CUHK Releases Survey Results of Children Health Behaviour: Hong Kong Students Are Below International Health Standards

The health condition of Hong Kong students is generally below international standards and is an issue that warrants attention. These are the Hong Kong survey results of the Health Behaviour in School-aged Children (HBSC) 2018 Field Trial conducted by The Hong Kong Centre for International Student Assessment (HKCISA) of the Institute of Educational Research and the Centre for Youth Studies of the Hong Kong Institute of Asia-Pacific Studies at The Chinese University of Hong Kong (CUHK), and released today (11 June).

From March to May 2018, the HKCISA and the Centre for Youth Studies randomly selected about 2,700 students at age 11, 13 and 15 from seven primary and nine secondary schools for a questionnaire survey on quality of health. Results show that Hong Kong students are lower in life satisfaction and self-rated health compared to international standards.

Survey results

Hong Kong students score 6.86 points on the life satisfaction scale, which is lower than the 7.63 points of the HBSC average (Figure 1). Only 15.4% of them rate their health status as “excellent”, which is far below the HBSC percentage of 36.3%. The proportion of Hong Kong students who rate themselves as in “good” health is similar to the HBSC percentage, which is about 50%. The proportions of Hong Kong students who rate themselves as in “fair” and “poor” health are 30.5% and 4.5% respectively, both of which are higher than the HBSC percentages of 11.8% and 1.6% (Figure 2).

Psychological and physical symptoms and their relationships to health

Compared with the HBSC percentages, Hong Kong students are more likely to have psychological symptoms (e.g., feeling low and nervous), but they are less likely to have physical symptoms in general (e.g., headache and stomachache) (Figure 3). The study finds a negative relationship between students’ psychological symptoms and their life satisfaction and health. The more psychological symptoms students have, the poorer their life satisfaction (6.12 points for those with the most symptoms and 7.64 points for those with the least symptoms) (Figure 4) and so too with their self-rated health (2.49 points for those with the most symptoms and 3.01 points for those with the least symptoms) (Figure 5).
**Students’ social media use and its effects**

The study also finds that about half of the students (49.1%) spend an average of more than 3 hours a day on the internet. Noteworthy is the direct relationship between students’ social media use when going online and their life satisfaction and health. The more students perceive that they are addicted to social media, the lower their life satisfaction (5.95 points for serious addicts and 7.23 points for non-addicts) (Figure 6) and so too with their self-rated health (2.58 points for serious addicts and 2.89 points for non-addicts) (Figure 7).

**Effects of bullying on health**

The study analyses the impact of bullying at school (including negative physical and verbal actions) and cyberbullying (including sending mean messages and inappropriate pictures) on students’ health. It is found that perpetrators and victims of bullying at school and cyberbullying have significantly lower life satisfaction and self-rated health than students who have not bullied others and have not been bullied (Figure 8 and 9). Furthermore, victims of cyberbullying have lower life satisfaction and self-rated health than victims of bullying at school.

**Family, teacher, student and peer support**

The study analyses the impact of four kinds of support on students’ health, which include family support (e.g., getting emotional help and support from family), teacher support (e.g., feeling accepted by teachers), student support (e.g., students in class enjoy being together) and peer support (e.g., having friends with whom one can share joys and sorrows). Results show that these four kinds of support have a positive impact on students’ life satisfaction and self-rated health. Among them, family support has the greatest impact (Figure 10 and 11).

**About HBSC**

Co-ordinated by the World Health Organization (WHO) Regional Office for Europe, the Health Behaviour in School-aged Children (HBSC) is a cross-national study conducted every four years. It aims to investigate the health behaviours and well-being of 11, 13 and 15-year-old students and related factors, including family and social contexts, and to compare the physical and mental health of young people at different stages and in different countries. HBSC is now participated in by over 40 countries and regions.

__Media enquiries:__

Prof. Ho Sui Chu Esther, Director, HKCISA Centre (Tel: 2603-7209; E-mail: hkcsa@fed.cuhk.edu.hk)
Prof. Fung Ying Him Anthony, Centre for Youth Studies (Tel: 9098-5932; E-mail: anthonyfung@cuhk.edu.hk)
Prof. Lee Lai Annisa, Centre for Youth Studies (Tel: 9860-8472; E-mail: annisalee@cuhk.edu.hk)
Figure 1. Current Life Satisfaction Rated by Students (Hong Kong versus HBSC Average)

Note: Life satisfaction is measured by an 11-point scale (0 represents the worst possible life. 10 represents the best possible life.)

Figure 2. Self-rated Health of Students (Hong Kong versus HBSC Proportion)
Figure 3. Proportion of Students Who Had Psychological and Physical Symptoms At Least Once a Month in the Last 6 Months (Hong Kong versus HBSC Proportion)
Figure 4. Relationship between Psychological Symptoms and Life Satisfaction of Hong Kong Students

Note: 1. Life satisfaction is measured by an 11-point scale (0 represents the worst possible life. 10 represents the best possible life.)
2. Psychological Symptoms Index is composed of the 4 psychological symptoms (see Figure 3). The higher the index, the more the symptoms.

Figure 5. Relationship between Psychological Symptoms and Self-rated Health of Hong Kong Students

Note: 1. Self-rated health is measured by a 4-point scale (4 represents excellent. 3 represents good. 2 represents fair. 1 represents poor.)
2. Psychological Symptoms Index is composed of the 4 psychological symptoms (see Figure 3). The higher the index, the more the symptoms.
Figure 6. Relationship between Social Media Addiction and Life Satisfaction of Hong Kong Students

![Bar chart showing life satisfaction by extent of social media addiction]

Note: Life satisfaction is measured by an 11-point scale (0 represents the worst possible life. 10 represents the best possible life.)

Figure 7. Relationship between Social Media Addiction and Self-rated Health of Hong Kong Students

![Bar chart showing self-rated health by extent of social media addiction]

Note: Self-rated health is measured by a 4-point scale (4 represents excellent. 3 represents good. 2 represents fair. 1 represents poor.)
Figure 8. Relationship between Bullying at School and Cyberbullying and Life Satisfaction

Note: Life satisfaction is measured by an 11-point scale (0 represents the worst possible life. 10 represents the best possible life.)

Figure 9. Relationship between Bullying at School and Cyberbullying and Self-rated Health

Note: Self-rated health is measured by a 4-point scale (4 represents excellent. 3 represents good. 2 represents fair. 1 represents poor.)
Figure 10. Relationship between Family, Teacher, Student and Peer Support and Life Satisfaction

Note: Life satisfaction is measured by an 11-point scale (0 represents the worst possible life. 10 represents the best possible life.)

Figure 11. Relationship between Family, Teacher, Student and Peer Support and Self-rated Health

Note: Self-rated health is measured by a 4-point scale (4 represents excellent. 3 represents good. 2 represents fair. 1 represents poor.)