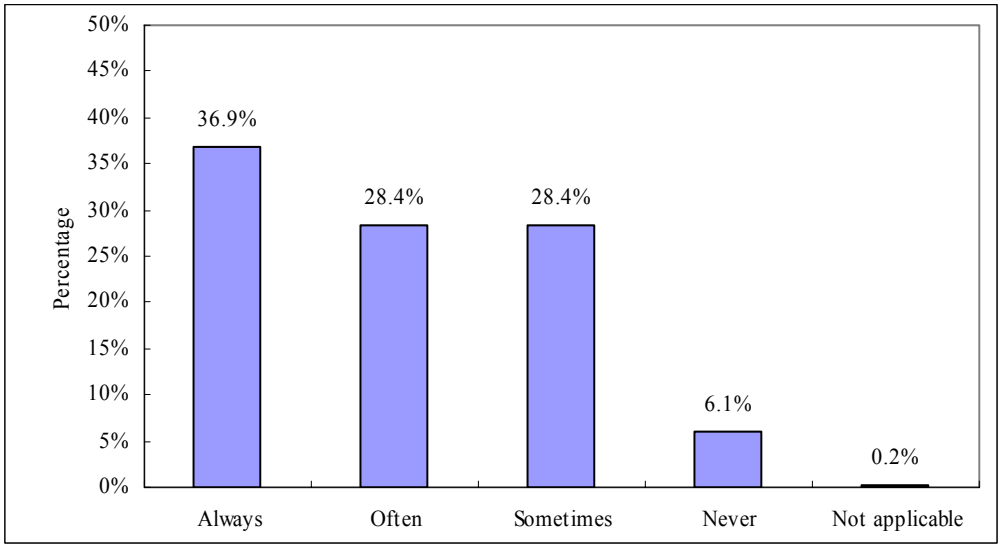


(Base=3220)

3.4.7 Using liquid soap to wash hands

Respondents who always (36.9%), often (28.4%) or sometimes (28.4%) used liquid soap when they washed their hands comprised 93.7% of respondents (Figure 3.4.7). For respondents (6.1%) who never used liquid soap to wash their hands in the past three days, 28.1% reported that it was not their practice to do so and 23.5% said there was no liquid soap available. One-fifth (21.9%) said it was unnecessary to use liquid soap when washing hands.

Fig. 3.4.7 Using liquid soap to wash hands in the past 3 days



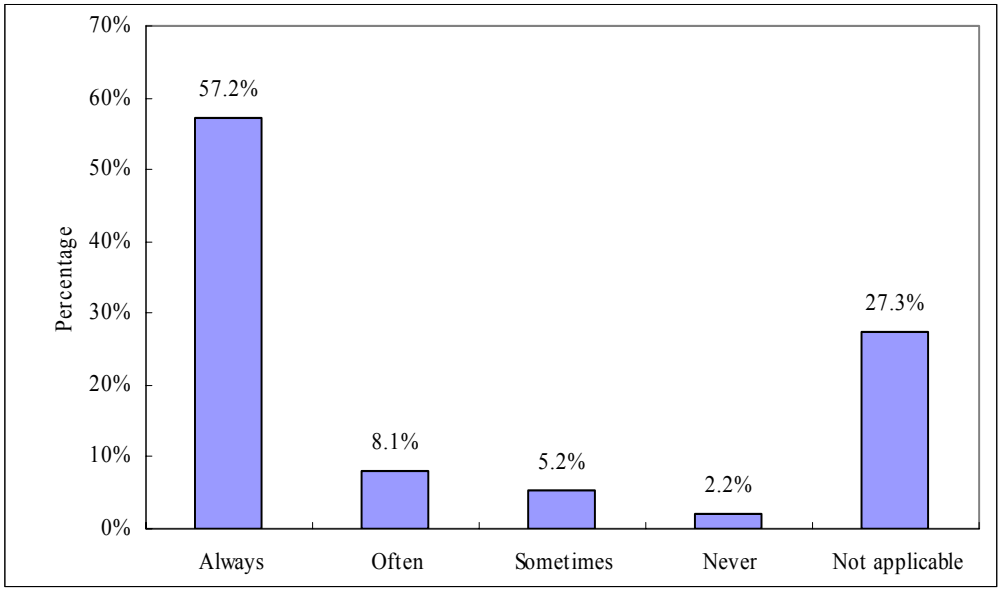
(Base=3220)

3.4.8 Avoiding the use of public towels

About three-fifths (57.2%) of respondents always avoided using public towels in the past three days. There were fewer respondents who often (8.1%) or sometimes (5.2%) took this measure. The overall percentage of respondents doing this practice was 70.5% (Figure 3.4.8).

Among respondents (2.2%) who did not avoid using public towels at all, the main barriers were that such measure was unnecessary (28.6%) and public towels were convenient to use (25.7%). Another 24.3% believed that public towels were clean to use.

Fig. 3.4.8 Avoiding the use of public towels in the past 3 days

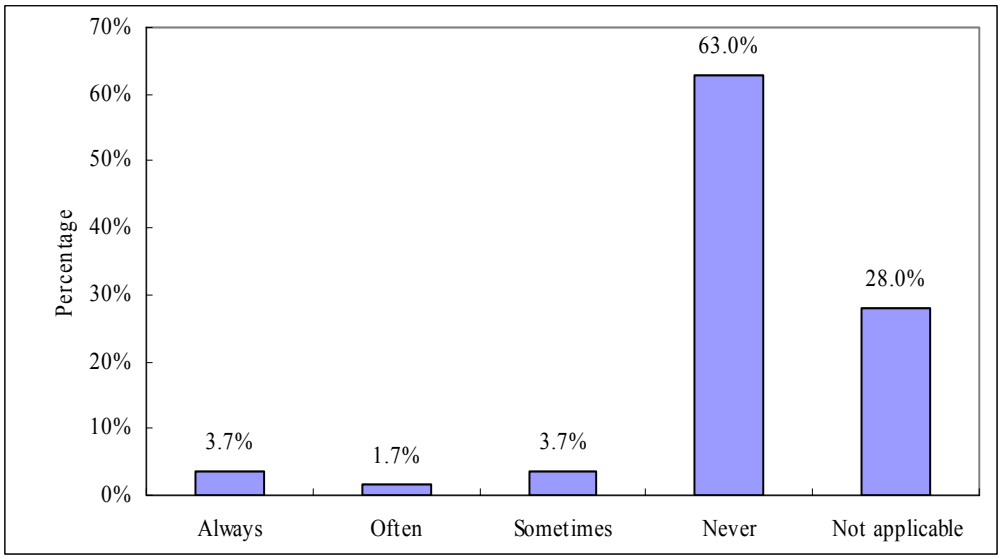


(Base=3220)

3.4.9 Wearing a mask

In the past three days, more than three-fifths (63.0%) of respondents said they never used a mask (Figure 3.4.9). Less than one-tenth (9.1%) of respondents wore a mask. The reasons for wearing were that respondents had symptoms of respiratory infection (36.2%), visited hospital or clinic (25.9%), or were in a polluted or dusty environment (10.9%).

Fig. 3.4.9 Wearing a mask in the past 3 days



(Base=3220)

3.5 Food Hygiene Practices

This section shows respondents' food hygiene practices in the past three days. Personal practices refer to the practices undertaken by the respondents, while household practices could be undertaken by the respondents, other household members or domestic helpers.

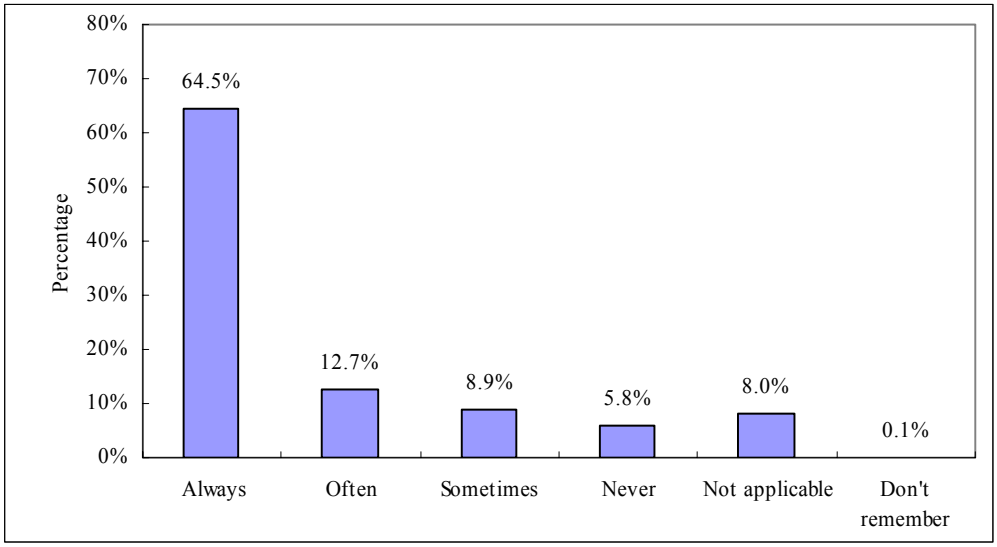
Personal Practices

3.5.1 Noting the expiry date when buying pre-packaged food

Figure 3.5.1 illustrates that more than four-fifths (86.1%) of respondents always (64.5%), often (12.7%) or sometimes (8.9%) made note of the expiry date when they purchased pre-packaged food.

Of the respondents (5.8%) who never had this practice in the past three days, 43.5% of them reported that it was not necessary and 34.9% reported that it was not their usual practice to take note of the expiry date.

Fig. 3.5.1 Noting the expiry date when buying pre-packaged food in the past 3 days



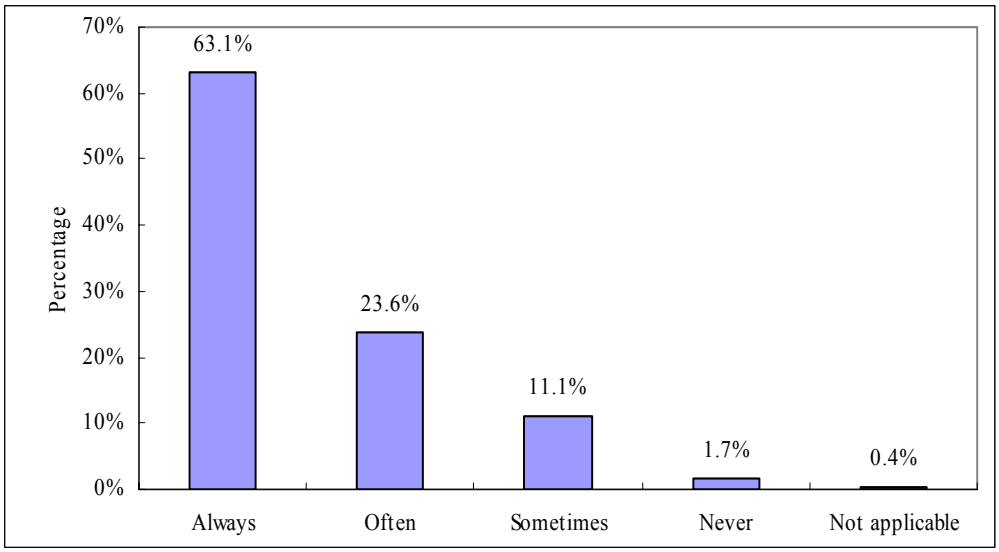
(Base=3220)

3.5.2 Washing hands before eating or handling food

The practice of washing hands before eating or handling food was undertaken by nearly all respondents (97.8%). Many respondents (63.1%) always washed their hands, 23.6% and 11.1% of respondents often or sometimes did it when they ate or handled food. Figure 3.5.2 shows the percentages for each category.

Among the respondents (1.7%) who had not washed their hands at all before eating or handling food, 41.8% said they had no such habit and 18.2% believed that doing this was unnecessary. A few respondents just forgot to do so (14.5%).

Fig. 3.5.2 Washing hands before eating or handling food in the past 3 days



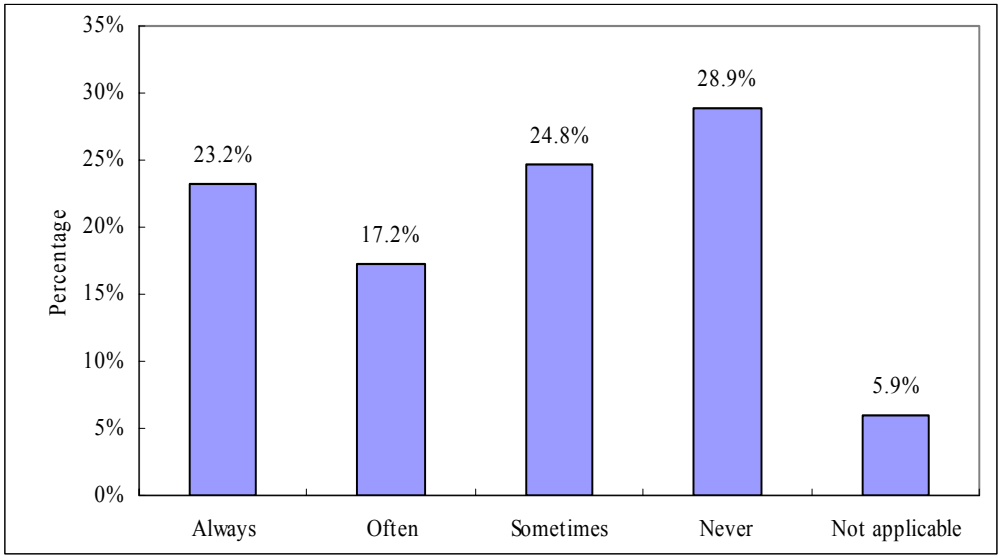
(Base=3220)

3.5.3 Using serving chopsticks or spoons when having meals with others

Percentages for the frequency of using serving chopsticks or spoons when having meals with others were quite similar (Figure 3.5.3). Two-thirds (65.2%) of respondents claimed that they used serving utensils in the past three days when they ate with other people. Doing it always or sometimes each had about a quarter of respondents (23.2% and 24.8%), which was more than the proportion of respondents who often carried out this measure (17.2%).

There were 28.9% of respondents who did not use serving chopsticks or spoons at all when having meals with others. About half of them (47.7%) said they did not use serving utensils because they were eating with family. Some respondents stated that they had no such habit (28.7%) or that it was not necessary (14.1%).

Fig. 3.5.3 Using serving chopsticks or spoons when having meals with others in the past 3 days



(Base=3220)

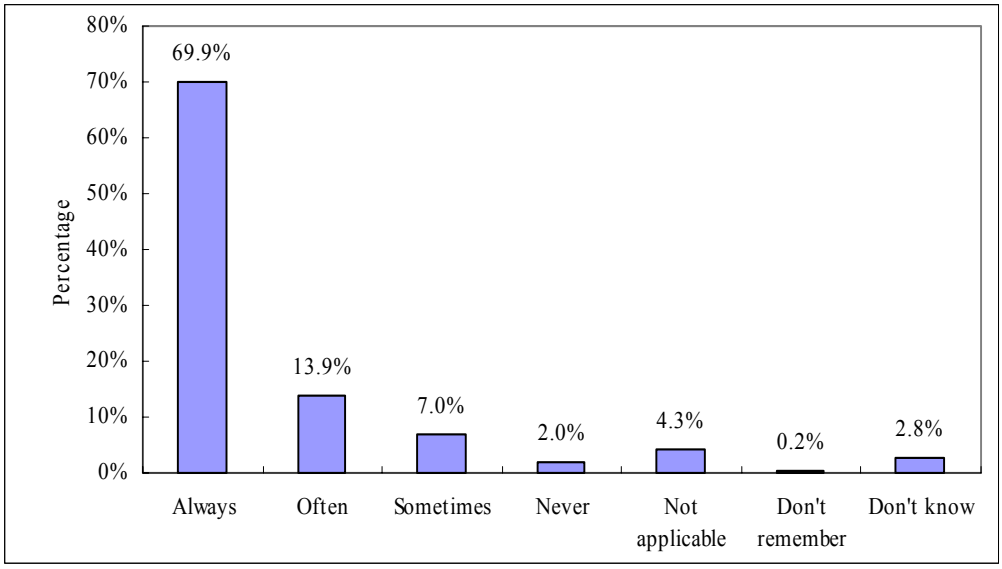
Household Practices

3.5.4 Storing raw food and cooked food separately

Figure 3.5.4 shows that 69.9% of respondents always stored raw food and cooked food separately. There were fewer respondents who often (13.9%) or sometimes (7.0%) undertook such practice.

For the 2.0% of respondents who never did so, 34.9% said that there were very few compartments in their refrigerator and 33.3% reported that they had no such habit.

Fig. 3.5.4 Storing raw food and cooked food separately in the past 3 days

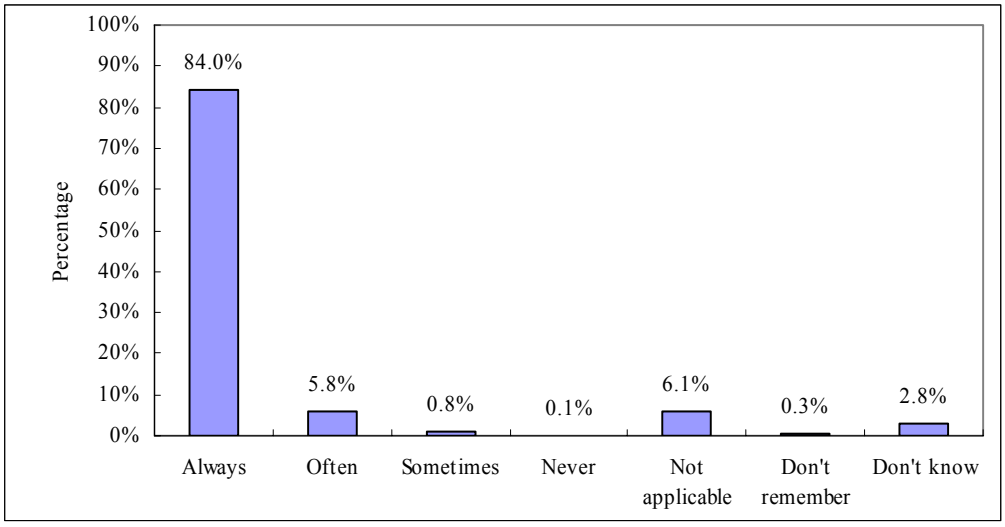


(Base=3220)

3.5.5 Washing meat, seafood and vegetables thoroughly before cooking

Washing meat, seafood and vegetables thoroughly before cooking was practised by 90.6% of respondents, with 84.0% always, 5.8% often, and 0.8% sometimes having engaged in this practice in the past three days (Figure 3.5.5). Very few respondents (0.1%) failed to do so at all.

Fig. 3.5.5 Washing meat, seafood and vegetables thoroughly before cooking in the past 3 days



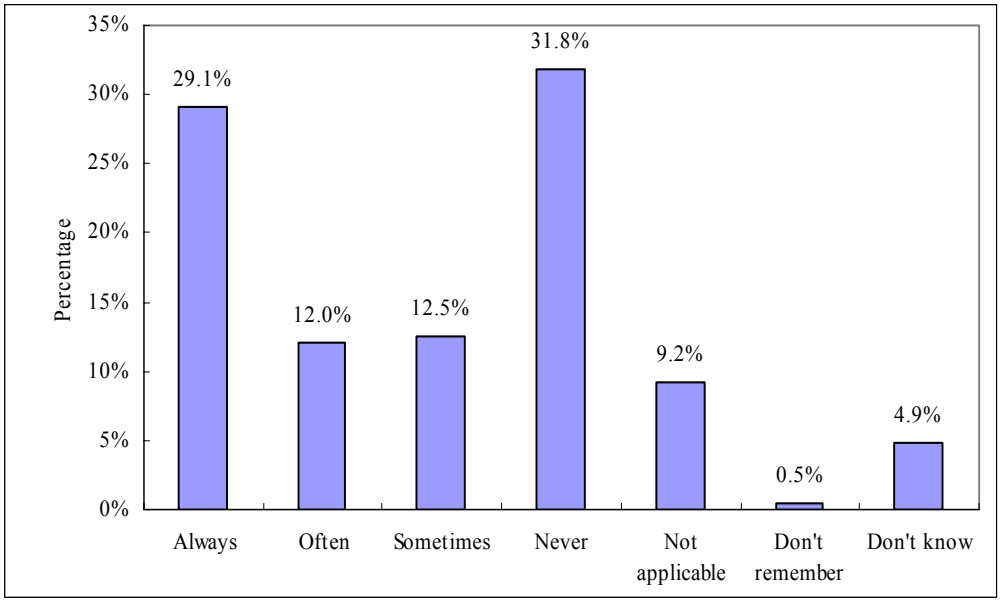
(Base=3220)

3.5.6 Handling raw food and cooked food with separate sets of knives and chopping boards

Only half of the respondents (53.6%) reported that they handled raw food and cooked food with separate sets of knives and chopping boards. Some respondents (29.1%) always used separate sets of knives and chopping boards for raw food and cooked food and fewer respondents often (12.0%) or sometimes (12.5%) did that in the past three days. Figure 3.5.6 shows the distribution.

The proportion of respondents (31.8%) not doing this practice at all was quite high. Many of them suggested that they already washed the set of knives and chopping board thoroughly before switching purpose (53.6%) and some said it was not their usual practice to have separate sets of knives and chopping boards for raw food and cooked food (25.9%).

Fig. 3.5.6 Handling raw food and cooked food with separate sets of knives and chopping boards in the past 3 days

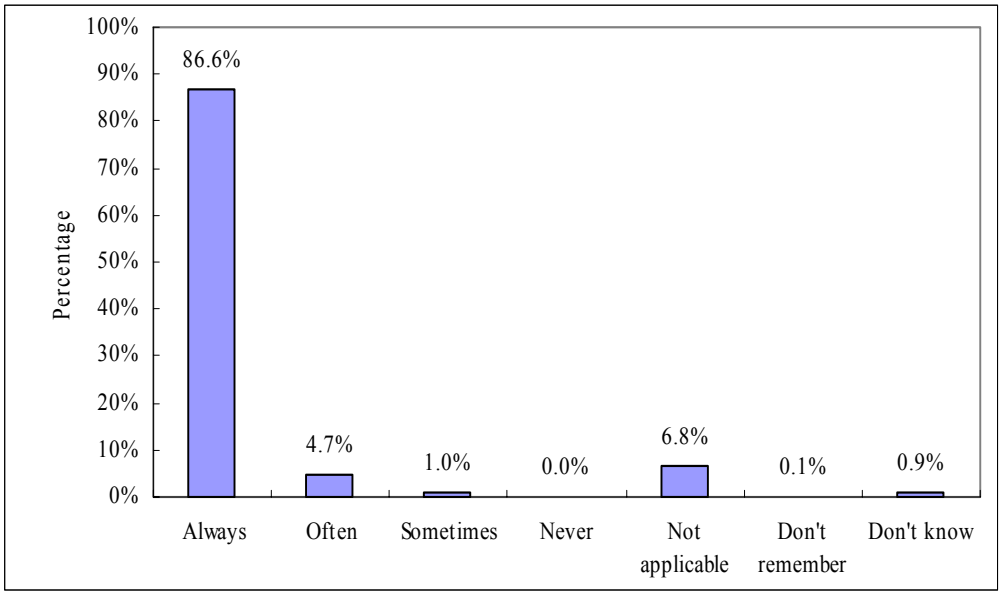


(Base=3220)

3.5.7 Cooking meat and poultry thoroughly

Respondents who always (86.6%), often (4.7%) or sometimes (1.0%) cooked meat and poultry thoroughly made up 92.3% of the sample (Figure 3.5.7).

Fig. 3.5.7 Cooking meat and poultry thoroughly in the past 3 days



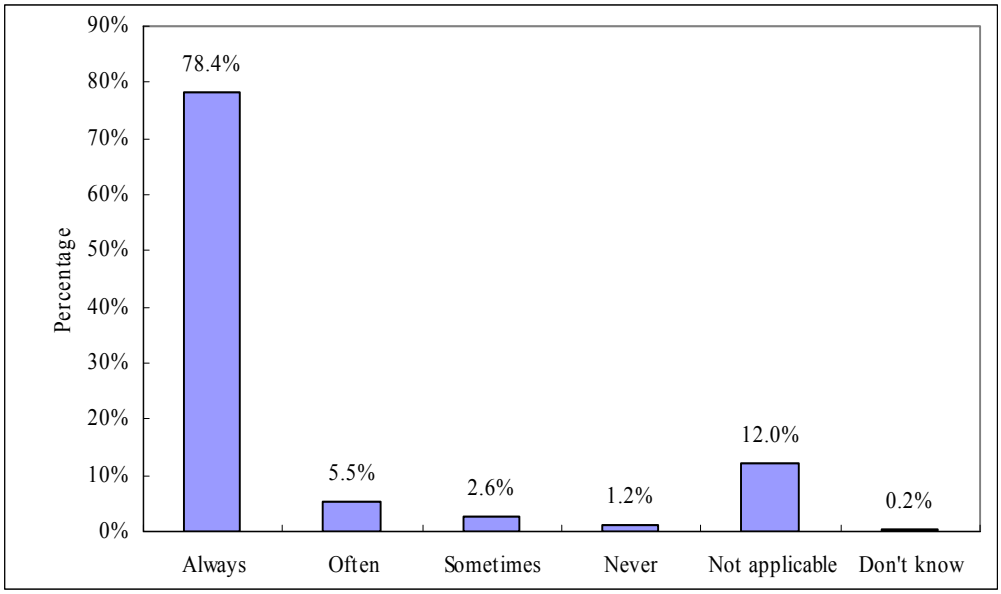
(Base=3220)

3.5.8 Wrapping leftover food well before putting into the refrigerator

More than four-fifths (86.5%) of respondents wrapped leftover food well before they put the food into the refrigerator, with 78.4% who always had this practice (Figure 3.5.8).

Among the few respondents (1.2%) who did not ever wrap the leftover food well before putting it into the refrigerator, 52.5% and 17.5% of respondents stated that they had no such habit or it was unnecessary, respectively.

Fig. 3.5.8 Wrapping leftover food well before putting into the refrigerator in the past 3 days



(Base=3220)

3.6 Environmental Hygiene Practices

This section shows respondents' environmental hygiene practices in the past three days or in the past three months. Personal practices refer to practices undertaken by the respondents, while household practices could be undertaken by the respondents, other household members or domestic helpers.

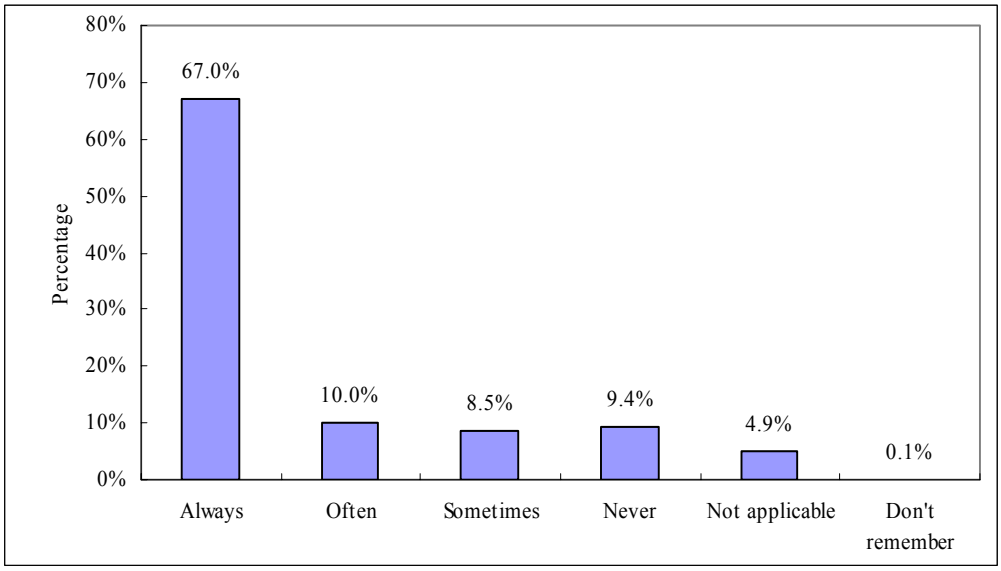
Personal Practice

3.6.1 Putting rubbish like cans, bottles and lunch boxes in a covered litter bin

Figure 3.6.1 indicates that there were 85.5% of respondents who put rubbish like cans, bottles and lunch boxes in a covered litter bin in the past three days, with 67.0% always, 10.0% often, and 8.5% sometimes having this practice.

One-tenth (9.4%) of respondents did not do so at all. The reasons were that many of them had no covered litter bin nearby (75.0%) while a few said that they had no such habit (12.5%).

Fig. 3.6.1 Putting rubbish like cans, bottles and lunch boxes in a covered litter bin in the past 3 days



(Base=3220)

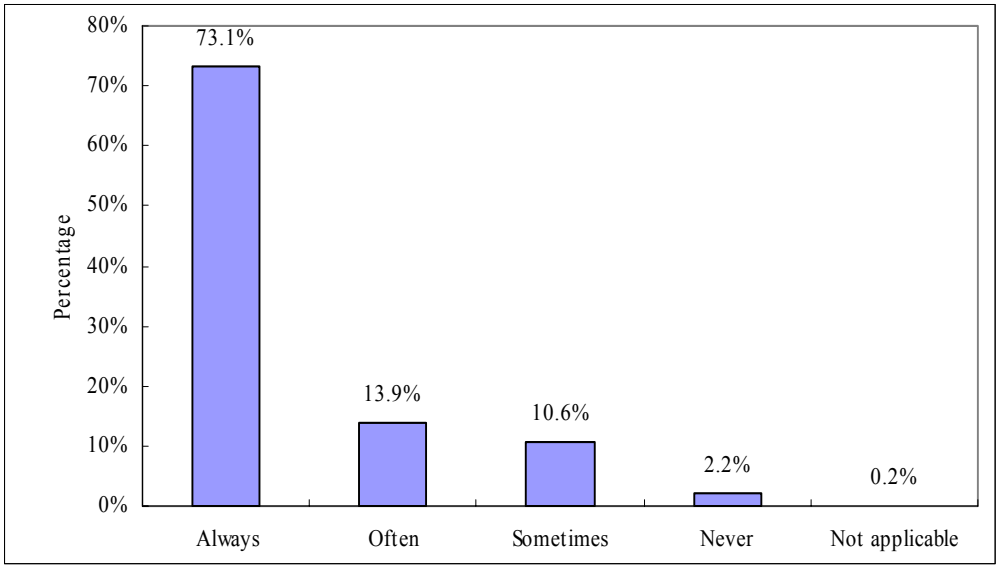
Household Practices

3.6.2 Keeping windows at home open to maintain good indoor ventilation

Nearly all respondents (97.6%) kept windows at home open to maintain good indoor ventilation in the past three days, with 73.1% of respondents always carrying out this practice. Figure 3.6.2 shows the detailed percentages.

There were 2.2% of respondents who failed to undertake this measure. Their main reasons were that the weather was too cold (57.7%) or the air outside was polluted (19.7%).

Fig. 3.6.2 Keeping windows at home open to maintain good indoor ventilation in the past 3 days



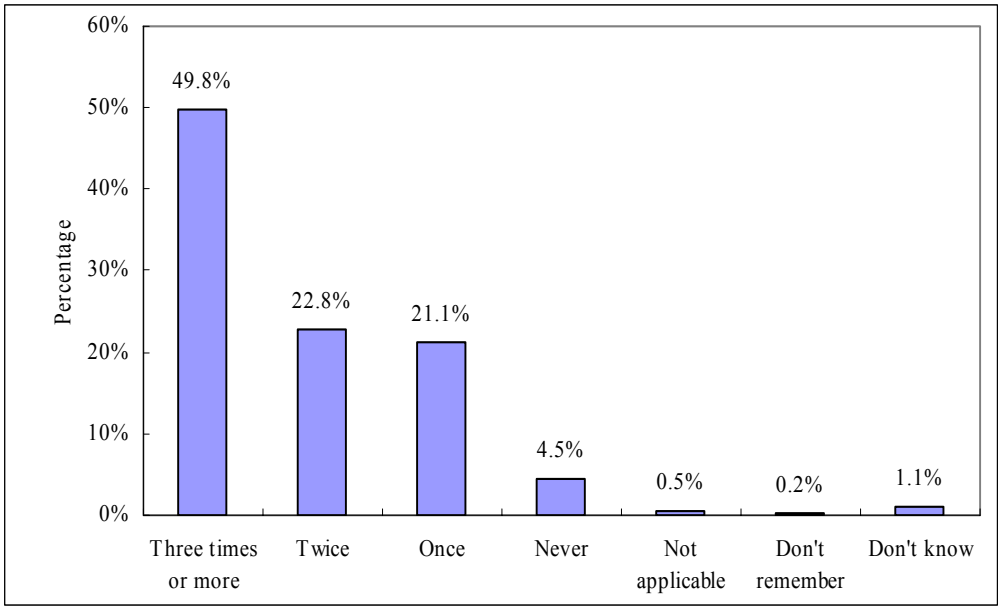
(Base=3220)

3.6.3 Cleaning home

The majority of respondents (93.7%) cleaned their home in the past three days (Figure 3.6.3). Half of the respondents (49.8%) cleaned their home three times or more, 22.8% cleaned home twice and 21.1% cleaned home once. Among these respondents, 40.9% of them used 1:99 diluted household bleach solution when they cleaned their home.

The reasons for respondents (4.5%) not cleaning their home at all were that they were busy (57.9%) and it was not necessary (14.5%).

Fig. 3.6.3 Cleaning home in the past 3 days



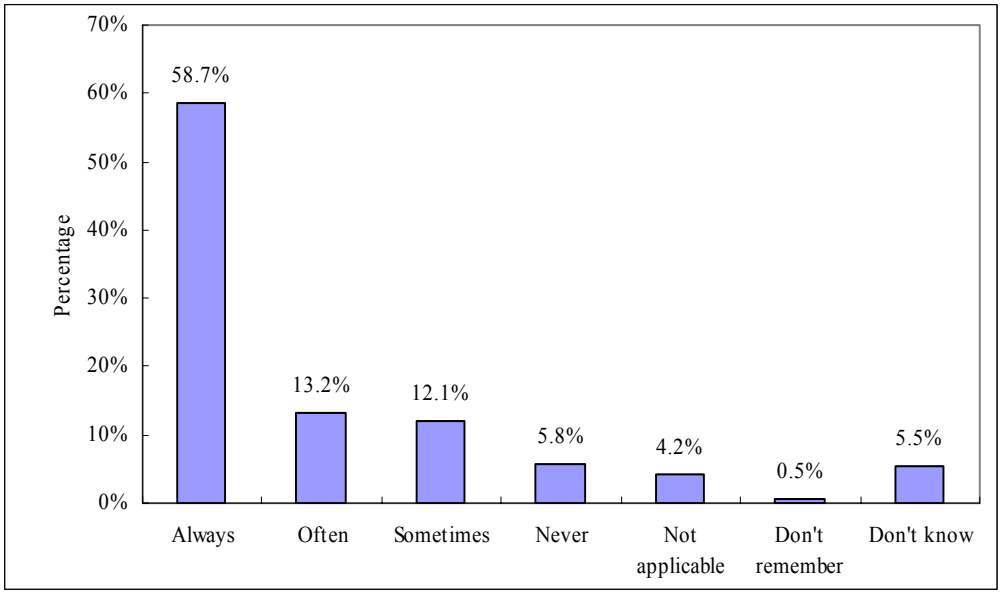
(Base=3220)

3.6.4 Keeping drains and pipes free from blockage and leakage

Four-fifths (84.0%) of respondents kept drains and pipes free from blockage and leakage in the past three months (Figure 3.6.4). There were more respondents who always (58.7%) had this practice than respondents who often (13.2%) or sometimes (12.1%) did it.

For the 5.8% of respondents who never undertook this measure, 44.6% believed that it was not necessary and 24.7% claimed that it was not their habit to check the drains and pipes.

Fig. 3.6.4 Keeping drains and pipes free from blockage and leakage in the past 3 months



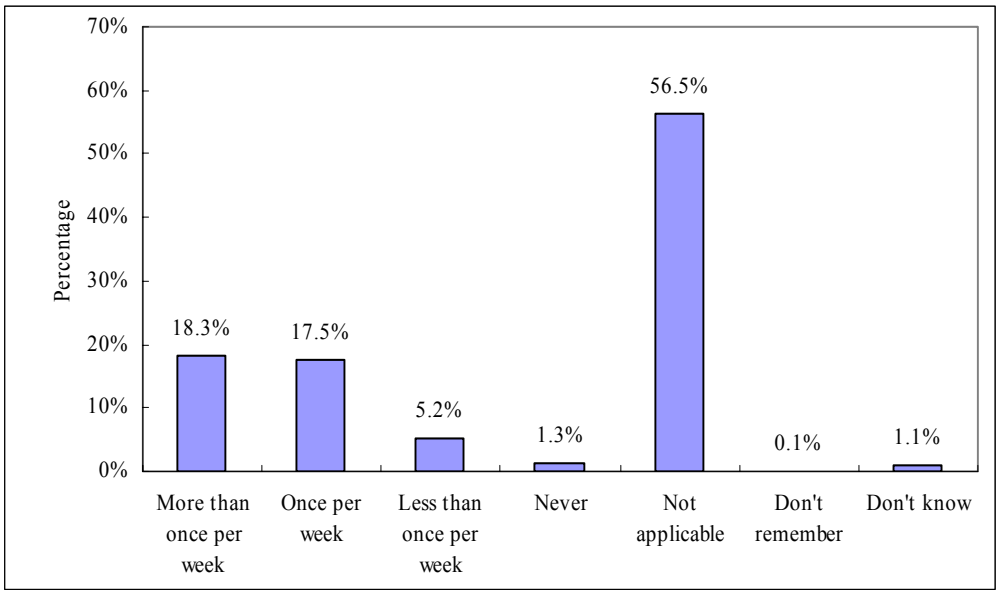
(Base=3220)

3.6.5 Changing water in vases

Figure 3.6.5 indicates that more than half of the respondents (56.5%) did not use any vase in the past three months. There were 18.3% and 17.5% of respondents who changed water in vases more than once per week or once per week, respectively. 5.2% changed water less than once per week.

A few respondents (1.3%) did not change the water in vases at all. They considered it as an unnecessary act (37.2%) or the plant they had at home could only allow adding water but not changing the water (32.6%).

Fig. 3.6.5 Changing water in vases in the past 3 months



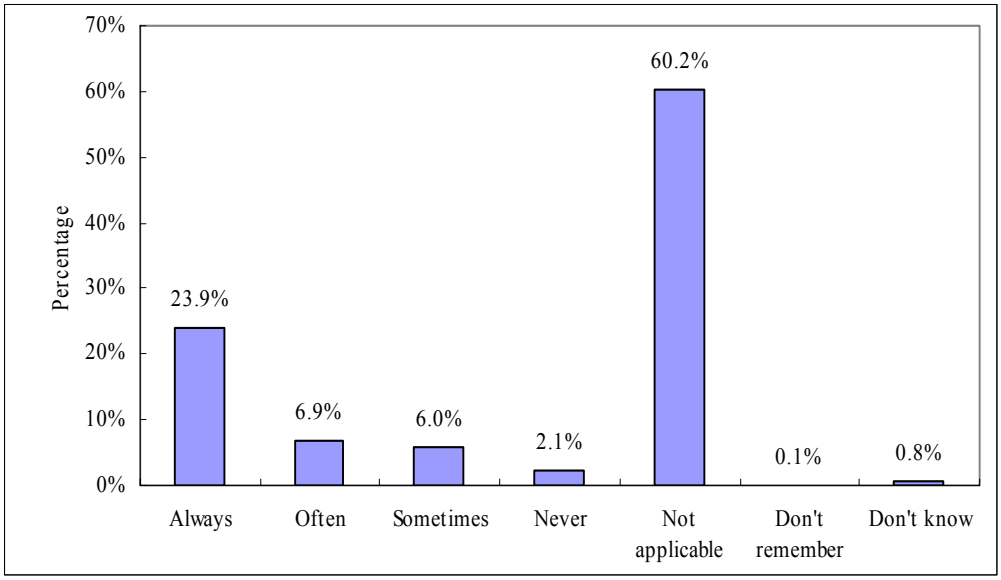
(Base=3220)

3.6.6 Removing stagnant water from saucers underneath flowerpots

As shown in Figure 3.6.6, the practice of removing stagnant water from saucers underneath flowerpots was not applicable to many respondents (60.2%) in the past three months. Respondents who always (23.9%), often (6.9%) or sometimes (6.0%) had stagnant water removed from saucers comprised 36.8% of the sample.

Among the 2.1% of respondents who did not do this at all, 60.3% said it was not necessary to remove stagnant water from saucers and 7.4% reported that they did not have such a habit.

Fig. 3.6.6 Removing stagnant water from saucers underneath flowerpots in the past 3 months



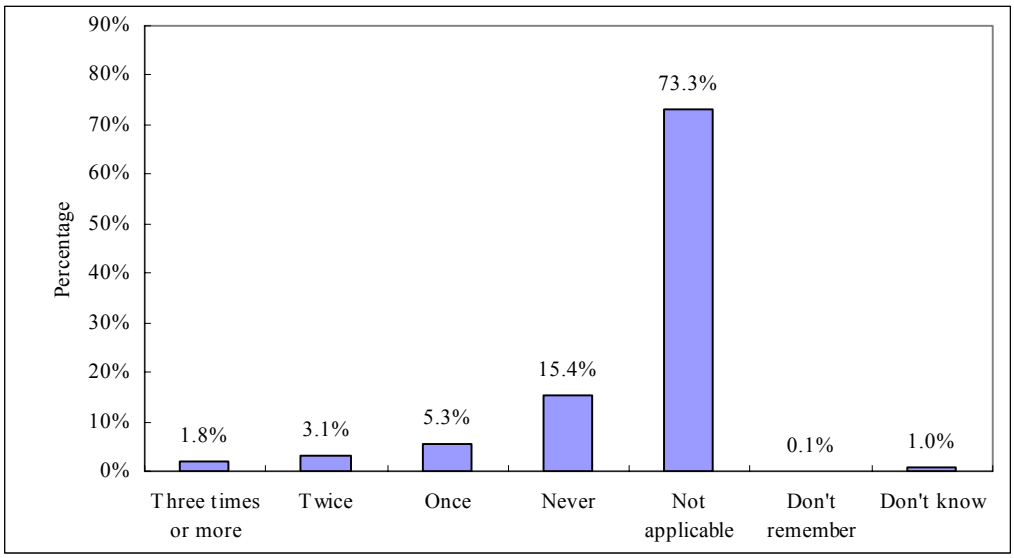
(Base=3220)

3.6.7 Reporting dirty common facilities to the building management office

Only 10.2% of respondents reported dirty common facilities to the building management office in the past three months, with 1.8% having reported the problem three times or more. There were 3.1% and 5.3% of respondents who reported the problem twice or once, respectively (Figure 3.6.7).

For the 15.4% of respondents who discovered dirty common facilities but had not filed a complaint, the main reasons were that it was not necessary for them to take such action (57.3%). A few respondents claimed that they were too busy (8.5%).

Fig. 3.6.7 Reporting dirty common facilities to the building management office in the past 3 months

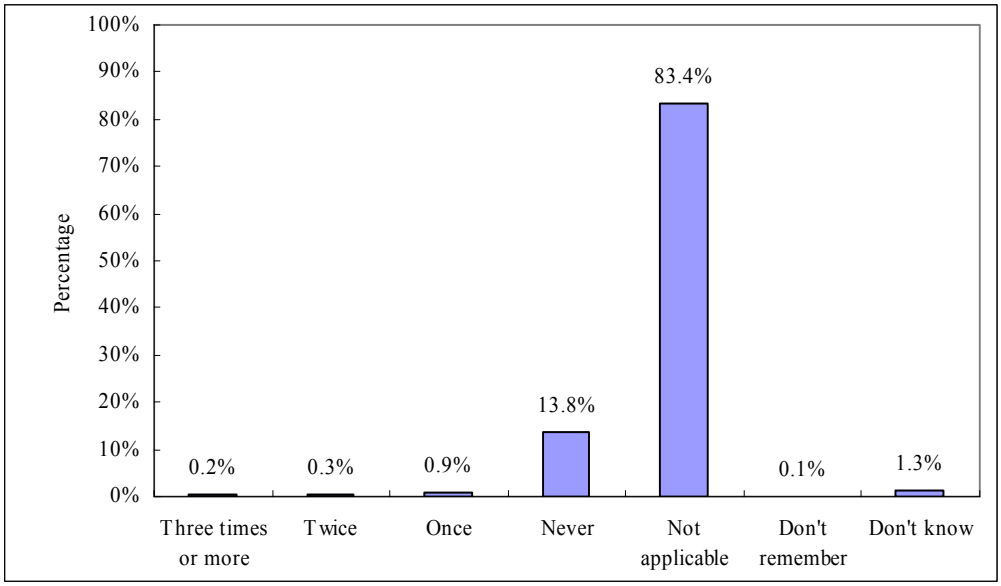


(Base=3220)

3.6.8 Reporting rubbish black spots or stagnant water at construction sites to the government department

Reporting rubbish black spots or stagnant water at construction sites to the government did not apply to most respondents (83.4%) in the past three months. Although 15.2% of respondents found those problem sites, 1.4% reported to the government, while 13.8% decided not to send a notification. Their reasons were that it was not necessary (50.8%) and they did not know where to report the problem (11.1%). Among those who did report to the government, 54.3% reported to the Food and Environmental Hygiene Department. The percentages are shown in Figure 3.6.8.

Fig. 3.6.8 Reporting rubbish black spots or stagnant water at construction sites to the government department in the past 3 months



(Base=3220)

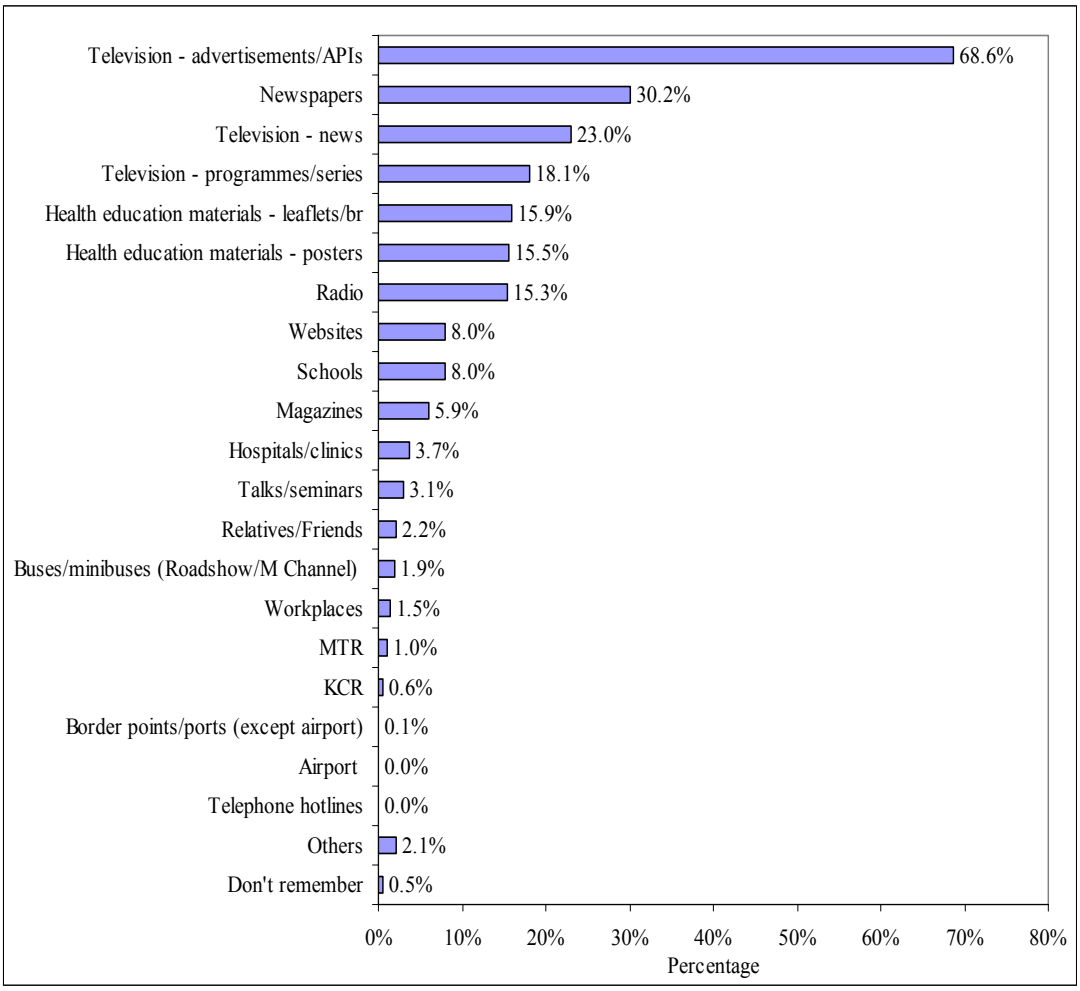
3.7 Awareness of Health Education and Public Health Issues

In this section, respondents' awareness of health education and public health issues in the past three months, and the influence on personal, food and environmental hygiene are presented.

3.7.1 Channels for getting health education/information on personal, food and environmental hygiene

Figure 3.7.1-1 shows the channels through which respondents obtained health education and information on personal, food and environmental hygiene in the past three months. Advertisements and Government announcements of public interest (APIs) showing on televisions were the major source of information for many respondents (68.6%). Other common channels included newspapers (30.2%), TV news (23.0%) and TV programmes and series (18.1%). 8.0% of respondents obtained such information through the internet.

Fig. 3.7.1-1 Channels for getting health education/information on personal, food and environmental hygiene in the past 3 months

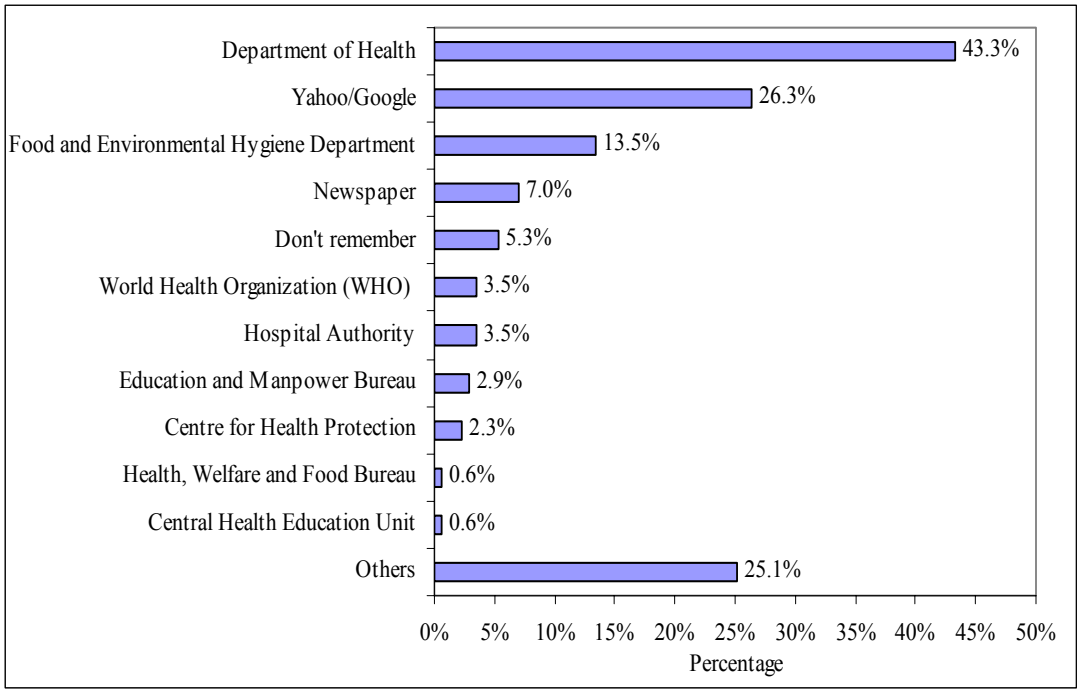


This is a multiple responses question. (Base=2135)

Websites visited for getting health education/information on personal, food and environmental hygiene

Among the 8.0% of respondents who ever visited websites for health education and information, 43.3% browsed the websites of the Department of Health. They were the most commonly used Government websites for obtaining health-related information. 26.3% and 13.5% of respondents got such information by searching Yahoo or Google and from the Food and Environmental Hygiene Department website, respectively. Figure 3.7.1-2 shows the results.

Fig. 3.7.1-2 Websites visited for getting health education/information on personal, food and environmental hygiene

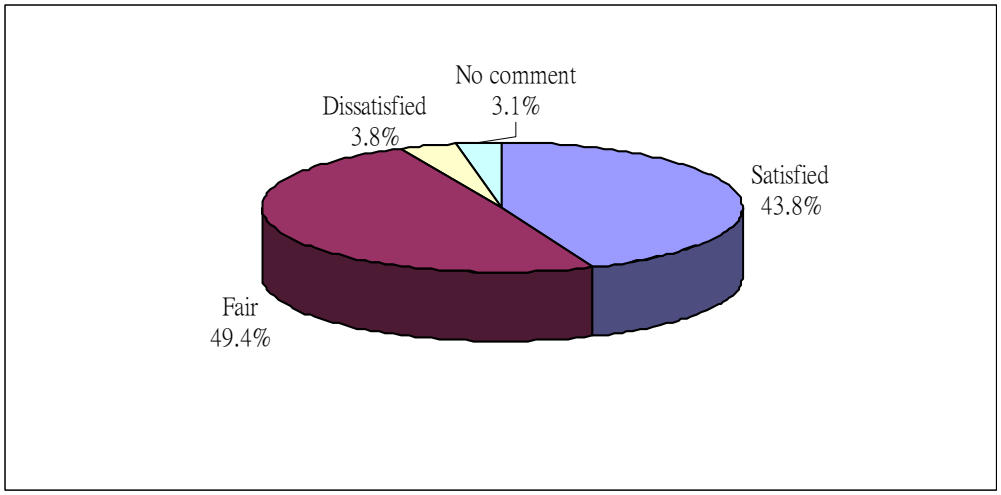


This is a multiple responses question. (Base=171)

3.7.2 Satisfaction level of respondents about the Government effort in providing hygiene information

As shown in Figure 3.7.2-1, respondents generally rated the Government effort in providing hygiene information as satisfactory (43.8%) or fair (49.4%). Only 3.8% of respondents found its effort unsatisfactory.

Fig. 3.7.2-1 Satisfaction level of respondents about the Government effort in providing hygiene information

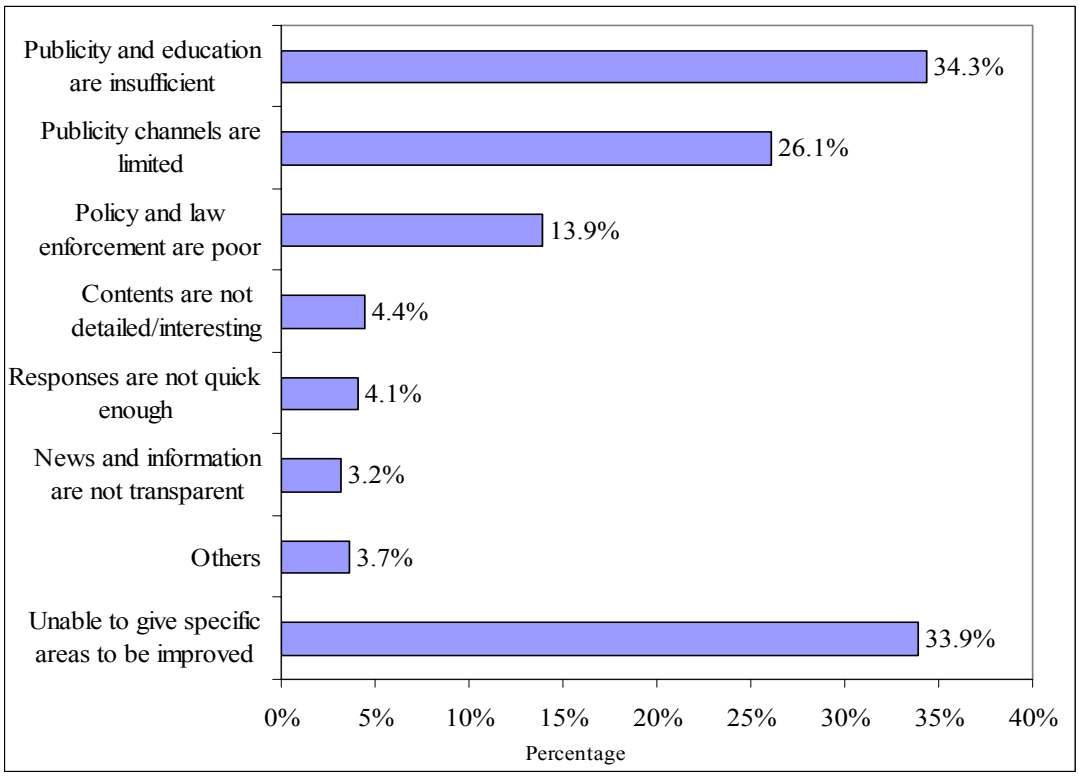


(Base=3220)

Areas for improvement

Respondents (53.2%) who said the Government effort in providing hygiene information was fair or poor were asked to indicate the areas in which the Government needed improvement (Figure 3.7.2-2). Respondents generally felt that the publicity and education done by the Government were insufficient (34.3%) and the publicity channels were limited (26.1%).

Fig. 3.7.2-2 Areas of improvement

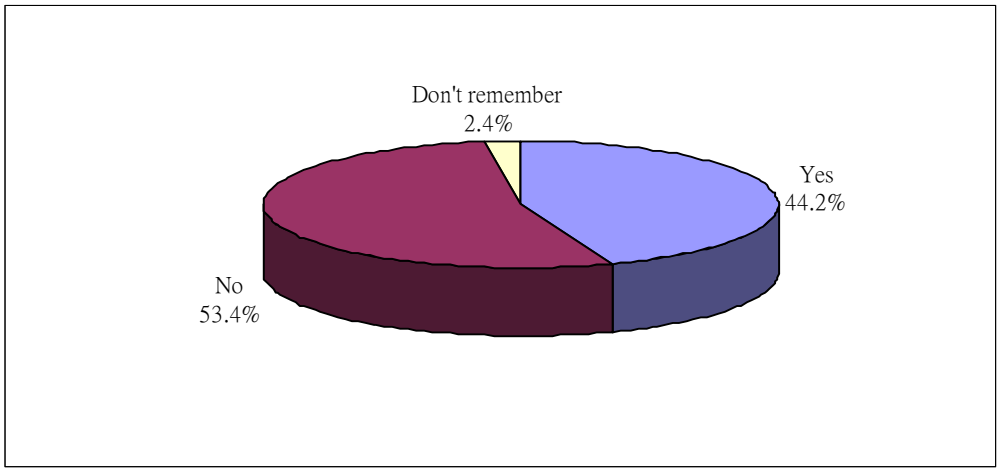


This is a multiple responses question. (Base=1712)

3.7.3 News on health issue which affected the awareness of personal, food and environmental hygiene

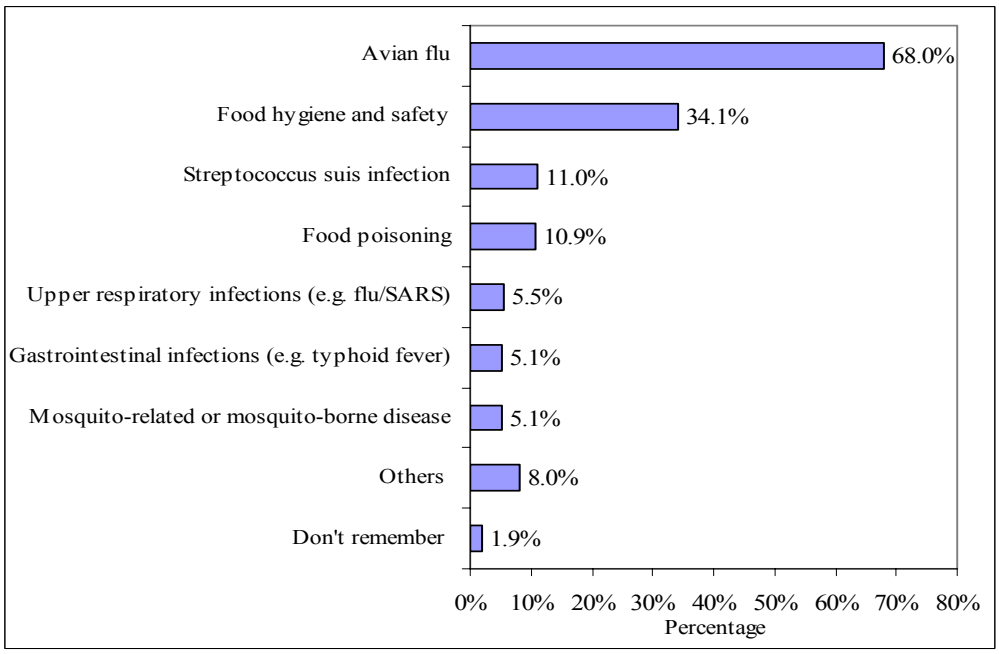
Figure 3.7.3-1 and Figure 3.7.3-2 provide the information on whether respondents' awareness of personal, food and environmental hygiene was affected by the news on health issue and what was the news affecting their awareness in the past three months. More than two-fifths (44.2%) of respondents said their awareness was affected by those news. Among them, many were influenced by the news on avian flu (68.0%) and some were affected by the news on food hygiene and safety (34.1%).

Fig. 3.7.3-1 News on health issue which affected awareness of personal, food and environmental hygiene in the past 3 months



(Base=3220)

Fig. 3.7.3-2 The news affecting awareness

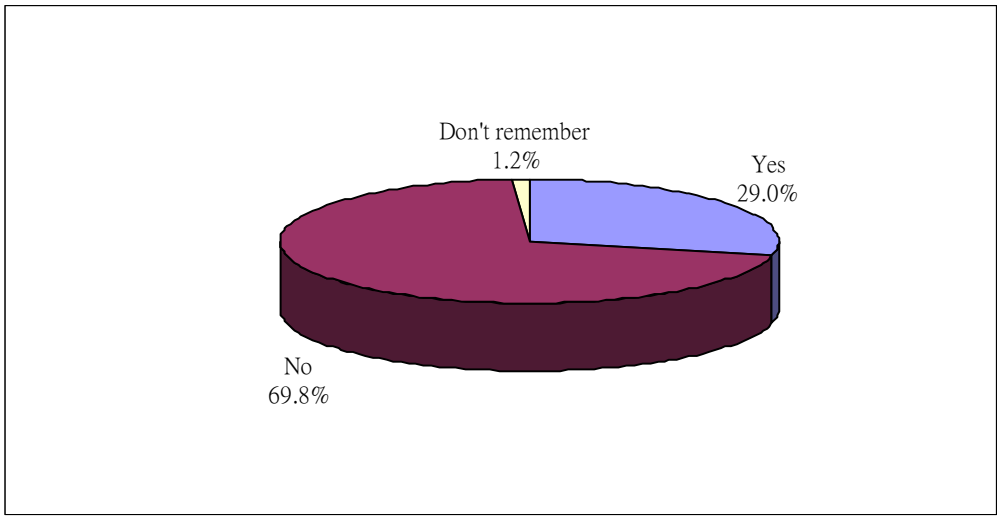


This is a multiple responses question. (Base=1424)

3.7.4 News on health issue which affected the practices of personal, food and environmental hygiene

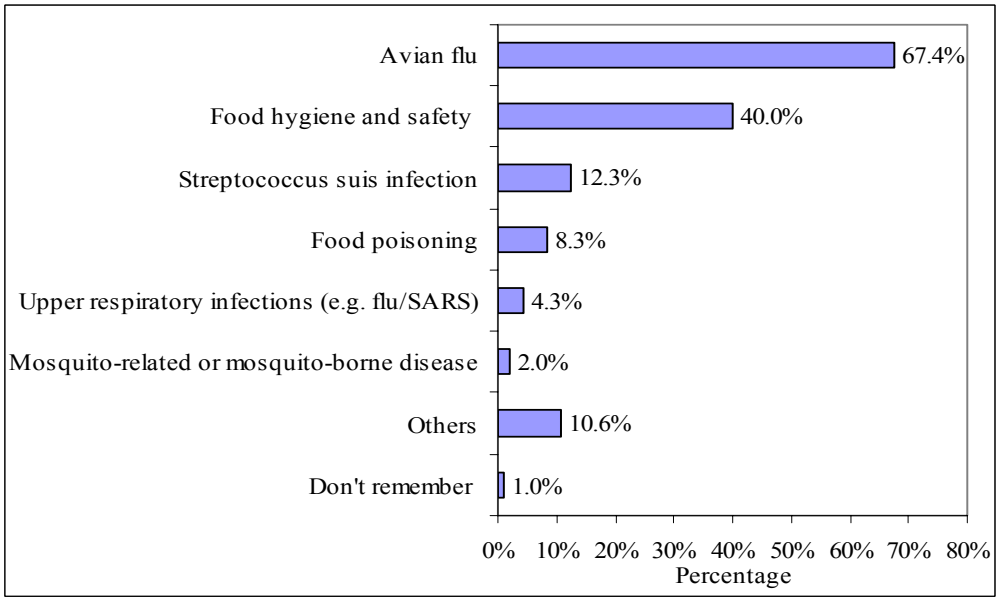
Figure 3.7.4-1 and Figure 3.7.4-2 give the information on whether respondents' practices of personal, food and environmental hygiene were affected by the news on health issue and what was the news affecting their practices in the past three months. 29.0% of respondents reported their hygiene practices were affected by the news on health issues. Among them, two-thirds (67.4%) were influenced by the news on avian flu and two-fifths (40.0%) were affected by the news on food hygiene and safety.

Fig. 3.7.4-1 News on health issue which affected practices of personal, food and environmental hygiene in the past 3 months



(Base=3220)

Fig. 3.7.4-2 The news affecting practices



This is a multiple responses question. (Base=933)

Chapter 4 Demographic Breakdowns of the Results

This chapter reports the significant associations between respondents' background information and their knowledge, attitudes and practices of personal, food and environmental hygiene. Background information includes respondents' gender, age, marital status, education level, occupation and household income. As these demographic variables have a number of categories, they are regrouped into fewer categories to facilitate analysis as shown in Table 4.1. Respondents' knowledge is a derived variable created to summarise respondents' overall knowledge of hygiene issues. It is a composite score of all knowledge questions and is calculated by counting the number of correct answers identified by respondents.

The significance level for all tests is 5% (2-tailed). Statistically appropriate tests are applied depending on the level of measurement of the variable. When two variables are nominal, the Chi-square test is used. When both variables are ordinal, the rank correlation is selected for testing its association. When one variable is nominal and another variable is ordinal, the Kruskal-Wallis test is employed. "Don't know", "don't remember", "not applicable" and "refuse to answer" are excluded from all analyses.

Table 4.1 Re-grouping variables for analysis

Type	Variables	Original levels	Re-grouped levels
Respondents' background	Gender	Male	Male
		Female	Female
	Age	12-17	12-17
		18-24	18-34
		25-34	
		35-44	35-64
		45-54	
		55-64	
		65 or above	65 or above
	Marital status	Never married	Now single
		Widowed	
		Divorced/separated	
		Now married	Now married
	Education level	No schooling/kindergarten	Primary or below
		Primary	
		Secondary	Secondary
		Tertiary or above	Tertiary or above

	Occupation	Managers and administrators	Working group
		Professionals	
		Associate professionals	
		Clerks	
		Service workers and shop sales workers	
		Craft and related workers	
		Plant and machine operators and assemblers	
		Elementary occupations	
		Domestic helpers	
		Skilled agricultural and fishery workers and occupations not classifiable	
		Students	Students
		Homemakers	Non-working group
		Retired persons	
		Unemployed persons	
	Household income	Below $5,000	$9,999 or below
		$5,000-$9,999	
		$10,000-$14,999	$10,000-$19,999
		$15,000-$19,999	
		$20,000-$24,999	$20,000-$29,999
		$25,000-$29,999	
		$30,000 or above	$30,000 or above

4.1 Knowledge of Hygiene Issues

The six knowledge questions have a total of 14 correct answers. Respondents who correctly identified 10-14 responses are classified as having good knowledge of hygiene issues. Fair knowledge respondents had 5-9 correct responses and poor knowledge respondents had 0-4 correct responses.

Gender, age, education level, occupation and household income are significantly associated with respondents' knowledge of hygiene issues (Table 4.1.1). Females' knowledge (75.5%) was better than males' (71.2%). Respondents aged 18-34 (82.1%) tended to have better knowledge of hygiene issues comparing with respondents in other age groups (67.3%, 71.9% and 61.6%). Workers' (77.0%) and students' (73.2%) knowledge were significantly better than the non-workers' (67.6%). Good knowledge also increases with education level and household income, from 57.5% to 86.4% and from 63.8% to 81.9%, respectively.

Table 4.1.1 Knowledge of hygiene issues

					p-value	
Variables	*Levels*	*Good knowledge*	*Fair knowledge*	*Poor knowledge*	*Chi-square test*	*Kruskal-Wallis test*
Gender					0.015	
	Male	71.2%	27.7%	1.1%		
	Female	75.5%	23.3%	1.2%		
Age						<0.001
	12-17	67.3%	31.5%	1.3%		
	18-34	82.1%	17.1%	0.8%		
	35-64	71.9%	27.0%	1.1%		
	65 or above	61.6%	35.7%	2.7%		
Education level						<0.001
	Primary or below	57.5%	40.6%	1.8%		
	Secondary	71.4%	27.6%	0.9%		
	Tertiary or above	86.4%	12.5%	1.1%		
Occupation					<0.001	
	Working group	77.0%	22.1%	0.9%		
	Students	73.2%	25.7%	1.1%		
	Non-working group	67.6%	30.8%	1.6%		
Household income						<0.001
	$9,999 or below	63.8%	35.1%	1.1%		
	$10,000-$19,999	70.2%	28.7%	1.1%		
	$20,000-$29,999	73.4%	26.2%	0.4%		
	$30,000 or above	81.9%	17.2%	0.9%		

4.2 Attitudes towards Hygiene Issues

4.2.1 Observing personal, food and environmental hygiene can prevent communicable diseases

Attitude towards the idea that observing personal, food and environmental hygiene could prevent communicable diseases is significantly associated with respondents' gender, marital status, education level, occupation and household income (Table 4.2.1). Females (97.2%) were more likely than males (95.4%) to agree with the above statement. More married respondents (98.0%) believed that communicable diseases prevention could be done by observing personal, food and environmental hygiene than single respondents (94.6%). The working group (96.8%) and the non-working group (98.1%) were more likely to think that this statement is true than students (93.8%). Agreement with the above statement increases with age, education level and household income.

Table 4.2.1 Observing personal, food and environmental hygiene can prevent communicable diseases

					p-value	
Variables	*Levels*	*Agree*	*Neutral*	*Disagree*	*Chi-square test*	*Kruskal-Wallis test*
Gender					0.003	
	Male	95.4%	3.9%	0.7%		
	Female	97.2%	2.0%	0.9%		
Marital status					<0.001	
	Now single	94.6%	4.4%	1.0%		
	Now married	98.0%	1.3%	0.7%		
Age						<0.001
	12-17	92.5%	6.5%	0.9%		
	18-34	95.8%	3.3%	0.9%		
	35-64	97.9%	1.3%	0.8%		
	65 or above	98.9%	1.1%	0.0%		
Education level						0.013
	Primary or below	95.6%	2.3%	2.1%		
	Secondary	95.8%	3.4%	0.7%		
	Tertiary or above	98.0%	1.7%	0.3%		
Occupation					<0.001	
	Working group	96.8%	2.5%	0.7%		
	Students	93.8%	5.2%	1.0%		
	Non-working group	98.1%	1.1%	0.8%		
Household income						0.035
	$9,999 or below	95.2%	3.5%	1.3%		
	$10,000-$19,999	97.0%	2.7%	0.3%		
	$20,000-$29,999	96.4%	2.4%	1.1%		
	$30,000 or above	98.1%	1.2%	0.8%		

4.2.2 Maintaining a healthy lifestyle can prevent communicable diseases

Believing that maintaining a healthy lifestyle could prevent communicable diseases is significantly associated with respondents' gender, marital status, age, education level and occupation (Table 4.2.2). More females (93.6%) believed that maintaining a healthy lifestyle could prevent communicable diseases than males (92.1%). More married respondents (95.8%) than single respondents (89.9%) agreed with this statement. Compared with respondents aged below 35 (86.0% and 91.0%), respondents who were 35 years old or above (96.2% and 97.8%) were more likely to think that communicable diseases could be prevented by having a healthy lifestyle. This view was more widely accepted among respondents with primary level education or below (95.8%) than respondents with higher education level (92.1% and 93.5%). It was found that workers (94.0%) and non-workers (96.2%) were more likely to agree with the above statement than students (87.7%).

Table 4.2.2 Maintaining a healthy lifestyle can prevent communicable diseases

					p-value	
Variables	*Levels*	*Agree*	*Neutral*	*Disagree*	*Chi-square test*	*Kruskal-Wallis test*
Gender					0.031	
	Male	92.1%	5.8%	2.1%		
	Female	93.6%	5.4%	1.0%		
Marital status					<0.001	
	Now single	89.9%	8.1%	2.0%		
	Now married	95.8%	3.2%	1.0%		
Age						<0.001
	12-17	86.0%	11.3%	2.7%		
	18-34	91.0%	7.6%	1.4%		
	35-64	96.2%	2.7%	1.1%		
	65 or above	97.8%	1.6%	0.5%		
Education level						0.017
	Primary or below	95.8%	3.2%	0.9%		
	Secondary	92.1%	6.1%	1.8%		
	Tertiary or above	93.5%	5.5%	1.0%		
Occupation					<0.001	
	Working group	94.0%	4.2%	1.8%		
	Students	87.7%	10.0%	2.3%		
	Non-working group	96.2%	3.5%	0.2%		

4.3 Personal Hygiene Practices

This section presents the relationship between respondents' background and selected personal hygiene practices.

4.3.1 Covering mouth and nose when coughing or sneezing

Gender, marital status, age, education level, occupation and household income all have significant associations with the practice of covering mouth and nose when coughing and sneezing (Table 4.3.1). Females (68.7%) were more likely to always cover their mouth and nose when they coughed or sneezed than males (56.0%). Married respondents (67.0%) tended to cover their mouth and nose more frequently than single respondents (59.0%). This practice was more commonly found among workers (65.1%) and non-workers (68.6%) than students (54.9%). It also has a positive relationship with respondents' age, education level and household income.

Table 4.3.1 Covering mouth and nose when coughing or sneezing in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	56.0%	33.4%	9.3%	1.2%		
	Female	68.7%	26.1%	4.8%	0.4%		
Marital status						<0.001	
	Now single	59.0%	32.1%	8.1%	0.8%		
	Now married	67.0%	26.9%	5.5%	0.7%		
Age							<0.001
	12-17	53.6%	36.2%	9.2%	1.0%		
	18-34	63.0%	30.0%	6.2%	0.8%		
	35-64	66.4%	27.1%	5.9%	0.5%		
	65 or above	67.1%	23.4%	7.6%	1.9%		
Education level							0.001
	Primary or below	58.7%	33.5%	7.1%	0.8%		
	Secondary	62.3%	29.2%	7.8%	0.7%		
	Tertiary or above	66.9%	27.9%	4.4%	0.7%		
Occupation						<0.001	
	Working group	65.1%	27.5%	6.6%	0.8%		
	Students	54.9%	36.2%	8.1%	0.8%		
	Non-working group	68.6%	25.3%	5.6%	0.5%		
Household income							<0.001
	$9,999 or below	59.7%	29.1%	9.7%	1.5%		
	$10,000-$19,999	61.0%	31.7%	6.9%	0.4%		
	$20,000-$29,999	63.2%	29.6%	6.3%	0.9%		
	$30,000 or above	70.5%	25.6%	3.6%	0.3%		

4.3.2 Washing hands after coughing or sneezing

Washing hands after coughing or sneezing is significantly associated with respondents' gender, marital status, age, education level, occupation and household income (Table 4.3.2). It was more commonly carried out by females (33.6%) than males (25.8%). Married respondents (33.0%) were more likely to always have this practice than those who were single (27.1%). The non-working group (40.0%) did this more frequently than workers (27.0%) and students (26.1%). This practice is positively associated with respondents' age but negatively associated with respondents' education level and household income.

Table 4.3.2 Washing hands after coughing or sneezing in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	25.8%	29.1%	31.4%	13.7%		
	Female	33.6%	30.6%	26.8%	9.1%		
Marital status						<0.001	
	Now single	27.1%	29.9%	30.8%	12.2%		
	Now married	33.0%	29.9%	27.1%	10.0%		
Age							<0.001
	12-17	29.8%	31.2%	28.3%	10.8%		
	18-34	24.9%	28.8%	33.1%	13.2%		
	35-64	32.6%	30.2%	27.2%	10.0%		
	65 or above	40.6%	30.3%	20.6%	8.4%		
Education level							<0.001
	Primary or below	36.4%	32.7%	24.2%	6.7%		
	Secondary	32.7%	28.4%	28.2%	10.8%		
	Tertiary or above	21.4%	31.7%	32.8%	14.1%		
Occupation						<0.001	
	Working group	27.0%	29.2%	32.0%	11.7%		
	Students	26.1%	31.6%	30.1%	12.3%		
	Non-working group	40.0%	29.6%	21.8%	8.6%		
Household income							<0.001
	$9,999 or below	37.9%	33.7%	20.0%	8.4%		
	$10,000-$19,999	33.0%	26.0%	29.7%	11.3%		
	$20,000-$29,999	25.8%	30.4%	31.1%	12.6%		
	$30,000 or above	24.8%	31.3%	31.0%	12.8%		

4.3.3 Washing hands after handling rubbish

Respondents' gender, marital status, age and occupation are associated with the practice of washing hands after handling rubbish (Table 4.3.3). Females (80.6%) were more likely than males (64.9%) to always wash their hands after handling rubbish. This practice was also more commonly done by married respondents (77.7%) than single respondents (69.1%). The older the respondents, the more likely they were to always wash their hands after handling rubbish, ranging from 62.0% to 78.8%. More non-working respondents (81.4%) tended to always wash their hands when compared with working respondents (73.9%) and students (64.9%).

Table 4.4.3 Washing hands after handling rubbish in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	64.9%	16.6%	14.9%	3.5%		
	Female	80.6%	11.9%	6.5%	1.0%		
Marital status						<0.001	
	Now single	69.1%	14.8%	13.2%	2.9%		
	Now married	77.7%	13.4%	7.6%	1.3%		
Age							<0.001
	12-17	62.0%	18.9%	16.3%	2.8%		
	18-34	74.0%	13.3%	10.4%	2.3%		
	35-64	76.6%	12.9%	8.7%	1.8%		
	65 or above	78.8%	13.6%	6.0%	1.6%		
Occupation						<0.001	
	Working group	73.9%	12.9%	11.2%	2.0%		
	Students	64.9%	17.8%	14.1%	3.2%		
	Non-working group	81.4%	12.4%	5.0%	1.2%		

4.3.4 Washing hands after touching public installations or equipment

Significant associations exist between the practice of washing hands after touching public installations or equipment and respondents' background, including gender, marital status, age, education level, occupation and household income (Table 4.3.4). Females (15.7%) did this practice more frequently than males (9.1%). Married respondents (16.4%) were more likely than single respondents (8.9%) to always wash their hands after they touched public objects. There were more non-working respondents (21.6%) who always washed their hands after they touched public installations or equipment than working respondents (11.2%) and students (6.9%). Frequency of practice increases with age but decreases with education level and household income.

Table 4.3.4 Washing hands after touching public installations or equipment in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	9.1%	14.3%	40.1%	36.6%		
	Female	15.7%	20.4%	38.0%	25.9%		
Marital status						<0.001	
	Now single	8.9%	16.2%	40.3%	34.5%		
	Now married	16.4%	19.1%	37.6%	26.9%		
Age							<0.001
	12-17	7.7%	17.8%	38.9%	35.6%		
	18-34	9.4%	15.0%	43.7%	31.9%		
	35-64	15.2%	19.2%	37.5%	28.1%		
	65 or above	26.4%	18.7%	25.8%	29.1%		
Education level							0.023
	Primary or below	14.2%	20.0%	36.4%	29.4%		
	Secondary	13.0%	18.6%	37.8%	30.6%		
	Tertiary or above	11.5%	14.7%	42.4%	31.4%		
Occupation						<0.001	
	Working group	11.2%	16.7%	40.6%	31.6%		
	Students	6.9%	16.8%	40.1%	36.2%		
	Non-working group	21.6%	20.5%	34.2%	23.7%		
Household income							<0.001
	$9,999 or below	18.7%	19.6%	37.3%	24.4%		
	$10,000-$19,999	13.4%	17.4%	39.5%	29.7%		
	$20,000-$29,999	10.7%	20.0%	38.5%	30.8%		
	$30,000 or above	11.5%	14.7%	40.8%	33.0%		

4.3.5 Using liquid soap to wash hands

Using liquid soap to wash hands is significantly associated with respondents' gender, marital status, age and occupation (Table 4.3.5). Compared with males (32.6%), females (40.5%) were more likely to always use liquid soap when they washed their hands. More married respondents (43.2%) always washed their hands with liquid soap than those who were single (30.2%). Older respondents were more likely than younger respondents to always use liquid soap during hand washing, from 24.5% for the youngest age group to 46.7% for the oldest group. Non-working respondents (45.9%) used liquid soap more frequently than working respondents (38.3%) and students (25.1%).

Table 4.3.5 Using liquid soap to wash hands in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	32.6%	27.9%	31.5%	8.0%		
	Female	40.5%	28.9%	26.1%	4.6%		
Marital status						<0.001	
	Now single	30.2%	29.9%	32.1%	7.8%		
	Now married	43.2%	27.1%	25.2%	4.5%		
Age							<0.001
	12-17	24.5%	30.0%	35.1%	10.4%		
	18-34	33.7%	29.6%	30.9%	5.8%		
	35-64	42.5%	27.6%	25.3%	4.5%		
	65 or above	46.7%	23.3%	21.7%	8.3%		
Occupation						<0.001	
	Working group	38.3%	28.8%	28.4%	4.5%		
	Students	25.1%	29.9%	35.2%	9.8%		
	Non-working group	45.9%	26.0%	22.7%	5.4%		

4.3.6 Avoiding the use of public towels

Gender, marital status, age, education level and occupation all have a significant association with respondents' practice of avoiding the use of public towels (Table 4.3.6). Females (81.4%) tended to avoid using public towels more frequently than males (75.2%). This practice was more commonly carried out by married respondents (83.3%) than single respondents (73.8%). Such avoidance has a positive relationship with age, increasing from 69.9% to 85.2%. However, it is negatively associated with respondents' education level. Non-working respondents (86.0%) were more likely to always avoid using public towels than workers (77.9%) and students (72.9%).

Table 4.3.6 Avoiding the use of public towels in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	75.2%	12.7%	8.4%	3.7%		
	Female	81.4%	9.9%	6.3%	2.4%		
Marital status						<0.001	
	Now single	73.8%	13.6%	9.2%	3.4%		
	Now married	83.3%	8.9%	5.2%	2.6%		
Age							<0.001
	12-17	69.9%	16.2%	10.9%	3.0%		
	18-34	75.2%	12.4%	8.7%	3.6%		
	35-64	83.1%	8.9%	5.3%	2.7%		
	65 or above	85.2%	8.2%	4.1%	2.5%		
Education level							0.003
	Primary or below	82.4%	9.6%	6.3%	1.7%		
	Secondary	79.6%	10.7%	7.0%	2.7%		
	Tertiary or above	74.9%	12.8%	8.0%	4.4%		
Occupation						<0.001	
	Working group	77.9%	11.9%	7.0%	3.3%		
	Students	72.9%	15.5%	9.2%	2.4%		
	Non-working group	86.0%	5.8%	5.3%	3.0%		

4.3.7 Wearing a mask

Respondents' gender, marital status, age, occupation and household income are significantly associated with their practice of wearing a mask when there was a need to do so (Table 4.3.7). Females (5.8%) were more likely than males (4.4%) to always wear a mask if they were in such a situation. There were more married respondents (6.6%) who always wore a mask than those who were single (3.5%). This measure was more commonly practised among respondents who were 35 years old or above (6.9% and 7.0%) than respondents aged below 35 years (2.7% and 3.7%). Workers (6.6%) and non-workers (5.6%) used a mask more frequently than students (2.2%). Frequency of using a mask decreases with household income, with respondents having a household income of $9,999 or below (6.6%) reporting they always wore a mask more often than their counterparts (5.7%, 5.8% and 3.7%).

Table 4.3.7 Wearing a mask in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						0.021	
	Male	4.4%	1.9%	4.5%	89.2%		
	Female	5.8%	2.6%	5.6%	86.0%		
Marital status						<0.001	
	Now single	3.5%	1.9%	4.7%	89.9%		
	Now married	6.6%	2.8%	5.4%	85.2%		
Age							<0.001
	12-17	2.7%	1.7%	2.2%	93.4%		
	18-34	3.7%	1.6%	5.9%	88.8%		
	35-64	6.9%	3.1%	5.6%	84.5%		
	65 or above	7.0%	1.6%	7.0%	84.4%		
Occupation						<0.001	
	Working group	6.6%	2.9%	6.5%	84.0%		
	Students	2.2%	1.8%	3.0%	93.0%		
	Non-working group	5.6%	1.8%	4.8%	87.8%		
Household income							0.022
	$9,999 or below	6.6%	3.3%	5.4%	84.6%		
	$10,000-$19,999	5.7%	1.8%	5.5%	86.9%		
	$20,000-$29,999	5.8%	1.5%	3.7%	89.0%		
	$30,000 or above	3.7%	2.5%	4.3%	89.5%		

4.4 Food Hygiene Practices

This section shows the relationship between respondents' background and selected food hygiene practices.

Personal Practices

4.4.1 Noting the expiry date when buying pre-packaged food

Taking note of the expiry date when buying pre-packaged food is significantly associated with gender, marital status, age, education level, occupation and household income (Table 4.4.1). Females (75.3%) were more aware of the expiry date of the pre-packaged food than males (63.5%). Compared with those who were single (63.4%), this behaviour was more commonly found in married respondents (76.2%). Adults (71.3%, 75.8% and 66.2%) were more likely to always make note of the expiry date when they made a purchase than youngsters (53.4%). More respondents in the non-working and working groups (78.2% and 71.8%) always did this than students (57.8%). The higher the education level and household income, the more likely the respondents had this practice.

Table 4.4.1 Noting the expiry date when buying pre-packaged food in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	63.5%	15.1%	11.8%	9.5%		
	Female	75.3%	12.9%	8.0%	3.8%		
Marital status						<0.001	
	Now single	63.4%	15.1%	12.5%	9.0%		
	Now married	76.2%	12.8%	7.1%	3.9%		
Age							<0.001
	12-17	53.4%	18.8%	14.4%	13.4%		
	18-34	71.3%	13.0%	10.0%	5.8%		
	35-64	75.8%	12.5%	7.5%	4.2%		
	65 or above	66.2%	15.9%	12.1%	5.7%		
Education level							<0.001
	Primary or below	61.2%	16.3%	14.5%	8.0%		
	Secondary	69.2%	14.2%	9.8%	6.8%		
	Tertiary or above	76.6%	12.1%	6.9%	4.3%		
Occupation						<0.001	
	Working group	71.8%	13.6%	9.3%	5.3%		
	Students	57.8%	17.4%	13.5%	11.3%		
	Non-working group	78.2%	11.6%	6.6%	3.6%		

Household income							<0.001
	$9,999 or below	65.5%	14.8%	11.4%	8.3%		
	$10,000-$19,999	68.8%	14.6%	9.8%	6.9%		
	$20,000-$29,999	72.1%	14.4%	8.2%	5.3%		
	$30,000 or above	75.5%	13.0%	7.7%	3.8%		

4.4.2 Washing hands before eating or handling food

Gender, marital status, age and occupation are significantly associated with respondents' practice of washing hands before eating or handling food (Table 4.4.2). Females (67.8%) were more likely to always wash their hands before they ate or handled food than males (57.9%). This practice was also more common among married respondents (67.3%) than single respondents (59.2%). Respondents aged 35 years or above (66.0% and 64.3%) washed their hands more often than those who were younger (60.8% and 60.6%). Non-working respondents (69.5%) did this more frequently than working respondents (62.4%) and students (59.0%).

Table 4.4.2 Washing hands before eating or handling food in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	57.9%	25.6%	13.8%	2.7%		
	Female	67.8%	22.3%	9.1%	0.9%		
Marital status						<0.001	
	Now single	59.2%	25.3%	13.2%	2.3%		
	Now married	67.3%	22.3%	9.3%	1.2%		
Age							0.005
	12-17	60.8%	24.7%	12.5%	2.0%		
	18-34	60.6%	25.1%	12.6%	1.8%		
	35-64	66.0%	22.9%	9.6%	1.5%		
	65 or above	64.3%	21.6%	11.4%	2.7%		
Occupation						<0.001	
	Working group	62.4%	24.8%	11.0%	1.8%		
	Students	59.0%	25.9%	12.9%	2.2%		
	Non-working group	69.5%	20.0%	9.7%	0.8%		

4.4.3 Using serving chopsticks or spoons when having meals with others

There are statistically significant associations between the practice of using serving chopsticks or spoons when eating with others and respondents' background, including gender, marital status, age, education level, occupation and household income (Table 4.4.3). Compared with males (22.0%), more females (26.7%) always used serving utensils when they ate with others. Married respondents (27.9%) were more likely to always have this practice than those who were single (21.0%). Older respondents (29.0% and 32.5%) tended to take this measure more frequently than younger respondents (22.4% and 17.4%). There were more highly educated respondents (30.0%) who always did this than those with lower education level (26.2% and 21.8%). Respondents in the lowest and highest income groups (26.6% and 27.4%) were more likely to always use serving utensils when they were eating with others than their counterparts (18.4% and 21.9%). Non-working respondents (30.4%) reported better practices than workers (24.6%) and students (18.6%) in using serving utensils.

Table 4.4.3 Using serving chopsticks or spoons when having meals with others in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	22.0%	17.2%	26.9%	33.9%		
	Female	26.7%	19.2%	25.9%	28.2%		
Marital status						<0.001	
	Now single	21.0%	18.0%	27.8%	33.3%		
	Now married	27.9%	18.6%	24.9%	28.5%		
Age							<0.001
	12-17	22.4%	17.3%	25.3%	34.9%		
	18-34	17.4%	16.7%	30.9%	35.0%		
	35-64	29.0%	19.5%	25.1%	26.4%		
	65 or above	32.5%	19.3%	16.3%	31.9%		
Education level							<0.001
	Primary or below	26.2%	16.8%	22.0%	35.1%		
	Secondary	21.8%	16.9%	27.8%	33.6%		
	Tertiary or above	30.0%	22.4%	25.1%	22.4%		
Occupation						<0.001	
	Working group	24.6%	19.0%	29.1%	27.3%		
	Students	18.6%	16.9%	25.5%	39.1%		
	Non-working group	30.4%	18.4%	22.7%	28.4%		
Household income							<0.001
	$9,999 or below	26.6%	18.1%	23.4%	31.9%		
	$10,000-$19,999	18.4%	15.8%	28.0%	37.8%		
	$20,000-$29,999	21.9%	17.0%	31.2%	29.8%		
	$30,000 or above	27.4%	22.3%	27.6%	22.7%		

Household Practices

4.4.4 Storing raw food and cooked food separately

Storing raw food and cooked food separately is significantly associated with respondents' marital status, age and occupation (Table 4.4.4). Married respondents (78.6%) were more likely to always store raw food and cooked food separately than single respondents (71.7%). Respondents aged 35 years or above (79.5% and 79.7%) separately stored raw food and cooked food more frequently than younger respondents (71.8% and 70.0%). This practice was more commonly found among non-working respondents (79.3%) and working respondents (75.8%) than students (70.7%).

Table 4.4.4 Storing raw food and cooked food separately in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						<0.001	
	Now single	71.7%	16.3%	9.6%	2.3%		
	Now married	78.6%	13.9%	5.7%	1.8%		
Age							<0.001
	12-17	71.8%	17.2%	9.4%	1.6%		
	18-34	70.0%	16.6%	10.7%	2.7%		
	35-64	79.5%	13.4%	5.0%	2.0%		
	65 or above	79.7%	14.1%	5.6%	0.6%		
Occupation						<0.001	
	Working group	75.8%	14.4%	7.4%	2.4%		
	Students	70.7%	17.3%	9.6%	2.4%		
	Non-working group	79.3%	13.6%	5.7%	1.5%		

4.4.5 Handling raw food and cooked food with separate sets of knives and chopping boards

Respondents' gender, age, education, occupation and household income are related to their practice of using of separate sets of knives and chopping boards when handling raw food and cooked food (Table 4.4.5). There were more females (35.8%) who always took this measure than males (31.8%). This practice is negatively associated with age but positively associated with education level and household income. Workers (35.1%) and non-workers (34.8%) were more likely to always have raw food and cooked food handled with separate sets of knives and chopping boards than students (31.5%).

Table 4.4.5 Handling raw food and cooked food with separate sets of knives and chopping boards in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						0.003	
	Male	31.8%	13.4%	14.3%	40.4%		
	Female	35.8%	14.6%	14.9%	34.8%		
Age							<0.001
	12-17	33.3%	22.5%	18.5%	25.8%		
	18-34	30.4%	15.6%	20.5%	33.5%		
	35-64	36.8%	10.5%	11.0%	41.6%		
	65 or above	29.6%	11.8%	5.9%	52.7%		
Education level							<0.001
	Primary or below	23.7%	12.6%	12.6%	51.0%		
	Secondary	34.5%	14.6%	15.5%	35.5%		
	Tertiary or above	38.8%	13.8%	14.0%	33.3%		
Occupation						0.008	
	Working group	35.1%	12.4%	14.4%	38.1%		
	Students	31.5%	21.3%	19.4%	27.8%		
	Non-working group	34.8%	10.3%	11.4%	43.5%		
Household income							<0.001
	$9,999 or below	24.2%	16.1%	17.1%	42.5%		
	$10,000-$19,999	30.2%	12.0%	15.9%	42.0%		
	$20,000-$29,999	33.4%	14.4%	12.1%	40.1%		
	$30,000 or above	42.7%	12.6%	14.2%	30.4%		

4.4.6 Wrapping leftover food well before putting into the refrigerator

Gender, marital status, age, occupation and household income all have significant associations with the practice of wrapping leftover food properly before putting the food into the refrigerator (Table 4.4.6). This practice was more common for females (90.5%) than males (87.9%). There were more married respondents (91.4%) who always carried out this practice than those who were single (87.3%). Respondents aged 35 to 64 years (91.6%) were more likely to always wrap the leftover food well before they put the food into the refrigerator than respondents in other age groups (86.1%, 88.8% and 85.5%). Workers (90.2%) and non-workers (91.2%) took this measure more frequently than students (86.1%). Compared with household income groups of below $20,000 (84.7% and 87.7%), household income groups of $20,000 or above (91.1% and 90.8%) had this practice more often when they had leftover food.

Table 4.4.6 Wrapping leftover food well before putting into the refrigerator in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						0.020	
	Male	87.9%	6.4%	3.9%	1.8%		
	Female	90.5%	6.2%	2.2%	1.1%		
Marital status						<0.001	
	Now single	87.3%	6.7%	4.4%	1.7%		
	Now married	91.4%	5.9%	1.5%	1.2%		
Age							0.010
	12-17	86.1%	7.1%	4.7%	2.2%		
	18-34	88.8%	6.1%	3.9%	1.2%		
	35-64	91.6%	5.6%	1.7%	1.1%		
	65 or above	85.5%	10.3%	1.8%	2.4%		
Occupation						0.002	
	Working group	90.2%	5.7%	2.9%	1.2%		
	Students	86.1%	6.9%	5.0%	2.0%		
	Non-working group	91.2%	6.6%	1.1%	1.2%		
Household income							0.001
	$9,999 or below	84.7%	10.0%	4.0%	1.3%		
	$10,000-$19,999	87.7%	6.7%	3.8%	1.7%		
	$20,000-$29,999	91.1%	5.1%	2.0%	1.8%		
	$30,000 or above	90.8%	5.9%	2.4%	0.9%		

4.5 Environmental Hygiene Practices

This section shows the relationship between respondents' background and selected environmental hygiene practices.

Personal Practice

4.5.1 Putting rubbish like cans, bottles and lunch boxes in a covered litter bin

There are statistically significant associations between respondents' marital status, age, occupation and household income and their practice of putting rubbish in a covered litter bin (Table 4.5.1). There were more married respondents (77.5%) who always carried out this measure than single respondents (63.0%). Respondents aged 35 years and above (78.5% and 71.1%) were more likely to always put rubbish like cans, bottles and lunch boxes in a covered litter bin than those who were younger (59.1% and 64.6%). Workers (73.9%) and non-workers (75.7%) did this practice more frequently than students (58.7%). Comparatively, respondents with household income of $30,000 or above (78.0%) were more likely to always put rubbish in a covered litter bin than other income groups (66.9%, 68.9% and 71.5%).

Table 4.5.1 Putting rubbish like cans, bottles and lunch boxes in a covered litter bin in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						<0.001	
	Now single	63.0%	13.4%	11.6%	12.0%		
	Now married	77.5%	7.9%	6.5%	8.0%		
Age							<0.001
	12-17	59.1%	16.4%	12.6%	11.9%		
	18-34	64.6%	12.9%	11.4%	11.1%		
	35-64	78.5%	6.8%	6.3%	8.4%		
	65 or above	71.1%	12.7%	6.4%	9.8%		
Occupation						<0.001	
	Working group	73.9%	8.9%	8.2%	9.1%		
	Students	58.7%	15.7%	13.1%	12.6%		
	Non-working group	75.7%	8.8%	6.4%	9.1%		
Household income							<0.001
	$9,999 or below	66.9%	12.1%	11.1%	9.9%		
	$10,000-$19,999	68.9%	11.3%	9.0%	10.8%		
	$20,000-$29,999	71.5%	8.2%	9.6%	10.7%		
	$30,000 or above	78.0%	7.8%	6.8%	7.4%		

Household Practices

4.5.2 Keeping windows at home open to maintain good indoor ventilation

Keeping windows at home open to maintain good indoor ventilation is significantly associated with respondents' marital status, age, education level and occupation (Table 4.5.2). Married respondents (77.0%) were more likely to always keep windows at home open to maintain good indoor ventilation than those who were single (69.2%). Always having this practice was more commonly found in respondents aged 35 years or above (77.5% and 78.8%) than respondents aged below 35 years (64.5% and 70.5%). The lower the education level, the more likely that the respondents had this practice (79.9%, 73.4% and 69.4%). More working respondents (74.0%) and non-working respondents (78.8%) had this practice than students (65.9%).

Table 4.5.2 Keeping windows at home open to maintain good indoor ventilation in the past 3 days

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						<0.001	
	Now single	69.2%	15.4%	13.1%	2.3%		
	Now married	77.0%	12.5%	8.4%	2.1%		
Age							<0.001
	12-17	64.5%	17.5%	14.4%	3.6%		
	18-34	70.5%	15.4%	12.4%	1.7%		
	35-64	77.5%	11.9%	8.5%	2.1%		
	65 or above	78.8%	12.5%	7.1%	1.6%		
Education level							<0.001
	Primary or below	79.9%	10.6%	7.2%	2.3%		
	Secondary	73.4%	14.0%	10.4%	2.2%		
	Tertiary or above	69.4%	15.6%	12.9%	2.2%		
Occupation						<0.001	
	Working group	74.0%	13.6%	10.3%	2.1%		
	Students	65.9%	17.0%	14.3%	2.8%		
	Non-working group	78.8%	11.7%	7.5%	2.0%		

4.5.3 Cleaning home

Gender, marital status, age, education level and occupation have significant associations with the practice of cleaning home (Table 4.5.3). Females (54.3%) were more likely to clean their home than males (46.0%). Married respondents (56.4%) did this more often than those who were single (44.8%). Respondents aged 35 years or above (54.1% and 65.8%) cleaned their home more frequently than younger respondents (47.6% and 44.4%). The practice of cleaning home frequently was more common among respondents with lower education level (58.0%, 50.5% and 47.6%). This practice was more likely to be found in non-working respondents (61.6%) than their counterparts (46.9% and 46.6%).

Table 4.5.3 Cleaning home in the past 3 days

						p-value	
Variables	*Levels*	*Three times or more*	*Twice*	*Once*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Gender						<0.001	
	Male	46.0%	23.3%	24.5%	6.2%		
	Female	54.3%	23.2%	19.1%	3.3%		
Marital status						<0.001	
	Now single	44.8%	27.0%	22.7%	5.5%		
	Now married	56.4%	19.7%	20.0%	3.8%		
Age							0.001
	12-17	47.6%	33.5%	16.1%	2.8%		
	18-34	44.4%	25.9%	25.1%	4.7%		
	35-64	54.1%	18.8%	21.7%	5.3%		
	65 or above	65.8%	14.1%	16.8%	3.3%		
Education level							<0.001
	Primary or below	58.0%	23.0%	15.3%	3.8%		
	Secondary	50.5%	24.5%	21.1%	3.9%		
	Tertiary or above	47.6%	20.7%	25.1%	6.6%		
Occupation						<0.001	
	Working group	46.9%	21.4%	25.3%	6.4%		
	Students	46.6%	32.8%	17.4%	3.2%		
	Non-working group	61.6%	17.7%	18.0%	2.7%		

4.5.4 Keeping drains and pipes free from blockage and leakage

Respondents' marital status, age and occupation are associated with their practice of keeping drains and pipes free from blockage and leakage (Table 4.5.4). Compared with those who were single (56.4%), more married respondents (72.9%) always kept drains and pipes free from blockage and leakage. Frequency of practice also increases with age, ranging from 49.4% to 78.2%. Non-working respondents (74.5%) were more likely to always have this practice when compared with working respondents (67.1%) and students (50.7%).

Table 4.5.4 Keeping drains and pipes free from blockage and leakage in the past 3 months

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						<0.001	
	Now single	56.4%	18.2%	17.9%	7.5%		
	Now married	72.9%	11.8%	9.8%	5.5%		
Age							<0.001
	12-17	49.4%	22.8%	19.7%	8.1%		
	18-34	56.7%	17.3%	19.1%	7.0%		
	35-64	74.1%	11.1%	9.1%	5.7%		
	65 or above	78.2%	10.9%	6.9%	4.0%		
Occupation						<0.001	
	Working group	67.1%	14.1%	12.1%	6.7%		
	Students	50.7%	21.1%	20.5%	7.8%		
	Non-working group	74.5%	10.8%	9.7%	5.0%		

4.5.5 Changing water in vases

Changing water in vases is significantly associated with respondents' marital status, age, education level, occupation and household income (Table 4.5.5). Married respondents (46.4%) were more likely to change water in vases more than once per week than those who were single (39.0%). Adults (41.5%, 47.0% and 42.3%) changed water in vases more frequently than youngsters (35.4%). Respondents with tertiary education or above (52.5%) changed water more frequently than those with secondary education or below (40.5% and 39.8%). Workers (46.9%) and non-workers (44.1%) changed water in vases more frequently than students (36.2%). Respondents' household income has a positive relationship with this practice.

Table 4.5.5 Changing water in vases in the past 3 months

						p-value	
Variables	*Levels*	*More than once per week*	*Once per week*	*Less than once per week*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						0.005	
	Now single	39.0%	43.4%	15.4%	2.2%		
	Now married	46.4%	39.8%	9.8%	4.0%		
Age							0.003
	12-17	35.4%	46.0%	17.5%	1.1%		
	18-34	41.5%	41.5%	15.3%	1.7%		
	35-64	47.0%	38.8%	9.4%	4.8%		
	65 or above	42.3%	47.4%	7.7%	2.6%		
Education level							0.006
	Primary or below	40.5%	46.2%	8.1%	5.2%		
	Secondary	39.8%	43.5%	13.7%	2.9%		
	Tertiary or above	52.5%	33.1%	11.9%	2.4%		
Occupation						0.002	
	Working group	46.9%	38.9%	11.2%	3.0%		
	Students	36.2%	43.6%	18.8%	1.4%		
	Non-working group	44.1%	43.1%	7.8%	5.0%		
Household income							0.002
	$9,999 or below	38.9%	40.0%	14.6%	6.5%		
	$10,000-$19,999	39.4%	45.1%	12.1%	3.5%		
	$20,000-$29,999	39.0%	42.2%	16.0%	2.7%		
	$30,000 or above	49.4%	38.8%	9.1%	2.7%		

4.5.6 Removing stagnant water from saucers underneath flowerpots

Marital status, age and occupation have significant associations with the practice of removing stagnant water from saucers underneath flowerpots (Table 4.5.6). More married respondents (68.4%) always removed stagnant water from saucers when compared with single respondents (54.4%). Frequency of practice increases with age, ranging from 50.9% to 77.6%. Non-workers (71.3%) and workers (63.5%) were more likely to always remove stagnant water than students (49.7%).

Table 4.5.6 Removing stagnant water from saucers underneath flowerpots in the past 3 months

						p-value	
Variables	*Levels*	*Always*	*Often*	*Sometimes*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						<0.001	
	Now single	54.4%	20.7%	20.0%	4.9%		
	Now married	68.4%	15.0%	10.7%	5.9%		
Age							<0.001
	12-17	50.9%	25.1%	21.0%	3.0%		
	18-34	55.1%	20.1%	20.1%	4.8%		
	35-64	67.7%	13.9%	11.3%	7.0%		
	65 or above	77.6%	11.9%	6.0%	4.5%		
Occupation						<0.001	
	Working group	63.5%	15.4%	13.7%	7.4%		
	Students	49.7%	25.5%	21.3%	3.5%		
	Non-working group	71.3%	13.1%	11.8%	3.7%		

4.5.7 Reporting dirty common facilities to the building management office

Respondents' marital status, age and occupation are found to be significantly associated with their practice of reporting dirty common facilities to the building management office (Table 4.5.7). Compared with single respondents (5.5%), married respondents (8.3%) were more likely to report to the building management office when they identified dirty common facilities. Respondents aged 35 years or above (7.2% and 18.2%) made more reports than younger respondents (5.5% and 5.5%). It was more common for non-working respondents (10.5%) to ever report to the building management office than working respondents (6.4%) and students (4.5%).

Table 4.5.7 Reporting dirty common facilities to the building management office in the past 3 months

						p-value	
Variables	*Levels*	*Three times or more*	*Twice*	*Once*	*Never*	*Kruskal-Wallis test*	*Rank Correlation*
Marital status						0.010	
	Now single	5.5%	11.7%	18.0%	64.8%		
	Now married	8.3%	12.7%	23.3%	55.8%		
Age							0.007
	12-17	5.5%	13.7%	17.8%	63.0%		
	18-34	5.5%	10.1%	16.8%	67.6%		
	35-64	7.2%	13.0%	24.8%	55.0%		
	65 or above	18.2%	11.4%	15.9%	54.5%		
Occupation						<0.001	
	Working group	6.4%	11.6%	20.0%	62.0%		
	Students	4.5%	12.1%	16.1%	67.4%		
	Non-working group	10.5%	13.4%	26.5%	49.6%		

Chapter 5 Models of Factors Influencing the Hygiene Practices

This chapter presents the factors influencing respondents' hygiene practices. Logistic regression analysis is used for identifying factors of hygiene practices, adjusting for confounders and estimating odds ratios (OR). To ensure reasonable numbers of respondents for modelling purpose, only the hygiene practices with about 20% of respondents never observed are examined. The potential factors include five selected demographic characteristics of respondents[7] and their attitude towards whether observing personal, food and environmental hygiene could prevent communicable diseases. Backward stepwise selection method is applied for selecting parsimonious models.

Before conducting logistic regression analysis, the hygiene practices have been regrouped into binary variables and tested with selected independent variables for any significant association (at 5% significance level). Only the statistically significant variables are included for modelling.

5.1 Personal Hygiene Practices

Three personal hygiene practices, namely washing hands after coughing or sneezing, washing hands after touching public installations or equipment, and using liquid soap when washing hands, are examined in logistic regression models.

5.1.1 Washing hands after coughing or sneezing

Gender (χ^2=15.86, df=1, p<0.001), occupation (χ^2=6.40, df=2, p=0.041) and education level (χ^2=15.35, df=2, p<0.001) are statistically significant in univariate analyses. After logistic regression, gender and education level remain in the final model (Table 5.1.1). Females were more likely to wash hands after they coughed or sneezed (Female: OR=1.56, 95% C.I.: 1.24-1.97). Respondents with secondary education or above were less likely to wash hands after coughing or sneezing (Secondary: OR=0.64, 95% C.I.: 0.42-0.98; Tertiary or above: OR=0.49, 95% C.I.: 0.31-0.76).

[7] Selected demographic characteristics are gender (Q71), age (Q72), marital status (Q73), education level (Q74) and occupation (Q75).

Table 5.1.1 Summary of logistic regression model for the practice of washing hands after coughing or sneezing in the past 3 days

Variables	*Levels*	*Proportion of respondents washing hands after coughing or sneezing in the past 3 days*	*Odds Ratio*	*95% CI*	*p-value*
Gender					**<0.001**
	Male	86.3%	1.00		
	Female	90.9%	1.56	(1.24, 1.97)	<0.001
Education level					**0.003**
	Primary or below	93.3%	1.00		
	Secondary	89.2%	0.64	(0.42, 0.98)	0.040
	Tertiary or above	85.9%	0.49	(0.31, 0.76)	0.001

5.1.2 Washing hands after touching public installations or equipment

Gender (χ^2=42.34, df=1, p<0.001), marital status (χ^2=21.52, df=1, p<0.001), age (χ^2=11.65, df=3, p=0.009), occupation (χ^2=31.34, df=2, p<0.001) and attitude (χ^2=6.64, df=2, p=0.036) are statistically significant in univariate analyses. After logistic regression, only gender and occupation remain in the final model (Table 5.1.2). Females (Female: OR=1.58, 95% C.I.: 1.35-1.85) and non-workers (Non-working group: OR=1.30, 95% C.I.: 1.06-1.58) were more likely to wash their hands after they touched public installations or equipment. Students were less likely than workers to do so (Students: OR=0.80, 95% C.I.: 0.66-0.95).

Table 5.1.2 Summary of logistic regression model for the practice of washing hands after touching public installations or equipment in the past 3 days

Variables	*Levels*	*Proportion of respondents washing hands after touching public installations or equipment in the past 3 days*	*Odds Ratio*	*95% CI*	*p-value*
Gender					**<0.001**
	Male	63.4%	1.00		
	Female	74.1%	1.58	(1.35, 1.85)	<0.001
Occupation					**<0.001**
	Working group	68.4%	1.00		
	Students	63.8%	0.80	(0.66, 0.95)	0.013
	Non-working group	76.3%	1.30	(1.06, 1.58)	0.012

5.1.3 Using liquid soap to wash hands

Gender (χ^2=16.40, df=1, p<0.001), marital status (χ^2=14.96, df=1, p<0.001), age (χ^2=25.49, df=3, p<0.001), education level (χ^2=7.70, df=2, p=0.021), occupation (χ^2=26.70, df=2, p<0.001) and attitude (χ^2=10.44, df=2, p=0.005) are statistically significant in univariate analyses. After logistic regression, gender, education level, occupation and attitude remain in the final model (Table 5.1.3). Respondents who were female (Female: OR=1.89, 95% C.I.: 1.39-2.58) and with secondary education or above (Secondary: OR=1.56, 95% C.I.: 1.02-2.40; Tertiary or above: OR=2.11, 95% C.I.: 1.26-3.54) were more likely to use liquid soap to wash hands. However, respondents who were students (Student: OR=0.44, 95% C.I.: 0.31-0.62) and disagreed that observing personal, food and environmental hygiene could prevent communicable diseases (Disagree: OR=0.30, 95% C.I.: 0.11-0.82) were less likely to use liquid soap to wash their hands.

Table 5.1.3 Summary of logistic regression model for the practice of using liquid soap to wash hands in the past 3 days

Variables	*Levels*	*Proportion of respondents using liquid soap to wash hands in the past 3 days*	*Odds Ratio*	*95% CI*	*p-value*
Gender					**<0.001**
	Male	92.0%	1.00		
	Female	95.4%	1.89	(1.39, 2.58)	<0.001
Education level					**0.018**
	Primary or below	92.1%	1.00		
	Secondary	93.5%	1.56	(1.02, 2.40)	0.041
	Tertiary or above	95.7%	2.11	(1.26, 3.54)	0.005
Occupation					**<0.001**
	Working group	95.5%	1.00		
	Students	90.2%	0.44	(0.31, 0.62)	<0.001
	Non-working group	94.6%	0.79	(0.52, 1.21)	0.280
Attitude					**0.046**
	Agree	94.1%	1.00		
	Neutral	90.0%	0.72	(0.35, 1.47)	0.362
	Disagree	80.8%	0.30	(0.11, 0.82)	0.019

5.2 Food Hygiene Practices

Two food hygiene practices, namely using serving chopsticks or spoons when having meals with others, and handling raw food and cooked food with separate sets of knives and chopping boards, are examined in logistic regression models.

5.2.1 Using serving chopsticks or spoons when having meals with others

Gender (χ^2=11.28, df=1, p=0.001), marital status (χ^2=8.03, df=1, p=0.005), age (χ^2=24.33, df=3, p<0.001), education level (χ^2=37.23, df=2, p<0.001), occupation (χ^2=34.97, df=2, p<0.001) and attitude (χ^2=17.03, df=2, p<0.001) are statistically significant in univariate analyses. After logistic regression, gender, age, education level, occupation and attitude remain in the final model (Table 5.2.1). Respondents who were female (Female: OR=1.31, 95% C.I.: 1.10-1.55) and with tertiary education or above (Tertiary or above: OR=2.63, 95% C.I.: 1.93-3.57) were more likely to use serving chopsticks or spoons when having meals with others. Respondents who were older (18-34: OR=0.39, 95% C.I.: 0.29-0.55; 35-64: OR=0.54, 95% C.I.: 0.37-0.80; 65 or above: OR=0.50, 95% C.I.: 0.29-0.85), students (Students: OR=0.43, 95% C.I.: 0.32-0.58) and were neutral about observing personal, food and environmental hygiene could prevent communicable diseases (Neutral: OR=0.53, 95% C.I.: 0.34-0.84) were less likely to use serving utensils when having meals with others.

Table 5.2.1 Summary of logistic regression model for the practice of using serving chopsticks or spoons when having meals with others in the past 3 days

Variables	*Levels*	*Proportion of respondents using serving chopsticks or spoons when having meals with others in the past 3 days*	*Odds Ratio*	*95% CI*	*p-value*
Gender					**0.002**
	Male	66.1%	1.00		
	Female	71.8%	1.31	(1.10, 1.55)	0.002
Age					**<0.001**
	12-17	65.1%	1.00		
	18-34	65.0%	0.39	(0.29, 0.55)	<0.001
	35-64	73.6%	0.54	(0.37, 0.80)	0.002
	65 or above	68.1%	0.50	(0.29, 0.85)	0.010
Education level					**<0.001**
	Primary or below	64.9%	1.00		
	Secondary	66.4%	1.28	(0.99, 1.64)	0.057
	Tertiary or above	77.6%	2.63	(1.93, 3.57)	<0.001
Occupation					**<0.001**
	Working group	72.7%	1.00		
	Students	60.9%	0.43	(0.32, 0.58)	<0.001
	Non-working group	71.6%	1.03	(0.82, 1.30)	0.798

Attitude					**0.006**
	Agree	70.0%	1.00		
	Neutral	52.4%	0.53	(0.34, 0.84)	0.007
	Disagree	48.0%	0.48	(0.21, 1.07)	0.073

5.2.2 Handling raw food and cooked food with separate sets of knives and chopping boards

Gender (χ^2=9.15, df=1, p=0.002), marital status (χ^2=21.50, df=1, p<0.001), age (59.22, df=3, p<0.001), education level (χ^2=38.97, df=2, p<0.001) and occupation (χ^2=40.28, df=2, p<0.001) are statistically significant in univariate analyses. After logistic regression, only gender, age and education level remain in the final model (Table 5.2.2). Respondents who were female (Female: OR=1.36, 95% C.I.: 1.16-1.60) and with secondary education or above (Secondary: OR=1.57, 95% C.I.: 1.24-2.00; Tertiary or above: OR=2.02, 95% C.I.: 1.54-2.67) were more likely to handle raw food and cooked food with separate sets of knives and chopping boards. Older respondents (18-34: OR=0.59, 95% C.I.: 0.45-0.78; 35-64: OR=0.48, 95% C.I.: 0.37-0.61; 65 or above: OR=0.37, 95% C.I.: 0.25-0.54) were less likely to use separate sets of knives and chopping boards for raw food and cooked food.

Table 5.2.2 Summary of logistic regression model for the practice of handling raw food and cooked food with separate sets of knives and chopping boards in the past 3 days

Variables	*Levels*	*Proportion of respondents handling raw food and cooked food with separate sets of knives and chopping boards in the past 3 days*	*Odds Ratio*	*95% CI*	*p-value*
Gender					**<0.001**
	Male	59.6%	1.00		
	Female	65.2%	1.36	(1.16, 1.60)	<0.001
Age					**<0.001**
	12-17	74.2%	1.00		
	18-34	66.5%	0.59	(0.45, 0.78)	<0.001
	35-64	58.4%	0.48	(0.37, 0.61)	<0.001
	65 or above	47.3%	0.37	(0.25, 0.54)	<0.001
Education level					**<0.001**
	Primary or below	49.0%	1.00		
	Secondary	64.5%	1.57	(1.24, 2.00)	<0.001
	Tertiary or above	66.7%	2.02	(1.54, 2.67)	<0.001

5.3 Environmental Hygiene Practices

One environmental hygiene practice, namely putting rubbish like cans, bottles and lunch boxes in a covered litter bin, is examined in a logistic regression model.

5.3.1 Putting rubbish like cans, bottles and lunch boxes in a covered litter bin

Marital status (χ^2=13.21, df=1, p<0.001), occupation (χ^2=7.88, df=2, p=0.019) and attitude (χ^2=10.53, df=2, p=0.005) are statistically significant in univariate analyses. After logistic regression, marital status and attitude remain in the final model (Table 5.3.1). Married respondents were more likely to put rubbish in a covered litter bin (Married: OR=1.55, 95% C.I.: 1.21-1.97). Respondents who disagreed that observing personal, food and environmental hygiene could prevent communicable diseases were less likely to do so (OR=0.27, 95% C.I.: 0.11-0.65).

Table 5.3.1 Summary of logistic regression model for the practice of putting rubbish like cans, bottles and lunch boxes in a covered litter bin in the past 3 days

Variables	*Levels*	*Proportion of respondents putting rubbish like cans, bottles and lunch boxes in a covered litter bin in the past 3 days*	*Odds ratio*	*95% CI*	*p-value*
Marital status					**<0.001**
	Now single	88.0%	1.00		
	Now married	92.0%	1.55	(1.21, 1.97)	<0.001
Attitude					**0.014**
	Agree	90.3%	1.00		
	Neutral	88.0%	0.86	(0.44, 1.70)	0.673
	Disagree	70.8%	0.27	(0.11, 0.65)	0.004

Chapter 6 Conclusion and Recommendations

This chapter summarises the findings of this survey and identifies the limitations of the survey. Recommendations are made to enhance dissemination of health information to the public and effective implementation of health education campaigns.

6.1 Conclusion

This survey shows that respondents' knowledge of personal, food and environmental hygiene is generally good, with about three-quarters (73.6%) and a quarter (25.2%) of respondents having good and fair knowledge, respectively. Nearly all respondents agreed that observing good personal, food and environmental hygiene (96.2%) and maintaining a healthy lifestyle (92.8%) can help to prevent communicable diseases. Except the practices of wearing a mask and using separate sets of knives and chopping boards when handling raw food and cooked food, many personal, food and environmental hygiene practices have been carried out by more than four-fifths of respondents. For the level of satisfaction on the information provided by the Government, more than 90.0% of respondents rated it as satisfactory or fair. News on health issues, e.g. the outbreak of avian flu, has affected two-fifths (44.2%) of the respondents' awareness of personal, food and environment hygiene. However, awareness of such news does not necessarily lead to a change in hygiene practice for communicable diseases prevention. The result has shown that news on health issues has only affected the practices of less than one-third (29.0%) of the respondents.

Compared with the Personal and Environmental Hygiene Survey (Dengue Fever & SARS) conducted in 2003, this survey shows that more people recognise that it is an individual's or a citizen's responsibility to maintain a hygienic environment (97.6% vs. 68.0%). In terms of hygiene practices, the practicing rate among the public is comparable to that observed in the 2003 Survey (Table 6.1). It has been found that the practice of using serving utensils when having meals with others is becoming more common among the public.

Table 6.1 Comparison of the practicing rates of hygiene practices in the 2003 and 2005 Surveys

Hygiene practices		2003	2005
1	Covering mouth and nose when coughing or sneezing	94.3%	92.1%
2	Washing hands after coughing or sneezing	89.3%	82.3%
3	Washing hands after touching public installations or equipment	70.0%	68.5%
4	Using liquid soap to wash hands	89.2%	93.7%
5	Avoiding the use of public towels	82.8%	70.5%
6	Wearing a mask	9.2%	9.1%
7	Using serving chopsticks or spoons when having meals with others	45.9%	65.2%

Females, married persons and those with higher household income have better knowledge of hygiene issues and better hygiene practices. They are more likely to agree that observing personal, food and environmental hygiene can prevent communicable diseases. Adults aged 18-64 have better knowledge of hygiene issues than the other age groups.

Better educated people, working people and students generally have better knowledge of hygiene issues than those with lower education level and the non-working group but their practice rates for many of the preventive measures is generally lower than their counterparts.

6.2 Limitations

1. In this survey, the proportions of females, younger people, never married individuals, better educated people, those with higher household income and some occupational groups are slightly higher than those of the population statistics from the Census and Statistics Department.

2. The use of the modified Last-Birthday method means that people who seldom stay at home are less likely to be included. The characteristics of the non-respondents are unknown.

3. A household telephone survey cannot include all households in the random selection process. The domestic telephone coverage in Hong Kong has dropped to about 93.0% currently. Young adults and unemployed are less likely to be covered.[8]

4. When respondents are asked to report their past experience in carrying out personal, food and environmental hygiene practices and their awareness of the information provided by the Government, there may be some recall bias.

5. As in many types of survey, information provided by the respondents cannot be verified. It is possible that respondents may tend to provide socially desirable answers.

6. Because this is a cross-sectional study, the causal relationship between various factors cannot be determined.

[8] Bacon-Shone, J. and Lau, L. (2006). Mobile vs. Fixed-line Surveys in Hong Kong. Second International Conference on Telephone Survey Methodology Preliminary Program. Miami, United States.

6.3 Recommendations

The survey has shown that the public has good knowledge of personal, food and environmental hygiene and good practices of many hygiene measures. Most of the practices are sustainable. The majority also realise the importance of observing good hygiene and maintaining a healthy lifestyle in preventing communicable diseases. Nevertheless, the findings are still useful for further public health education and health promotion strengthening. Recommendations are as follows:

1. Wearing a mask when needed and using separate sets of knives and chopping boards for raw food and cooked food are not common practices for many respondents. The importance of taking these measures in preventing communicable diseases can be highlighted.

2. Working individuals, students and better educated people have good knowledge of hygiene issues; however, they generally have poorer practices of personal, food and environmental hygiene. More targeted approaches for influencing these groups of people to carry out proper hygiene practices can be explored. Health pamphlets, signs, promotions can be made available at workplaces and schools to draw their attention to good hygiene practices. Exploratory studies could be conducted to look into possible facilitating factors and barriers in following relevant health messages. In addition, targeted approaches on knowledge can also be explored for the two extremes of the age continuum.

3. There are fewer people with good knowledge of hygiene issues among the non-working group, people with lower education and with lower household income. The use of the mass media, especially through television, is useful for the delivery of health education and information since it can easily reach people at all levels. Television is still the most common channel for many people to obtain health information. Besides, free newspapers are available not only at MTR stations but also in housing estates, specific real estates offices, educational institutes, etc. The popularity of free newspapers means they could provide another useful channel for public health information dissemination.

4. It has been found that it is very difficult to affect public practice of hygiene measures. Although news on health issues has influenced public awareness of food, personal and environmental hygiene, only a few of the public practices have been affected. Frequent and extensive promotions may help in improving public practices of personal, food and environmental hygiene. As it is not easy to change adults' behaviours, public health education should start at a young age in schools and also within the family in order to facilitate the turning of good hygiene behaviours into practices.

Appendix Survey Questionnaire

個人、食物及環境衞生調查 2005
Personal, Food and Environmental Hygiene Survey 2005

問卷
Questionnaire

訪問員編號 Interviewer no.:

訪問日期 Date of interview:

訪問時間（開始／完結）Time of interview (start/end):

電話號碼 Telephone no.:

引言 Introduction

午安/晚安，我係 xxx，係香港大學社會科學研究中心嘅訪問員。我哋受衞生署委託，進行一項關於市民對個人、食物及環境衞生嘅知識、態度與行爲嘅問卷調查。
Good afternoon/Good evening. My name is XXX, an interviewer from the Social Sciences Research Centre of the University of Hong Kong. I am calling on behalf of the Department of Health to conduct a telephone survey on the public's knowledge, attitude and practices concerning personal, food and environmental hygiene.

選擇被訪者 Selection of respondent

請問連埋你在內，你屋企宜家有幾多位 12 歲或以上講廣東話、普通話或英文嘅人士呢 (包括家庭成員同家庭傭工)?
Including you, how many household residents (including household members and domestic helper) aged 12 years or above who speak Cantonese, Putonghua or English are at home now?

＜回應＞<Response>

如被訪家庭符合資格→繼續訪問
If the household meets the criteria→ *interview continues*
如被訪家庭未符合資格→結束訪問
If the household does not meet the criteria → *interview ends*

喺你哋當中，邊一位啱啱過咗生日？麻煩你請佢聽電話。

(訪問員: 如被訪者問點解，解釋呢個係利用生日日期嚟揀選被訪者嘅方法)
Among all of you, who had his or her birthday most recently? Would you pass the phone to him or her please?
(Interviewer: If respondent asks why, explain that this is the Last Birthday Rule method for random selection of respondent)

透過呢次訪問，衞生署希望能夠係未來改善有關個人、食物同環境衞生嘅健康教育工作，你嘅意見對於我哋係十分重要。你提供嘅所有資料只會用作研究用途，而且絕對保密，同時你嘅身份亦唔會被辨認。
Through the survey, the Department of Health hopes to improve its health education on personal, food and environmental hygiene in the future. Your opinion is valuable. All information collected from this survey will be kept strictly confidential and used for analysis only. Individuals cannot be identified from this survey.

請問你可唔可以抽十五分鐘嘅時間回答呢份問卷?
Could you please spare 15 minutes to answer this questionnaire?

＜回應＞<Response>
如 「可以」 →開始訪問 (Q1)
If "Yes"→ *interview starts (Q1)*
如「唔可以」→結束訪問
If "No" → *interview ends*

V1. 使用語言 Language used: 1. 廣東話 Cantonese 2. 普通話 Putonghua 3. 英文 English

第一部分 — 知識
Section 1 – Knowledge

Q1. 以下邊啲係預防由飛沫或空氣傳播疾病（例如流行性感冒同埋結核病）嘅有效措施？你可以選擇多過一個答案。（訪問員：讀出答案 1-4）
Which of the following is an effective preventive measure against droplet spread or airborne diseases (e.g. influenza and tuberculosis)? You may choose more than one answer. (Interviewer: Read out options 1-4)

1) 確保室內嘅通風良好 Ensure good indoor ventilation
2) 咳嗽或打乞嚏時掩住口鼻 Cover mouth and nose when coughing or sneezing
3) 保持雙手清潔，正確咁清洗雙手 Keep hands clean and wash hands properly
4) 接受疫苗注射 Receive vaccination
5) 唔知道 Don't know

Q2. 以下邊啲係預防經直接接觸傳播疾病（例如頭蝨同埋疥瘡）嘅有效措施？你可以選擇多過一個答案。（訪問員：讀出答案 1-4）
Which of the following is an effective preventive measure against diseases that spread through direct contact (e.g. head slice and scabies)? You may choose more than one answer. (Interviewer: Read out options 1-4)

1) 保持雙手清潔，正確咁清洗雙手 Keep hands clean and wash hands properly
2) 保持身體清潔，每日用花灑沖涼 Keep body clean and take shower every day
3) 保持傢俬整潔 Keep furniture tidy and clean
4) 接受疫苗注射 Receive vaccination
5) 唔知道 Don't know

Q3. 以下邊啲係預防腸道傳染病（例如腸胃炎同埋甲型肝炎）嘅有效措施？你可以選擇多過一個答案。（訪問員：讀出答案 1-4）
Which of the following is an effective preventive measure against gastrointestinal infections (e.g. gastroenteritis and hepatitis A)? You may choose more than one answer. (Interviewer: Read out options 1-4)

1) 食嘢或煮嘢食前洗手 Wash hands before eating or cooking
2) 妥善儲存食物 Store food properly
3) 保持廚房整齊乾爽 Keep kitchen tidy and dry
4) 接受疫苗注射 Receive vaccination
5) 唔知道 Don't know

Q4. 以下邊啲係預防蚊傳疾病（例如登革熱同埋日本腦炎）嘅有效措施？你可以選擇多過一個答案。（訪問員：讀出答案 1-3）
Which of the following is an effective preventive measure against mosquito-borne diseases (e.g. dengue fever and Japanese encephalitis)? You may choose more than one answer. (Interviewer: Read out options 1-3)

1) 預防蚊蟲滋生 Prevent mosquito breeding
2) 預防俾蚊咬 Prevent mosquito bite
3) 接受疫苗注射 Receive vaccination
4) 唔知道 Don't know

Q5. 喺香港响公眾地方亂拋垃圾嘅定額罰款係幾多錢？請選擇其中一個答案。（訪問員：讀出答案 1-4）
How much is the fixed penalty for littering in public in Hong Kong? You may choose one answer only. (Interviewer: Read out options 1-4)

1) 港幣五百 HK $500
2) 港幣一千 HK $1,000
3) 港幣一千五百 HK $1,500
4) 港幣二千 HK $2,000
5) 唔知道 Don't know

Q6. 喺香港响公眾地方隨地吐痰嘅定額罰款係幾多錢？請選擇其中一個答案。（訪問員：讀出答案 1-4）
How much is the fixed penalty for spitting in public in Hong Kong? You may choose one answer only. (Interviewer: Read out options 1-4)

1) 港幣五百 HK $500
2) 港幣一千 HK $1,000
3) 港幣一千五百 HK $1,500
4) 港幣二千 HK $2,000
5) 唔知道 Don't know

第二部分 — 態度
Section 2 – Attitude

Q7. 你同唔同意注意個人、食物及環境衞生可以預防傳染病？（訪問員：讀出答案 1-3）
Do you agree that observing personal, food and environmental hygiene can prevent communicable diseases? (Interviewer: Read out options 1-3)

1) 同意 Agree
2) 中立 Neutral
3) 唔同意 Disagree
4) 冇意見 No comment
5) 唔知道 Don't know

Q8. 你同唔同意保持健康嘅生活方式（例如均衡飲食、經常運動同有充份嘅休息）可以預防傳染病？（訪問員：讀出答案 1-3）
Do you agree that maintaining a healthy lifestyle (e.g. balanced diet, regular exercise and adequate rest) can prevent communicable diseases? (Interviewer: Read out options 1-3)

1) 同意 Agree
2) 中立 Neutral
3) 唔同意 Disagree
4) 冇意見 No comment
5) 唔知道 Don't know

Q9. 保持環境衞生係邊個嘅責任？你可以選擇多過一個答案。
Who should be responsible for maintaining a hygienic environment? You may give more than one answer.

1) 個人或市民 Individual or citizen
2) 社區 Community
3) 政府 Government
4) 其他（請說明）Others (please specify) _____
5) 唔知道 Don't know

第三部分 — 個人衞生習慣
Section 3 – Personal Hygiene Practices

第一節 - 個人習慣問題：
Part I. Personal practices questions:
(訪問員：讀出)以下問題同個人衞生習慣有關，而呢啲行爲係由你自己做嘅。
(Interviewer: Read out) The following questions are related to personal hygiene practices which were undertaken by you.

Q10. 喺過去三日，你喺咳嗽或打乞嚏嘅時候，有冇掩口同鼻？(訪問員：讀出答案 1-5)
How often did you cover your mouth and nose when coughing or sneezing in the past 3 days? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q12）
2) 多數有 Often （下接 go to Q12）
3) 間中有 Sometimes （下接 go to Q12）
4) 冇 Never （下接 go to Q11）
5) 唔適用 Not applicable （下接 go to Q12）
6) 唔記得 Don't remember（下接 go to Q12）

Q11. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 冇紙巾或手巾 No tissue or handkerchief
5) 其他（請說明）Others (please specify) _____

Q12. 喺過去三日，你喺咳嗽或打乞嚏後有冇洗手？
How often did you wash your hands after coughing or sneezing in the past 3 days?

1) 一定有 Always （下接 go to Q14）
2) 多數有 Often （下接 go to Q14）
3) 間中有 Sometimes （下接 go to Q14）
4) 冇 Never （下接 go to Q13）
5) 唔適用 Not applicable （下接 go to Q14）
6) 唔記得 Don't remember（下接 go to Q14）

Q13. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 喺街唔方便 Inconvenient when staying outside
5) 冇洗手設備 No washing facility
6) 其他（請說明）Others (please specify) _____

Q14. 喺過去三日，你去完廁所後有冇洗手？
How often did you wash your hands after going to the toilet in the past 3 days?

1) 一定有 Always （下接 go to Q16）
2) 多數有 Often （下接 go to Q16）
3) 間中有 Sometimes （下接 go to Q16）
4) 冇 Never （下接 go to Q15）
5) 唔適用 Not applicable （下接 go to Q16）
6) 唔記得 Don't remember（下接 go to Q16）

Q15. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 冇洗手設備 No washing facility
5) 其他（請說明）Others (please specify) _____

Q16. 喺過去三日，你處理完有排洩物嘅尿片同物品後有冇洗手呢？
How often did you wash your hands after handling diapers or materials soiled by excreta in the past 3 days?

1) 一定有 Always （下接 go to Q18）
2) 多數有 Often （下接 go to Q18）
3) 間中有 Sometimes （下接 go to Q18）
4) 冇 Never （下接 go to Q17）
5) 唔適用 Not applicable （下接 go to Q18）
6) 唔記得 Don't remember（下接 go to Q18）

Q17. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 喺街唔方便 Inconvenient when staying outside
5) 冇洗手設備 No washing facility
6) 其他（請說明）Others (please specify) _____

Q18. 喺過去三日，你處理完垃圾後有冇洗手？
How often did you wash your hands after handling rubbish in the past 3 days?

1) 一定有 Always （下接 go to Q20）
2) 多數有 Often （下接 go to Q20）
3) 間中有 Sometimes （下接 go to Q20）
4) 冇 Never （下接 go to Q19）
5) 唔適用 Not applicable （下接 go to Q20）
6) 唔記得 Don't remember（下接 go to Q20）

Q19. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 喺街唔方便 Inconvenient when staying outside
5) 冇洗手設備 No washing facility
6) 其他（請說明）Others (please specify) _____

Q20. 喺過去三日，你接觸公共物件（如電梯扶手、升降機掣同門柄）後有冇洗手？
How often did you wash your hands after touching public installation or equipment (e.g. escalator handrail, elevator control panel and door knob) in the past 3 days?

1) 一定有 Always （下接 go to Q22）
2) 多數有 Often （下接 go to Q22）
3) 間中有 Sometimes （下接 go to Q22）
4) 冇 Never （下接 go to Q21）
5) 唔適用 Not applicable （下接 go to Q22）
6) 唔記得 Don't remember（下接 go to Q22）

Q21. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 喺街唔方便 Inconvenient when staying outside
5) 冇洗手設備 No washing facility
6) 用濕紙巾 Using wet tissue
7) 其他（請說明）Others (please specify) _____

Q22. 喺過去三日，你喺洗手嘅時候，有冇用梘液？
How often did you use liquid soap to wash your hands in the past 3 days?

1) 一定有 Always （下接 go to Q24）
2) 多數有 Often （下接 go to Q24）
3) 間中有 Sometimes （下接 go to Q24）
4) 冇 Never （下接 go to Q23）
5) 唔適用 Not applicable （下接 go to Q24）
6) 唔記得 Don't remember（下接 go to Q24）

Q23. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 冇梘液 No liquid soap
5) 皮膚敏感 Skin allergy
6) 其他（請說明）Others (please specify) _____

Q24. 喺過去三日，你有冇避免使用公用毛巾？
How often did you avoid using public towels in the past 3 days?

1) 一定有 Always （下接 go to Q26）
2) 多數有 Often （下接 go to Q26）
3) 間中有 Sometimes （下接 go to Q26）
4) 冇 Never （下接 go to Q25）
5) 唔適用 Not applicable （下接 go to Q26）
6) 唔記得 Don't remember（下接 go to Q26）

Q25. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 公用毛巾好方便 Public towels were convenient to use
4) 公用毛巾好乾淨 Public towels were clean
5) 其他（請說明）Others (please specify) _____

Q26. 喺過去三日，你有冇戴口罩？
How often did you wear a mask in the past 3 days?

1) 一定有 Always （下接 go to Q27）
2) 多數有 Often （下接 go to Q27）
3) 間中有 Sometimes （下接 go to Q27）
4) 冇 Never （下接 go to Q28）
5) 唔適用 Not applicable （下接 go to Q28）
6) 唔記得 Don't remember（下接 go to Q28）

Q27. 你點解會戴口罩呢？
Why did you wear a mask?

1) 出現呼吸道感染嘅病徵 Had symptoms of respiratory infection
2) 要照顧出現呼吸道感染嘅病人 Took care of patients with respiratory infection
3) 去醫院探訪或去診所 Visited hospital or clinic
4) 煮嘢食或遞上食物 Prepared or served food
5) 清潔屋企或辦公室 Cleaned home or office
6) 清潔或處理排泄物 Cleaned or handled excreta
7) 環境污染或大塵 Environment was polluted or dusty
8) 其他（請說明）Others (please specify) _____

第四部分 — 食物衞生習慣
Section 4 - Food Hygiene Practices

第一節 - 個人習慣問題:
Part I. Personal practices questions:
(訪問員：讀出) 以下問題同食物衞生習慣有關，呢啲行爲係由你自己做嘅。
(Interviewer: Read out) The following questions are related to food hygiene practices which were undertaken by you.

Q28. 喺過去三日，你喺購買預先包裝嘅食物之前，有冇留意食用期限？(訪問員：讀出答案 1-5)
How often did you take note of the expiry date when buying pre-packaged food in the past 3 days? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q30）
2) 多數有 Often （下接 go to Q30）
3) 間中有 Sometimes （下接 go to Q30）
4) 冇 Never （下接 go to Q29）
5) 唔適用 Not applicable （下接 go to Q30）
6) 唔記得 Don't remember（下接 go to Q30）

Q29. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 搵唔到食物期限嘅標籤 No expiry date label found
5) 其他（請說明）Others (please specify) _____

Q30. 喺過去三日，你有冇喺食嘢或處理食物之前洗手？
How often did you wash your hands before eating or handling food in the past 3 days?

1) 一定有 Always （下接 go to Q32）
2) 多數有 Often （下接 go to Q32）
3) 間中有 Sometimes （下接 go to Q32）
4) 冇 Never （下接 go to Q21）
5) 唔適用 Not applicable （下接 go to Q32）
6) 唔記得 Don't remember（下接 go to Q32）

Q31. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 冇洗手設備 No washing facility
5) 雙手好乾淨 Hands were clean
6) 其他（請說明）Others (please specify) _____

Q32. 喺過去三日，你同其他人食飯嘅時候有冇使用公筷或公羹？
How often did you use serving chopsticks or spoons when having meals with others in the past 3 days?

1) 一定有 Always （下接 go to Q34）
2) 多數有 Often （下接 go to Q34）
3) 間中有 Sometimes （下接 go to Q34）
4) 冇 Never （下接 go to Q33）
5) 唔適用 Not applicable （下接 go to Q34）
6) 唔記得 Don't remember（下接 go to Q34）

Q33. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 食肆冇提供 Restaurant did not provide
5) 同屋企人食飯 Eating with family
6) 其他（請說明）Others (please specify) _____

第二節 - 家居習慣問題:
Part II. Household practices questions:
(訪問員讀出) 以下問題同食物衞生習慣有關，呢啲行爲可以係由你自己、屋企人或家庭傭工做嘅。
(Interviewer: Read out) The following questions are related to food hygiene practices which could be undertaken by you, household members or domestic helper.

Q34. 喺過去三日，生同熟嘅食物有冇分開儲存？ (訪問員：讀出答案 1-5)
How often were raw food and cooked food stored separately in the past 3 days? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q36）
2) 多數有 Often （下接 go to Q36）
3) 間中有 Sometimes （下接 go to Q36）
4) 冇 Never （下接 go to Q35）
5) 唔適用 Not applicable （下接 go to Q36）
6) 唔記得 Don't remember（下接 go to Q36）
7) 唔知道 Don't know （下接 go to Q36）

Q35. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 雪櫃嘅儲存格唔夠 Refrigerator did not have enough compartments
5) 其他（請說明）Others (please specify) _____

Q36. 喺過去三日，喺煮肉類、海產同蔬菜前有冇將佢哋徹底洗乾淨？
How often were meat, seafood and vegetables washed thoroughly before cooking in the past 3 days?

1) 一定有 Always （下接 go to Q38）
2) 多數有 Often （下接 go to Q38）
3) 間中有 Sometimes （下接 go to Q38）
4) 冇 Never （下接 go to Q37）
5) 唔適用 Not applicable （下接 go to Q38）
6) 唔記得 Don't remember（下接 go to Q38）
7) 唔知道 Don't know （下接 go to Q38）

Q37. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 其他（請說明）Others (please specify) _____

Q38. 喺過去三日，喺處理生同熟嘅食物時有冇使用唔同嘅刀同埋砧板？
How often were raw food and cooked food handled with separate sets of knives and chopping boards in the past 3 days?

1) 一定有 Always （下接 go to Q40）
2) 多數有 Often （下接 go to Q40）
3) 間中有 Sometimes （下接 go to Q40）
4) 冇 Never （下接 go to Q39）
5) 唔適用 Not applicable （下接 go to Q40）
6) 唔記得 Don't remember（下接 go to Q40）
7) 唔知道 Don't know （下接 go to Q40）

Q39. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太麻煩 Too troublesome
5) 洗乾淨再轉換用途 Washed thoroughly before switching purpose
6) 其他（請說明）Others (please specify) _____

Q40. 喺過去三日，肉類同家禽類嘅食物有冇徹底煮熟？
How often were meat and poultry cooked thoroughly in the past 3 days?

1) 一定有 Always （下接 go to Q42）
2) 多數有 Often （下接 go to Q42）
3) 間中有 Sometimes （下接 go to Q42）
4) 冇 Never （下接 go to Q41）
5) 唔適用 Not applicable （下接 go to Q42）
6) 唔記得 Don't remember（下接 go to Q42）
7) 唔知道 Don't know （下接 go to Q42）

Q41. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 其他（請說明）Others (please specify) _____

Q42. 喺過去三日，剩底嘅餸菜有冇包好先至放入雪櫃裡面？
How often was the leftover food wrapped well before putting into refrigerator in the past 3 days?

1) 一定有 Always （下接 go to Q44）
2) 多數有 Often （下接 go to Q44）
3) 間中有 Sometimes （下接 go to Q44）
4) 冇 Never （下接 go to Q43）
5) 唔適用 Not applicable （下接 go to Q44）
6) 唔記得 Don't remember（下接 go to Q44）
7) 唔知道 Don't know （下接 go to Q44）

Q43. 點解冇呢？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 冇包裝袋或保鮮紙 No wrapping bag or paper
5) 其他（請說明）Others (please specify) _____

第五部分 — 環境衞生習慣
Section 5 – Environmental Hygiene Practices

第一節 - 個人習慣問題:
Part I. Personal practices questions:

(訪問員：讀出) 以下問題同環境衞生習慣有關，而呢啲行爲係由你自己做嘅。
(Interviewer: Read out) The following questions are related to environmental hygiene practices which were undertaken by you.

Q44. 喺過去三日，你有冇將罐、樽同飯盒等垃圾放入有蓋嘅垃圾桶內？ (訪問員：讀出答案 1-5)
How often did you put rubbish like cans, bottles and lunch boxes in a covered litter bin in the past 3 days? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q46）
2) 多數有 Often （下接 go to Q46）
3) 間中有 Sometimes （下接 go to Q46）
4) 冇 Never （下接 go to Q45）
5) 唔適用 Not applicable （下接 go to Q46）
6) 唔記得 Don't remember（下接 go to Q46）

Q45. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 附近冇有蓋垃圾桶 No covered litter bin nearby
6) 其他（請說明）Others (please specify) _____

第二節 - 家居習慣問題:
Part II. Household practices questions:

(訪問員：讀出) 以下問題同環境衞生習慣有關，呢啲行爲係可以由你自己、屋企人或家庭傭工做嘅。
(Interviewer: Read out) The following questions are related to environmental hygiene practices which could be undertaken by you, household members or domestic helper.

Q46. 喺過去三日，屋企嘅窗有冇打開嚟保持室內空氣流通？ (訪問員：讀出答案 1-5)
How often were the windows at home kept open to maintain good indoor ventilation in the past 3 days? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q48）
2) 多數有 Often （下接 go to Q48）
3) 間中有 Sometimes （下接 go to Q48）
4) 冇 Never （下接 go to Q47）
5) 唔適用 Not applicable （下接 go to Q48）
6) 唔記得 Don't remember （下接 go to Q48）
7) 唔知道 Don't know （下接 go to Q48）

Q47. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 屋外空氣污染 Air outside was polluted
5) 天氣太凍 Weather was too cold
6) 開冷氣 Air-conditioner was turned on
7) 其他（請說明）Others (please specify) _____

Q48. 喺過去三日，屋企有冇清潔過？ (訪問員：讀出答案 1-5)
How often was your home cleaned in the past 3 days? (Interviewer: Read out options 1-5)

1) 三次或以上 Three times or more（下接 go to Q49）
2) 兩次 Twice （下接 go to Q49）
3) 一次 Once （下接 go to Q49）
4) 冇 Never （下接 go to Q50）
5) 唔適用 Not applicable （下接 go to Q51）
6) 唔記得 Don't remember（下接 go to Q51）
7) 唔知道 Don't know （下接 go to Q51）

Q49. 喺清潔屋企嗰陣，有冇用到 1:99 稀釋家用漂白水?
Was 1:99 diluted household bleach solution used when cleaning home?

1) 有 Yes （下接 go to Q51）
2) 冇 No （下接 go to Q51）
3) 唔記得 Don't remember （下接 go to Q51）
4) 唔知道 Don't know （下接 go to Q51）

Q50. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 冇清潔用品 No cleaning facility
6) 其他（請說明）Others (please specify) _____

Q51. 喺過去三個月，有冇保持渠道同水管暢通同冇滲漏？ (訪問員：讀出答案 1-5)
How often were the drains and pipes kept free from blockage and leakage in the past 3 months? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q53）
2) 多數有 Often （下接 go to Q53）
3) 間中有 Sometimes （下接 go to Q53）
4) 冇 Never （下接 go to Q52）
5) 唔適用 Not applicable （下接 go to Q53）
6) 唔記得 Don't remember （下接 go to Q53）
7) 唔知道 Don't know （下接 go to Q53）

Q52. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 其他（請說明）Others (please specify) _____

Q53. 喺過去三個月，花樽裡面嘅水有幾常更換？(訪問員：讀出答案 1-5)
How often was the water in vases changed in the past 3 months?
(Interviewer: Read out options 1-5)

1) 一星期多過一次 More than once per week （下接 go to Q55）
2) 一星期一次 Once per week （下接 go to Q55）
3) 一星期少過一次 Less than once per week （下接 go to Q55）
4) 冇 Never （下接 go to Q54）
5) 唔適用 Not applicable （下接 go to Q55）
6) 唔記得 Don't remember （下接 go to Q55）
7) 唔知道 Don't know （下接 go to Q55）

Q54. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 其他（請說明）Others (please specify) _____

Q55. 喺過去三個月，花盆底嘅積水有冇清除？ (訪問員：讀出答案 1-5)
How often was stagnant water removed from saucers underneath flowerpots in the past 3 months? (Interviewer: Read out options 1-5)

1) 一定有 Always （下接 go to Q57）
2) 多數有 Often （下接 go to Q57）
3) 間中有 Sometimes （下接 go to Q57）
4) 冇 Never （下接 go to Q56）
5) 唔適用 Not applicable （下接 go to Q57）
6) 唔記得 Don't remember（下接 go to Q57）
7) 唔知道 Don't know （下接 go to Q57）

Q56. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 其他（請說明）Others (please specify) _____

Q57. 喺過去三個月，你或你嘅屋企人有幾多次因爲污糟嘅公共設施（例如大堂、樓梯）而通知物業管理公司？ (訪問員：讀出答案 1-5)
How often did your household report to the building management office for dirty common facilities (e.g. lobby, staircase and lift) in the past 3 months? (Interviewer: Read out options 1-5)

1) 三次或以上 Three times or more（下接 go to Q59）
2) 兩次 Twice （下接 go to Q59）
3) 一次 Once （下接 go to Q58）
4) 冇 Never （下接 go to Q59）
5) 唔適用 Not applicable （下接 go to Q59）
6) 唔記得 Don't remember（下接 go to Q59）
7) 唔知道 Don't know （下接 go to Q59）

Q58. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 冇物業管理公司 No building management office
6) 其他（請說明）Others (please specify) _____

Q59. 喺過去三個月，你或你嘅屋企人有幾多次因爲垃圾黑點或地盤積水而向政府部門舉報？ (訪問員：讀出答案 1-5)
How often did your household report to the government department for rubbish black spots or stagnant water at construction sites in the past 3 months? (Interviewer: Read out options 1-5)

1) 三次或以上 Three times or more（下接 go to Q60）
2) 兩次 Twice （下接 go to Q60）
3) 一次 Once （下接 go to Q60）
4) 冇 Never （下接 go to Q61）
5) 唔適用 Not applicable （下接 go to Q62）
6) 唔記得 Don't remember（下接 go to Q62）
7) 唔知道 Don't know （下接 go to Q62）

Q60. 你或你屋企人係向邊個政府部門舉報呢？你可以講多過一個答案。
Which government department did your household report to? You may give more than one answer.

1) 食物環境衞生署 Food and Environmental Hygiene Department （下接 go to Q62）
2) 其他（請說明） Others (please specify) _____（下接 go to Q62）

Q61. 點解冇？請講出一個原因。
Why not? You may give one reason only.

1) 冇必要 Not necessary
2) 唔記得 Forgot
3) 冇呢個習慣 No such habit
4) 太忙 Too busy
5) 太麻煩 Too troublesome
6) 唔知道向邊度舉報 Did not know where to report
7) 物業管理公司應負責舉報 Building management office should be responsible for the reporting
8) 其他（請說明）Others (please specify) _____

第六部分 — 健康教育認知及公共衞生事件
Section 6 – Awareness of Health Education and Public Health Issues

Q62. 喺過去三個月，你有冇留意到關於個人、食物同環境衞生嘅健康教育？
Were you aware of health education on personal, food and environmental hygiene in the past 3 months?

1) 有 Yes （下接 go to Q63）
2) 冇 No （下接 go to Q65）
3) 唔記得 Don't remember（下接 go to Q65）

Q63. 喺過去三個月，你從咩嘢途徑得到呢啲有關個人、食物同環境衞生嘅健康教育同資訊？你可以選擇多過一個答案。
Through what channel did you obtain such health education/information on personal, food and environmental hygiene in the past 3 months? You may give more than one answer.

1) 電視—廣告／政府宣傳短片 Television – advertisements/Government announcements of public interest (APIs)
2) 電視—節目／系列節目 Television – programmes/series
3) 電視—新聞 Television – news
4) 電台 Radio
5) 報紙 Newspapers
6) 雜誌 Magazines
7) 健康教材—海報 Health education materials – posters
8) 健康教材—單張／小冊子 Health education materials – leaflets/brochures
9) 熱線電話 Telephone hotlines
10) 網站 Websites （下接 go to Q64）
11) 講座／座談會 Talks/seminars
12) 巴士／小巴（路訊通／M 頻道）Buses/minibuses (Roadshow/M Channel)
13) 地鐵 MTR
14) 九廣鐵路（東鐵、馬鐵、西鐵）KCR (East/Ma On Shan/West)
15) 輕鐵 LTR
16) 機場 Airport
17) 邊境／港口（機場除外）Border points/ports (except airport)
18) 學校 Schools
19) 工作場所 Workplaces
20) 親友 Relatives/friends
21) 醫院／診所 Hospitals/clinics
22) 其他（請說明）Others (please specify) _____
23) 唔記得 Don't remember

Q64. 請問你曾經瀏覽過邊啲網站？你可以選擇多過一個答案。
Which websites did you look at? You may give more than one answer.

1) 衞生署 Department of Health
2) 衞生防護中心 Centre for Health Protection
3) 中央健康教育組 Central Health Education Unit
4) 食物環境衞生署 Food and Environmental Hygiene Department
5) 衞生福利及食物局 Health, Welfare and Food Bureau
6) 教育統籌局 Education and Manpower Bureau
7) 醫院管理局 Hospital Authority
8) 世界衞生組織 World Health Organization (WHO)
9) 雅虎／谷歌 Yahoo/Google
10) 其他（請說明）Others (please specify) _____
11) 唔記得 Don't remember

Q65. 你對政府所提供嘅衞生資訊滿唔滿意？ （訪問員：讀出答案 1-3）
Are you satisfied with the information on hygiene provided by the Government? (Interviewer: Read out options 1-3)

1) 滿意 Satisfied （下接 go to Q67）
2) 一般 Fair （下接 go to Q66）
3) 唔滿意 Dissatisfied （下接 go to Q66）
4) 冇意見 No comment （下接 go to Q67）

Q66. 你認爲邊啲地方須要改善？你可以講多過一個答案。
Which areas do you think need to be improved? You may give more than one answer.

1) 宣傳同教育唔夠 Publicity and education are insufficient
2) 宣傳途徑唔夠全面 Publicity channels are limited
3) 反應唔夠快 Responses are not quick enough
4) 新聞同資訊唔夠透明度 News and information are not transparent
5) 政策同執法唔夠妥善 Policy and law enforcement are poor
6) 唔能夠講出要改善嘅地方 Unable to give specific areas to be improved
7) 其他（請說明）Others (please specify) _____

Q67. 喺過去三個月，有冇任何與健康有關嘅新聞影響到你對個人、食物同環境衞生嘅認知？
Was there any news on health issue which affected your awareness of personal, food and environmental hygiene in the past 3 months?

1) 有 Yes （下接 go to Q68）
2) 冇 No （下接 go to Q69）
3) 唔記得 Don't remember（下接 go to Q69）

Q68. 係乜嘢與健康有關嘅新聞呢？你可以講多過一個答案。
What was the news? You may give more than one answer.

1) 禽流感 Avian flu
2) 豬鏈球菌 Streptococcus suis infection
3) 食物中毒 Food poisoning
4) 食物衞生同安全（例如有孔雀石綠嘅魚同內地有問題食品 Food hygiene and safety (e.g. malachite green in fish and problematic food from Mainland China)
5) 其他（請說明）Others (please specify) _____

Q69. 喺過去三個月，有冇任何與健康有關嘅新聞影響到你嘅個人、食物同環境衞生習慣？
Was there any news on health issue which affected your practices on personal, food and environmental hygiene in the past 3 months?

1) 有 Yes （下接 go to Q70）
2) 冇 No （下接 go to Q71）
3) 唔記得 Don't remember （下接 go to Q71）

Q70. 係乜嘢與健康有關嘅新聞呢？你可以講多過一個答案。
What was the news? You may give more than one answer.

1) 禽流感 Avian flu
2) 豬鏈球菌 Streptococcus suis infection
3) 食物中毒 Food poisoning
4) 食物衞生同安全（例如有孔雀石綠嘅魚同內地有問題食品）Food hygiene and safety (e.g. malachite green in fish and problematic food from Mainland China)
5) 其他（請說明）Others (please specify) _____

第七部分 — 人口統計資料
Section 7 – Demographics

Q71. 性別 (訪問員: 如清楚，不用問)
What is your gender? (Interviewer: Do not ask this question unless you are not sure about respondent's gender)

1) 男性 Male
2) 女性 Female

Q72. 請問你幾多歲？
What is your age?

1) 12-17 歲
2) 18-24 歲
3) 25-34 歲
4) 35-44 歲
5) 45-54 歲
6) 55-64 歲
7) 65 歲或以上 65 or above
8) 拒絕回答 Refuse to answer

Q73. 請問你嘅婚姻狀況係？
What is your marital status?

1) 從未結婚 Never married
2) 已婚 Now married
3) 喪偶 Widowed
4) 離婚／分居 Divorced/separated
5) 拒絕回答 Refuse to answer

Q74. 請問你嘅教育程度係？
What is your education level?

1) 未受教育／幼稚園 No schooling/kindergarten
2) 小學 Primary
3) 中學 Secondary
4) 大專或以上 Tertiary or above
5) 拒絕回答 Refuse to answer

Q75. 請問你嘅職業係？(訪問員: 如不能分類，請填上實際職業)
What is your occupation? (Interviewer: Fill in the exact occupation if you cannot classify)

1) 經理及行政人員 Managers and administrators
2) 專業人員 Professionals
3) 輔助專業人員 Associate professionals
4) 文員 Clerks
5) 服務工作及商店銷售人員 Service workers and shop sales workers
6) 工藝及有關人員 Craft and related workers
7) 機台及機器操作員及裝配員 Plant and machine operators and assemblers
8) 非技術工人（家庭傭工除外）Elementary occupations (excluding domestic helpers)
9) 家庭傭工 Domestic helpers
10) 漁農業熟練工人及不能分類嘅職業 Skilled agricultural and fishery workers, and occupations not classifiable
11) 學生 Students
12) 料理家務者 Homemakers
13) 退休人士 Retired persons
14) 失業／待業 Unemployed persons
15) 其他（請說明）Others (please specify) _____
16) 拒絕回答 Refuse to answer

Q76. 請問你居住嘅樓宇屬於邊類型？
Which type of housing are you living in?

1) 公共屋邨 Public housing
2) 房屋委員會／房屋協會資助出售單位 Housing Authority/Society subsidised sale flat
3) 私人住宅單位 Private residential flat
4) 村屋 Village house
5) 臨時房屋／木屋 Temporary/wooden quarter
6) 員工宿舍 Staff quarter
7) 其他（請說明）Others (please specify) _____
8) 拒絕回答 Refuse to answer

Q77. 請問你嘅家庭平均每月收入係幾多？
What is your average monthly household income?

1) 港幣$5,000 以下 Below HK $5,000
2) 港幣 HK $5,000 – $9,999
3) 港幣 HK $10,000 – $14,999
4) 港幣 HK $15,000 – $19,999
5) 港幣 HK $20,000 – $24,999
6) 港幣 HK $25,000 – $29,999
7) 港幣 HK $30,000 或以上
8) 唔知道 Don't know
9) 拒絕回答 Refuse to answer

~問卷完，謝謝！~
~ End of Questionnaire, Thank You ~