

SURVEYS ON HEALTH & MEDICAL CARE IN HONG KONG

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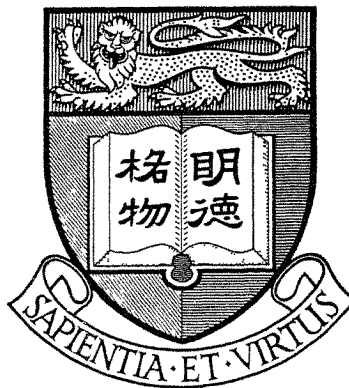
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MCH Report

Table of Contents

	Pages
i Table of contents	1
ii Summary	2 - 5
iii Sections	
1. Introduction	6
2. Methods and subjects	7 - 8
3. Demographic data	9 - 12
4. Antenatal care	13 - 16
5. Postnatal care	17 - 20
6. Family planning	21 - 24
7. Preventive and curative services for infants and toddlers	25 - 29

Summary

1. Survey design

The use of a birth cohort of infants and their mothers was chosen to ensure representativeness in this sample, in comparison to the general population, and to enhance the opportunity to generalize from the findings. The study can only provide insights into the care taken up by mothers with young infants born in 1987-89. It does not describe care for currently undelivered primiparae or older mothers and children. However it is unlikely that there are marked variations in the care of these related groups of mothers and children.

The use of maternal and child health care is strongly dependent on mothers acceptance of and levels of satisfaction with the style and content of the services offered. We also anticipated that it would be strongly related to the costs of the services and the mothers ability to pay.

2. The study population

A random sample of 340 mothers was drawn from a birth cohort of 3,230. 88% were successfully interviewed using a structured questionnaire.

The birth weights of the children indicate that, according to this criterion, they began life as a healthy population. The modal birth weight is 3.2 kilograms and 70% of the infants fall in the band 2.5 - 3.4 kilograms. Only 2% were less than 2.5 kilograms. They were aged 6 months to 3 years at the time of the survey.

The majority of children were born in government (43%) or subvented hospitals (30%) followed by private hospitals (20%). 77% were delivered naturally. The caesarean rate was 14% with the remainder requiring forceps or vacuum extractions. The age of their mothers ranged from 18 - 44 years with average parity 1.9 (mode 2.0, range 1-6). 67% had achieved secondary education or better and 61% worked as housewives with 36% in full-time jobs. They nearly all (98%) lived with their husband and children; 98% of husbands were in full-time work.

The response to inquiries on family income was relatively low (70%). The responders declared a monthly family income ranging from less than \$1,000 to \geq \$10,000 with the modal value between \$3,000 and \$6,000. The majority lived in private housing or private estates.

3. Antenatal care

All except one mother received antenatal care while carrying the index child, using either Maternal and Child Health

Clinics (MCHC) alone or together with government and subvented hospitals (36%); a further 10% used government hospitals alone and 22% used subvented hospitals alone. Private practice provided 32% of antenatal care either alone or in combination with other services. Overall government and subvented services are providing antenatal care in part or whole to 68% of mothers. One note worthy finding is that 10% of mothers moved between public and private sectors. Mothers chose antenatal care sites mainly for convenience (57%) and confidence (11%). Satisfaction levels were relatively high (72% - 93%) depending on the sites. They were lowest for users of government hospitals alone and highest in those with predominantly MCHC use. Reasons for dissatisfaction in government hospitals included the appointments system; on the other hand whereas antenatal health education was rated highest for MCHCs it was apparently lacking in other services. In contrast, significantly more users of private practice were able to comment on the use of special tests such as ultrasound.

There were marked variations in costs according to the use of different types of service. The majority spent less than \$500 on antenatal care. Those using public sector services spent less overall whereas 89% of those using the private sector spent more than \$500 going up to \$5,000 or more. In general, mothers' acceptance of the fees levied was high whichever service they used.

A large minority (47%) of mothers using MCHCs thought that a fee could be charged for antenatal care and 96% of these would be willing and able to pay. Their perception of an acceptable fee was relatively low with 41% favouring \$10 or less and a further 29% opting for \$20 or less.

4. Postnatal care

Postnatal care was taken up by 97% and was generally rated highly. The costs were low especially at non private facilities. The inclusion of preventive health services in postnatal care such as cervical screening was low, although higher than that found in GOPD services. (See report on evaluation of General Outpatient Departments). One unexpected finding was that although most women rated their health as moderate to good a substantial minority (31%) rated it as poor or very poor.

5. Family Planning

On the basis of this sample, 88% of women in the child bearing age group appeared to be using some form of contraception. In this group condoms (41%), oral contraceptives (32%), tubal ligation (10%), rhythm (7%) and IUD (5%) were the most popular. Advice was mainly sought from MCHCs (49%), family planning clinics (19%) and private practice (21%). Convenience, familiarity and confidence,

followed by costs and advice from family and friends, were most commonly given as the reasons for their choice. The declared level of satisfaction is high with all sources of family planning. The costs of family planning varied between sites of care and the use of different services. Most (87%) spent less than \$100 and 30% spent nothing. 182 responded to a question on the charging of fees at MCHC. 75% thought a fee would be reasonable. Of the women who attended MCHC, 95% suggested a figure between \$1 and \$20.

The principal deficiencies in the data on family planning concern services for teenaged and perimenopausal women.

6. Preventive and curative care for infants

MCHCs are the predominant source of care for well-babies in Hong Kong. The use of preventive health services was documented for 299 children. Only 2 (0.6%) of these were not immunized; 90% were immunized at MCHCs.

About two thirds of the children received cord care (61%) and bathing (66%), nearly all in MCHCs. Ninety percent underwent developmental screening, 97% of these at MCHCs. In general mothers chose MCHCs for convenience and on the recommendation of doctors, nurses and hospitals and less than 10% quoted costs as a reason. Levels of satisfaction were generally high, usually higher than 85% for all aspects of these preventive services. In contrast to the responses on antenatal care one notable exception was health education with only 76% approval.

Sixty four percent of the children had had a health problem in the last month. The commonest being upper respiratory infection. 94% of these had taken medical advice; most consulted only once but 14% had consulted 4 times or more. In contrast to preventive services, the majority sought advice from private doctors and only 6% were seen at GOPDs.

Only 2% of these children did not receive some form of medication; 70% received 3 or more medicines. In addition self medication was used by 18%.

The cumulative hospitalization rate in these samples of children aged 6 months to 3 years was 40% for those admitted once, 4% for those admitted twice and 2% for those admitted 3 times or more. The total proportion admitted being 20%.

In contrast to health spending in the general population where we estimated only 38% spent more than \$100, 64% of this samples did so.

Conclusions and recommendations

The general standard of MCH care, at least in terms of accessibility, affordability and client satisfaction appears to be high.

Government clinics and hospitals, together with subvented hospitals provide most of the care for pregnant mothers; in contrast to this most medical attention for infants (with predominantly upper respiratory infections) is provided by the private sector. The costs of care for the majority are low and although most mothers would accept charges for antenatal, postnatal and family planning in Government services they suggest that these should not exceed \$20, substantial minorities would prefer that they are \$10 or less.

The survey identified several areas which may merit further investigation:

1. The level of general health and developmental surveillance in the 10% of infants who did not receive such screening from MCHC's.
2. The reasons for dual sources of antenatal care for 10% of mothers.
3. The low self-ratings of health in many women.
4. The high levels of medication used, principally in the private sector, for infants with minor self-limiting illness.
5. The very high hospitalization rates in young children.
6. Possible deficiencies in health education provided for mothers and infants attending MCHC's for general preventive health care.
7. In addition to these recommendations we also consider that the methods used in this study could be employed to identify and review the care of mothers with poor health and bad outcomes such as low birth weight.

Introduction

Hong Kong is favoured with particularly good Maternal and Child Health (MCH). Indices such as the very low infant mortality are often used as a general indicator. Another observation which is relevant to this survey is that MCH is usually regarded as the biggest single (and most important) component of primary health care.

The reasons for HK's good overall MCH indicators are not entirely clear. They are perhaps somewhat surprising in a population which experiences a great deal of overcrowding and other problems such as 7000 new cases of tuberculosis per year. On the other hand per capita incomes are relatively high and unemployment rates among the lowest in the world. Since MCH is sensitive to the quality and accessibility of medical care, the favourable MCH statistics almost certainly reflect the quality of care available for pregnant mothers and infants.

Against this generally encouraging background and its related trends, it would be tempting to adopt a degree of complacency. However, patterns of need and demand change; this is more likely when socioeconomic and political circumstances are changing. In addition we should note that overall and average figures on the health characteristics of a population may conceal important and preventable variations between different social and geographic groups. It would be surprising if social gradients did not exist in such a heterogeneous and widely dispersed community. Therefore, we need to maintain a high index of suspicion in relation to health indices and should certainly continue to look for inequalities and anticipate future trends.

Monitoring and surveillance can contribute to the detection of important variations in care and link this information to outcomes. In this way we can develop a critical appraisal of the relationship between the health needs of different subgroups in the population, the health care provided for and used by these groups and the outcomes of that care.

The aim of this study was to examine the patterns of use of MCH services in Hong Kong. The areas investigated included antenatal and postnatal care, family planning, and preventive and curative services for children. We hope, in doing so, we can identify areas where variations and deficiencies in care, possible inappropriate care and problems with clients satisfaction could be further investigated.

2. METHODS AND SUBJECTS

Synopsis

1.0 The sample and the interview

2.0 The instrument

1.0 The sample and the interview

A random sample was selected from a larger sample of 3,230 mother-and-child pairs which were assembled for a previous study on breast-feeding in Hong Kong (Lee et al., unpublished data). The latter was a representative cohort of all births between 1 April 1987 and 30 June 1989. The sampled mothers were interviewed by telephone in the last two weeks of December, 1989 by seven trained research staffs. As part of a pilot study, a separate sample of 200 mother-and-child pairs were interviewed in four MCHCs as they attended these sites during the third week of December, 1989. The present document will report only on the results of the telephone sample and the results from the face-to-face interviews will form the basis of further investigations and reports.

2.0 The instrument

The instrument took the form of a structured questionnaire with the following sections:

- A. Sociodemographic variables I
- B. Use of antenatal services
- C. Use of family planning services
- D. Use of preventive and curative services by children
- E. Use of postnatal services
- F. Sociodemographic variables II

The English and Cantonese versions of the questionnaire can be found in Appendices 1 and 2.

Reference

Lee SH, So K, Lai P, Lam TH, Cheng KK. A study on breastfeeding, infant nutrition and birth spacing in Hong Kong (unpublished data).

3. DEMOGRAPHIC DATA

Synopsis

- 1.0 Introduction
- 2.0 Characteristics of index children
 - 2.1 Gender
 - 2.2 Birth place
 - 2.3 Birth weight
 - 2.4 Age
 - 2.5 Type of birth
- 3.0 Characteristics of parents
 - 3.1 Mother
 - 3.1.1 Age
 - 3.1.2 Gravida
 - 3.1.3 Parity
 - 3.1.4 Number of living children
 - 3.1.5 Level of education
 - 3.1.6 Employment
 - 3.1.7 Proportion living with husband and/or baby
 - 3.2 Father
 - 3.2.1 Age
 - 3.2.2 Level of education
 - 3.2.3 Employment
 - 3.3 Income and housing
 - 3.3.1 Family monthly income
 - 3.3.2 Type of housing
- 4.0 Child care arrangements

1.0 Introduction

The three hundred women questioned regarding their experiences with maternal and child health care services in Hong Kong were sampled randomly from a cohort of 3,230 women surveyed in 1988-1989 about breastfeeding. The actual number of attempted contacts numbered 340. Three women refused to participate; in thirty-seven cases, contact could not be established. The response rate is therefore calculated to be 88%, the refusal rate 1% and the failure-to-contact rate 11%. The demographic characteristics of the index children and their parents are provided in this chapter.

2.0 Characteristics of index children

2.1 Gender

57% (177) of the children were male. 43% (128) were female.

2.2 Birthplace (Table 3.1)

The largest proportion (43%) of children were born in government hospitals, with subvented hospitals (30%) and private (20%) the next most favoured delivery sites. The smallest proportion were born in government maternity houses or other unidentified facilities.

2.3 Birth weight (Figure 3.1)

The birth weight ranged from 2.3 kg to 5.3 kg. The mean and modal weight at birth was 3.2 kg.

2.4 Age (Figure 3.2)

Age of the index children ranged from 0.5 months to 33 months. The mean age was 23 months and the modal age 16 months.

2.5 Type of birth (Table 3.2)

77% (232) children were delivered naturally; 14% by caesarian section and the remainder required assistance by forceps or vacuum extraction.

3.0 Characteristics of parents

3.1 Mothers

3.1.1 Age (Figure 3.3)

The age of mothers ranged from 18 to 44 years. The mean age was 30.5. The modal age was 30.0

3.1.2 Number of times pregnant (Figure 3.4)

The majority of women surveyed had been pregnant 1 to 2 times. The mean number of times pregnant was 2.4 and the modal number 2.0.

3.1.3 Number of times delivered a child (Figure 3.5)

Parity ranged from 1 to 6. The mean number was 1.9 and the modal number was 2.0.

3.1.4 Number of living children (Figure 3.6)

The number of living children borne by women in the surveyed ranged from 1 to 6. The mean number was 1.9. The modal number was 2.

3.1.5 Level of education (Figure 3.7)

67% (201) of the women had a secondary school education or higher.

3.1.6 Employment (Table 3.3)

61% (184) of the women were housewives. 36% (107) had full-time jobs.

3.1.7 Proportion living with husband and/or baby (Tables 3.4 and 3.5)

Nearly all women lived with their husband and their baby.

3.2 Fathers

3.2.1 Age (Figure 3.3)

The fathers were older than the mothers. The age of the fathers ranged from 19 to 61 years. The mean age was 34.4 with the modal age 34.

3.2.2 Level of education (Figure 3.7)

The fathers tend to be better educated than the mothers. 82% of the fathers had a secondary school education or higher.

3.2.3 Employment (Table 3.6)

98% of fathers were employed full time.

3.3 Income and housing

3.3.1 Family monthly income (Table 3.7)

30% of mothers failed to respond to inquiries about income. Of those who did respond, the stated family monthly income ranged from less than \$1,000 to greater than 10,000. The modal income was between \$3,000 and \$6,000.

3.3.2 Type of housing (Table 3.8)

The greatest proportion of surveyed women lived in private housing (not shared) or housing estates.

4.0 Child care arrangement (Tables 3.9 and 3.10)

The mothers remained the primary caretakers of children (84%). Roughly a third of mothers identified a helper. This person was the index child's paternal grandmother in 40% of cases and the maternal grandmother in 17% of cases.

4. ANTENATAL CARE

Synopsis

- 1.0 Introduction
- 2.0 Site of care
- 3.0 Health problems during pregnancy and utilisation of services
- 4.0 Satisfaction with services
- 5.0 Expenditure
- 6.0 Charging fee at MCHCs
- 7.0 Comment
- 8.0 Summary

1.0 Introduction

In this part of the study, mothers were asked about where they received antenatal care, their health problems and use of different facilities during pregnancy, their level of satisfaction with certain aspects of the antenatal care they received, and expenditure. Lastly, they were questioned about the acceptability of charging fees for antenatal services provided by MCHCs.

2.0 Site of care

All but one mother received some antenatal care when they were carrying the index child. The sites of care are shown in Table 4.1. Slightly over one third of mothers were seen at MCHCs or MCHCs plus a government or subvented hospital. It can be seen also that private hospitals and doctors, and government and subvented hospitals were each the major provider of antenatal care to about one third of women in this sample.

The reasons for choice of site of antenatal care are shown in Table 4.2. Convenience, either alone or with another reason constituted 57% of the responses. Confidence in the doctor or institution and others' recommendation were cited as reasons by about 10% each. Cost was mentioned as a reason by only 14 women (5%).

3.0 Health problems during pregnancy and utilisation of services

The prevalence of certain health problems during pregnancy are shown in Table 4.3. Fourteen per cent of mothers had been hospitalized for at least once for pregnancy-related problem. Among the 300 respondents, 174(58%) and 6(2%) had ultrasonography and amniocentesis respectively during pregnancy.

4.0 Satisfaction with services

The proportions of mothers who were satisfied with various aspects of antenatal services are shown in Tables 4.4 to 4.10. While the dominant feature is that a high majority of respondents were satisfied, with little marked variation in the proportions across different sites of care, several features are noteworthy:

1. About 28% of mothers who attended government hospitals were not satisfied with the appointment system compared with 13% of those who were seen elsewhere (chi-square=3.71, df=1, P=0.054).
2. More women who were seen in the private sector (69%) were able to comment on the arrangement of special tests (mainly ultrasonography) than those seen at other sites (50%) (chi-square=6.80, df=1, P=0.009)

3. The proportion of mothers who were satisfied with health educational activities was highest among those who attended MCHCs (94% compared with 73% for other sites combined; chi-square=19.80, df=1, P<0.0001). Many who were under the care of other services did not comment on this aspect because they did not think that specific health education had been provided.

5.0 Expenditure

Table 4.11 shows the distribution of expenditure on antenatal care. Seventy per cent of women spent \$500 or less. This was compatible with the finding that 68% of them received their care in the public sector. Among the 88 women who spent more than \$500, 78 (89%) were seen by private doctors or hospitals.

6.0 Charging fee at MCHCs

Among the 109 mothers who had received care in MCHCs, 51 or 47% thought that a charge should be made for the service provided. Of the mothers who believed that the service should be charged, 49 (96%) claimed that they were willing to pay. The amount they were ready to pay is shown in Table 4.12. For 41% the limit would be \$10 or less.

7.0 Comment

This study shows that MCHCs, private hospitals and doctors, and government/subvented hospitals were each the major provider of antenatal care to about one third of pregnant women in Hong Kong. It was also found that a substantial proportion (about one third) had their antenatal care at MCHCs or MCHCs plus a government or subvented hospital. The necessity to be seen at two sites arose from the fact that maternity home is no longer a feature of many MCHCs and women have to be referred to a hospital for delivery. On the other hand, about one in ten women were seen in both the private and public sectors. Although the reason for this was not known from the present study, some women might have done so because the first appointment in some public and subvented hospitals was considered late and they therefore looked for care from the more accessible private clinics or hospitals.

While a high majority of respondents in this study were satisfied with the services they received regardless of the site of care, it was found that more women who attended government hospitals were not satisfied with the appointment system there. More women who were seen at MCHCs were satisfied with the health educational activities provided than elsewhere.

8.0 Summary

1. MCHCs, private hospitals and doctors, and government and subvented hospitals were each the major provider of antenatal care to about one third of women in this sample. Convenience was the most frequently cited reason for the women's choices.
2. The majority of women were satisfied with the antenatal services they received.
3. Seventy per cent of women spent less than \$500 on their antenatal care.
4. Slightly less than half (47%) of the respondents who had received antenatal care from MCHCs thought that a charge should be made for the service provided.

5. POSTNATAL CARE

Synopsis

- 1.0 Introduction
- 2.0 Delivery & hospital stay
- 3.0 The postnatal visit
- 4.0 Satisfaction with services
- 5.0 Expenditure
- 6.0 Charging fee at MCHC
- 7.0 Preventive health: cervical pap smear screening
- 8.0 Self-ratings of current health
- 9.0 Comments
- 10.0 Summary

1.0 Introduction

Of the perinatal services offered, perhaps the one most likely to be neglected is the postnatal visit. This visit is important because it is an opportunity to assess the physical and emotional adjustments, and progress a woman is making to motherhood. To assess postnatal health services, the respondents were questioned about their perinatal experiences and the level of satisfaction with the care they received.

2.0 Delivery and hospital stay

Figure 5.1 shows the distribution of different types of delivery experienced by the women in this survey. 14% were delivered by Caesarian section while the remainder gave birth naturally or with assistance through the vaginal route.

Table 5.1 shows the distribution of the number of days women were confined to hospital after delivery. The range was reported to be between 1 and 30 days. The median number of days was 5, and the mode 8.

3.0 The postnatal visit

Table 5.2 shows the distribution of the number of days after delivery when the postnatal visit occurred. The range reported was between 3 days and 86 days after delivery. The median number of days was 47.

Table 5.3 shows where women chose their for postnatal care. 97% of women visited at least one facility; some women attended more than one. The most frequently cited location was the maternal child health centre. Table 5.4 presents information on where women received the majority of their postnatal care. The most frequently cited was again the maternal and child health care centre.

The reasons why the site for the majority of postnatal care was chosen are enumerated in Table 5.5. The most common reason was that the site was the same as that chosen for antenatal care.

4.0 Satisfaction with services

General satisfaction with the postnatal services received was noted at all sites. Details by site, including the ratings for the appointment system, attention from doctors, attention from nurses, the environment and setting, health education and fees charged are contained in Tables 5.6 through 5.11.

5.0 Expenditure

Patient expenditure on postnatal care was low overall. Table 5.12 shows the distribution of expenditure on postnatal care by site. Women who received the majority of their care at MCHCs and obstetric and gynaecology outpatient departments of government hospitals spent the least; 76% of these women spent no money on postnatal care. The women who attended private doctors' offices or private hospitals had the greatest variation in postnatal care costs. Of patients who spent over \$750 on postnatal care, 74% received the majority of care from private doctors; the care for the remaining women was divided evenly among government hospitals, subvented hospitals and private hospitals.

6.0 Charging fee at MCHC

Women were asked if they believed that there should be a fee for postnatal services offered at the MCHCs. 164 (55%) agreed that there should. Women who agreed that there should be such a fee and who had attended the MCHCs for postnatal care were asked whether they would in fact be willing to pay the fee. 52 of 53 (98%) stated that they would. Table 5.13 shows the distribution of acceptable level of fee for services at MCHCs. Only 4% suggested fees in excess of \$50 and 81% proposed charges between \$1 and \$20.

7.0 Preventive Health: Cervical Pap-smear Screening

One of the services offered during the postnatal visit is cervical pap smear screening. Most preventive health authorities recommend that cervical pap-smear screening commence at age 18 or the onset of sexual activity. This survey found that only 33% of women in the reproductive years were certain they had ever had a pap smear (Table 5.14). Of those who had had a pap smear, 89% had been screened during the past three years (Table 5.15). The distribution of the number of times the women had been screened is presented in Figure 5.2. The range in number of times screened was between 1 and 10 with. The median was 2; the mode was 1. Table 5.16 lists the site of the last pap smear screening. Most of the activity occurred in private doctors' offices and the maternal child health center.

8.0 Self-ratings of current health

Table 5.17 indicates how the women interviewed rated their current health status. 69% rated their condition as fair or very good.

9.0 Comments

97% of the women surveyed had utilized postnatal care services. The women interviewed reported satisfaction with all aspects of postnatal care regardless of where care was obtained. The overall cost of the services was low, especially at non-private facilities. Although the women agreed that there should be and were willing to pay a fee for services provided at MCHCs, the charges they recommended were low.

This survey did not ask about counseling or screening for breast cancer or osteoporosis. However, questions were asked about cervical pap smear screening. The proportion of women who reported having required a cervical pap smear screen was quite low, though higher than that found in the GOPD survey. If one of the goals of maternal and child health care is to provide a broad scope of services to women, its performance in women's preventive health needs improvement.

The self-ratings of health show that the majority of women rated their health positively but the proportion in the good or moderate categories was lower than in either the GOPD or general well-population surveys. (69%, 78% and 95% respectively) A ready explanation for this observation is not available.

10.0 Summary

1. 97% of the interviewed women utilized existing postnatal care services.
2. The satisfaction with all aspects of health care delivery was high regardless of the site from where the majority of care was received.
3. The cost of postnatal care in Hong Kong was relatively low.
4. Most women agree that there should be and are willing to pay a fee for services rendered at the MCHCs, but the charges they recommend are low.
5. Although higher than found in the GOPD sample (17%), the proportion of women who had had cervical pap smear screening was unacceptably low (33%).
6. The majority of respondents rated their health as positive, but a smaller proportion did so than in the GOPD or telephone survey.

6. FAMILY PLANNING

Synopsis

- 1.0 Introduction
- 2.0 Use of contraception
- 3.0 The role of professionals
- 4.0 Satisfaction with services
- 5.0 Expenditure
- 6.0 Charging fees at MCHCs
- 7.0 Comments
- 8.0 Summary

1.0 Introduction

Family planning services are vitally important to the success of any women's health program. In Hong Kong, women may seek advice and treatment for family planning from several sites, including government Maternal and Child Health Centers; government outpatient departments, specialty clinics and hospitals; Family Planning Association clinics; private doctors and hospitals; and other facilities. Three hundred women were asked questions about whether they were currently practicing contraception; the methods used; whether and where professional advice was obtained; the reasons why sites for care were chosen; the level with the services; and financial concerns. Their responses form the basis for a preliminary assessment of family planning services in Hong Kong.

2.0 Use of contraception

Of the 300 women questioned, 263 (88%) claimed to be using some form of contraception. The condom was the most commonly cited method, followed by oral contraceptive pills and tubal ligation. Other methods used include "rhythm," intrauterine devices, steroid injection, vasectomy and contraceptive foam or jelly (Table 6.1).

3.0 The role of professionals

224 (81%) of women who responded stated that they had consulted a doctor regarding contraception over the past three years. Of those who sought professional advice, instruction was obtained from a variety of sources. Women most commonly cited the Maternal and Child Health Centers, followed by private doctors and the Family Planning Association clinics as the facilities where they had sought advice (Table 6.2). When asked where they had received the majority of their contraceptive care, nearly half of the women reported the MCHCs (49%), with private doctors and family planning association clinics contributing most of the remainder (Table 6.3).

The reasons why certain sites for care were chosen were explored. Women reported that the most important consideration was convenience. The next specific preference was for the same site as their postnatal care. Confidence in the ability of the doctor was the third most common factor. Other concerns included cost, advice of family and friends, and confidence in the facility (Table 6.4).

4.0 Satisfaction with services

Satisfaction with all aspects of care at all sites regardless of where family planning services were given is uniformly high. Details for satisfaction ratings at specific sites for

appointment systems, attention of doctors, attention of nurses, the environment and setting, health education and fee charged are noted on Tables 6.5 to 6.10.

5.0 Expenditure

The amount of money spent on family planning services over the previous three months varied not only from person to person but also from site to site. The majority (87%) of women spent less than \$100 on family services regardless of where she obtained her care (Table 6.11). 30% reported spending no money. Only 1 person (out of 221) reported spending over \$500 and 13% claimed to have spent between \$101 and \$500.

6.0 Charging fee at MCHCs

Seventy five percent of women who responded to the question indicated that it would be acceptable for government MCHC centres to charge a fee for family planning services. Of those who agreed that such a fee was reasonable and attended the MCHC, 93 out of 94 (98%), were willing to pay a charge for professional advice and supplies. 88 out of 93 (95%) of those willing to pay stated that the fees should be less than \$20 (Table 6.12)

7.0 Comments

On the basis of the responses of the 300 women surveyed, the family planning services in Hong Kong seem to meet the needs of the majority of women who use them. The large majority of users are satisfied with all aspects of services, regardless of the site where the majority of care was received. The cost of services and individual expenditures are relatively low. Although the majority of women state a willingness to pay fees for services at the MCHCs, the charges they suggest are low. It cannot be determined from this study alone what is the highest fee the majority of the public could or would bear.

This assessment should be viewed as preliminary for two reasons. The first being that the number of women in the sample is relatively small. This limits the power of the study and precludes further detailed statistical analysis of the respondents. The second reason is that although the respondents were drawn from a random sample of women identified from a birth cohort of their infants they are not representative of all women in need of family planning services in Hong Kong. For example, two groups whose needs are very different are teenaged and perimenopausal women. Further studies on an expanded population are necessary. These should define and address different needs of women at various stages of life, attempt to identify the demographic differences between attenders at different sites of family planning care, and determine the cost and of providing comprehensive, reliable and acceptable care to the public.

8.0 Summary

1. Contraception is practiced by a large majority of women surveyed.
2. The methods of contraception used in Hong Kong are similar to those in other developed countries.
3. Professional advice regarding family planning was not sought by all, but a large proportion, of women surveyed.
4. The MCHCs, private physicians and the Family Planning Association Clinics were most commonly reported as being the sites where family planning advice was obtained.
5. Levels of satisfaction were high and costs low. A fee for family planning services at MHC clinics would be acceptable but the charges favoured would be \$20 or less.
6. The survey does not address the needs or quality of services for teenaged or perimenopausal women.

7. PREVENTIVE AND CURATIVE SERVICES FOR INFANTS AND TODDLERS

Synopsis

- 1.0 Introduction
- 2.0 Use of services for well babies
 - 2.1 Immunization
 - 2.2 Cord care and bathing for neonates
 - 2.3 Developmental screening
 - 2.4 Reasons for choice of site of service
 - 2.5 Satisfaction with services
- 3.0 Morbidity and the utilization of curative services
 - 3.1 Morbidity
 - 3.2 Consultations
 - 3.3 Self-medication
 - 3.4 Hospitalization
- 4.0 Expenditure on health care
- 5.0 Charging fees at MCHCs
- 6.0 Comments
- 7.0 Summary

1.0 Introduction

This chapter examines the use of preventive and curative services by the children in the sample. Mothers were asked about the use of preventive services for well babies, the children's illness experiences and the coping strategy, the expenditure on health care for the children and the acceptability of charging fees at MCHCs.

2.0 Use of services for well babies

The use of three different preventive health services was documented for 299 children.

2.1 Immunization

Only 2 children did not receive any immunization. Of the other 297, 90% were immunized at MCHCs, 7% at private doctors or hospitals and 3% at a combination of these or other sites.

2.2 Cord care and bathing for neonates

One hundred and ninety six (66%) children received cord care as newborns and all but five of them did so in MCHCs. Similarly, among the 182(61%) children who were bathed at clinics, only three were not clients of MCHCs.

2.3 Developmental screening

90% of children had undergone formal developmental screening. Again, 97% of these 269 children were seen in MCHCs.

The results clearly show that MCHCs are the predominant source of these services for well babies in Hong Kong.

2.4 Reasons for choice of site of service

Mothers were asked the reasons for their choice of site where their children were immunized. Convenience was quoted as a reason by 169(57%) mothers. Fifty seven mothers (19%) took their children there on the recommendation of doctors, nurses or hospitals. Another quarter of respondents mentioned other miscellaneous reasons. Less than 10% mentioned cost as an important reason.

2.5 Satisfaction with services

As the overwhelming majority of children received the above services in MCHCs, the overall level of satisfaction of the mothers with these services will be presented without reference to the site of provision. The proportions of mothers who were satisfied with the different types of

services and other features of these services were very high (Table 7.1). One notable exception was health education where 24% clearly had doubts.

3.0 Morbidity and the utilization of curative services

3.1 Morbidity

Out of the 300 children in the sample, 192(64%) had at least one health problem in the preceding month. The problems were identified by symptoms and classified by systems (Table 7.2). Respiratory symptoms were the commonest (about three quarters), many of which were those of upper respiratory tract infections.

3.2 Consultations

Among those who experienced a health problem, 180(94%) had sought medical advice. The distribution of the number of consultations in the month is shown in Table 7.3. While the modal number of consultations was one, 14% of these 180 children were seen once a week or more.

Table 7.4 shows the sites where they were seen. For those who had more than one consultation, the site where they were seen most often is listed. The majority of them sought medical advice from private doctors. About 6% were seen at GOPDs and the rest at other sites.

The number of medications prescribed during the last consultation is shown in Table 7.5. Over two-thirds of the children were prescribed three or more drugs. Only one out of the 180 was referred to a specialist after the last consultation.

The size of the fee (including consultation, medication and tests if any) paid during the last consultation is shown in Table 7.6. Over half of them paid between \$50 to \$100. Most of those who paid less than \$50 were seen at GOPDs.

3.3 Self-medication

Fifty five (18%) out of 300 children were given medication not prescribed by a medical practitioner in the past month.

3.4 Hospitalization

History of hospitalization since birth (excluding the one at birth) was studied. Out of this sample of 300 children aged 6 months to 3 years, 14% had been hospitalized once, 4% twice and 2% three times or more. Therefore, 20% of these children had been hospitalized at least once.

4.0 Expenditure on health care

Expenditure on health care in the past three months is shown in Table 7.7 together with the corresponding findings from our telephone survey on the well-population. Whereas only 38% of the sample of all ages spent more than \$100, 64% of this sample of 300 children did so (chi-square=66.3, df=1, p<0.001).

5.0 Charging fees at MCHCs

Among the mothers of 286 children who had attended MCHCs, 150(52%) thought that infant and toddler service at MCHCs should be charged for. Among those mothers who agreed that there should be a charge, 143(95%) claimed that they were willing to pay. The amount they were ready to pay is shown in Table 7.8. Nearly half favoured a rate of \$10 or less.

6.0 Comment

This study shows that in Hong Kong, an overwhelming majority of preventive health services including cord care and bathing for neonates, immunization and developmental screening are provided by MCHCs. The longstanding history of provision of such services in MCHCs, the general satisfaction among their clients and the failure of some mothers in identifying private practitioners as providers of these preventive services are probably contributory factors.

In contrast, when the children were ill, over 80% of them were seen in the private sector. This was higher than the corresponding proportion in all ages as shown in our telephone survey on the well-population (65% to 70%). Accordingly, the proportion of children who were seen in GOPDs was lower. It shows that parents are more likely to take their children to private doctors when they are ill, presumably related with the perceived quality of care they will get in the private sector. It will be useful to examine the effects of this difference in the preferred source of care between preventive and curative services on the continuity of health care of children.

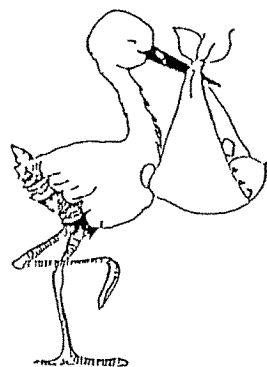
7.0 Summary

1. MCHC is the predominant source of preventive services for well babies in Hong Kong. A high majority of mothers were satisfied with these services.
2. About two thirds of children had at least one health problem in the preceding month. Almost all of them who had problem(s) had been seen by doctor. Over 80% of them were seen by private doctors.

3. One fifth of this sample of children aged 6 months to 3 years had been hospitalized at least once.
4. Children in this sample spent more on health care than the overall population.
5. Slightly more than half (53%) of mothers thought that the preventive services offered by MCHCs for infants and toddlers should be charged.

SURVEYS ON HEALTH AND
MEDICAL CARE
IN
HONG KONG

3 MCH



HEALTH AND HEALTH CARE
CHOICES IN A BIRTH COHORT
OF 300 MOTHERS AND INFANTS

Tables, Figures & Appendices

Department of Community Medicine
University of Hong Kong

Department of Health
Hong Kong Government

March 1990

Survey on Health and Medical Care in Hong Kong

MCH Report

Tables, Figures and Appendices

Table of Content

Pages

Table of contents	1
Introduction to tables, figures and appendices	2
Tables and figures:	
3. Demographic data	3 - 13
4. Antenatal care	14 - 19
5. Postnatal care	20 - 27
6. Family planning	28 - 32
7. Preventive and curative services for infants and toddlers	33 - 36
Appendix 1: English version of MCH survey instrument	
Appendix 2: Cantonese version of MCH survey instrument	

-INTRODUCTION TO MCH TABLES, FIGURES AND APPENDICES

This volume contains the tables, figures and appendices referred to in the text of the MCH report. The rationale for adopting the format of separate volumes is to allow the reader to turn the pages of the text in conjunction with or independently from those of the figures and tables. We believe that the information provided in the separate volumes are complementary and hope that this arrangement will enhance the appreciation for the data we present.

This volume is organized to correspond to the individual sections of the sex, with the tables and figures of each section being grouped separately. All the tables for a particular section will appear first, followed by all the figures. The numbering corresponds so that in the text; the page numbers of where a table or figure of given section may be found is listed in the table of content.

The appendices contain the English and Cantonese versions of the MCH survey instrument.

Table 3.1: Birthplace of index children

Site	n	%
Government	129	43
Private hospital	59	20
Subvented hospital	91	30
Government maternity house	19	6
Others	2	1
Total	300	100

Table 3.2: Types of delivery for index children

Method	n	%
Natural vaginal	232	77
Forceps	5	2
Vacuum extraction	20	7
Caesarian section	43	14
Total	300	100

Table 3.3: Employment of mothers

Types of Employment	n	%
Full-time job	107	36
Part-time job	6	2
Housewife	184	61
Others	3	1
Total	300	100

Table 3.4: Proportion of surveyed women living with husband

Living with husband	n	%
No	7	2
Yes	293	98
Total	300	100

Table 3.5: Proportion of surveyed women living with index child

Living with index child	n	%
No	7	2
Yes	293	98
Total	300	100

Table 3.6: Employment of fathers

Type of Employment	n	%
Fulltime	295	98
Other	5	2
Total	300	100

Table 3.7: Family monthly income

Income	n	%
<\$1,000	1	-
\$1,001-\$3,000	3	1
\$3,001-\$6,000	112	38
\$6,001-\$10,000	97	32
>\$10,000	78	26
Refused to answer	9	3
Total	300	100

Table 3.8: Type of housing

Type	n	%
Housing estate	81	27
Housing ownership	25	8
Government temporary	5	2
Private housing	143	48
Rent private flat	25	11
Government/company housing	5	2
Other	6	2
Total	300	100

Table 3.9: Primary care provider

Care provider	n	%
Mother without help	181	60
Mother with help	16	5
Mother part-time (almost every night)	56	19
Helper in home	29	10
Baby out of home except on weekends	10	3
Baby out of home includ- ing on weekends	4	1
Others	4	1
Total	300	100

Table 3.10: Care providers besides Mother

Care provider	n	%
Mother-in-law	39	40
Mother	16	17
Maid	13	13
Relatives	12	12
Friend	1	1
Baby-sister	9	9
Other	7	7
Total	97	100

Figure 3.1: Distribution of birthweight of index children

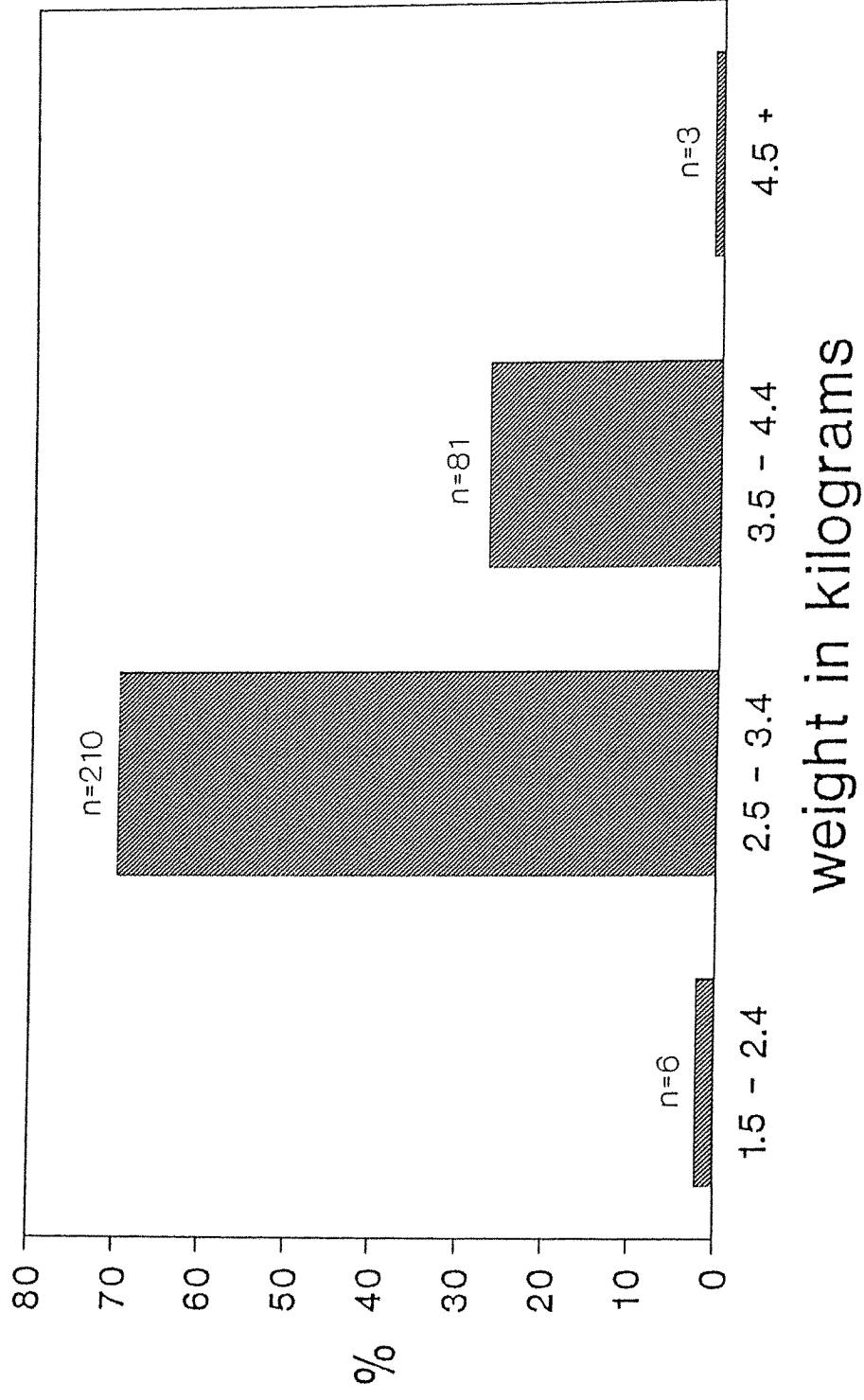


Figure 3.2: Age distribution of index children

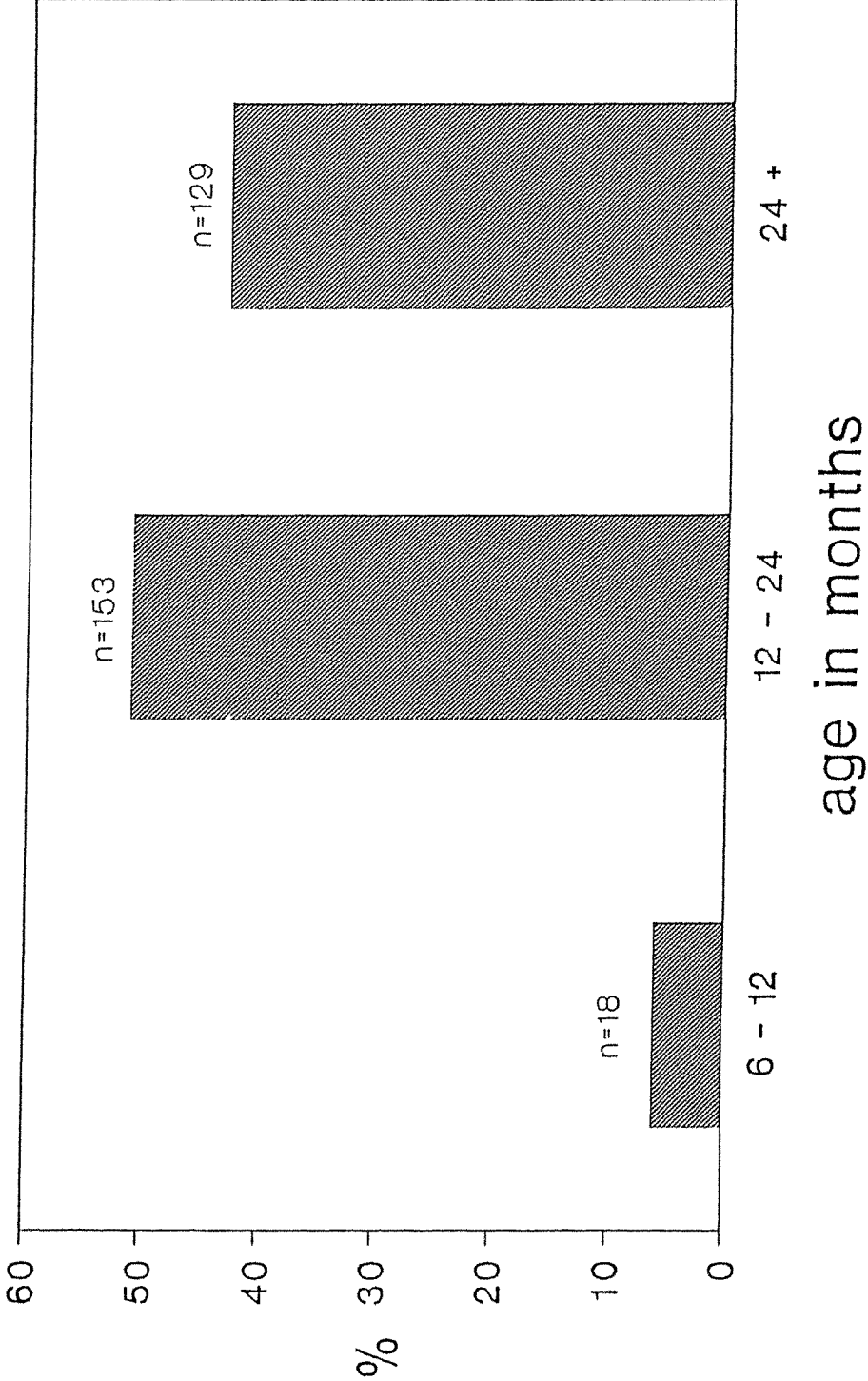


Figure 3.3: Age distribution of fathers and mothers surveyed

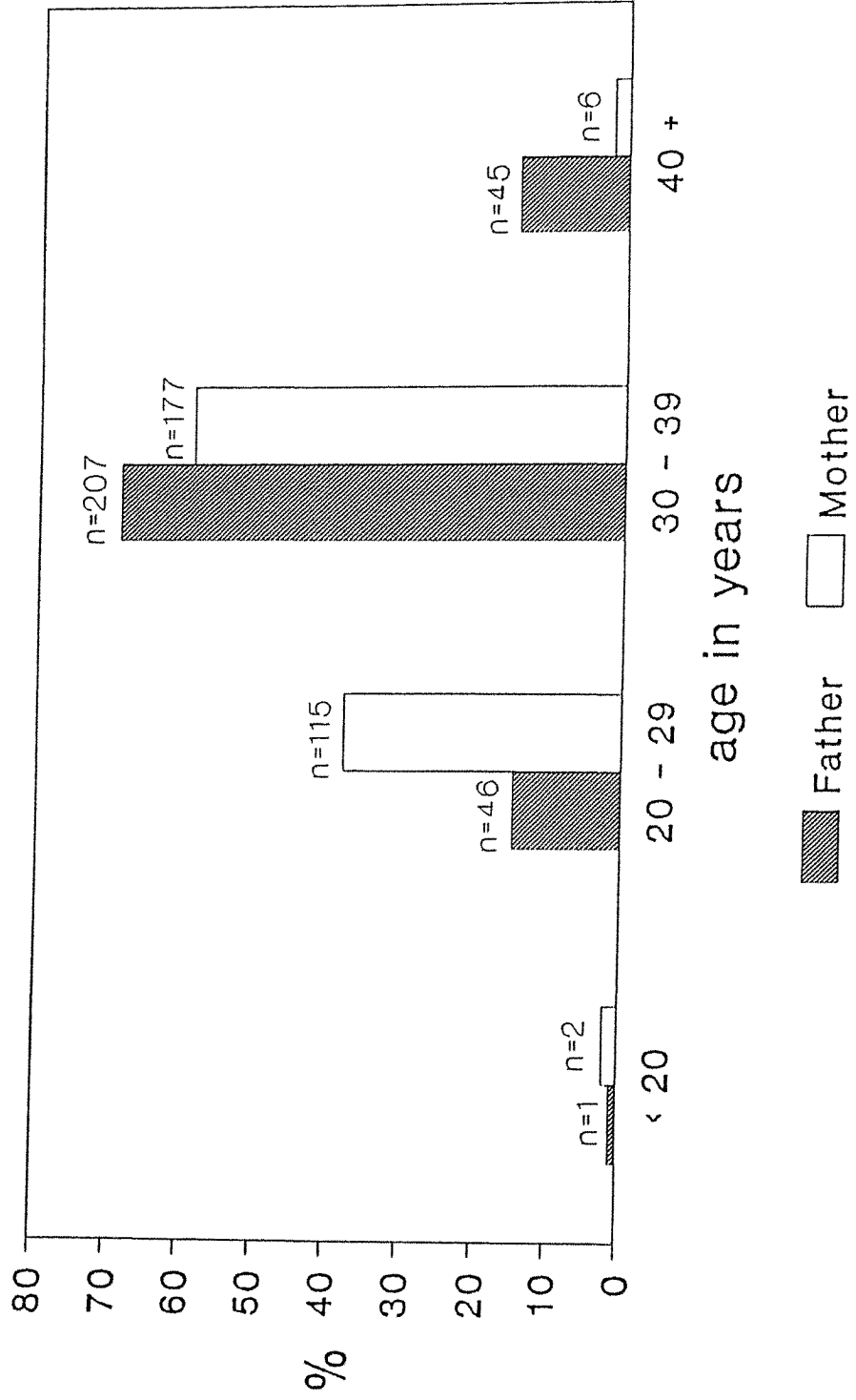


Figure 3.4: Number of times pregnant

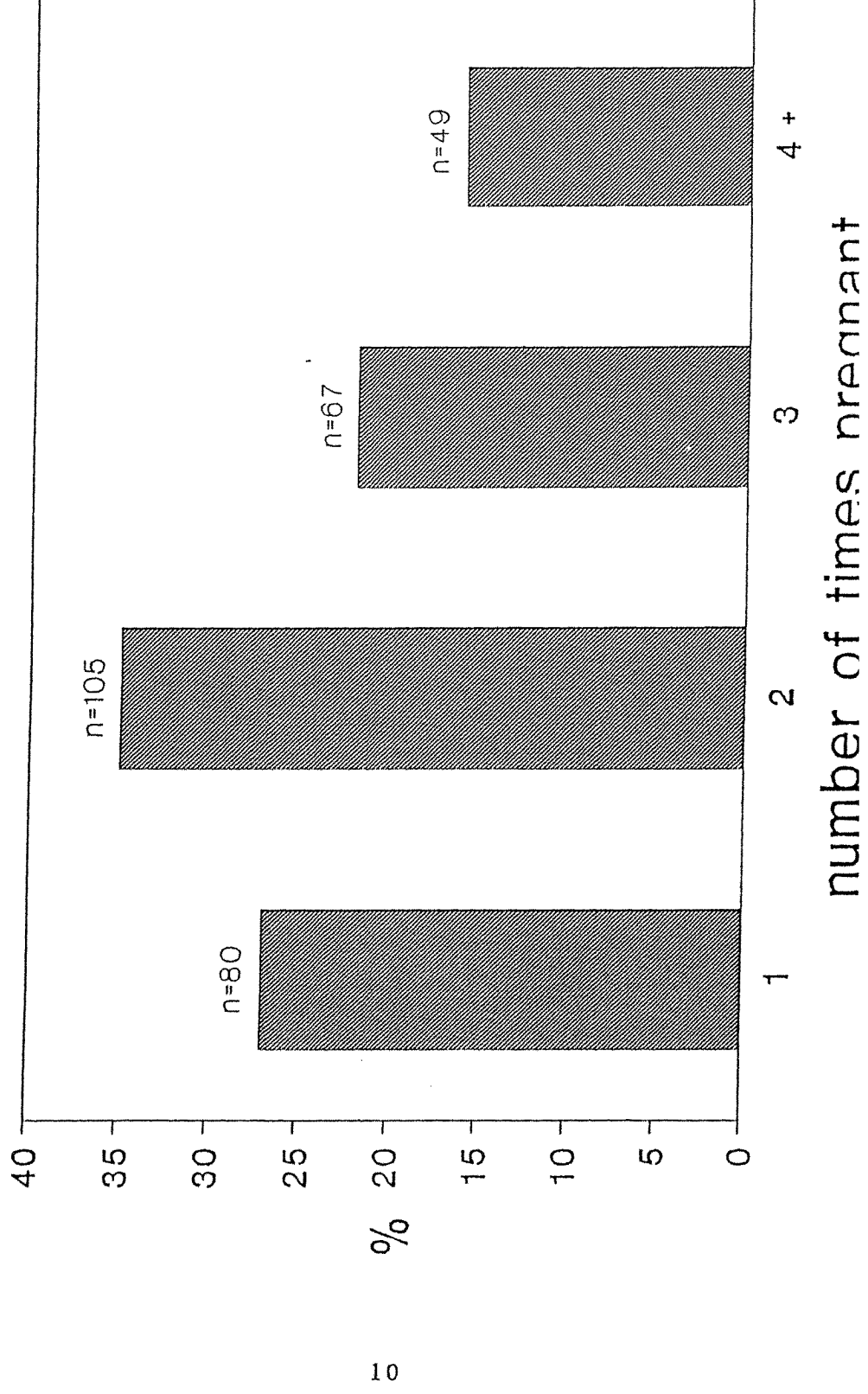


Figure 3.5: Parity of women surveyed

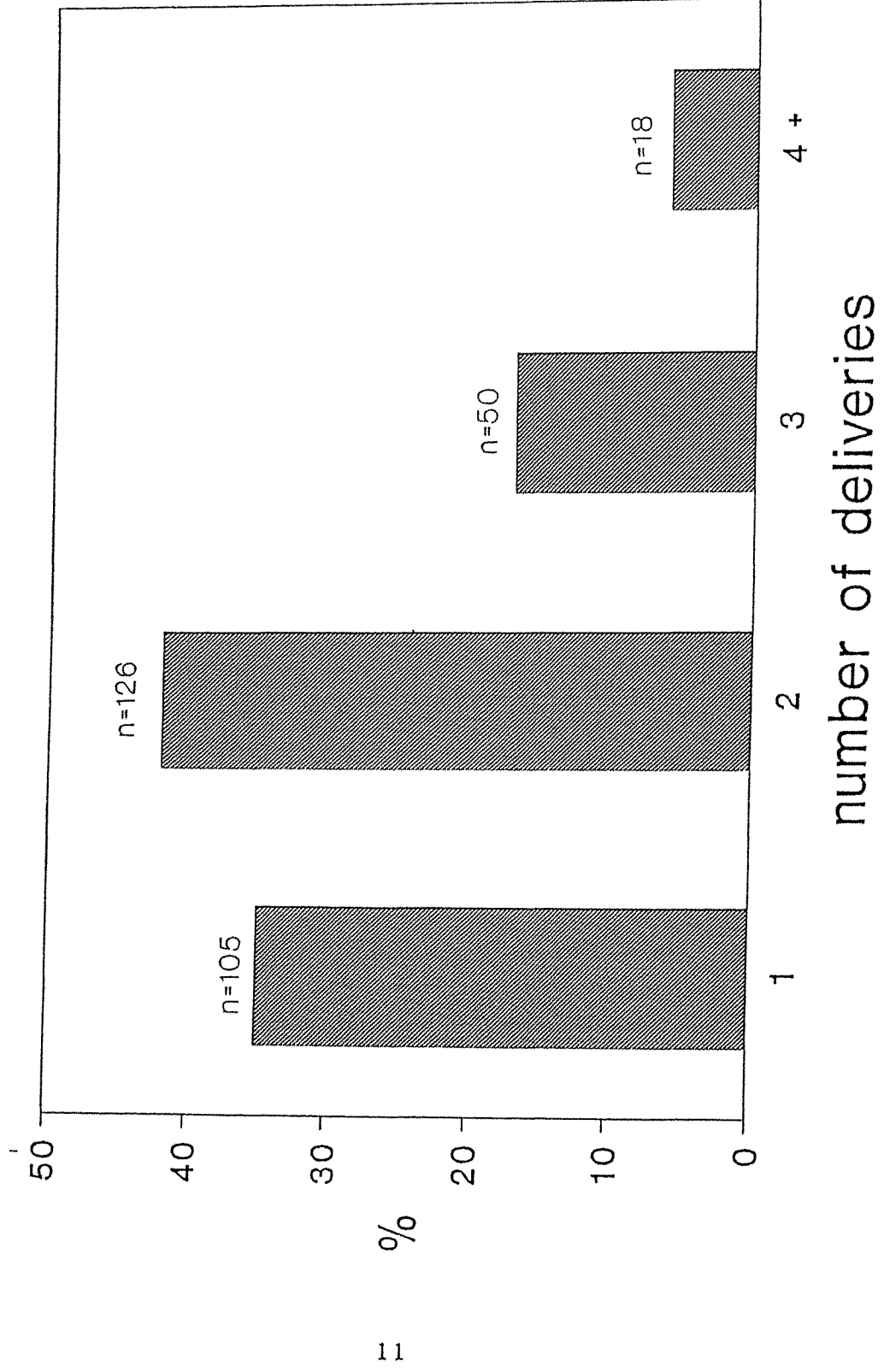


Figure 3.6: Number of living children of women surveyed

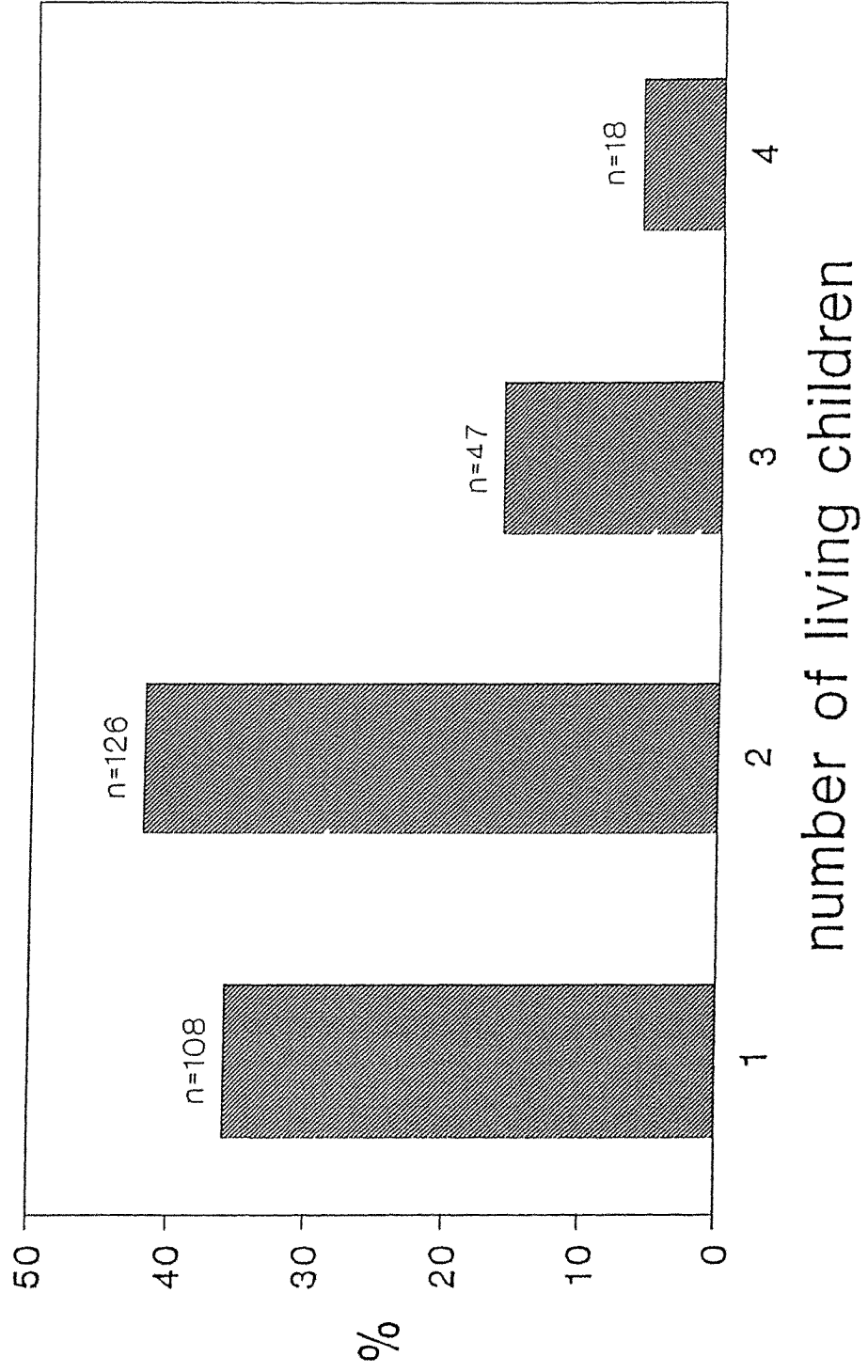


Figure 3.7: Level of education of fathers and mothers

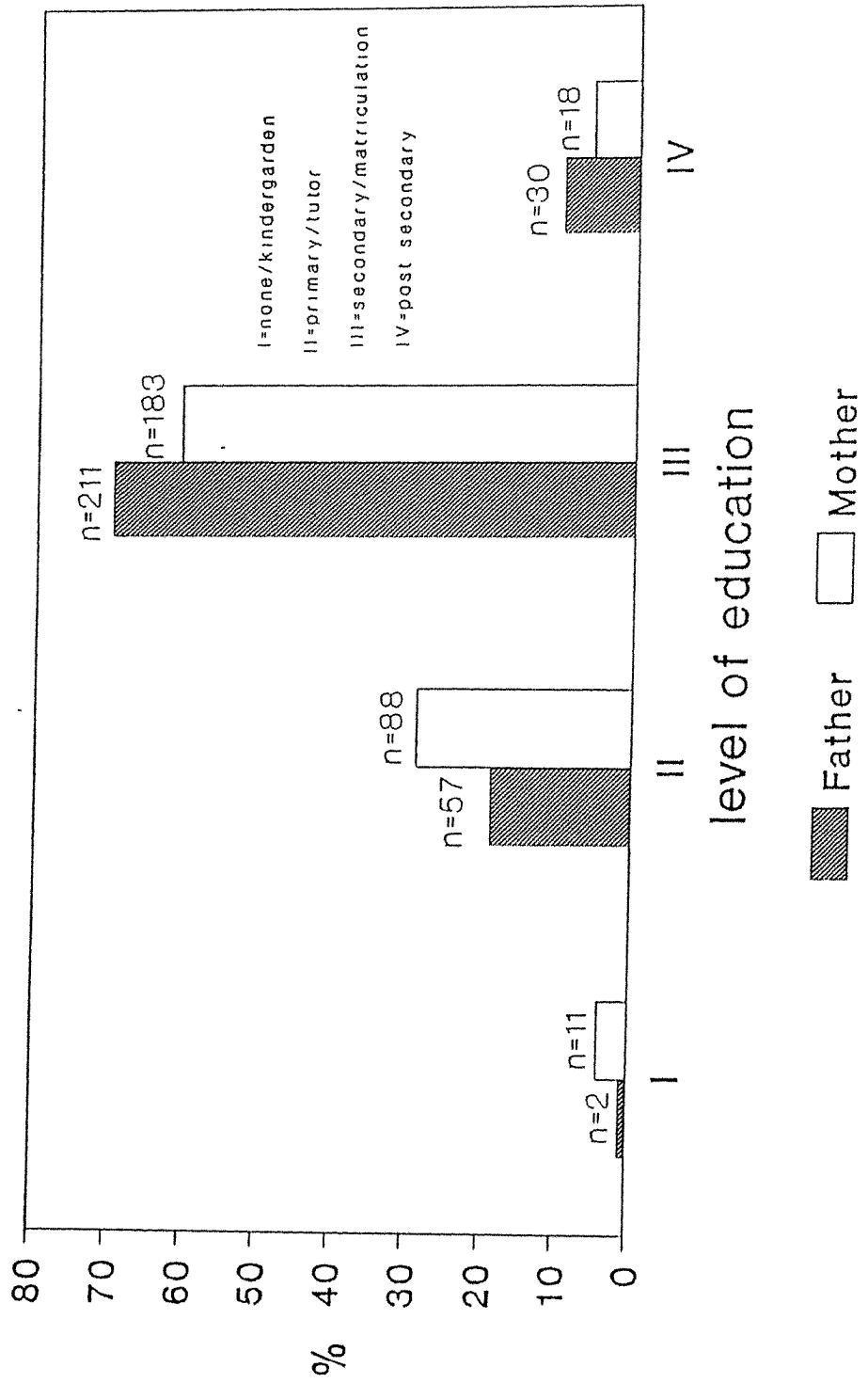


Table 4.1: Site of antenatal care

Site	n (%)
MCHC/MCHC and Govt/subvented hospital	109(36)
Subvented hospital	67(22)
Private hospital/clinic	62(21)
Private + others	32(11)
Govt hospital	29(10)

Table 4.2: Reasons for the choice of site of antenatal care

Reason	n (%)
Convenience ± another reason	170(57)
Confidence in the doctor or institution	34(11)
Recommendation by others	27(9)
Other miscellaneous reasons or combinations	69(23)

Table 4.3: Prevalence of health problems during pregnancy

Health problem	n (%)
Nausea/vomiting	185 (62)
Glycosuria	14 (5)
Hypertension	16 (5)
Weight gain too fast or slow	46 (15)
Vaginal bleeding (excl. bleeding during labour)	46 (15)

Table 4.4: Satisfaction with appointment system

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	93	7	-
Subvented hospital	84	16	-
Private hospital/clinic	89	11	-
Private + others	75	25	-
Govt hospital	72	28	-

Table 4.5: Satisfaction with doctor's attention

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	88	12	-
Subvented hospital	93	6	2
Private hospital/clinic	94	7	-
Private + others	88	9	3
Govt hospital	90	10	-

Table 4.6 Satisfaction with nurses' attention

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	94	5	1
Subvented hospital	97	2	2
Private hospital/clinic	90	10	-
Private + others	91	9	-
Govt hospital	86	14	-

- Table 4.7: Satisfaction with environment and setting

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	83	17	-
Subvented hospital	82	18	-
Private hospital/clinic	90	10	-
Private + others	72	28	-
Govt hospital	79	21	-

Table 4.8: Satisfaction with arrangement for special test

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	34	6	61
Subvented hospital	46	10	43
Private hospital/clinic	63	7	31
Private + others	53	6	41
Govt hospital	52	10	38

Table 4.9: Satisfaction with health education

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	94	2	4
Subvented hospital	79	5	16
Private hospital/clinic	63	8	29
Private + others	66	19	16
Govt hospital	86	-	14

Table 4.10: Satisfaction with fees charged

Site of care	Satisfied %	dissatisfied %	No basis to judge %
MCHC/MCHC and Govt/subvented hospital	97	3	-
Subvented hospital	100	-	-
Private hospital/clinic	94	7	-
Private + others	97	3	-
Govt hospital	100	-	-

Table 4.11: Expenditure on antenatal care

Expenditure	n (%)
\$500 or less	209(70)
\$501-\$1000	29(10)
\$1001-\$2000	21(7)
\$2001-\$5000	34(11)
over \$5000	4(1)
Refused to answer	2(1)

Table 4.12: Acceptable level of fee per visit at MCHCs for antenatal care

Maximum fee	n (%)
\$1-\$10	20(41)
\$11-\$20	19(39)
\$21-\$30	6(12)
\$31-\$40	1(2)
\$41-\$50	3(6)
over \$50	-

Table 5.1: Length of hospital confinement after delivery

Number of days	n	%
1- 3	61	20
4- 7	213	71
8-14	24	8
≥ 15	2	1

Table 5.2: Timing of postnatal consultation

Days after delivery	n	%
3-14	10	3
15-28	16	5
29-42	47	16
43-56	201	70
57+	14	5
	288	

Missing value = 12

Table 5.3: Site of postnatal care

Site	n*	(%)
Government MCHC	110	(36)
Ob-Gyn section OPD of government hospital	45	(15)
Ob-Gyn section OPD of subvented hospital	65	(21)
Private doctor	60	
Private hospital	18	
Other	10	
	308	

*respondents may report more than one site

Table 5.4: Site of majority of postnatal Care

Site	Frequency*	%
Government MCHC	100	33
Ob-Gyn section OPD of government hospital	43	14
Ob-Gyn section OPD of subvented hospital	62	21
Private doctor	59	20
Private hospital	18	6
Other	7	2
Did not receive postnatal care	10	3

Missing value = 1

Table 5.5: Reasons for choice of site of postnatal care

Reasons	%
Site same as for antenatal care	85
Others (recommendation of hospital or health professional, convenience)	15

Table 5.6: Satisfaction with appointment system

Site	N	Satisfied %	Dissatisfied %	No Basis to Judge %
Government MCHC	145	99	1	0
Ob/gyn section OPD of government hospital	60	87	13	0
Ob/gyn section OPD of subvented hospital	102	88	11	1
Private doctor	106	89	11	0
Private hospital	22	96	4	0
Other	9	89	0	11

Table 5.7: Satisfaction with doctor's attention

Site.	N	Satisfied %	Dissatisfied %	No Basis to Judge %
Government MCHC	145	91	8	1
Ob/gyn section OPD of government hospital	60	97	2	2
Ob/gyn section OPD of subvented hospital	102	92	8	0
Private doctor	106	98	2	0
Private hospital	22	96	4	0
Other	9	89	0	11

Table 5.8: Satisfaction with nurses' attention

Site	N	Satisfied %	Dissatisfied %	No Basis to Judge %
Government MCHC	145	95	5	0
Ob/gyn section OPD of government hospital	60	83	17	0
Ob/gyn section OPD of subvented hospital	102	89	11	0
Private doctor	106	94	6	0
Private hospital	22	96	4	0
Other	9	78	11	11

Table 5.9: Satisfaction with environment and setting

Site	N	Satisfied %	Dissatisfied %	No Basis to Judge %
Government MCHC	145	96	3	1
Ob/gyn section OPD of government hospital	60	93	7	0
Ob/gyn section OPD of subvented hospital	102	94	6	0
Private doctor	106	93	5	2
Private hospital	22	100	0	0
Other	9	100	0	0

Table 5.10: Satisfaction with health education

Site	N	Satisfied %	Dissatisfied %	No Basis to Judge %
Government MCHC	145	86	2	12
Ob/gyn section OPD of government hospital	60	78	5	17
Ob/gyn section OPD of subvented hospital	102	84	1	15
Private doctor	106	66	3	31
Private hospital	22	86	4	9
Other	9	89	0	11

Table 5.11: Satisfaction with fees charged

Site	N	Satisfied %	Dissatisfied %	No Basis to Judge %
Government MCHC	145	100	0	0
Ob/gyn section OPD of government hospital	60	98	0	2
Ob/gyn section OPD of subvented hospital	102	99	1	0
Private doctor	106	85	13	2
Private hospital	22	100	0	0
Other	9	100	0	0

Table 5.12: Expenditure on postnatal care

Site	Amount of Money Spent				Refused to Answer
	\$0	1-250	251-750	>750	
Government MCHC	75	21	2	-	1
Ob/gyn section OPD of government hospital	77	17	3	3	
Ob/gyn section OPD of subvented hospital	42	50	6	2	
Private doctor	9	41	34	16	
Private hospital	18	50	23	9	
Other	56	33	11	-	

Table 5.13: Acceptable level of fee per visit at MCHC for postnatal care

Maximum fee	Frequency	%
\$ 1-20	42	81
\$21-50	8	15
> 50	2	4

Table 5.14: Proportion of women who had ever had a cervical pap smear

Ever screened?	Frequency	%
No	177	59
Uncertain	24	8
Yes	99	33

Table 5.15: When the last pap smear was performed

Timing of last smear	Frequency	%
< 1 year ago	40	44
> 1 but < 3 years ago	40	44
> 3 years	10	11

Missing value = 9

Table 5.16: Site where last pap smear was performed

Site	Frequency	%
Government Maternal Child Health Centre	30	31
Family Planning Association Clinic	17	18
Private doctor	37	39
Government hospital or clinic	8	8
Other	4	4

Table 5.17: Self-ratings of current health

Rating	Frequency	%
Good	55	18
Moderate	152	51
Poor	83	28
Very poor	10	3

Figure 5.1: Proportion of women who had different types of delivery

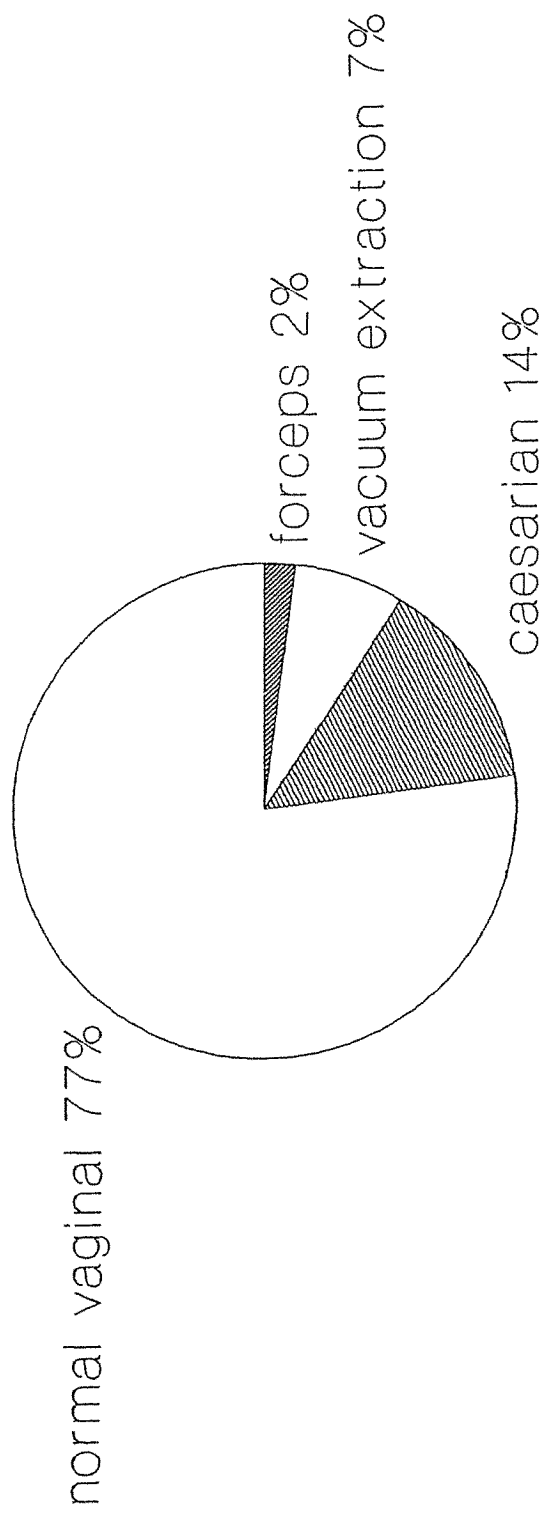


Figure 5.2: Number of times women had cervical pap smear screening

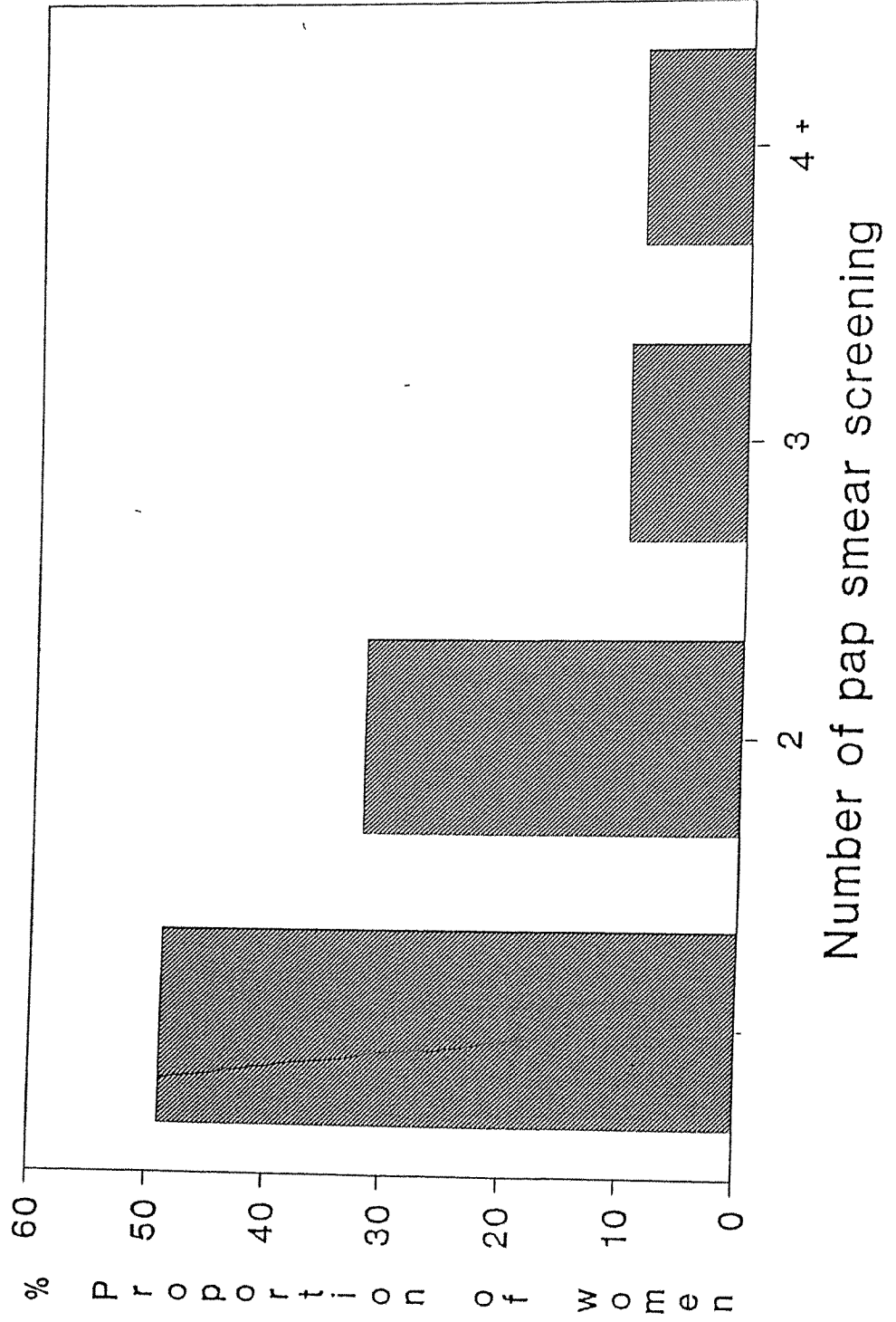


Table 6.1: Methods of contraception used

Method	Frequency	%
condom	111	41
birth control pill	88	32
tubal ligation	26	10
rhythm	18	7
I.U.D.	13	5
injection	12	4
vasectomy	3	1
foam or jelly	2	1
Total	273	

(respondents may use more than one method)

Table 6.2: Sites where professional advice regarding contraception was obtained

Site	Frequency
maternal-child health center	86
family planning association clinic	64
private doctors	56
government hospitals or clinics	16
others	22

(respondents may attend more than one site)

Table 6.3: The site where the majority of family planning care was obtained

Site of EP services	%
maternal child health center	49
private doctors	21
family planning association clinic	19
government hospitals or clinics	5
others	5

Table 6.4: Reasons why site for majority of family planning care was chosen

Reason	Frequency cited
Convenience	144
Same place as postnatal care	32
Confidence in doctor	30
Other	26
Advice of friends/family	13
Cost	13
Confidence in facility	10

Table 6.5: Satisfaction with the appointment system

Site	Percentage		No Basis to Judge
	Satisfied	Dissatisfied	
Maternal-Child Health Center	94	5	1
Family Planning Association Clinics	86	13	2
Private doctor	89	8	3
Government hospitals or clinics	71	-	28
Other	95	5	-

Table 6.6: Satisfaction with the attention of doctors

Site	Percentage		No Basis to Judge
	Satisfied	Dissatisfied	
Maternal-Child Health Center	89	10	1
Family Planning Association Clinics	89	9	2
Private doctor	95	3	3
Government hospitals or clinics	93	7	-
Other	91	5	5

Table 6.7: Satisfaction with the attention of nurses

Site	Percentage		No Basis to Judge
	Satisfied	Dissatisfied	
Maternal-Child Health Center	87	10	3
Family Planning Association Clinics	84	9	6
Private doctors	96	3	1
Government hospitals or clinics	86	14	-
Others	81	14	5

Table 6.8: Satisfaction with the environment and setting

Site	Percentage		No Basis to Judge
	Satisfied	Dissatisfied	
Maternal-Child Health Center	90	8	1
Family Planning Association Clinics	91	8	2
Private doctor	97	1	1
Government hospitals or clinics	86	14	-
Other	86	14	-

Table 6.9: Satisfaction with health education

Site	Percentage		No Basis to Judge
	Satisfied	Dissatisfied	
Maternal-Child Health Center	87	2	11
Family Planning Association Clinics	81	5	14
Private doctor	77	4	19
Government hospitals or clinics	71	7	21
Others	86	5	10

Table 6.10: Satisfaction with the fees charged

Site	Percentage		No Basis to Judge
	Satisfied	Dissatisfied	
Maternal-Child Health Center	98	-	2
Family Planning Association Clinics	89	9	2
Private doctor	90	8	1
Government hospitals or clinics	100	-	-
Other	95	5	-

Table 6.11: Expenditure

Sites	0	1-100	101-500	500-750	>750	Refused
MCHC	41 (26)	112 (71)	4 (3)	-	-	-
FPA clinics	21 (32)	38 (56)	6 (9)	-	-	-
Private doctors	16 (21)	32 (43)	23 (31)	1 (1)	1 (1)	2 (3)
Government hospitals or clinics	11 (69)	4 (25)	1 (6)	-	-	-
Others	12 (48)	12 (48)	-	-	-	1 (4)

() = percentage at given site.

Table 6.12: Acceptable level of fee per visit at MCHCs for family planning services

Maximum fee	Frequency	%
\$ 1-20	88	95
\$21-50	4	4
> \$50	1	1

Missing values = 22

Table 7.1: Satisfaction with services for well babies

Type of service	%
Immunization	94
Cord care	95
Bathing	92
Comprehensive observation scheme	89
Appointment system	86
Nurses' attention	89
Health education	76
Fees charged	98

Table 7.2: Health problem in the preceding month classified by system

Health problem	n (%)
Respiratory	132 (73)
Digestive	19 (11)
Fever/headache	13 (7)
Skin & musculoskeletal	10 (6)
Others	6 (3)

Table 7.3: Number of consultations in the preceding month

Number of consultations	n (%)
1	75 (42)
2	52 (29)
3	27 (15)
4	11 (6)
5+	15 (8)

Table 7.4: Site of care for health problem(s) in the preceding month

Site of care	n (%)
Private doctor	148 (82)
GOPD	11 (6)
Chinese traditional doctor	3 (2)
Others	18 (18)

Table 7.5: Number of medications prescribed in the last consultation

Number of medication	n (%)
0	3 (2)
1	6 (3)
2	47 (26)
3	76 (43)
4	42 (24)
5	6 (3)

Table 7.6: Fee paid at last consultation

Size of fee	n (%)
\$0-\$50	22 (12)
\$51-\$100	103 (58)
\$101-\$150	32 (18)
Over \$150	15 (8)
Missing	8 (4)

Table 7.7: Amount spent on health care in past 3 months

Amount	Well population (all ages) %	Sample of 300 children %
0	35	15
\$1-\$100	27	19
\$101-\$250	19	22
\$251-\$500	12	26
\$501-\$750	3	8
\$750 and over	5	9

Table 7.8: Acceptable level of fee per visit at MCHCs for infant and toddler care

Maximum fee	n (%)
\$1-\$10	70 (49)
\$11-\$20	48 (34)
\$21-\$30	17 (12)
\$31-\$40	1 (1)
\$41-\$50	5 (3)
over \$50	2 (1)

Appendix 1 : Survey instrument - English version.

MCHC SURVEY

Type of interview : 1. Telephone
2. Face-to-face

Name of interviewer : _____

Date of interview : _____

Time of interview : _____ to _____

(For face-to-face interviews only)

1. AM session 2. PM session

Name of MCHC : _____

Disc no. : _____

(For telephone interviews only)

Mother's name : Mrs. _____ (Ms. _____)

Contact tel. no. : _____

Was the respondent cooperative?

1. No 2. Yes

A. Personal Particulars I

(For telephone interviews, answers for items A1-A8 should be transcribed from the Breastfeeding Study data sheets. For face-to-face interviews conducted at the MCHC's, answers for items A1-A8 should be obtained from the mother.)

A1 Name of index child : _____(referred to below as XXX)
 (For face-to-face interviews conducted at MCHCs, index child is the one for whom care is being sought at an infant-toddler session. If mother has brought more than one child, choose the youngest attender as the index child.)

A2 Sex: 1. M 2. F

A3 When was XXX born? _____

A4 Where was XXX born? _____
 1. Government hospital
 2. Private hospital
 3. Subsidized hospital
 4. Government maternity home
 5. Other (specify) _____

A5 How much did XXX weighed when born? _____kg.

A6 What is your maiden name in full, Mrs. _____?

	<u>Father</u>	<u>Mother</u>
A7 Age in completed years	_____	_____
A8 Level of education	_____	_____
1. None		
2. Kindergarten		
3. Traditional Chinese private school		
4. Primary		
5. Secondary		
6. Matriculation		
7. Post-secondary college --without degree		
8. University or above --with degree		

A9 How many times have you been pregnant? (Please include miscarriages, abortions and other abnormal pregnancies such as ectopic pregnancy, hydatidiform mole etc.)? _____

A10 How many times did you deliver a living child? (include livebirths only, count twins or triplets as 2 & 3 respectively) _____

A11 How many living children do you have? _____

A12 Who is looking after XXX? _____

1. Most of the time by the mother herself (almost every day and night except some special occasions) without any help (outside of nuclear family)
2. Most of the time by the mother herself (almost every day and night except some special occasions) with help
3. Part of the time by the mother (almost every night)
4. Most of the time by another person (almost every day and night except some special occasions) but XXX resides in the house
5. Most of the time by another person, XXX just stays on weekends
6. Most of the time by another person, XXX frequently does not reside in the house
7. Other (specify) _____

For 3, 4, 5, 6, 7 person(s) looking after child _____

A13 (Only for face-to-face interviews)

Why do you bring XXX here today?

- | | |
|-----------------|---|
| 1. Immunization | 6. Post natal test (for mother) |
| 2. Cord care | 7. Family planning service |
| 3. Cot bathing | 8. Treat illness of XXX (specify) _____ |
| 4. COS | 9. Other (Specify) _____ |
| 5. Weighing | |

B. ANTENATAL CARE

B1 Where did you receive antenatal care when you were pregnant with XXX?

1. Government MCHC
2. Government MCHC & Govt./Subsidized hospital Obs/Gyn outpatient department
3. Government-hospital Obs/Gyn outpatient department
4. Subsidized hospital Obs/Gyn outpatient department
5. Private doctor
6. Private hospital
7. Other (specify) _____
8. Did not receive

Mainly where? 1 2 3 4 5 6 7

B2 What determined your choice of site for antenatal care?
(Circle the two most important reasons. Let the mother talk. Do not go through list. If the mother mentions only one reason, prompt by saying "any other reasons?". If more than 2 reasons are mentioned, asked for the 2 most important ones)

1. Convenience
2. Cost
3. Confidence in doctor
4. Confidence in hospital/clinic
5. Quality of facility/accommodation
6. Advice of friends or family
7. Past experience
8. Other (Specify) _____

B3 Did you have any of the following health problems when you were pregnant with XXX?

nausea/vomiting/morning sickness	1. No	2. Yes
diabetes	1. No	2. Yes
hypertension	1. No	2. Yes
slow weight gain	1. No	2. Yes
fast weight gain	1. No	2. Yes
vaginal bleeding (not when giving birth to XXX)	1. No	2. Yes

B4 Have you been hospitalized because of your pregnancy when you were pregnant with XXX (excluding the time you gave birth to XXX)?

1. No 2. Yes (specify reasons) _____

B5 Were any special tests done when you were pregnant with XXX?

1. Ultra sound	1. No	2. Yes
2. Chronic villus sampling	1. No	2. Yes

B6 How would you rate the antenatal care services you received? Please indicate whether it is "very satisfactory", "satisfactory", "unsatisfactory" or "very unsatisfactory", when you answer. (please tick)

	very satis- fact- ory	satis- fact- ory	unsat- isfact- ory	unsat- isfact- ory	no basis/ not will- ing to comment	Note reasons why services judged as less than adequate or why no basis to comment
Appointment system						
Attention from doctors						
Attention from nurses						
Physical facilities (exam room, waiting area)						
Special test arrangement						
Health education						
Cost						

B7 How much money did you spend on antenatal care when you were pregnant with XXX? (Including all Consultation fees, hospital charges medications and costs for investigations like ultrasound, blood tests, etc. but excluding those involved when giving birth to XXX)

1. \$0 - \$500
2. \$501 - \$1,000
3. \$1,001 - \$2,000
4. \$2,001 - \$5,000
5. more than \$5,000
6. Refused to answer

B8 Do you think antenatal care provided by MCHCs should charge any fee?

1. No (Go to C)
2. Yes

B9 (Only for those who have attended MCHCs for antenatal care & who answered 2 in B8)

Would you be willing to pay a fee to be seen for antenatal care at MCHC?

1. No
2. Yes, about \$_____ per visit

FAMILY PLANNING

I am now going to ask some questions on family planning

- C1 Are you and your family currently practicing contraception or family planning? (including tubal ligation or vasectomy)
1. No --> (go to D)
 2. Yes
- C2 What method are you currently using? (Can circle more than one & prompt by saying "any others?")
1. Condom
 2. IUD
 3. Diaphragm
 4. Pill
 5. Injection
 6. Foam or jelly
 7. Rhythm
 8. Tubal ligation
 9. Vasectomy
 10. Other (specify) _____
- C3 Over the past 3 years, have you consulted a doctor regarding contraception?
1. No. From whom do you receive advice about family planning?(Specify)
_____ --> (go to C7)
 2. Yes. Where?
 1. MCIC
 2. FPA
 3. Private doctor
 4. Govt. hospital/clinic Gyn/Obs section
 5. Government OPD
 6. Other (specify) _____
- C4 Where have you received the majority of your family planning care? (select one from responses 1-6 above)
- C5 Why did you choose the site(s) for care and advice? (Circle the 2 most important reasons & see instructions in B2)
1. Convenience
 2. Cost
 3. Confidence in doctor
 4. Confidence in hospital/clinic
 5. Advice of friends/family
 6. Same as place receiving postnatal care
 7. Other (Specify) _____

C6 How would you rate the family planning services you received?
(please tick)

	very satis- fact- ory	satis- fact- ory	unsat- isfact- ory	unsat- isfact- ory	no basis/ not will- ing to comment	Note reasons why services judged as less than adequate or why no basis to comment
Appointment system						
Attention from doctors						
Attention from nurses						
Physical facilities						
Health education						
Cost						

C7 How much money have you spent on family planning over the past 3 months?
(Including all consultation fees and charges for supplies)

1. \$0
2. \$1-100
3. \$101-250
4. \$251-500
5. \$501-750
6. >\$750
7. Refused to answer

C8 Do you think that government MCHCs should charge any fee for their family
planning service?

1. No (Go to D)
2. Yes

C9 (Only for those who have attended MCHCs for family planning & who
answered 2 in C8)

Would you be willing to pay a fee to be seen for family planning and for
supplies from the MCHC?

1. No
2. Yes, about \$_____ per visit

INFANT/TODDLER

- D1 What health_services have you utilized for XXX?
- | | | | | | | | | | |
|-----------------|--------|--------|---|---|---|---|---|---|-------|
| 1. Immunization | No/Yes | Where? | * | 1 | 2 | 3 | 4 | 5 | _____ |
| 2. Cord care | No/Yes | Where? | * | 1 | 2 | 3 | 4 | 5 | _____ |
| 3. Cot bathing | No/Yes | Where? | * | 1 | 2 | 3 | 4 | 5 | _____ |
| 4. COS | No/Yes | Where? | * | 1 | 2 | 3 | 4 | 5 | _____ |

- * 1. Govt. MCHC
 2. GOPD
 3. Private doctor
 4. Private hospitals
 5. Other (specify) _____

- D2 At what age was XXX first seen at govt. MCHC?
- never seen
 - _____ days/weeks/months

- D3 What determines your choice of site(s) for XXX's health care?
 (Circle the two most important reasons & see instructions in B2.)
- Convenience
 - Cost
 - Most people go there
 - Recommendation of doctor/hospital/nurses
 - Recommendation of family or friends
 - Other (specify) _____

- D4 How would you rate the services xxx has received?
 (please tick)

	very satis- fact- ory	very satis- fact- ory	unsat- isfact- ory	unsat- isfact- ory	no basis/ not will- ing to comment	Note reasons why services judged as less than adequate or why no basis to comment
1. Immunization						
2. Cord care						
3. Cot bathing						
4. COS						
5. Appointment system						
6. Attention of nurses						
7. Health education						
8. Cost						

- D5 Has XXX been ill in the past one month?
- No
 - Yes

- D6 Was XXX seen by a doctor in the past one month?
1. No
 2. Yes Where (Can circle more than one)

1. Govt MCHC	5. A&E
2. GOPD	6. Other medical practitioner
3. Private doctor	7. Company doctor of yours or your husband
4. Private hospitals	8. Traditional Chinese doctor
	9. Other (specify) _____
- D7 How many times has XXX been seen by a doctor there in the past month?
- 1 _____ 2 _____ 3 _____ 4 _____
 5 _____ 6 _____ 7 _____ 8 _____ 9 _____
- D8 Where did you take XXX the last time he was seen by a doctor?
- 1 2 3 4 5 6 7 8 9
- D9 What was the reason for consulting a doctor that time? _____
- D10 How much did you pay on that occasion (including fee for medication and tests etc.)? \$ _____
- D11 Were any tests done?(e.g. X-ray, blood test, urine test)
1. No
 2. Yes
- D12 How many medications were prescribed? _____
 Any injection? 1. No 2. Yes
- D13 Did your child referred to other doctor for further care?
1. No
 2. Yes (Where)

1. Specialist
2. A&E
3. Other (specify) _____
- D14 In the past month, did you give xxx any other medicinal preparations not prescribed by the doctor?
1. No
 2. Yes, what kind of medication _____
- D15 Was XXX ever admitted to a hospital?
1. No
 2. Yes, how many times _____
 which hospital _____

- D16 Over the past 3 months, how much have you spent on your child's health care? (include all consultation, hospital and A&E fees, and medications charges)
1. \$0
 2. \$1-100
 3. \$101-250
 4. \$251-500
 5. \$501-750
 6. >\$750
 7. Refused to answer

- D17 Do you think the services provided in the infant/toddler section of government MCHCs should charge any fee ?
1. No (Go to E)
 2. Yes

- D18 (Only for those mothers whose index child has attended infant & toddler session in MCHCs and answered 2 in D17)
Would you be willing to pay a fee for the services provided in the infant/toddler section of government MCHCs?
1. No
 2. Yes, about \$_____ per visit

POST NATAL SERVICES

- E1 Was the birth of XXX a natural one?
 1. Yes
 2. No; assisted by forceps
 3. No; assisted by suction
 4. No; born by Caesarean Section

E2 How many days did you stay in the hospital or maternity home after the birth of XXX?
 _____ days

E3 How long after delivery did you visit a doctor for post-natal care?
 _____ days/weeks after XXX was born

- E4 Where did you receive post natal care? _____
 1. Government MCHC
 2. Ob/Gyn section OPD of government hospital
 3. Ob/Gyn section OPD of subvented hospital
 4. Private doctor
 5. Private hospital
 6. Other (specify) _____

mainly where did you receive care? 1 2 3 4 5 6

- E5 What determined your choice of site for care?
 1. Same place for antenatal care
 2. Other (specify) _____

E6 How would you rate the post-natal care you received?
 (please tick)

	very satis- fact- ory	satis- fact- ory	unsat- isfact- ory	unsat- isfact- ory	no basis/ not will- ing to comment	Note reasons why services judged as less than adequate or why no basis to comment
Appointment system						
Attention from doctors						
Attention from nurses						
Physical facilities						
Health education						
Cost						

E7 How much money did you spend on post natal care after you gave birth to XXX? (Including all consultation fees, medications and charges for investigations but excluding charges for the hospitalization and medication for giving birth to XXX)

1. \$0
2. \$1-100
3. \$101-250
4. \$251-500
5. \$501-750
6. >\$750
7. Refused to answer

E8 Have you ever had a Pap smear?

1. Definitely not
2. Do you know
3. Yes About _____ times

When was the last pap smear? _____ weeks/months/years ago.

Where was it done? _____

1. Govt. MCHC
2. Family Planning Association
3. Private doctor
4. Ob/Gyn. specialist in government hospital/clinic
5. GP/D
6. Other (specify) _____

E9 How would you rate your current health?

1. Very sick
2. Moderately sick
3. Mildly sick
4. Not sick/well

E10 Do you think the post-natal care services provided by the government MCHCs should charge any fee ?

1. No (Go to F)
2. Yes

E11 (Only for those who have attended MCHCs for post natal care and answered 2 in E10)

Would you be willing to pay a fee to be seen for post natal services at government MCHCs?

1. No
2. Yes, about \$_____ per visit

F. Personal Particular II

- F1. What is your occupation?
1. Full time; nature of work _____
(working at least 15 hours per week)
 2. Part-time; nature of work _____
(working less than 15 hours per week)
 3. Housewife / housework (unpaid)
 4. Others (such as domestic) _____
- What is your husband's occupation?
1. Full time; nature of work _____
(working at least 15 hours per week)
 2. Part-time; nature of work _____
(working less than 15 hours per week)
 3. Others (specify) _____
- F2. What is the type of housing that you are living in?
1. housing estate
 2. home ownership
 3. government temporary housing
 4. private housing (not shared)
 5. private housing (shared)
 6. rent private housing (not shared)
 7. rent private housing (shared)
 8. government or company housing
 9. others (specify) _____
- F3. What is your average monthly income of your household?
(‘household’ includes all family members who usually share with meals with the subject and/or share the same living quarter)
1. less than \$1,000
 2. \$1,001 - \$3,000
 3. \$3,001 - \$6,000
 4. \$6,001 - \$10,000
 5. above \$10,000
 6. refused to answer/don't know
- F4. Are you living with your husband?
1. no; reason _____
 2. yes
- F5. Are you living with xxx?
1. no; reason _____
 2. yes
- F6. (For face-to-face interview in MCICs only)
What is your telephone number? _____
What is your address? _____

Appendix 2 : Survey instrument - Cantonese Version.

MCHC SURVEY

Type of interview : 1. Telephone
2. Face-to-face

Name of interviewer : _____

Date of interview : _____

Time of interview : _____ to _____

(For face-to-face interviews only)

1. AM session 2. PM session

Name of MCHC : _____

Disc no. : _____

(For telephone interviews only)

Mother's name : Mrs. _____ (Ms. _____)

Contact tel. no. : _____

Was the respondent cooperative?

1. No 2. Yes

個人資料 I

(For telephone interviews, answers for A1 to A8 should be transcribed from the Breastfeeding Study data sheets. For face-to-face interviews conducted at MCHCs, answers for A1 to A8 should be obtained from the mother.)

A1. Name of index child _____ (referred to below as xxx)
(For face-to-face interviews conducted at MCHCs, index child is the one for whom care is being sought at an infant-toddler session. If the mother has brought more than one child, choose the youngest attender as the index child.)

A2. Sex: 1. M 2. F

A3. 阿 xxx 幾時出世㗎? _____

A4. 阿 xxx 喺邊度出世㗎? _____

- | | |
|---------|-----------------------|
| 1. 政府醫院 | 4. 政府留產所 |
| 2. 私家醫院 | 5. 其他 (Specify) _____ |
| 3. 補助醫院 | |

A5. 阿 xxx 出世時幾重? _____ Kg.

A6. 請問 _____ 太你全名係乜嘢? _____

A7. 以西曆計, 請問你本人而家足幾多歲? _____ 歲
你先生呢? _____ 歲

A8. 你讀書讀到乜嘢程度? _____ 你先生呢? _____

- | | |
|---------|--------------|
| 1. 有讀過書 | 5. 中學 |
| 2. 幼稚園 | 6. 預科 |
| 3. 私塾 | 7. 大專 -- 非學位 |
| 4. 小學 | 8. 大專 -- 學位 |

A9. 你總共懷過幾次孕 (記住包括小產, 墮胎, 同埋其他唔正常嘅懷孕好似宮外孕, 葡萄胎等)? _____

A10. 你總共生過幾多個 BB?
(include live births only, count twins or triplets as 2 & 3 respectively) _____

B. 產前護理

B1. 你陀阿 xxx 時喺邊度接受產前護理? _____

- | | |
|-----------------------------|-----------------------|
| 1. 政府母嬰健康院 | 5. 私家西醫診所 |
| 2. 政府母嬰健康院及政府/
補助醫院婦產科門診 | 6. 私家醫院 |
| 3. 政府醫院婦產科門診 | 7. 其他 (specify) _____ |
| 4. 補助醫院婦產科門診 | 8. 冇睇過 |

主要喺邊度睇? 1 2 3 4 5 6 7

B2. 你點解揀喺嗰度接受產前護理?

(Circle the 2 most important reasons. Let the mother talk.
Do not go through list. If the mother mentions only one reason, prompt by saying 仲有冇其他原因?
If more than 2 reasons are mentioned, ask for the 2 most important ones.)

- | | |
|----------------|-----------------------|
| 1. 方便 | 5. 設備好/環境好 |
| 2. 便宜 | 6. 家人/親戚/朋友介紹 |
| 3. 對嗰個醫生有信心 | 7. 以前嘅經驗 |
| 4. 對嗰間醫院/診所有信心 | 8. 其他 (specify) _____ |

B3. 你陀阿 xxx 時有冇呢幾樣唔舒服或者問題?

- | | | |
|---------------|------|------|
| 嘔/作嘔 | 1. 冇 | 2. 有 |
| 糖尿 | 1. 冇 | 2. 有 |
| 血壓高 | 1. 冇 | 2. 有 |
| 體重增加太慢 | 1. 冇 | 2. 有 |
| 體重增加太快 | 1. 冇 | 2. 有 |
| 下身流血 (不包括作動時) | 1. 冇 | 2. 有 |

B4. 你陀阿 xxx 時有冇因為懷孕嘅原因住醫院?
(不包括入院生BB嗰次)

1. 冇 2. 有 (specify reasons) _____

B5. 你陀阿 xxx 時有冇做過以下嘅檢查?

- | | | |
|----------|------|------|
| 1. 超音波 | 1. 冇 | 2. 有 |
| 2. 抽胎水檢查 | 1. 冇 | 2. 有 |

A11. 你而家總共有幾多個 BB ? _____

A12. 而家 xxx 由邊個照顧?

1. 絕大部份時間由媽媽自己照顧 (almost every day & night except some special occasion) 無別人 (核心家庭以外) 幫手
2. 絕大部份時間由媽媽自己照顧 (almost every day & night except some special occasion) 有人幫手
3. 部份時間由自己照顧 (almost every night)
4. 絕大部份時間由別人照顧 (almost every day & night except some special occasions) 但 xxx 同食同住
5. 絕大部份時間由別人照顧, xxx 只在週末同食同住
6. 絕大部份時間由別人照顧, xxx 通常不同食同住
7. 其他 (specify) _____

For 3,4,5,6,7, person(s) looking after child _____

A13. (Only for face-to-face interviews)

今日你同阿 xxx 嚟呢度係因為乜嘢原因?

- | | |
|-------------------------|-----------------------|
| 1. 防疫注射 | 6. 產後檢查 (媽媽自己) |
| 2. 臍帶護理 | 7. 家庭計劃服務 |
| 3. 沖涼 | 8. xxx 唔舒服/有問題 |
| 4. 綜合觀察服務
(即係'智能測驗') | (specify) _____ |
| 5. 磅重 | 9. 其他 (specify) _____ |

B6. 跟住想問吓你對陀阿 xxx 時嘅產前護理有乜嘢意見，請你答我
 係非常滿意，滿意，唔滿意，或者非常唔滿意。
 你滿唔滿意 (please tick)

	非常滿意	滿意	唔滿意	非常唔滿意	不能/不願置評	不滿/不能置評嘅原因
1. 預約或者擺籌嘅方法						
2. 醫生嘅服務						
3. 護士嘅服務						
4. 診所環境						
5. 特別檢查 安排 (例如超音波)						
6. 健康教育						
7. 收費						

B7. 你陀阿 xxx 時總共大約用咗幾多錢嘅產前護理 (包括診金，藥費，
 檢查同埋住院，不過唔計生BB嗰次住院)

- | | |
|----------------------|----------------------|
| 1. \$0 - \$500 | 4. \$2,001 - \$5,000 |
| 2. \$501 - \$1,000 | 5. 多過 \$5,000 |
| 3. \$1,001 - \$2,000 | 6. 不作答 |

B8. 你認為政府母嬰健康院嘅產前護理服務應唔應該收費？

1. 唔應該 (Go to C) 2. 應該

B9. (Only for those who have attended MCHCs for antenatal care and who answered 2 in B8)

你願唔願意嘅母嬰健康院接受產前護理時俾啲費用？

1. 唔願意 2. 願意，大約每次 _____ 元

c. 家庭計劃

以下問一啲家庭計劃嘅問題

c1. 你同你先生而家有冇避孕或者家庭計劃?
(包括男方或女方結紮)

1. 有 (go to D) 2. 冇

c2. 你而家係用緊邊種方法? (can circle more than one & prompt
by saying '有冇其他')

- | | |
|--------|------------------|
| 1. 避孕套 | 6. 避孕藥膏, 發泡丸 |
| 2. 子宮環 | 7. 安全期 |
| 3. 子宮帽 | 8. 結紮手術 (女方) |
| 4. 避孕丸 | 9. 結紮手術 (男方) |
| 5. 避孕針 | 10. 其他 (specify) |

c3. 過去三年內, 有冇任何醫生指導過你避孕嘅方法?

1. 有; 咁你係邊度學識避孕方法? (specify) _____
(go to C7)
2. 有; 邊度嘅醫生?
1. 母嬰健康院
2. 家庭計劃指導會
3. 私家西醫診所
4. 政府醫院/診所婦產科醫生
5. 政府普通科街症
6. 其他 (specify) _____

c4. 邊度嘅醫生睇得最多? (select one from responses 1-6 above)

c5. 點解揀嗰度呢? (circle the 2 most important reasons & see
instructions in B2)

- | | |
|---------------|-----------------------|
| 1. 方便 | 5. 家人/親戚/朋友介紹 |
| 2. 便宜 | 6. 接受產後護理嘅地方 |
| 3. 對嗰個醫生有信心 | 7. 其他 (specify) _____ |
| 4. 對嗰間醫院/診有信心 | |

C6. 你滿唔滿意嗰度嘅 (please tick)

	非常滿意	滿意	唔滿意	非常唔滿意	不願/不能置評	不滿/不能置評嘅原因
1. 預約或攤籌方法						
2. 醫生或服務						
3. 護士或服務						
4. 診所環境						
5. 健康教育						
6. 收費						

C7. 過去嗰三個月, 你總共用咗幾多錢嘅家庭計劃 (包括診金, 藥費, 同埋避孕用品等)?

- | | |
|------------------|------------------|
| 1. \$0 | 5. \$501 - \$750 |
| 2. \$1 - \$100 | 6. 多過 \$750 |
| 3. \$101 - \$250 | 7. 不作答 |
| 4. \$251 - \$500 | |

C8. 你認為政府母嬰健康院嘅家庭計劃服務應唔應該收費?

1. 唔應該 (go to D) 2. 應該

C9. (Only for those who have attended MCHCs for family planning & answered 2 in C8)

你願唔願意嘅母嬰健康院接受家庭計劃指導時俾嘅費用?

1. 唔願意 2. 願意, 大約每次 _____ 元

D. 幼兒保健

D1. 阿 xxx 有冇接受過以下嘅幼兒保健服務呀？

防疫注射	1. 冇	2. 有；	嚟邊度？	*	1	2	3	4	5	_____
臍帶護理	1. 冇	2. 有；	嚟邊度？	*	1	2	3	4	5	_____
沖涼 (初出世時)	1. 冇	2. 有；	嚟邊度？	*	1	2	3	4	5	_____
綜合觀察服務 (即係一般人指嘅智力測驗)	1. 冇	2. 有；	嚟邊度？	*	1	2	3	4	5	_____

- * 1. 政府母嬰健康院
 2. 政府普通科門診
 3. 私家西醫診所
 4. 私家醫院
 5. 其他 (specify) _____

D2. 阿 xxx 第一次去政府母嬰健康院係佢幾大嘅時候？

1. 從來冇去過 2. ____ 日/星期/月 大

D3. 你點解帶阿 xxx 去佢接受防疫注射嗰度打針？
 (Circle the two most important reasons and see instructions in B2)

- | | |
|------------|-----------------------|
| 1. 方便 | 4. 醫院 / 醫生 / 護士介紹 |
| 2. 便宜 | 5. 家人 / 親戚 / 朋友介紹 |
| 3. 多數人都去嗰度 | 6. 其他 (specify) _____ |

D4. 跟住想問下你對阿 xxx 接受嘅幼兒保健有乜意見？
 你滿唔滿意 (please tick)

	非常滿意	滿意	唔滿意	非常唔滿意	不願/不能置評	不滿/不能置評嘅原因
1. 防疫注射						
2. 臍帶護理						
3. 沖涼 (初出世時)						
4. 綜合觀察服務 (即係一般人指嘅智力測驗)						
5. 預約或者攤籌方法						
6. 護士嘅服務						
7. 健康教育						
8. 費用						

D5. 阿 xxx 過去嗰一個月有冇唔舒服？

1. 冇 2. 有

D6. 佢過去嗰一個月有冇睇過醫生?

1. 冇 (go to D14)

2. 有; 嚟邊度睇? (Can circle more than one)

- 1. 政府母嬰健康院
- 2. 政府普通科門診
- 3. 私家西醫診所
- 4. 私家醫院

- 5. 急症室
- 6. 其他西醫
- 7. 你或者你先生嘅公司醫生
- 8. 中醫
- 9. 其他 (specify) _____

D7. 過去嗰個月嚟嗰度睇過幾次?

- 1. _____ 2. _____ 3. _____ 4. _____
- 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

D8. 最後嗰次嚟邊度睇? 1 2 3 4 5 6 7 8

D9. 嗰次係因為乜嘢唔舒服? _____

D10. 嗰次俾咗幾多診金 (包括藥費, 化驗等)? _____ 元

D11. 嗰次醫生有冇同佢做乜嘢化驗 (例如x光, 驗血, 驗小便等)?

- 1. 冇
- 2. 有

D12. 嗰次醫生俾咗幾多種藥佢? _____ (包括藥丸, 藥水, 藥膏等)?

- 有冇打針? 1. 冇 2. 有

D13. 醫生有冇介紹佢去邊度睇?

- 1. 冇
- 2. 有; 去邊度睇?
 - 1. 專科
 - 2. 急症室
 - 3. 其他 (specify) _____

D14. 除咗醫生開俾阿 xxx 食嘅藥外, 過去一個月你有冇俾過其他藥佢食?

- 1. 冇
- 2. 有; 乜嘢藥 _____

D15. 阿 xxx 有冇入過醫院?

- 1. 冇
- 2. 有; 幾次
邊間醫院 _____

D16. 過去嗰三個月內，你總共用咗幾多錢幫 xxx 睇病，住醫院，買葯？

- | | |
|------------------|------------------|
| 1. \$0 | 5. \$501 - \$750 |
| 2. \$1 - \$100 | 6. 多過 \$750 |
| 3. \$101 - \$250 | 7. 不作答 |
| 4. \$251 - \$500 | |

D17. 你認為政府母嬰健康院嘅幼兒服務應唔應該收費？

- | | |
|------------------|-------|
| 1. 唔應該 (Go to E) | 2. 應該 |
|------------------|-------|

D18. (Only for those mothers whose index child has attended infant and toddler session in MCHCs and answered 2 in D17.)

你願唔願意阿 xxx 嚟母嬰健康院接受幼兒保健時俾啲費用？

- | | |
|--------|--------------------|
| 1. 唔願意 | 2. 願意，大約每次 _____ 元 |
|--------|--------------------|

E. 產後護理

E1. 阿 xxx 係唔係順產生㗎?

- | | |
|--------------|--------------|
| 1. 係 | 3. 唔係; 用吸盤幫助 |
| 2. 唔係; 用產鉗幫助 | 4. 開肚 |

E2. xxx 出世後喺醫院/留產所住咗幾耐?

_____日

E3. 出院後你幾時第一次去睇醫生做產後護理?

xxx 出世後 _____日/星期

E4. 出院後你喺邊度做產後護理?

- | | |
|--------------|-----------------------|
| 1. 政府母嬰健康院 | 4. 私家西醫診所 |
| 2. 政府醫院婦產科門診 | 5. 私家醫院 |
| 3. 補助醫院婦產科門診 | 6. 其他 (specify) _____ |

主要喺邊度睇? 1 2 3 4 5 6

E5. 你點解揀喺嗰度睇?

- | | |
|--------------|-----------------------|
| 1. 同產前護理同一地方 | 2. 其他 (specify) _____ |
|--------------|-----------------------|

E6. 你滿唔滿意嗰度嘅 (please tick)

	非常滿意	滿意	唔滿意	非常唔滿意	不願/不能置評	不滿/不能置評嘅原因
1. 預約或攤籌方法						
2. 醫生嘅服務						
3. 護士嘅服務						
4. 診所環境						
5. 健康教育						
6. 收費						

E7. 你生完 xxx 後嗰兩個月內總共大約用咗幾多錢喺產後護理 (包括診金, 藥費, 檢查, 不包括生BB住院嘅費用同埋補藥)?

- | | |
|------------------|------------------|
| 1. \$0 | 5. \$501 - \$750 |
| 2. \$1 - 100 | 6. 多過 \$750 |
| 3. \$251 - \$500 | 7. 不作答 |

E8. 你有冇做過子宮頸細胞檢查？

1. 肯定冇
 2. 唔知道
 3. 有，大概 _____ 次
 4. 最後嗰次係幾時嘅事？ _____ 星期/月/年 前
- 喺邊度做？

1. 政府母嬰健康院
2. 家庭計劃指導會
3. 私家西醫診所
4. 政府醫院/診所婦產科醫生
5. 政府普通科街症
6. 其他 (Specify) _____

E9. 你認為你而家健康點樣？

1. 健康好好
2. 健康幾好
3. 健康普通，唔算好，唔算差
4. 健康好差

E10. 你認為政府母嬰健康院嘅產後護理服務應唔應該收費？

1. 唔應該 (Go to F)
2. 應該

E11. (Only for those who have attended MCHC's for postnatal care & who answered 2 in E10)

你願唔願意喺母嬰健康院接受產後護理時俾啲費用？

1. 唔願意
2. 願意，大約每次 _____ 元

F. 個人資料 II

F1. 你而家做盛行?

1. 全職工作; 職業及工作性質: _____
(每星期平均工作至少十五小時)
2. 部份時間工作; 職業及工作性質: _____
(每星期平均工作少於十五小時)
3. 家庭主婦/料理家務 (不支薪)
4. 其他 (如家庭工業) _____

你先生做盛行?

1. 全職工作; 職業及工作性質: _____
(每星期平均工作至少十五小時)
2. 部份時間工作; 職業及工作性質: _____
(每星期平均工作少於十五小時)
3. 其他 (specify) _____

F2. 你而家係住喺邊一類樓宇?

1. 公共屋邨, 廉租屋
2. 居者有其屋自置樓宇
3. 臨時房屋區
4. 自置私人樓宇 - 全層 (自己一家人住)
5. 自置私人樓宇 - 分租俾人
6. 租住私人樓宇 - 全層 (自己一家人住)
7. 私人樓宇 - 與人分租用或租用房間
8. 政府或公司宿舍
9. 其他 (specify) _____

F3. 你一家人嘅每月平均收入係幾多?
(一家人包括所有通常同食或同住的家庭成員)

- | | |
|----------------------|-----------------------|
| 1. 唔多過 \$1,000 | 4. \$6,001 - \$10,000 |
| 2. \$1,001 - \$3,000 | 5. 超過 \$10,000 |
| 3. \$3,001 - \$6,000 | 6. 唔想答/唔知 |

F4. 你而家係唔係同你先生一齊住?

1. 唔係; 原因 _____
2. 係

F5. 你而家係唔係同 xxx 一齊住？

1. 唔係；原因 _____ 2. 係

F6. (For face-to-face interview in MCHCs only)

請問你屋企電話幾多號？ _____

你嘅地址呢？ _____

X09248963

